

the vaccine

October 15, 2016

Volume 8, Issue 5

In this Issue

- [Announcements and Upcoming Events](#)
- [New Staff Members](#)
- [2016-2017 Influenza Vaccine Update](#)
- [HIBERIX Vaccine Available for Order](#)
- [School Required Immunizations Reminders](#)
- [Using the Health Belief Model to Understand Immunization Practices](#)
- [VFC Vaccine and Medicaid Eligible Children](#)
- [CHIRP Deactivation Policy](#)
- [LAIV Influenza Nasal Spray Vaccine Update](#)
- [Fluzone Multi-dose Vial Usage Update](#)

Announcements and Upcoming Events

Immunization Division 2016 Webcast Schedule: The webcasts hosted by the Immunization Division have been completed for 2016. Each webcast will begin at 9:30 a.m. If you miss the live webcast, a recorded version is archived and available at <http://videocenter.isdh.in.gov/videos/channel/38/recent/page1/>.

CHIRP 2016 User Group Meeting (UGM) Schedule: CHIRP UGMs are currently scheduled for the following dates in 2016:

Tuesday, December 13: Marion County Health Department, Indianapolis

For more information about the UGM sessions or to register to attend, please visit <https://chirp.in.gov/calendar/index.html>, or contact CHIRP at chirp@isdh.in.gov or 888-227-4439.

2016 Conferences:

School Nurse 'Back to the Basics': The Indiana Immunization Coalition is hosting a school nurse orientation in partnership with the Indiana State Department of Health and the Indiana State Department of Education. This orientation will take place at the Indianapolis Marriott North on November 2.

- Agenda Topics:
 - Legal Framework and Role of the School Nurse
 - Management of Chronic Diseases
 - Management of Communicable Diseases
 - Immunizations
- LUNCH WILL BE PROVIDED.
- REGISTRATION FEE: \$50 per attendee
- To register: <http://events.r20.constantcontact.com/register/event?oeidk=a07ed4ok39q04d36a54&llr=ddu4awjab>

Indiana Association of School Nurses' 2016 Statewide School Nursing Conference: Enjoy two days of networking and learning with colleagues from all over the state! Dr. Jerome Adams, Indiana's Health Commissioner, will be our keynote speaker. This school nurse conference will be held at the Indianapolis Marriott North on November 3 & 4.

- ▶ Agenda Topics:
 - ▶ School Nursing
 - ▶ Public Health
 - ▶ Pediatrics
 - ▶ Immunizations
- ▶ To register: <http://www.inasn.org/home/conference/conference-info/>

Call for A-Z Training Hosts: ISDH offers immunization trainings called “Immunizations A-Z”. These trainings are free of charge. A full Immunizations A-Z is approximately four hours of training that covers all immunizations, signs and symptoms, vaccine-preventable diseases, state law and school requirements, as well as exemptions. This class will also cover vaccine administration and vaccine safety. Please contact the health educator in your area to arrange training.

Sharon Griffin, Districts 8, 9, 10 (Southern region), sgriffin@isdh.in.gov

Deb Doctor, Districts 2 and 3 (Northeast region), ddoctor@isdh.in.gov

Shawn George, Districts 1 and 4 (Northwest region), sgeorge2@isdh.in.gov

Jelisa Brown, Districts 5a and 7 (Marion County and Central West region), jelibrown@isdh.in.gov

Katie Lewman, Districts 5 and 6 (Central and Central East region), klewman@isdh.in.gov

A-Z Training Schedule:

Thursday, November 3: SJPN Plymouth Campus, Plymouth – Deb Doctor

Friday, November 4: Open Door Health Services, Muncie – Katie Lewman

Thursday, November 17 IHC of South Bend Western Ave, South Bend – Deb Doctor

New Staff Members

Rudith Laine – CDC Public Health Association

Rudith Laine is a Public Health Associate for the Centers for Disease Control and Prevention. The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the Centers for Disease Control and Prevention. She graduated from the University of South Florida with a Master of Public Health, with a focus in maternal and child health. As a graduate student, Rudith was involved in research studies related to reproductive health and health literacy. She gained immunizations experience while working on grants to help increase access to the HPV vaccine among the Hispanic population in Florida, as well as an HPV vaccine awareness campaign in the Tampa Bay, Florida area. Her public health passion is to increase access to health services among underserved immigrant populations.

DeAfricka McDaniel – Vaccine Coordinator

My name is DeAfricka McDaniel and I am from Gary, IN. I lived there until I was 18 then moved to Terre Haute, IN where I attended Indiana State University. I started my freshman year majoring in Nursing. My sophomore year I changed my major to Health Sciences with a concentration in Health Care Administration. I've always had a passion for health, but couldn't stomach clinical work. I volunteered at various health clinics, adult daycare, hospitals, and supported living. My work experience started out in retail, and then shifted to healthcare. My recent work experience related to my current job was being a pharmacy technician. Working as a technician I spoke with physician offices on a daily basis, processed prescriptions, and entered information into CHIRP. That work experience prepared me for my position at the State Department of Health and I look forward to gain new knowledge.

2016-2017 Influenza Vaccine Update

Jill King; Vaccine Operations Director

The Immunization Division has been actively processing influenza orders and we are pleased to report that we are caught up on the influenza orders as of October 21. We are still waiting for additional doses of certain presentations from the CDC but we are able to fill most orders. Providers are allowed to order influenza vaccines 1x/month but please allow 24-48 hours for processing. Also, remember that we cannot guarantee any specific brands or presentations this influenza season so you may receive some vaccine presentations that you have not used before. Please always reference the package insert to ensure that you have the correct administration information. If you have not received your influenza order, please contact our office at 1-800-701-0704.

HIBERIX Vaccine Available for Order

Jill King; Vaccine Operations Director

HIBERIX - Hib –PRP-T (CVX 48) vaccine is now available for order through VTrckS and VOMS (NDC # 58160-0818-11) in a 10 dose, single vial pack. HIBERIX is a vaccine indicated for active immunization for the prevention of invasive disease cause by Haemophilus influenza type b. HIBERIX is approved for use in children 6 weeks through 4 years of age (prior to fifth birthday). A 4-dose series (0.5 mL each) given by intramuscular injection for the following:

- Primary Series: One dose each at 2, 4 and 6 months of age. The first dose may be given as early as 6 weeks of age.
- Booster: One dose at 15 through 18 months of age.

School-required Immunization Reminders

Cortnee Hancock, RN; Chief Nurse Consultant

Schools should be through their exclusion process for those students who are not up to date on their school-required immunizations, as we are well past the 20 day waiver allowed by **Indiana Code 20-34-4-5**.

IC 20-34-4-6 states that each school corporation shall ensure that all applicable immunization information is complete in the state immunization data registry, CHIRP, not later than the first Friday in February each year. Please contact the CHIRP helpdesk at 888-227-4439 if there are any questions about entering data into CHIRP or if you would like to establish an electronic interface with the state registry. FERPA dose require a consent form for information to be entered into CHIRP.

School nurses please note: Providers are allowed 7 days to enter administered immunizations into CHIRP per **IC 16-38-5-2**. Please wait at least this 7 day window before entering immunization data into CHIRP to help prevent vaccine data administration errors. We greatly appreciate your assistance with this.

Please utilize the contact information below should you have any questions or concerns about school corporation responsibilities related to immunizations.

Email: chancock@isdh.in.gov

Phone: 317233-7560

Using the Health Belief Model to Understand Immunization Practices

Katie Lewman, MPH, Health Educator

The Health Belief Model (HBM) consists of six components that provide a framework as to why individuals seek—or do not seek—health treatments. These components are:

1. Perceived susceptibility
2. Perceived severity
3. Perceived benefits
4. Perceived barriers
5. Cue to action
6. Self-efficacy

Whether a health consumer realizes it consciously or not, they will consider all aspects of the HBM when deciding to get themselves or family members vaccinated. Below are possible decision-making schemas for a vaccine hesitant parent when their 1-year old is old enough to initiate their measles vaccination.

1. **Perceived susceptibility.** How likely is my child able to contract the measles? Measles has been eliminated in North America and the only cases have been imported. If we don't travel abroad, we won't come in contact with the disease, right?
2. **Perceived severity.** If they do get the measles, how sick will they get? Only 1 death due to measles has been reported in the US in recent years. My family's health status is good, and we get plenty of micronutrients including vitamin A. Won't this reduce the likelihood of my child suffering severe complications such as blindness if they were contract the disease?
3. **Perceived benefits.** Are their benefits of vaccination? They wouldn't get the actual disease which is a benefit. By not getting the disease they would avoid getting pneumonia, keratitis, or possibly dying due to the disease. Getting vaccine-

acquired immunity would prevent my child from giving the disease to someone who cannot get vaccinated or who is immunocompromised. Caring for sick children for extended periods of time could put my job at risk; if they are vaccinated, this becomes a non-issue.

4. **Perceived barriers.** I don't want my children to have to get several shots all at once. Vaccines can be expensive. The Affordable Care Act requirement that preventative care be included in my insurance helps, but I still have to pay for the office visit and take time off of work for the appointment. Frankly, getting stuck with a needle hurts or my child might faint! Plus, there's always a chance they are a non-responder to vaccination. If this is the case I will have wasted my time and resources and have a sick child despite my efforts.
5. **Cue to action.** The news story about the unvaccinated children who got the disease while vacationing at Disney Land makes me see the value of vaccination. I read an essay by Roald Dahl (author of James and the Giant Peach) about how his daughter died from a rare complication of measles; I don't want that to happen to my child. My doctor shared personal reflections about treating patients with the disease before and after the vaccine was available.
6. **Self-efficacy.** Do I have the money to pay the administration fees for all the vaccinations my children need? Do I have transportation to my doctor? Will I have to take paid or unpaid leave to care for my child if they feel low after the vaccination? Will I be able to bear it if my child cries before, during, or after getting their shots?

A parent's decision to vaccinate will depend on whether they consider the positives benefits of the treatment to outweigh any negatives such possible side effects. The decision will also hinge on their motivation and ability to make and keep vaccination appointments for their child. As a vaccinator consider using the HBM framework to help parents work through their perceived vaccination barriers. You may need to help them recall known benefits of vaccination as well as remind them that disease is no respecter of persons. Parents rely heavily upon physician recommendation when deciding whether or not to vaccinate, and this recommendation may be the strongest cue to action of all.

To read testimonials of disease survivors as well as the reflections of those left behind, go to the Immunization Action Coalition's reports page: <http://www.immunize.org/reports/>.

For more information about the HBM and other health behavioral theories, refer to the National Cancer Institute's 2005 publication entitled *Theory at a Glance*: <http://www.sneb.org/2014/Theory%20at%20a%20Glance.pdf>

VFC Vaccine and Medicaid Eligible Children

Katie Lewman, MPH, Health Educator

Children who have Medicaid as a Secondary Insurance are eligible to receive VFC vaccine. These children will be VFC-eligible as long as they are enrolled in Medicaid. However, the parent is not required to participate in the VFC program.

The provider should choose from the vaccine inventory that is most cost-effective for the family. Here are some additional considerations for the parent and provider:

- Will it be easy for a provider to use VFC vaccine and bill Medicaid for the administration fee?
- Will there be any out-of-pocket costs to the parent or guardian for the vaccine or the administration fee?
- The provider may be reimbursed a higher amount if privately purchased vaccine is administered and both the vaccine and the administration fee are billed to the primary insurer.
- The parent/guardian of a child with Medicaid as secondary insurance should never be billed for a vaccine or an administration fee.

Further details about how Medicaid and VFC work in tandem can be found here:

<http://www.cdc.gov/vaccines/programs/vfc/providers/medicaid.html>

CHIRP Inactivation Policy

Debra Doctor, BSN, RN Health Educator D2 & D3

Key Terms:

CHIRP user: All providers in the state of Indiana that have registered as a Provider Site and enter patient immunization information into CHIRP

Ownership: When a Provider Site owns a patient's data

Inactivation: Process to remove a patient from ownership

Attempts to contact: When a Provider tries to contact a patient or family to verify if they should still have ownership

CHIRP Helpdesk: There is a ISDH helpdesk available to answer questions or provide access to inactivate patients by calling 888-227-4439.

ISDH has a CHIRP-record Inactivation Policy that explains how and why a provider should contact a patient/family and if they are not successful or there is a documented reason, the provider office can inactivate the patient from their records. This policy is found on the CHIRP document center found at this link:

<https://myshare.in.gov/ISDH/LHDResource/immunizations/Immunizations%20Documents/Immunization%20Division%20Policies%20and%20Procedures/Policy%20and%20Procedure%20Manual/21%20CHIRP-Record%20Inactivation.pdf> .

There are 8 reasons to inactivate a patient according to ISDH policy. A provider office may inactivate if they have any one or more of the following reasons:

- If the provider has unsuccessfully attempted to contact a patient/family 3 times and one attempt must be in writing
- If the provider has not seen the patient in 24 months
- If the provider has seen the patient less than 3 times
- If the provider can verify that the patient has moved
- If the provider verifies that the patient belongs to a different provider office
- If the provider verifies the patient is deceased
- If the provider has a medical/religious exemption documented
- If there is documentation of parental refusal to vaccinate.

Once the decision has been made to inactivate a patient, there are 7 choices in the CHIRP record to pick as the reason for inactivation. You will select the best reason from this list:

- Incorrect address
- Changed to another provider
- Deceased
- Delivery unsuccessful (but must have 2 other attempts)
- Moved out of state
- Moved or gone elsewhere
- No response to mail or calls (must be 3 attempts).

If there are unique reasons that you wish to inactivate a patient, then you may contact the CHIRP Helpdesk at 888-227-4439 to discuss it. Caution should be used when inactivating patients because it is best for a patient to belong to a provider office. Health Departments should make every attempt to contact a physician office and notify them that a patient belongs to their office. When the physician office goes into CHIRP, they must search the patient, select [EDIT] to update the record and then they will take ownership of the patient unless they click the box that says [DO NOT TAKE OWNERSHIP]. If that box is selected, the provider updating the record will not take ownership.

Steps to inactivate a patient

1. Log into CHIRP at www.CHIRP.in.gov with your username and password
2. Under Patient: Search the patient name and date of birth
3. Select their name and go to the demographics page
4. Click the [EDIT] button at the bottom of the page
5. Enter required information in the fields that have red letters

Race:	White Black or African American Asian
Ethnicity:	--select--
Language:	--select--
Medicaid #:	<input type="text"/>
Multiple Birth:	--selec <input type="checkbox"/> of --selec <input type="checkbox"/>
Inactive	--select--
VFC Status:	Ineligible for VFC/Private Ins
Block Recall:	<input type="checkbox"/>

- Under the field [Inactive] you will select the dropdown arrow and select the proper reason to inactivate
- Then save the record

More CHIRP education can be requested by contacting ISDH at 800-701-0704 or emailing your District Health Educator.

LAIV Influenza Nasal Spray Vaccine Update

Cortnee Hancock, RN; Chief Nurse Consultant

The Advisory Committee on Immunization Practices (ACIP) voted in June to recommend that LAIV (commonly known as nasal spray flu or FluMist™) should not be used in any setting during the 2016-2017 Influenza Season. ACIP still recommends the annual influenza vaccination with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone six months and older. Vaccine supply is still anticipated to be adequate, even with the changes made to the recommendations. The Immunization Division has released the Influenza Order Form. If you have not received this form, please let us know. Please contact immunization staff with any questions or concerns you may have.

Fluzone Multi-dose Vial Usage Update

Cortnee Hancock, RN; Chief Nurse Consultant

There is a new restriction on the multi-dose Fluzone vial for this season: due to the manufacturer's stability data, it is limited to ten doses, regardless of volume. So it is recommended that practices dedicate those vials to 0.5 mL doses only to avoid waste. This only applies to Fluzone multi-dose vials. The Immunization Division always recommends you read all package inserts to ensure you are adhering to their guidelines for each product.

About The VacZine

The VacZine is published every other month by the ISDH Immunization Division. To unsubscribe from the VacZine, please reply to this message with Unsubscribe in the subject line.

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