



# COALITION NEWSLETTER

Louisiana's Infant Immunization Initiative  
Published to provide news and information on our immunization efforts in the state of Louisiana. Our Goal of 90% rate for two year olds by 2000 will take knowledge and team work, this publication is intended with this in mind.

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## Our Speaker's Corner

*This edition of the "Shots for Tots" Newsletter is dedicated to the memory of Jo Anne Pedantry, our Immunization Consultant in Region III.*

**WOW!!!** This year, the 10<sup>th</sup> Annual "Shots for Tots" Conference was our biggest and best ever. With over 350 guests in attendance and 20 exhibitors displaying, we came awfully close to maxing out the Marriott Hotel on Canal Boulevard. After a delicious breakfast provided by Wyeth Lederle Vaccines, we were privileged to have Dr. Paul Offit with Children's Hospital in Philadelphia, one of the countries foremost authorities on vaccines and the myths associated with them, as our keynote speaker. We were also honored to have Dr. Sharon Humiston with the National Immunization Program, Centers for Disease Control and Prevention, author of *Vaccinating Your Child*, give us the most current CDC Immunization Update.

But, you know what they say about all work and no play, so Curt Boudreaux, author of *Never Kiss an Alligator*, provided the motivational piece of our conference and kept us rolling in the aisles laughing. Laughter was also present at the reception sponsored by Glaxo SmithKline immediately following the workshops. The food was New Orleans scrumptious and the company (of course) was divine. Blanche Newsome entertained us with his musical stylings while our guests visited with vendors, networked with each other, or just relaxed from an afternoon of gleaning new information.

"Shots for Tots" would like to thank Merck Vaccine, CDC, and the aforementioned sponsors for making it possible for us to host a quality conference designed to educate, update and celebrate those who deal with childhood immunizations. We'll look forward to seeing you all next year!

Gina Deris  
"Shots for Tots" State Coordinator



## Immunization News



- ♥ **NIIW: National Infant Immunization Week (NIIW)** is an annual observance that highlights the importance of timely immunization and will be observed this year on April 14-20, 2002.
- ♥ **National Immunization Conference:** The 36<sup>th</sup> National Immunization Conference will be held April 29-May 2, 2002 at the Adams Mark Denver Hotel in Denver, Colorado. The goal of the conference is to provide a forum to explore innovative strategies for developing programs, policies, and research to promote immunization for all ages today for a health tomorrow.
- ♥ **Immunization Nursing Issues:** This broadcast will address issues related to a routine immunization clinic day, exemplifying best practice standards for patient intake/screening, vaccine administration, vaccine management & reporting, and resources for staff orientation & development. This Satellite Videoconference will be held on June 27, 2002 with location TBA. For more information, please contact Sandy Lloyd at (504) 483-1900.
- ♥ **Immunization Update 2002:** An annual update, highlighting current and late-breaking immunization issues. This Satellite Videoconference will be held on August 15, 2002 with location TBA. For more information, please contact Sandy Lloyd at (504) 483-1900.
- ♥ **Surveillance of Vaccine-Preventable Diseases:** Provides guidelines for vaccine-preventable disease surveillance, case investigation, and outbreak control. This Satellite Videoconference will be held on December 5, 2002 with location TBA. For more information, please contact Sandy Lloyd at (504) 483-1900.

# National Tetanus Vaccine Shortage

## DTaP

Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) remains in short supply and the shortage will continue into mid-2002. Despite high vaccination rates, pertussis continues to cause serious illness and death, particularly among infants aged <6 months who are too young to have completed the 3-dose primary series of DTaP. In 2000, a total of 1,873 pertussis cases (rate: 99 per 100,000 infants aged <6 months) and 16 deaths were reported among infants aged <6 months. Vaccinating infants on time with the 3-dose primary series of DTaP to protect them from serious disease remains a priority during this vaccine shortage.

The shortage began in 2000 when two manufacturers (Wyeth Lederle and Baxter Hyland Immuno Vaccines) stopped production of DTaP. Aventis Pasteur (Swiftwater, Pennsylvania) and GlaxoSmithKline (Philadelphia, Pennsylvania) producers of Tripedia® and Infanrix™, respectively, are the only two U.S. suppliers.

DTaP is recommended as a 5-dose series: 1 dose at 2 months, 4 months, 6 months, 15-18 months, and at age 4-6 years. However, during the shortage of DTaP, the Advisory Committee on Immunization Practices recommends that providers give priority to vaccinating infants with the first 3 doses. To ensure an adequate supply of DTaP to vaccinate infants, the Louisiana Office of Public Health is recommending that providers defer vaccination of children with the fourth (15-18 month) and the fifth (4-6 years) doses.

When the DTaP shortage ends, providers should recall and administer DTaP to all children who missed a dose. Vaccination of children aged 4-6 years is needed to ensure immunity to pertussis, diphtheria, and tetanus during elementary school years.

Due to the prolonged shortages of DTaP and Td, the Immunization Program will continue to suspend enforcement of the entrance requirement for school and daycare centers in Louisiana until the fall of 2003. In the fall of 2003, the Immunization Program will resume enforcement of this requirement for grades Kindergarten, First and Second.

## PCV-7

On January 2, 2002, the Immunization Program rescinded its July 2001 recommendations which restricted Pneumococcal conjugate (PCV-7) vaccine for "high risk" children only. Now all healthy children less than 6 months of age can receive 3 doses of PCV-7 with deferral of the fourth dose. Healthy children starting their PCV-7 vaccinations between 7 to 11 months should receive 2 doses of PCV-7 at 2 month intervals with a third dose being given at 12-15 months of age.

The vaccination schedule for high risk children less than 5 years of age should remain unchanged (i.e., give full number of doses recommended). Unimmunized healthy children between the ages of 12-23 months of age should receive two doses at 2 month intervals. No PCV-7 should be administered to healthy children ≥ 24 months of age.

Although the restriction is eased now, it is by no means the end of the PCV-7 shortage. We are told optimistically that by the end of the second quarter of the year, supplies will be normalized.

## VARICELLA

The manufacturer has a 90 day delay on orders. There is no plan to change the varicella recommendation at this point. As scheduled, varicella will be required for school entry in the fall of 2003.

Ruben Tapia, MPH  
Immunization Program Director



## True Champions

Merck Vaccine Division presents True Champions™ –an interactive, disease prevention program for nurses and medical assistants which recognizes, supports, and celebrates their vaccination efforts. This specially designed program was developed with the help of nurses nationwide.

True Champions is available on [www.MerckVaccines.com](http://www.MerckVaccines.com). Registered members can access the following resources:

- Vaccination: Communicating Benefits and Risks
- Vaccine Storage Charts and Logs
- Vaccine Storage and Handling Guide (printed version)
- Immunization Resource Links
- Guide to Evaluating Vaccine Information
- Live-Viral Vaccine Tutorial
- Links to Independent Accredited Continuing Education Programs
- Graduate Nursing Scholarship Information

To become a member of True Champions nurses and medical assistants can register and enroll on [MerckVaccines.com](http://MerckVaccines.com)™.

## *From the Doctor's Desk*

I have had several questions recently about the safety of administering multiple vaccines at the same time, and therefore would like to address this issue. Children are exposed to many antigens every day. Eating food introduces new bacteria into the body, and numerous bacteria live in the mouth and nose, exposing the immune system to still more antigens, and a case of "strep throat" to 25-50. According to *Adverse Events Associated with Childhood Vaccines*, a 1994 report from the Institute of Medicine, "In the face of these normal events, it seems unlikely that the number of separate antigens contained in childhood vaccines... would represent an appreciable added burden on the immune system that would be immunosuppressive." And, indeed, available scientific data show that simultaneous vaccination with multiple vaccines has no adverse effect on the normal childhood immune system.

A number of studies have been conducted to examine the effects of giving various combinations of vaccines simultaneously. In fact, neither the Advisory Committee on Immunization Practices (ACIP) nor the American Academy of Pediatrics (AAP) would recommend the simultaneous administration of any vaccines until such studies showed the combinations to be both safe and effective. These studies have shown that the recommended vaccines are as effective in combination as they are individually, and both the ACIP and AAP recommend simultaneous administration of all routine childhood vaccines when appropriate. Research is under way to find ways to combine more antigens in a single vaccine injection (for example, MMR and chickenpox). This will provide all the advantages of the individual vaccines, but will require fewer shots.

There are two practical factors in favor of giving a child several vaccinations during the same visit. First, we want to immunize children as early as possible to give them protection during the vulnerable early months of their lives. This generally means giving inactivated vaccines beginning at 2 months and live vaccines at 12 months. The various vaccine doses thus tend to fall due at the same time. Second, giving several vaccinations at the same time will mean fewer office visits for vaccinations, which saves parents both time and money and may be less traumatic for the child.

Frank Welch, MD  
Immunization Program Medical Director



## *Casa, Links & SFT*

(A Tale of Three Wins)

Many of you know that the Immunization Program has conducted CASA (Clinic Assessment Software Application) record assessments in every Louisiana public health clinic since 1992. These results have been presented every year at the annual "Shots for Tots" (SFT) conference and form the basis of information that highlights our public health successes and achievement awards. What many of you may not know is that this year, for the 10<sup>th</sup> Annual "Shots for Tots" Conference, there was a very significant difference in the way CASA 2001 was performed!

In each of the previous nine years, clinic assessment data were collected on-site from mid June, through November. This required program personnel to visit each public health unit, pull thousands of records, enter the data manually into CASA and then forward those record sets to the central office for additional processing. Thus, for a period of five to six months, the Program staff were simultaneously involved with CASA data collection, back-to-school round-ups, school/daycare forms management, distribution, and other audits, etc. This year, on the 10<sup>th</sup> anniversary of "Shots for Tots", CASA and LINKS were merged! In less than its' first six months of operation, the Louisiana Immunization Network for Kids Statewide (LINKS) presented the first of many opportunities to provide productive public health information at both the local and state level. Within a matter of days, instead of months, the CASA review was completed, formatted, and ready for presentation at the conference!

Do you know how this happened? Last spring and summer many of you were involved with OPH Assistant Secretary Maddy McAndrews' mandate to jump start LINKS by entering an electronic record for every child from birth to age two. This was the first phase to eliminate the permanent record card (pink card). With that leadership, and resource allocation, not only were records entered for children from birth to age two, but virtually every Region and public health clinic sought to advance the Secretary's mandate to include immunization records of children to at least the age of six!! With the Secretary's backing, data entry was expanded on a statewide basis making it possible to achieve three long sought after Program objectives: 1) to have an electronic clinic record for every child currently receiving immunizations (birth to two) in the public health clinics; 2) to assess children (19-35 months of age) for CASA purposes; and, 3) to provide a printed immunization document for kindergarten entry (5 year olds) for Fall 2001-2002 school enrollment. Win 1, Win 2, Win 3!

