HPV Vaccine IS Cancer Prevention, and YOU are the Key

Your help is needed to protect Iowans from HPV-associated cancers by increasing the administration of human papillomavirus (HPV) vaccine. The Iowa Chapter of the American Academy of Pediatrics (Iowa AAP), Iowa Academy of Family Physicians (IAFP), and the Iowa Department of Public Health (IDPH) are asking for your assistance to protect Iowans from HPV-associated cancers and disease by increasing the number of adolescent’s receiving HPV vaccine. HPV vaccine is significantly underutilized in Iowa, and rates are lower than other adolescent vaccines.

Each year, an estimated 262 Iowans are diagnosed with an HPV-associated cancer and eighty-one percent of those cancers are believed to be preventable with a 3-dose HPV vaccine series. In 2013, immunization rates for HPV vaccine received by Iowa adolescents, 13-15 years of age, was only 25 percent for girls and 10 percent for boys.

What you say matters, and how you say it matters even more. Recommending HPV vaccine the same way as other adolescent vaccines is the key to improving the uptake of this life-saving vaccine. Eighty-four percent of girls unvaccinated for HPV had a health care visit where they received another vaccine such as Tdap, but did not receive HPV. Studies demonstrate the most significant factor in a parent’s decisions to vaccinate their children with HPV vaccine is a health care provider recommendation. When a provider offers a strong and clear recommendation for HPV vaccination, patients are four to five times more likely to receive HPV vaccine.

The Iowa AAP, IAFP and IDPH urge all Iowa health care providers to increase the consistency and strength of how they recommend HPV vaccine. Parents interested in vaccinating their adolescent may still have questions about the HPV vaccine. Tips and Time-savers for Talking with Parents about HPV Vaccine is available here.

Together, we can protect Iowans from HPV-associated cancers and disease. HPV vaccine IS cancer prevention, and YOU are the key.

WHO Issues Polio Travel Alert

On June 2, 2014, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory entitled Guidance to U.S. Clinicians Regarding New WHO Polio Vaccination Requirements. The guidance is based upon the World Health Organization (WHO) recommendations for long-term (greater than 4 weeks) travelers to polio-affected countries; ten such countries are named. Three of the ten countries are designated as exporting wild poliovirus (Cameroon, Pakistan and Syria [aka Syrian Arab Republic]) and should ensure polio boosters among all departing residents and incoming long-term travelers 4 to 52 weeks before travel. The additional seven countries “infected with wild poliovirus”: (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and Nigeria) should encourage recent polio vaccination boosters among residents and long-term travelers. It is important for providers who administer pre-travel vaccinations to be aware of the possibility the ten polio-affected countries may deny entry to travelers who do not carry proof of polio vaccination within the past 52 weeks prior to travel. Generally U.S.-born adults are not vaccinated for polio
unless traveling. It is important to ensure traveling adults have a dose of polio vaccine within the 52 months prior to travel to the above-mentioned countries.

20 Years of Protection
According to a recent report by the CDC, over the past 20 years the Vaccines for Children (VFC) program has helped prevent disease and save lives, increased life expectancy, and saved billions in costs to society!

The full CDC report “Benefits from Immunization During the Vaccines for Children Program Era - United States, 1994–2013” can be found in the April 25, 2014 / 63(16); 352-355, Morbidity and Mortality Weekly Report.

Birth Dose Honor Roll
A fourth Iowa hospital has been included in the Immunization Action Coalition’s (IAC) Hepatitis B Birth Dose Honor Roll. Congratulations to Mercy Medical Center, Mason City, Iowa who reported a coverage rate of 93% from 6/1/2013 to 6/1/2014. To learn more about the Hepatitis B birth Dose Honor Roll please go to http://www.immunize.org/honor-roll/birthdose/ or call Kelli Smith at (800)831-6293, extension 2.
Use of Tetanus Toxoid
As of March 24, 2014, the Food and Drug Administration (FDA) approved the use of Adacel, Tdap vaccine for people as young as age 10 years. This means either Boostrix or Adacel may be given as young as age 10 years according to FDA licensure and may be given to incompletely vaccinated 7 - 9 year olds as recommended by the Advisory Committee on Immunization Practices. Full recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine can be found [here](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm).

Get MMR and MMRV Vaccines On-Time
An article in Pediatrics on May 19, 2014 entitled, “Timely Versus Delayed Early Childhood Vaccination and Seizures” found delaying MMR vaccination from age 12 to 15 months to 16-23 months results in increased risk of seizures. The risk is further increased (doubled) by the use of MMRV (Proquad) vaccine for this dose in the series. The full article is available [here](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm). This article reconfirms that delayed vaccination does not provide benefit, and can actually cause harm in otherwise healthy people. ACIP recommendations on Use of Combination Measles, Mumps, Rubella, and Varicella Vaccine can be found at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm).

Locked Accounts/Forgotten Passwords
IRIS users are able to reset their own password and unlock their account using the Forgot Password button. Users must have an email address in IRIS and must have completed their security questions. To add an email address to a user’s IRIS account, follow these steps.

1. Go to Manage Access/Account
2. Under the Manage My Account menu along the left menu panel, select Edit My User Account
3. Add or confirm your email address.
4. Select ‘Save’.

Admin users are also able to unlock accounts and reset user passwords. The [IRIS Admin User Training Handout](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm) contains details on pages 21-26.

Please call the IRIS Help Desk at 800-374-3958 with any questions about IRIS.

VFC Vaccine Orders
Consider these tips when placing VFC vaccine orders:

- **IRIS includes a Recommended Vaccine Order Quantity.** The suggested order quantity displays on the Create Order screen in IRIS. The recommended order quantity is calculated based on VFC doses administered, doses on hand, and package size. The recommended order includes at least 15 days of additional vaccine doses to account for ordering/process time and any unexpected need. Ordering
more vaccine than the Recommended Vaccine Order Quantity is not necessary and may lead to inventory issues.

- **Review doses of combination and single antigen products currently in your inventory.** Vaccine loss due to expiration is frequently a consequence of over-ordering combination products while an adequate supply of single antigen vaccines remain in the clinic’s inventory. This practice is often seen when a combination vaccine becomes available after a long shortage situation (e.g., Pentacel).

- **Consider vaccine availability and vaccine schedules when ordering.** The Recommended Order Quantities are calculated using doses administered data from the same time period the previous year. Vaccine products administered during the previous year may no longer be used or are not available to order. There may be a need to reduce or eliminate vaccines ordered regardless of the suggested order quantity displayed in IRIS.

Providers with excessive vaccine loss due to expiration of product may be required to pay for vaccines that expire due to ordering mistakes. If you have questions regarding vaccine orders, contact the VFC Program at 1-800-831-6293 ext. 5.

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**Important VFC Reminder – Vaccine Borrowing**

*Borrowing of VFC vaccine should not be a common occurrence. Borrowing is considered appropriate only when there is a lack of appropriate vaccine inventory due to unexpected circumstances. When borrowing does occur, VFC providers must complete the [Vaccine Borrowing Report](#) and submit a copy to the Iowa VFC Program.*

During the current year, 46% of the vaccine reported was due to unintentional administration of a private vaccine dose to a VFC-eligible patient or vice versa. To reduce these types of vaccine management errors, each VFC provider should train all staff with responsibility for administering vaccines on maintaining and distinguishing between VFC and private vaccine stock. Consider labeling vaccine boxes as VFC or Private, placing colored stickers on VFC vaccine boxes, or separating privately purchased vaccine from VFC vaccine in a separate unit or on a separate shelf.

All instances of borrowing must be documented on the [Vaccine Borrowing Report Between VFC and Private Vaccine](#) found here on the VFC web page. The borrowing report must be completed when vaccine is borrowed in either direction (privately-purchased vaccine administered to a VFC-eligible child or VFC vaccine administered to a privately-insured child). The provider must:

- List each vaccine separately
- Identify whether the dose is VFC or private vaccine
- Document lot number, date borrowed, and why the vaccine was borrowed
- Include date the vaccine was replaced and lot number
- Fax report to the Iowa VFC Program at 800-831-6292
- Maintain a copy of the completed form in office records for review during the VFC compliance site visits

VFC-enrolled providers are expected to maintain adequate VFC and private vaccine inventory to meet the needs of the provider’s VFC-eligible and privately insured patients. Borrowing activities are monitored by the VFC Program Coordinator. Providers who exhibit excessive vaccine borrowing may receive a VFC compliance visit and required to complete corrective action. If you have questions regarding the VFC Program vaccine inventory requirements and recommendations, please contact Tina Patterson at [Tina.Patterson@idph.iowa.gov](mailto:Tina.Patterson@idph.iowa.gov) or 1-800-831-6293, ext. 4.
**VFC Compliance Site Visits**

The VFC Program requires all providers to receive a VFC Compliance Site Visit at least every other year. Immunization Program field staff conduct the visits to evaluate provider practices and ensure the accountability of VFC program resources. Below are the top three most frequently identified issues during VFC Compliance Site Visits. If non-compliant practices are encountered during the visit, Immunization Program field staff will provide education, tools or technical assistance.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Are all required components included in the Vaccine Storage and Handling Plan?</td>
<td>CDC requires VFC providers to maintain a storage and handling plan which comply with VFC Program requirements. In January, 2014, the Iowa Immunization Program updated the Vaccine Storage and Handling Plan Template to meet new CDC requirements. When updating storage and handling plans, healthcare providers may utilize this template. A PDF version of the template is available on the <strong>Immunization Program Website</strong>.</td>
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| Were changes in key staff (Vaccine Coordinator and Back-up Coordinator) communicated to the VFC Program? | Organization contact information in IRIS must be updated as staff changes occur at VFC enrolled provider sites. To make changes for all organization contacts, IRIS Admin Users can follow these steps:  
  - Open IRIS and click the Manage Access/Account link on the top menu panel.  
  - Click Edit Organization on the left menu panel.  
  - Enter your organization name in the search string, then click ‘search’. You can type the full name or just part of the organization name.  
  - Select the organization hyperlink in the Name column of the search results section.  
  - Scroll down to the Individual Contacts section. Review and update your organization’s VFC contact information.  
  - If a contact needs to be changed or updated, click the Edit icon for the entry.  
  - Scroll down to the bottom of the page, and the contact’s details will be displayed in the Edit Contact section. Make necessary changes, then click ‘Apply’. Repeat as necessary for all contacts.  
  - Once necessary updates have been made, click the ‘Save’ button at the top of the Edit Organization page. A red message will display at the top of the page to confirm changes were saved.  

If you have questions regarding contact updates in IRIS, call the IRIS Help Desk at 1-800-374-3958. |
| Is VFC eligibility properly and accurately documented at each immunization visit? | When screening a patient, the eligibility categories must be shared with the patient/parent/or guardian for selection of the appropriate eligibility status. Eligibility screening and documentation must take place at each immunization visit. |
Q: An expired doses of vaccine was inadvertently given to a patient, is it necessary to repeat the dose; if so, when?
A: Administration of an expired dose of vaccine is not considered valid or protective and must be repeated. If the vaccine was a live vaccine, you must wait at least 28 days from the invalid (expired) dose before re-administering. If the expired dose is not a live vaccine, the dose should be repeated as soon as possible.

Q: A 20-year-old received a dose of Tdap vaccine when she was 12 years old. She is now pregnant. Should she get another dose of Tdap vaccine?
A: Yes. The Advisory Committee on Immunization Practices (ACIP) recommends a dose of Tdap during each pregnancy regardless of the patient’s prior history of receiving Tdap. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation. For more information, see www.cdc.gov/mmwr/pdf/wk/mm6207.pdf, page 131.

Q: If a 5-year-old child has never received MMR or varicella vaccine and now the parents want to catch up with the combination vaccine MMRV (ProQuad; Merck), what is the spacing requirement between the two doses?
A: The spacing between doses of a combination vaccine depends on the longest minimum interval of a component. The minimum interval between doses of MMR is 4 weeks; the minimum interval between doses of varicella vaccine is 12 weeks for a child younger than age 13 years. Therefore, you should wait 12 weeks between the doses of MMRV for the two doses to be valid.

HPV Resources
You Are the Key to HPV Cancer Prevention is available as a web-on-demand continuing education video. Provided in this presentation is up-to-date information on HPV infection/disease, HPV vaccine, and ways to successfully communicate with patients and their parents about HPV vaccination.

For more detailed information about HPV vaccination strategies for providers, visit www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html

Vaccine Storage and Handling
A web-on-demand continuing education video titled, “Keys to Storing and Handling Your Vaccine Supply” has been released by the CDC and can be found at: http://www2.cdc.gov/vaccines/ed/shvideo/. Continuing Education credits for this course will be available until 4/17/2016.
Binational Immunization Resource Tool
The CDC has recently updated the Binational Immunization Resource Tool for Children from Birth Through 18 Years comparing vaccines given in Mexico to their US counterparts. This schedule can assist providers with a large immigrant population from Mexico in deciphering which vaccines constitute valid doses on the U.S. schedule. This resource can be found at:  

Immunization Schedules
Free CDC Vaccine Schedules app for clinicians and other health care professionals offers immediate access to CDC’s latest recommended immunization schedules. See childhood, adolescent, adult and catch-up vaccine schedules and footnotes on your iPad, iPhone, or iPod Touch devices. Download this free app from the iTunes App Store.

The ACIP/AAP/AAFP-approved immunization schedule for people ages 0 through 18 years (8-sided) and the ACIP/AAFP/ACOG/ACNM-approved schedule for adults (6-sided) are now available from the Immunization Action Coalition. Both are laminated and washable for heavy-duty use, complete with essential footnotes, and printed in color for easy reading. The cost is $7.50 for each schedule and only $5.50 each for five or more copies.

To order, visit www.immunize.org/shop. For 20 or more copies, contact IAC for discount pricing at admininfo@immunize.org

Iowa Department of Public Health, Immunization Bureau Email Lists
The Iowa Immunization Program has several email list serves available to help healthcare providers receive important and timely immunization related information. Providers can send a blank email to the addresses below to receive updates directly in their inbox.

• VFC Program List: join-VFC@lists.ia.gov
• Immunization Program List: join-IMMUNIZATION@lists.ia.gov
• IRIS List: join-IRISUSERS@lists.ia.gov