Yakima Health District
BULLETIN

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Washington State Children's Vaccine

Washington State is one of a handful of states that continues to operate a universal vaccine program. A universal program provides vaccines at no cost to all children from birth-up to the 19th birthday. Although the immunobiologics themselves are provided for free, providers are allowed to charge an administration fee for each immunization. However, if a parent is unable to pay the administration fee, the vaccines cannot be denied to their child by their established provider because of inability to pay. Notwithstanding having coverage for the immunobiologics themselves, many "insured" families have neither the insurance benefit nor the spending flexibility to meet what can amount to a $250 bill for the clinic visit, administration fees, and vaccine handling and storage charges that are associated with each immunization update for a small child.

Two sources of funding support the universal program. Federal funds provide vaccines for specific groups of children. That program is called Vaccine For Children (VFC) and it accounts for about 60% of state vaccine purchases. Children are VFC-eligible if they:

- are enrolled in Medicaid (note: there are some DSHS programs that are considered health care plans and do not qualify for this program); or
- have no health insurance; or
- are American Indian or Alaskan Native; or
- have health insurance that does not cover immunizations.

Washington State then uses state funds for about 30% of total vaccine purchases, this part going to cover other children who do not fall into the VFC-eligible categories, including fully insured children whose health care plans do indeed provide coverage for vaccines. The remaining 10% of vaccine funding comes from other federal sources.

For providers, the benefit of a universal plan is that it allows them to avoid directly purchasing vaccines and billing private insurance companies for this group of children. This lowers the providers' transaction costs of participating in childhood immunization efforts and thereby should make immunization more accessible. On the other hand, the state is purchasing vaccine for many children who are adequately insured, duplicating payment for this good through parallel systems (i.e., insurance premiums and state general fund) and thereby reducing the economic efficiency of the overall vaccine distribution system.

The prognosis for Washington's universal vaccine program is grim. The state budget reduces the state funding for vaccine purchases in the 2009–11 biennium from $60 million to $10 million. This includes a plan to stop universal purchase of human papilloma virus vaccine on July 1, 2009, and to eliminate state purchasing of other vaccines (i.e., retreating to federal, VFC-only support) on July 1, 2010.

Therefore, 2009-2010 will be the last year of the universal vaccine program, and providers will then have to begin ordering vaccine on their own to provide to children who are not VFC-eligible (about 30% of the current workload).

YHD is already working ahead to see how it can lessen the impact of this change by researching and providing additional resources that will be helpful to you in this transition. YHD has been in contact with other states which are already in this transition, hoping to learn what is and is not helpful and what pitfalls to avoid so that our immunization rates do not fall.

Provider meetings to distribute the upcoming contracts and to explain the changes that are coming from the state and federal programs are scheduled for the following dates and times (meetings expected to last 1.5 hours):

- May 18th-12:15PM @ YHD
- May 19th-7AM and 12:15PM @ YHD
- May 20th-12:15PM @YHD
- May 21st-12:15PM @YHD
- May 27th-12:15PM @ Sunnyside Hospital

For more information, please contact YHD's Immunization Program staff. They have been working to put together training and materials that will help you in this transition. In most cases, they are available to make site visits to your setting in order to provide you with this consultation.

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Inside this issue:

Vaccine Provider Agreement Contracts 2009

For Yakima County, the vaccine provider agreement contracts run from July 1- June 30. This year, the 2009-10 contract has some changes that will be important to note. The Department of Health Immunization Program will be removing the HPV vaccine with the Washington State provided vaccines (not to be confused from the vaccines provided from the federal program, VFC). Also, providers receiving state-supplied vaccine are required to conduct Vaccines for Children (VFC) status screening beginning July 1. The Vaccines for Children status screening consists of asking and documenting **at every immunization visit** whether or not a child is enrolled in Medicaid, uninsured, underinsured, or American Indian or Alaska Native.

YHD Immunization staff have been encouraging all provider offices to be working on a plan now to explore methods for capturing this information. For those offices which utilize the state's immunization registry, CHILD Profile, the VFC Status Screening can easily be documented on the demographic screen. CHILD Profile generates a report that will provide the VFC data that the Washington State Department of Health (DOH) seeks. If a provider is not using CHILD Profile, then they can choose to capture the information in whichever way they deem feasible, document it in the patient record, and tally it on a spreadsheet which can be sent to DOH.

Washington State Ranking for Immunizations and Exemptions

Washington state ranks 21st in the nation for childhood immunization rates, and ranks first in the nation (i.e., highest) for exemption rates. The exemption rate is the proportion of school aged children whose parents have elected to opt out of recommended immunizations. Fortunately, Yakima County school children have the lowest exemption rates and best immunization coverage in the state (95.2% up-to-date and 1.7% exempted at school entry). Thanks to all of you who are involved in achieving this. For more information on vaccine declinations and exemptions, please re-visit the August 2008 YHD Bulletin http://www.yakimahealthdistrict.org/documents/bulletin/bulletin6_10.pdf; http://content.nejm.org/cgi/content/full/360/19/1981

Immunization Rates among Children 19-35 Months of Age, Washington and United States, July 2007 -2008

Series	WA(%)	US (%)
4 DTaP, 3 IPV, 1 MMR, 3 Hib	82	81
Above + 3 HBV	78	80
Above + 1 VZV	74	77
Above + 4 PCV	71	68
≥4 DTaP	71	68
≥3 HBV	87	93
≥3 Hib	91	92
≥1 MMR	92	92
≥4 PCV	89	91
≥3 IPV	88	93
≥ VZV	85	90

DTaP: diphtheria, tetanus, acellular pertussis; IPV: inactivated polio vaccine; MMR: measles mumps rubella; Hib: Haemophilus influenzae type b; HBV: hepatitis B vaccine; VZV: varicella vaccine; PCV pneumococcoal conjugate vaccine.

VACCINE LOSSES FOR 2008

The following summarizes in economic terms vaccine losses from 13 incidents reported to YHD during 2008:

Not rotating stock or letting vials expire…….$ 1,240

Power outage – blew circuit breaker……...….$ 1,017

Staff turning the thermostat dials of the refrigerator the wrong way…….…….……..$ 9,884

Staff not current and up to date on storage and handling of vaccine, leading to administration of compromised vaccine…….... $ 24,439

Paint contractor unplugging refrigerator……...$ 17,731

Staff taking refrigerated vaccine out and not putting it back into refrigeration……...…….…….$ 2,919

Deliveries of vaccine not put away and left on office counters too long…….…..……...$ 5,851

Refrigerators left open……..……..…….$ 8,385

TOTAL OF ACTUAL VACCINE DOSAGES LOST AND REPLACED…….……..$ 71,467

MINIMUM COST COMPUTED FOR REIMMUNIZING PATIENTS THAT RECEIVED COMPROMISED VACCINE …….....$ 24,439

Thus far in 2009, vaccine losses of $ 18,847 have accrued. In addition to reasons cited above, this interim total also includes episodes of refrigerator or freezer unit failures. YHD is currently looking into ways of preventing such losses, with a focus on education of all clinic staff who come into contact with the vaccines (e.g, receptionist, housekeeping, facilities and maintenance, and clinical staff). Awareness of the vaccines' fragility and the effects of their mishandling will be a part of YHD education to providers and all staff that deal in one way or another with the vaccine. These vaccines are a public good bestowed upon the County of Yakima and they should be handled, stored and administered according to best practices and with minimal loss and wastage. YHD's goal is to work with its collaborating providers to achieve outstanding stewardship of this valuable resource.

New England Journal of Medicine Article on Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases: http://yakimahealthdistrict.org/documents/providersonly/vaccinerrefusalsnejm2009may.pdf

Seasonal Influenza

Despite the emergence of Swine-Origin Influenza virus (see recent YHD alerts), transmission of seasonal influenza is winding down in the community, with the peak of influenza A activity having occurred in late February and early March, followed by influenza B activity in late March and early April. Respiratory syncitial virus identification peaked in February. Submissions and positives are down significantly for all three agents with only rare reports of RSV and influenza B detection occurring. Assuming this trend continues, the season for both should come to an

end by early May. Visit YHD's respiratory virus surveillance site at http://www.yakimahealthdistrict.org/commhealth/immproviders.htm.

In addition to direct benefits from avoiding illness, immunization of children against influenza is gaining increasing attention for its potential to control community-wide morbidity by limiting transmission in settings where children congregate. State funded childhood influenza immunization effort were strong this year, with over 22,000 doses ordered and 21,893 administered. This represents a 40% increase over the number of state supplied doses administered during last year's influenza season, covering about 33% of Yakima County's children. Thanks to participating providers in helping to vaccinate Yakima County's children and limit the impact of influenza on the community.

Influenza Doses Ordered by Yakima Health District, Fall 2007- Spring 2009

6-35 months of age			3-18 years of age			All <19		
2007-08	2008-09	Change	2007-08	2008-09	Change	2007-08	2008-09	Change
7,580	9,080	+20%	8,890	14,100	+59%	16,470	23,180	+41%

Other Communicable Disease Notes

Six cases of enteric infection with **E. coli O157:H7** with identical DNA-fingerprints occurred among a group of six unrelated lower valley residents whose dates of onset ranged from February 14 to March 14. One toddler and five adults (range 48-72 years) were affected. Four were hospitalized. None developed hemolytic uremic syndrome. The presence of an identical isolate suggests a common source of acquisition; however, epidemiologic and environmental investigations did not yield a identifiable cause.

Another case of **listeriosis** was detected in a pregnant woman. The isolate did match the recent cluster of four cases with a common DNA-fingerprint which have occurred among pregnant women in Washington State. YHD continues to collaborate with DOH to identify and remove the common vehicle; however, none has been identified thus far. For additional background on this situation please visit http://www.yakimahealthdistrict.org/providersonly/listeriosis.htm.

Added to the list of multiple drug resistant organisms of public health relevance (e.g., MRSA, VRE, MDR/XDR TB) are **carbapenem resistant *Enterobacteriaceae* (CRE).** Recently a case of carbapenem resistant *Klebsiella pneumoniae* was detected in a wound from a resident of a local long-term care facility. On an individual basis, CRE are problematic in that they are usually resistant to all beta-lactam agents as well as most other classes of antimicrobial agents. The treatment options for patients infected with CRE are limited. Healthcare-associated outbreaks of CRE have been reported. Patients colonized with CRE are thought to be a source of transmission in the healthcare setting. Identifying patients who are colonized with CRE, placing these patients in contact isolation precautions, and testing their facility contacts for colonization are recommended steps in preventing further transmission. However, detection of carbapenemase production is complicated because some carbapenemase-producing isolates demonstrate elevated, but "susceptible", carbapenem minimum inhibitory concentrations. The Clinical Laboratory Standards Institute (CLSI) has published guidelines for detection of isolates producing carbapenemases and local laboratory capacity for such testing is under development. In the meantime, clinicians should be wary of seeking CRE detection from clinical laboratories that cannot demonstrate that their CRE methodology meets CLSI and the Centers for Disease Control and Prevention standards. For more information, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5810a4.htm.

Happy Retirement Perla Benitez, RN for YHD 1977-2009

Perla has worked at YHD for over 30 years in many different public health programs. These include HIV outreach, YHD clinic services, communicable disease investigation, hand washing education, and anything else that we could talk her into doing. She was always interested in new and exciting programs and loved working directly with the public.

Perla was the first person to volunteer for jobs that included working with kids. She frequently worked nights and weekends in order to provide health education and important public health messages to Yakima County residents.

Perla always made the Yakima Health District a more fun place to work. Her spirit and enthusiasm on a daily basis was infectious.

Perla will always be a YHD family member and will be greatly missed not only by her YHD family but the entire community.

HAPPY RETIREMENT PERLA!

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	Cases			Total Cases by Year	
Condition *(includes confirmed and probable cases)*	**Jan-Mar**	**Jan-Mar**	**Jan-Mar**	**Total Cases by Year**	**Total Cases by Year**
	2009	**2008**	**2007**	**2008**	**2007**
Campylobacteriosis	11	22	15	120	124
Cryptosporidiosis	0	1	3	7	19
Enterohemorrhagic E. coli	5	1	0	11	5
Giardiasis	8	0	10	22	47
Salmonellosis	7	1	5	49	34
Shigellosis	1	0	4	8	26
Hepatitis A acute	1	1	0	2	0
Hepatitis B acute	1	0	1	2	1
Hepatitis B chronic	2	2	2	9	12
Hepatitis C acute	1	0	1	0	1
Hepatitis C chronic	39	35	49	183	228
Meningococcal	0	1	1	1	2
Pertussis	15	3	8	29	37
Tuberculosis	0	5	3	10	12
HIV New	1	4	10	9	10
HIV Deaths	1	2	1	6	1
HIV Cumulative Living	159	154	152	159	142
Chlamydia	290	305	288	1163	1168
Genital Herpes—Initial	11	28	16	65	46
Gonorrhea	9	34	37	86	119
Primary and Secondary Syphilis	1	1	0	1	0

Notifiable Conditions Summary Jan– Mar, 2009