

New York State Immunization Update

Summer 2004

New York State Department of Health

Dear Colleague:

This is the thirty-sixth issue of the New York State Immunization Update. The purpose of the Update is to provide the latest information on immunization-related topics. We invite you to share your ideas and concerns regarding both the Update and immunization issues

in general. You may submit correspondence or a request to be added to the mailing list to the New York State Department of Health, Immunization Program, Room 649, Corning Tower, ESP, Albany, NY 12237-0627, or call (518) 473-4437 or e-mail immunize@health.state.ny.us.

Measles as Important as Ever

Many newly trained pediatricians have never seen a case of measles. The near disappearance of this disease in the United States is due to the widespread immunization of children against measles. Before a vaccine was available, infection with the virus was nearly universal during childhood. Though the indigenous transmission of measles has been interrupted in the United States and other parts of the Western Hemisphere, it is still a common and often fatal disease in developing countries. In fact, the World Health Organization estimates that there were 30-40 million cases and 745,000 deaths from measles in 2001. In the U.S. in 2002 there were 44 cases reported, a record low.

The fact that measles is rarely seen these days has led many parents and physicians to become complacent about the disease and to assume that it is no longer a threat. This is not the case, however. All of us live in a world that

is increasingly mobile and global. Microorganisms know no borders and are fully able to board an airplane into a susceptible host. Almost all the cases of measles seen in the United States recently have been imported from other countries or linked to imported cases. In most cases the secondary transmission has been limited. However, if a larger proportion of the population is not immunized against measles in the future, this may not be the case the next time.

Several recently reported measles cases illustrate the potential for measles to be imported from abroad, the intensive public-health work that is required to prevent spread, and the importance of maintaining a high level of immunization.

In March 2003 a 17-year-old student attending a boarding school in Pennsylvania returned from his home in Lebanon where measles was known to be circulating. Six days later he developed a rash and was seen in an emergency department. He was diagnosed with a viral exanthem and returned to school, staying at the school health center and his dormitory. Five cases of measles were linked to this source patient. They included 13-year-old unvaccinated twins and two other students in different dormitories. One of these students in turn infected an unvaccinated 13-month-old in New York City. The infant was then linked to a case in a 33-year-old unvaccinated immigrant who lived in the same building. A ninth case attended the same school as the five boarding school students and was linked to all five.

No deaths or major complications were reported among these cases, though two were hospitalized for dehydration. Of the nine, two had not received any measles-containing vaccine, one had received one dose and six received two doses. Active surveillance for measles cases was conducted at the school, in hospitals, and in doctor's office for one to two months. Patients were interviewed, blood samples were collected, and throat swabs and urine specimens were collected and sent to the Centers for Disease Control and Prevention for viral genotyping. Susceptible individuals were identified by reviewing medical records, and were either vaccinated or isolated (MMWR, April 16, 2004, 53 [14]; 306-309).

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Immunization Registry Benefits Providers and Schools During Vaccine Shortages

Users can derive many benefits from the free registry applications, HealthyShot and the Immunization Registry and Information Source (IRIS), especially during vaccine shortages. A user may wonder, "How will I make sure all my patients get vaccinated with the third and fourth doses of Prevnar when it becomes available?" Without the immunization registry installed in an office, it may be difficult to track patients who need to be caught up once a vaccine shortage has ended.

With the registry application, a provider can automatically evaluate each patient's individual immunization history according to the ACIP schedule. In addition, the registry can generate a report of all patients who have not yet received the third or fourth dose of Prevnar. This report also can create customized letters and labels to be sent to parents or legal guardians informing them that the shortage is over and that they can schedule appointments for their children to receive the missed doses.

In some areas, HealthyShot and IRIS are being expanded to enhance their capability to enroll schools in the registry. Schools can print immunization histories of their previously consented registry patients. Involving local schools at this level significantly reduces their need to call a physician's office and has proven to be a good selling point to encourage additional physicians to participate in the registry. It also provides encouragement to these medical offices to actively solicit signed consents from their patients so that immunization records are readily available to area schools.

Measles in Paradise continued from page 1

On March 13, 2004, the Iowa Department of Public Health (IDPH) reported that a 19-year-old student, infectious with measles, had flown from New Delhi, India, to Cedar Rapids, Iowa, on March 12. The student had been part of a group of 28 students who traveled together to India. Six members of the group contracted measles while still in India. The IDPH recommended that all susceptible contacts remain in India until at least 18 days after exposure to avoid transmission. The student ignored these recommendations and flew from New Delhi to Amsterdam, to Detroit, and finally to Cedar Rapids. During his flight he had conjunctivitis and a cough and, within 24 hours of returning, developed a rash. The student had a non-medical exemption to vaccination and had never been vaccinated with measles-containing vaccine.

Infection control efforts included attempts to contact every passenger on each of his flights. In addition, efforts were made to notify all those who were present at the various airports he passed through by issuing health alerts and press releases. It was recommended that all exposed individuals be evaluated for susceptibility to measles and be vaccinated or given immune globulin as indicated (MMWR, March 26, 2004/ 53 [11]; 244-246).

Finally, a case of measles was reported in an upstate county of New York State (NYS) in April of 2004, in a 13-month-old infant adopted from China. A group of 11 families traveled

CNY Hunters/Trappers Focus of Safety Course

Central New York hunters and trappers can learn about tetanus, diphtheria and rabies before they even venture out into the woods this year. Information about those diseases will be part of safety courses offered to the public prior to hunting season by the Department of Environmental Conservation (DEC). At the recently held Region 6 and 7 train-the-trainer courses, participants received materials about tetanus and diphtheria, immunization against them, and rabies awareness. Those trainers will discuss and distribute the information at the safety courses. The regional adult immunization coordinator made a brief presentation to 35 trainers at the Region 7 course on June 12 in Pompey (Onondaga County), NY. The DEC is considering going statewide with this program.

A number of counties and coalitions will be educating the public about the benefits of tetanus vaccination by providing literature at garden centers and locations where hunting and fishing licenses are sold.

Any questions about creating and running reports should be directed to the registry support staff at either 1-800-950-1612 for HealthyShot or 1-866-859-4777 for IRIS.

Anyone not currently enrolled in the registry who would like more information about participation should contact the New York State Department of Health Immunization Program's Lorraine Benton at 518-474-1944.

to and spent time together in China while adopting 12 children. They left by separate routes for the United States on March 26. The children came from two orphanages and traveled to five states. Four of the children were considered infectious with measles while traveling. Nine of the 12 children developed measles. In NYS contact tracing was undertaken and vaccination or immune globulin was recommended to close contacts. One two-year-old contact had never been vaccinated against measles and, fortunately, did not develop the disease (MMWR, April 16, 2004, 53 [14]; 309-310).

These cases illustrate the fact that, even though vaccination rates are high, if an individual is not vaccinated against measles, then he or she is at risk of contracting this disease, even while residing in the United States. Unvaccinated individuals are 22 times more likely to contract measles than those who are vaccinated (MMWR, March 26, 2004, 53 (11); 244-246). This is also true for other vaccine-preventable diseases as was shown by the recent case of a man who contracted diphtheria while traveling in Haiti and later died in Pennsylvania from the disease (MMWR, January 9, 2004, 52 (53); 1285). In addition, the risk is not only to those who have chosen not to be vaccinated, but is also present for those who are too young to be immunized, who cannot be immunized due to medical reasons, and those who are immunocompromised.

Provider Based Immunization Initiative (PBII) Certificates of Excellence

Each issue of the New York State Immunization Update will announce the names of health care providers awarded Certificates of Excellence for their immunization coverage levels of two year-old children. The Certificates of Excellence are presented through the Provider Based Immunization Initiative (PBII) to health-care providers who have achieved high immunization levels of their two-year-old client populations. The New York State Department of Health Commissioner and either the President of the American Academy of Pediatrics or of the American Academy of Family Physicians, depending upon the organization with which the provider is affiliated, sign the certificates. Certificates of Excellence have been presented to the following practices or physicians:

James Gaden, DO, Kendall, NY

Eileen Kosieracki, MD, Albion, NY

Shailee Madhok, MD, Ogdensburg, NY

Satya Sahukar, MD, Albion, NY

Elwin Stillman, MD, Lowville, NY

Bassett Health Care - Oneonta, NY

Monica Brane, MD

Lisa Mooney, MD

Eric Noel, MD

Beth Beaudet, FNP

Kathy Ramiza, PNP

Nursing Staff

Bassett Healthcare Pediatric Clinic, Cooperstown, NY

Douglas Cannon, MD

Anna Gadomski, MD

Brian Gumbs, MD

Chris Kjolhede, MD

Margaret Young, MD

Sonja McCann, PNP

Nursing Staff

Buffalo Pediatric Associates, Amherst, NY

C.P. Family Health Center, Canton, NY

James Latimer, MD

Primary Care Staff

Family Plus Primary Care, Franklinville, NY

Christy Hoffman, MA

James Martin, RPAC

Denise Schroeder, LPN

Gananda Family Medicine, Macedon, NY

Anita Anderson, MD

Louis Kapner, MD

Genesee - Transit Pediatrics, LLP, Cheektowaga, NY

Genesee - Transit Pediatrics, LLP, Depew, NY

Genesee Valley Family Medicine - Lakeville, NY

Eileen Nugent, DO

Debbie Coniglio, NP

Julia Miller, NP

Lourdes Pediatric Group, Binghamton, NY

Renato Abueg, MD

Michael Kirsch, MD

Mukesh Rao, MD

Dorene Aleccia, FNP

Olean Medical Group, Franklinville, NY

Richard Larsson, RPAC

Rushville Health Center, Rushville, NY

John Cooley, MD

Sara Jane Hunt, NP

Sheridan Pediatrics, Amherst, NY

Suburban Pediatrics, Williamsville, NY

Susquehanna Family Practice, Oneonta, NY

Carlton Rule, MD

Jennifer Rule, MD

Carolyn Wolf-Gould, MD

Christopher Wolf-Gould, MD

Susan Stein, FNP

C. G. Corgan, LPN

Valley Stream Pediatrics, Valley Stream, NY

Lori Berman, DO, FAAP

Marc Lashley, MD, FAAP

Gale Nadelson, MD, FAAP

Sania Wilkins, DO, FAAP

Warsaw Pediatrics, Warsaw, NY

Anita Dy-Ang, MD

Nancy Werner, Office Asst.

Wayne Medical Group, Sodus, NY

Richard Endres, MD

Martha Kincaid, MD

Suzanne Prestwich, MD

Winthrop Pediatric Associates, Mineola, NY

Yolanda Alleyne, MD

Joseph Greensher, MD, FAAP

Jill Leavens-Maurer, MD, FAAP

Ronald Marino, MD, FAAP

Deborah Messins-Tsotsos, DO, FAAP

Bonnie Miller, DO, FAAP

Sudah Prasad, MD, FAAP

Jeanne Zinzarella, DO, FAAP

Birthing Hospitals Get Free Hep B Vaccine

The Hepatitis B Birth Dose Program has enrolled 44 upstate and 18 New York City birthing hospitals since the initiative began in October 2003. The program provides free hepatitis B vaccine to any birthing hospital in New York State that agrees to adopt a universal hepatitis B birth dose policy. Hospitals may participate in the program by submitting a brief application, along with their birth dose policy, to the New York State Department of Health (NYSDOH) for review. The policy must clearly show that all newborns will be routinely vaccinated against hepatitis B at birth regardless of maternal hepatitis B surface antigen (HbsAg) status, infant's insurance status, or individual physician preference.

The project gained momentum after the Advisory Committee on Immunization Practices (ACIP) voted in October 2001 to recommend that a birth dose of hepatitis B vaccine be administered universally to all infants born in the United States. The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) had previously issued similar recommendations.

The provision of hepatitis B vaccine to all infants at birth provides a "safety net" to high-risk infants who do not receive appropriate prophylactic treatment against hepatitis B virus (HBV) transmission at birth, and to infants who are exposed to HBV postnatally from another family member or caregiver. Even though New York State has a law mandating that all pregnant women be tested for HBsAg and all infants born to positive HBsAg mothers receive appropriate prophylaxis at birth, infants are unnecessarily exposed to the virus each year in New York State.

Infants can be infected in the following ways:

- The mother is HBsAg negative but the infant is exposed to HBV infection postnatally from another family member or caregiver. This occurs in two-thirds of the cases of childhood transmission.
- The woman is tested in early pregnancy for HBsAg and is found to be negative. She develops HBV infection later in pregnancy but it is not detected, even though it is recommended by CDC that high-risk women be retested later in pregnancy. The infection is not clinically detected by her health-care provider so her infant does not receive hepatitis B vaccine or hepatitis B immune globulin (HBIG) at birth.
- A chronically infected pregnant woman is tested but with the wrong test, HBsAb (antibody to hepatitis B surface antigen), instead of HBsAg. This is a common mistake since these two test abbreviations differ by only one



Good Samaritan Hospital Medical Center in West Islip is one of the recipients of a certificate of excellence for adopting a universal hepatitis B birth dose policy. From left to right: nurses Joanne Schroeder, Nurse Manager of Mother/Baby, Susan Correll, Nurse Manager of NICU, and Mary Ellen Lindros, Perinatal Clinical Nurse Specialist; Senior Vice President of Administration/CFO William Allison; Neonatology Director Prabhu Mehta; NYSDOH Representative Sandra Spencer; Suffolk County DOH Perinatal Hepatitis B Program Nurse Coordinators Lauren Barlow, MS, RD, RN, Jacqueline Bolta, BSN, RN, and Jean Esser, MPH, BSN, RN; and David Graham, Medical Director, Suffolk County DOH Public Health.

letter. Her incorrectly ordered test result is "negative," so her doctor believes her infant does not need post exposure prophylaxis.

- The pregnant woman is tested and found to be HBsAg positive, but her status is not communicated to the newborn nursery. The infant receives neither hepatitis B vaccine nor HBIG protection at birth.
- The pregnant woman is not tested for HBsAg either prenatally or in the hospital at the time of delivery. Her infant does not receive hepatitis B vaccine in the hospital even though the vaccine is recommended within 12 hours of birth for infants whose mothers' test results are unknown.
- The pregnant woman is HBsAg positive but her test results are misinterpreted or mistranscribed into her prenatal record or her infant's chart. Her infant does not receive HBIG or hepatitis B vaccine.

In a 2002 survey of New York State birthing hospitals, cost of vaccine was identified as a barrier to vaccinating infants at birth by many hospitals. Through this new program, the NYSDOH hopes to eliminate additional hospital costs for vaccine purchase while improving hospital compliance with recommended standards of care, the primary goal of the program being the elimination of hepatitis B transmission.

Questions or comments regarding the program may be directed to Perinatal Hepatitis B Program Manager Elizabeth Herlihy, RN, MS, at (518) 473-4437, or e-mail EJH04@health.state.ny.us.

Certificates of Excellence

As of July 20, 2004, the following hospitals have been issued Certificates of Excellence acknowledging their establishment of a policy to routinely immunize all newborns with hepatitis B vaccine at birth:

Adirondack Medical Center, Saranac Lake
Alice Hyde Medical Center, Malone
Arnot Ogden Medical Center, Elmira
Bellevue Woman's Hospital, Niskayuna
Benedictine Hospital, Kingston
Brookhaven Memorial Hospital, East Patchogue
Brooks Memorial Hospital, Dunkirk
Canton-Potsdam Hospital, Potsdam
Carthage Area Hospital, Carthage
Cayuga Medical Center at Ithaca
Central Suffolk Hospital, Riverhead
Chenango Memorial Hospital, Norwich
Columbia Memorial Hospital, Hudson
Community General Hospital, Syracuse
Community Memorial Hospital, Hamilton
Crouse Hospital, Syracuse
Faxton-St.Luke's Healthcare, New Hartford
Good Samaritan Hospital Medical Center, West Islip
Huntington Hospital, Huntington
Inter-Community Memorial Hospital at Newfane
Ira Davenport Memorial Hospital, Bath

Lakeside Memorial Hospital, Brockport
Lockport Memorial Hospital, Lockport
Massena Memorial Hospital, Massena
Medina Memorial Health Care System, Medina
Millard Fillmore Suburban Hospital, Williamsville
Nassau University Medical Center, East Meadow
Newark Wayne Community Hospital, Newark
Niagara Falls Memorial Medical Center, Niagara Falls
Oneida Healthcare Center, Oneida
Oswego Hospital, Oswego
Phelps Memorial Hospital Center, Sleepy Hollow
Putnam Hospital Center, Carmel
Schuyler Hospital, Montour Falls
Sound Shore Medical Center of Westchester,
New Rochelle
St. James Mercy Hospital, Hornell
St. Josephs Hospital Health Center, Syracuse
The Kingston Hospital, Kingston
The Mary Imogene Bassett Hospital, Cooperstown
United Memorial Medical Center, Batavia
Westchester Medical Center, Valhalla
WCA Hospital, Jamestown
Women's and Children's Hospital of Buffalo
Wyoming County Community Hospital &
Nursing Facility, Warsaw

High-Risk Adults Need Hepatitis Protection

All patients presenting to STD clinics and HIV counseling and testing sites should be vaccinated against hepatitis B, according to the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Hepatitis A vaccine is indicated as well for patients in certain risk groups, including men who have sex with men (MSM), persons at increased risk due to anal-oral sexual practices, intravenous drug users (IDUs), persons infected with HIV, and anyone with chronic liver disease.

High-risk adults and adolescents presenting to all county-sponsored clinics and other public-health settings can receive free hepatitis A, hepatitis B, or combined hepatitis A and B vaccine provided by the New York State Department of Health (NYSDOH) Immunization Program. Counties are using the vaccine at STD clinics, HIV counseling and testing sites, adult immunization clinics, TB clinics and other settings where high risk adults are served.

Currently, most of the 57 upstate counties are participating in the Adult Hepatitis Vaccination program. In the year 2003, over 13,700 doses of vaccine were administered, as reported by counties. Of the doses, over 9,100 were hepatitis B vaccine, approximately 970 were hepatitis A, and approximately 3,500 were combined hepatitis A and B. For the first four months of 2004, the counties reported that they administered over 3,100 doses of hepatitis vaccine to high-risk adults and adolescents.

During the summer of 2003, the Immunization Program began the County Jail Hepatitis Vaccination pilot, a study of the implementation of hepatitis vaccination services in 11 participating counties' jail facilities. The counties included Albany, Chautauqua, Chemung, Columbia, Livingston, Nassau, Onondaga, Ontario, Saratoga, Washington and Yates. They have administered over 3,600 doses of vaccine to incarcerated individuals since the beginning of the pilot.

Other health-care providers are benefiting from the NYSDOH Immunization Program hepatitis vaccination initiative. During the winter of 2004, the Immunization Program invited the health centers of four tribal nations, the Onondaga, the Shinnecock, the Tonawanda and the Tuscarora, to join. In a pilot project, two methadone clinics in Albany County and Nassau County receive free hepatitis vaccine. In addition, 10 migrant health centers in the Finger Lakes region receive hepatitis and other adult vaccines in a pilot program.

County health department staff who need additional information on any of the adult hepatitis initiatives, have questions on appropriate settings in which to use hepatitis vaccine, or wish to enroll may contact Hepatitis B Coordinator Elizabeth Herlihy, RN, MSN, at (518) 473-4437 or ejh04@health.state.ny.us

We want to hear from you!

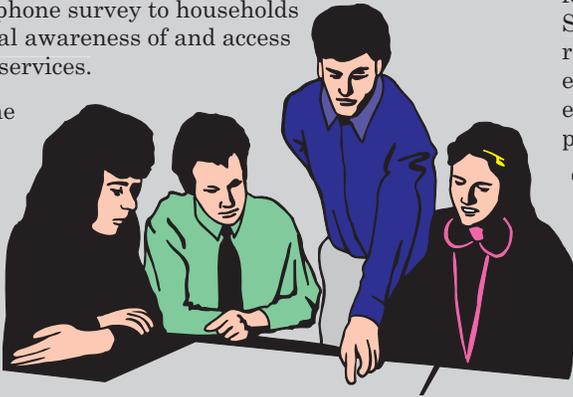
County health departments are invited to submit articles of interest to Lorraine Benton at lkb@health.state.ny.us

Clinton County Assesses Adult Immunization

A Clinton County pilot project has collected some encouraging information about senior citizen awareness of immunization against influenza and pneumococcal infection.

The county conducted an adult immunization assessment with the assistance of a State University of New York (SUNY) School of Public Health (SPH) student and staff members of the New York State Department of Health (NYSDOH) Capital District Regional Office Immunization Program. The project, which began March 1, includes a telephone survey to households regarding personal awareness of and access to immunization services.

Researchers at the SPH helped design the study. Responders had to be at least 18 years of age and comprised three age ranges: 18-49, 50-64, and 65 and older.



In the random sample telephone survey, 50 residents aged 18 and older responded to a questionnaire. Forty-six percent of those surveyed were age 65 and older. One hundred percent of those 65 and older reported being immunized against flu, and 65% reported pneumococcal vaccination. It is not clear that the numbers for flu immunization represent the annual rate. However, these preliminary findings do indicate that this age group is aware of the importance of flu immunization and how proactive Clinton County is with its over age-65 residents. Fifty-three percent of 50- to 64-year-olds reported having a flu vaccination, indicating that health practitioners may need to increase efforts to improve awareness and to increase immunization levels in that age range. Ninety-two percent of all those surveyed reported having tetanus immunization.

An additional aspect of the project will evaluate practitioner awareness of adult immunization guidelines and practices related to assessment and services for patients through health-care providers. The project will also review other community sources for immunization information and services, such as various adult organizations, employers and schools.

The full scope of the project will extend over several months, with the anticipation of support from additional students. The resulting report of the findings and recommendations will assist the NYSDOH Immunization Program in determining the project's usefulness for other counties. Once the project is completed by the end of the year, it may become the model for other counties in assessing immunization practices.

Cortland County Targets Senior Games for Adult Immunization Initiative

At this year's Empire State Senior Games, the Cortland County Adult Immunization Coalition collected 649 surveys which will provide valuable information on immunization and older adults. Hosted this year by the State University of New York at Cortland on June 8-13, the games provide sports and recreational activities for people age 50 and older from across New York State. This year about 1,900 participated. The coalition recognized the annual event as an opportunity to educate older adults about the benefits of immunization, especially for tetanus and diphtheria, influenza, and pneumococcal vaccines.

The effort took the form of an information table at the Wellness Fair, which coincided with registration for the games, on June 9-11. Each participant received a registration packet containing a coupon for a free bottle of spring water to be redeemed at the coalition's table. The water bottles were labeled with a brightly colored adult immunization promotional message. As participants picked up their water, they were offered educational literature and asked to fill out a short survey designed to assess basic awareness about immunization, vaccination status, and access to immunization services. The coalition purchased 2,160 bottles (90 cases) of water and it is anticipated that the sample size for the survey will be large enough to obtain useful data.



County Jail Inmates Need Extra Attention

Erie County: PBII Boosts Immunization Levels

The Erie County Department of Health's Immunization Action Plan (IAP), in conjunction with the New York State Department of Health, assists providers in keeping up to date on immunization protocols. The IAP is a state-funded program designed to increase the immunization rates of the two-year-old population through provider education and assessment of immunization levels.

IAP nurses make outreach visits to providers in the community for education and immunization assessments. They distribute a resource packet of information on current immunization news, schedules, and the Provider Based Immunization Initiative (PBII). The goal is to make community providers aware of the IAP and to encourage its use as a resource for immunization practices and concerns.

The PBII uses the Centers for Disease Control's Clinical Assessment Software Application (CASA) to assess the immunization rates of identified populations (one- and two-year-olds). CASA then is able to generate a variety of reports on the provider's immunization practices and levels, and has the ability to identify and track children lacking immunizations.

Conducting PBII and post-PBII follow-up visits are key components to increasing immunization rates. IAP nurses encourage as many of the provider's staff as possible to be present at these visits, where they do the following: review reports, immunization coverage levels, and specific information on the office's immunization practices; discuss barriers to immunization and steps to remove them; provide a list of children missing immunizations; discuss tracking and recall of those children and identify a contact person for follow-up. IAP staffers will provide assistance if requested in tracking those children identified.

In addition to assessments, the IAP provides in-service and immunization update education. Any provider's office interested in more information may contact Sandra Diagostino, RN, BSN, at Erie County Department of Health, Immunization Action Plan, at 858-6534.

Incarcerated individuals at high risk for infectious diseases are often overlooked when it comes to preventive health care and education. This is one of the conclusions of a recently completed assessment of health services offered by local health departments (LHDs) in their county jails. The survey was conducted by the New York State Department of Health Immunization Program in order to determine the feasibility of implementing hepatitis vaccination services for inmates. Upon release, these individuals return to the community and can potentially infect others. The high-risk adult population is not easy to reach for preventive health services such as vaccination. LHD's should use every opportunity they can to provide preventive care and education in places where there is access to high-risk adults, such as county jails.

In January of 2004, the Immunization Program sent a survey to all counties outside New York City to assess the involvement of LHDs in providing health services for communicable diseases. Although the survey covered services related to tuberculosis, HIV, STDs, hepatitis A, hepatitis B, and hepatitis C, there was a focus on the provision of hepatitis vaccination. All 57 counties responded to the survey. Twenty-eight (49%) of the counties provided at least one type of health service at the county jail. Of the 57 counties, 18 (31.5%) provided hepatitis vaccination services and 13 (22.8%) were interested in providing these services in the future. Thirteen (72%) of the 18 counties providing hepatitis vaccination services made vaccines available to all inmates.

The majority of LHDs have found the jail staff to be supportive of their efforts in the county jails. Fifty percent of the cost comes from Article 6 state funds. Grant funding and other county funding also contribute. Those LHD workers who do staff the county jails are primarily (47%) nurses (RNs).

The main reason LHDs may not be involved in their jails is that an established health service already exists at those sites. Other barriers to LHDs providing services in the jails included lack of funding, lack of staff, inadequate space, security issues, and a lack of integration with established health services and other jail staff for education, scheduling, and services in general.

There was tremendous support among LHDs for the survey as seen by the 100% response rate. Understanding the services offered will assist the Immunization Program and LHDs in providing more preventive-health services to inmates. Almost half of the LHDs are involved in their county jails and have established a working relationship which will facilitate discussion of hepatitis vaccination initiatives. It may be difficult to incorporate LHD staff in some county jails; however, another option is for LHDs to supply the hepatitis vaccine for jail health staffers to administer. It is important to take advantage of all opportunities to immunize the high-risk adult population.

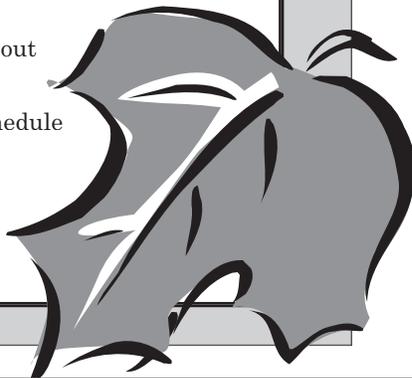
For additional information about the survey and results, please contact Hepatitis B Coordinator Elizabeth Herlihy, BS, MSN, at 518-473-4437.

Coming in Fall 2004

Adult immunization issue of the New York State Immunization Update

- All you need to know about the flu vaccine
- Adult immunization schedule
- And more...

**Don't miss
this valuable issue!**



Meningococcal Vaccine Law Clarified

A new law regarding meningococcal meningitis (section 2167 of the New York State Public Health Law) went into effect last summer and requires colleges, residential schools and summer camps (with overnight stays of seven days or more) to:

1. Provide all students/campers with information about meningococcal disease and vaccination, including the availability and cost of the currently available meningococcal vaccine (Menomune™). The New York State Department of Health (NYSDOH) has provided a fact sheet for this purpose.
2. Maintain a record signed by the parent/guardian (or the student/camper if he/she is 18 years of age or older) certifying that:
 - the student or camper has received meningococcal vaccination within the past 10 years; or
 - the information has been received and reviewed, the risks of meningococcal disease and the benefits of vaccination are understood, and that it has been decided that the child will not receive meningococcal vaccination.

The NYSDOH has advised parents and guardians of students and campers to contact their personal physician or health-care provider if they need additional information or have questions regarding the need for meningococcal vaccination. In addition to the fact sheet, the following information is provided to assist in answering parent or patient questions:

- The law does not require meningococcal vaccination for students and campers, only that they be given information about the disease and the availability of a vaccine and sign an acknowledgement that they have received the information.
- The Advisory Committee for Immunization Practices (ACIP) at the Centers for Disease

Control and Prevention (CDC) makes the following recommendations about meningococcal vaccination of college students (MMWR 2000;49(No. RR-7): [p1-32]:

- College freshmen, particularly those who live in dormitories, are at modestly increased risk for meningococcal disease relative to other persons their age.
- Providers of medical care to incoming and current college freshmen, particularly those who plan to or already live in dormitories and residence halls, should, during routine medical care, inform these students and their parents about meningococcal disease and the benefits of vaccination.
- College freshmen who want to reduce their risk for meningococcal disease should be administered vaccine.
- The risk for meningococcal disease among non-freshmen college students is similar to that for the general population. However, the vaccine is safe and efficacious and therefore can be provided to non-freshmen undergraduates who want to reduce their risk for meningococcal disease.
- The ACIP does not make any recommendations about meningococcal vaccination of children in residential schools or overnight camps.
- Although the law addresses meningococcal vaccination within the past 10 years, the currently available vaccine (Menomune™), is believed to provide protection against disease due to four serotypes (A, C, Y, and W-135) for approximately three to five years. The ACIP states: “although the need for revaccination of older children has not been determined, antibody levels decline rapidly over 2–3 years. Revaccination may be considered for freshmen who were vaccinated more than 3–5 years earlier. Routine revaccination of college students who were vaccinated as freshmen is not indicated.”

Additional information regarding the new meningococcal meningitis requirements is available on the NYSDOH website at: <http://www.health.state.ny.us/nysdoh/immun/immunization.htm>.

Additional information about meningococcal vaccination is available at the CDC website: <http://www.cdc.gov/mmwr/PDF/rr/rr4907.pdf>

If you have further questions about this law, please contact your NYSDOH Immunization Program regional office representative at the following telephone numbers:

Capital District Regional Office	(518) 408-5278
Central Regional Office (Syracuse)	(315) 477-8164
Long Island Field Office (Central Islip)	(631) 851-3081
Rochester Field Office	(585) 423-8014
Western Regional Office (Buffalo)	(716) 847-4385
New Rochelle Field Office (Lower Hudson Valley)	(914) 654-7194
Metropolitan Area Regional Office (NYC 5 boroughs)	(212) 268-7276 (212) 268-6437

Internet Resources

New York State Department of Health
www.health.state.ny.us

New York State Office for the Aging
www.aging.state.ny.us

Centers for Disease Control and Prevention
www.cdc.gov/nip/flu

Recommendations of the Advisory Committee
on Immunization
www.cdc.gov/nip/publications/acip-list.htm

National Coalition for Infectious Diseases
www.nfid.org/ncai

National Foundation for Infectious Diseases
www.nfid.org

American Society of Consultant Pharmacists
www.immunizeseniors.org

New Registry To Be Web-Based Application

A change is in the works for the New York State Immunization Information System (NYSIIS), more familiarly known as the registry.

Since 1992, the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH) have been committed to developing immunization registries. With various refinements over the years, NYSIIS has evolved into its current system of two software applications, HealthyShot and IRIS, that are deployed throughout the state and converge in a central hub in Albany. This electronic registry has been offering numerous benefits to providers, parents, schools and communities, a major one being the consolidation of a child's vaccination history into one record. Users can enjoy other benefits, like printed immunization records, reminder and recall letter production for immunizations due or overdue, current recommendations, elimination of manual record pulls, completion of required records, and management of vaccine inventories, among others.

In 2003 the NYSDOH Immunization Program contracted with the New York State Technology Enterprise Corporation (NYSTEC) to perform a complete system analysis of NYSIIS. NYSTEC is an independent, nonprofit corporation that provides system engineering and technical assessments. NYSTEC was hired to review HealthyShot, IRIS and the central hub. The review included technical and programmatic areas to assess how best New York State could meet the Healthy People 2010 goal of having 95% of children under six years of age in a registry with two or more shots. NYSTEC completed its evaluation in September 2003, after interviewing county health officials, users of the current applications, the software developers and those responsible for the maintenance, installation and marketing of the applications. NYSTEC concluded that NYSIIS should replace the regional pilot projects with a single statewide system using web-based technology.

The NYSDOH Immunization Program accepted the recommendation and extended the NYSTEC contract to assist in defining the needs of the new application, drafting the solicitation, and providing project management services after a vendor is selected.

The first step is to know what the application will need in terms of functionality. To this end, stakeholders who would benefit from the registry have been identified. Stakeholders include programs within the NYSDOH and others outside the NYSDOH, such as the American Academy of Pediatrics, the New York State Association of School Nurses, the American Academy of Family Physicians, and the Medical Society of the State of New York. The staff of NYSIIS has since been meeting with groups of stakeholders and in committees to identify what needs to be included in the application. Once all the requirements have been identified, NYSTEC and NYSDOH staff will develop a solicitation document and evaluation criteria that will be used to hire a vendor. The solicitation should be disseminated in the fall.

When fully functioning, the web model will add even more benefits, including easier accessibility through a web browser and reduced deployment costs.

NYSIIS will continue to brief stakeholders on the progress through HealthyShot and IRIS user meetings and by this newsletter. Readers with questions or concerns may contact Michael Flynn or Pat Deyo at (518) 474-1944.

Multi-State Vaccine Distribution Efforts Rewarded

For his work in establishing a new multi-state vaccine distribution contract and efficiently transferring vaccine inventory from one storage facility to several others with minimal interruption in supply, Vaccine Manager Gary Rinaldi received the only special ad hoc award presented at the National Immunization Conference, held in Nashville, Tennessee, on May 11-14.

Ten immunization programs participating in the New York Multi-State Vaccine Distribution Contract will benefit from Gary's efforts. Participating immunization projects include Colorado, Idaho, Maryland, Missouri, Nebraska, Nevada, New York City, North Carolina and Wyoming. At stake was 20 million dollars worth of vaccine, to be moved from California and New York to new depots in Texas and Virginia. The logistics included identifying each state's ending inventory, packaging, package size and related volume for transportation, as well as determining the most appropriate and efficient method for shipping, negotiating, ordering, and scheduling the shipment. Gary's staff had to continuously oversee and troubleshoot problems as they occurred. The successful transfer was completed on April 14. Providers and parents in all of the affected states have Gary and his staff to thank for this complex, though seamless, transition to a new and more cost-effective vaccine distribution system.

**Not Currently a subscriber
to the New York State
Immunization Update?**

We want to add you to our list!

**Send your mailing information
to Lorraine Benton at
lkb01@health.state.ny.us**

New York Vaccines For Children Program Eligibility Criteria

Child Health Plus A vs. Child Health Plus B

Providers around the state have reported some confusion over the determination of New York Vaccines For Children (NY VFC) eligibility criteria, especially when it involves Child Health Plus A and B.

Child Health Plus A is what was formerly called Children's Medicaid. All children through the age of 18 who are enrolled in Child Health Plus A should receive NY VFC vaccine. A bill for the administration costs (up to the cap of \$17.85) can then be submitted to Medicaid (for fee-for-service).

Child Health Plus B is a non-Medicaid managed-care program with whom a practice may have entered into a contract to provide medical services to enrolled patients. The contract includes an agreed-upon amount for vaccines and administration costs. **Child Health Plus B enrollees are not eligible to receive NY VFC vaccine.**

Many insurance companies carry both Child Health Plus A and Child Health Plus B programs. When a child presents for immunization, staff should determine under which program the child is covered. Each insurance company has a distinct code for each Child Health Plus program. It is each staff's responsibility to differentiate between the codes. Questions on the coding should be directed to the insurance company, which can explain the differences.

It is important for provider offices to be clear on these differences, as NY VFC has no mechanism to reimburse a provider for privately purchased vaccine mistakenly used for VFC eligible children.

Underinsured Definition

In keeping with the federal guidelines, the NY VFC program is issuing the following policy:

1. "Underinsured" means children who have health insurance but no vaccine coverage.
2. Children who have insurance that covers the cost of vaccines are not eligible for VFC program benefits even if their plan rejects a claim for the cost of vaccine because a high deductible has not been met.
3. Children who have ERISA-exempt or self-insured policies that cover only certain vaccines are eligible to receive VFC vaccine limited to the vaccines that are not covered by their policies.
4. Children who have policies that cap or limit the reimbursement amount for vaccine are eligible to receive NY VFC vaccines at federally qualified Health Centers, (FQHC), rural health clinics (RHC) or local county health departments, but not at private provider offices.

Change in Vendors

The NY VFC program recently contracted with a new vendor to ship VFC vaccines to provider offices. The new vendor is General Injectables and Vaccines, Inc. (GIV). It is anticipated that this change will reduce the amount of time between vaccine order and delivery.

Any questions regarding NY VFC eligibility criteria or any aspect of the NY VFC program should be directed to the program at 518-474-4578.

Western New York Pediatric and Adolescent Coalition (WNYPAC)

A need for collaboration among pediatric and adolescent health-care agencies led to the development of the Western New York Pediatric & Adolescent Coalition (WNYPAC) in October 2003. Its members represent various agencies in the western region, including major health-care plans, county health departments, school health programs, lead resource agencies, child-care coalitions, pediatric providers, and pediatric vaccine manufacturers' representatives. Some of the organizations include BlueCross and BlueShield of Western New York, Buffalo Community Health, Fidelis Healthcare, Independent Health, Univera Healthcare, the New York State Department of Health, the health departments of Erie, Niagara and Orleans counties, the Head Start programs of Erie and Niagara counties, Western New York Lead Resources, The Child Care Coalition of the Niagara Frontier, Inc., and Women, Infants and Children (WIC) programs. Pediatric vaccine companies include Aventis-Pasteur, Inc., Glaxo SmithKline, Merck & Co., and Wyeth-Lederle Laboratories, Inc.

The coalition's mission is to promote community wellness by increasing lead testing and immunization rates in Western New York through quality health-care provider initiatives, public awareness, and community support. Although the coalition is in its infancy, it has coordinated an inter-plan practitioner and member educational effort to distribute a universal message regarding lead testing and compliance with immunization requirements and recommendations in New York State.

The coalition is dedicated to educating practitioners and the public with an accurate, timely and consistent message that promotes awareness of immunization and lead testing issues. Educational efforts are directed at facilitating a partnership among community agencies. The coalition's objective is to increase immunization and lead testing rates to help achieve the Centers for Disease Control and Prevention's Healthy People 2010 goals.

For more information on WNYPAC, contact Julie Kozlowski, RN, at 716-887-6988 or kozlowski.julie@bcbswny.com.

Immunization Conference Information

September 2004

Fourth Annual Vaccine Education Symposium

Saturday, September 18, 2004

8 a.m. – 3:15 p.m.

Philadelphia, PA

For more information go to www.cdc.gov/nip/calendar/default.htm

Sixth National Conference on Immunization Coalitions

September 20-22, 2004

Norfolk, Virginia

Sponsored by:
University of South Florida

For more information go to www.cme.hsc.usf.edu/coph

or call Annemarie Beardsworth at 401-222-2312

or call Tracey Ryan at 813-974-6682.

Fax: 401-222-1442

National Adult Immunization Awareness Week (NAIAW)

September 26, 2004, to October 2, 2004

Sponsored by: National Foundation for Infectious Diseases (NFID) and National Coalition for Adult Immunization (NCAI)

For more information go to www.nfid.org

Web site: www.cdc.gov/nip/events/naiaw/

ASTHO 2004 Annual Meeting

September 28 - October 1, 2004

St. Paul, Minnesota

Web site: www.astho.org

October 2004

National Vaccine Advisory Committee (NVAC) Meeting

October 5-6, 2004

Washington, DC

(770) 488-2040.

Photo ID required for entry.

Web site: www.cdc.gov/nip/acip

Immunization Registry Conference

October 18, 2004, to October 20, 2004

Atlanta, Georgia

Sponsored by: Centers for Disease Control and Prevention

Contact: <http://www.CDC.GOV/NIP/REGISTRY/IRC>.

Conference Planning Team: 404-639-8225

Deadline for abstract submission: July 16, 2004

Advisory Committee on Immunization Practices (ACIP) Meeting

October 27-28, 2004

Atlanta, GA

Web site: www.cdc.gov/nip/acip

November 2004

American Public Health Association (APHA)

132nd Annual Meeting and Exposition

November 6-10, 2004

Washington, DC

For more information go to

www.cdc.gov/nip/calendar/default.htm

Biannual Interagency Autism Coordinating Committee (IAAC) meeting

November 19, 2004

Bethesda, MD

For more information go to www.cdc.gov/nip/calendar/default.htm

December 2004

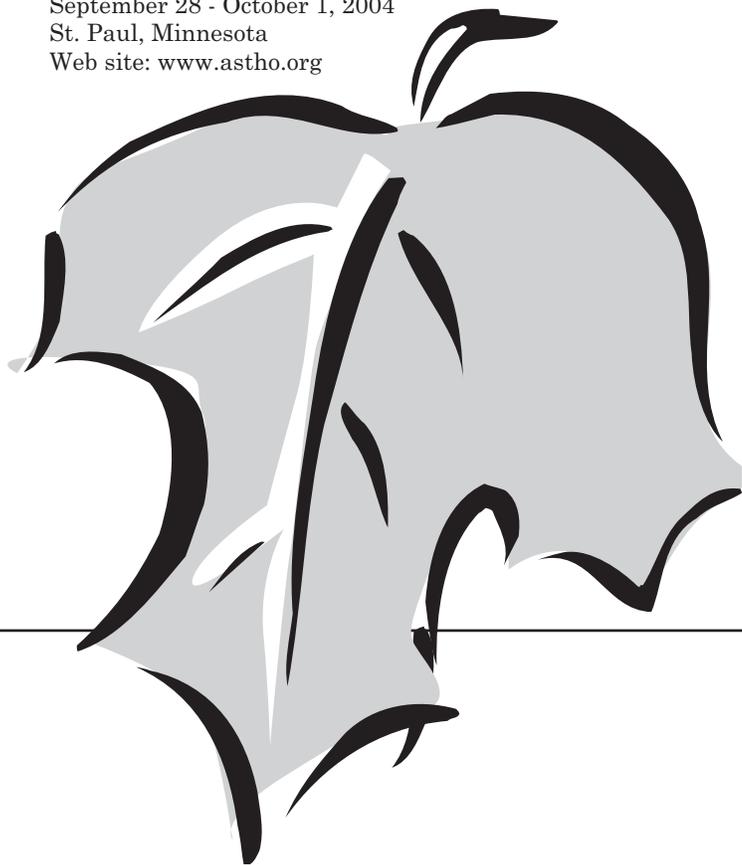
Advisory Commission on Childhood Vaccines (ACCV) Meeting

December 6-7, 2004

Rockville, MD

For more information go to

www.cdc.gov/nip/calendar/default.htm



NYSDOH
Immunization Program
Room 649, ESP, Corning Tower
Albany, NY 12237-0627

