



# The Buzz



## Bee Wise, Immunize

## KDHE Immunization Program Monthly Newsletter

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Visit us on the Web:  
[www.kdheks.gov/immunize](http://www.kdheks.gov/immunize)

### Upcoming Events

3<sup>rd</sup> Annual Governor's Kansas Public Health Conference  
Public Health in Kansas

April 28-30, 2008

**Kansas School Nurse Conference**

July 15-16, 2008

Hyatt Regency Wichita

**Kansas Immunization Conference**

Sept. 3-4, 2008

Hyatt Regency Wichita

Pre-conference courses  
Sept. 2

Registration-coming soon!

## High Marks for the Kansas Immunization Registry (KSWebIZ) in 2007

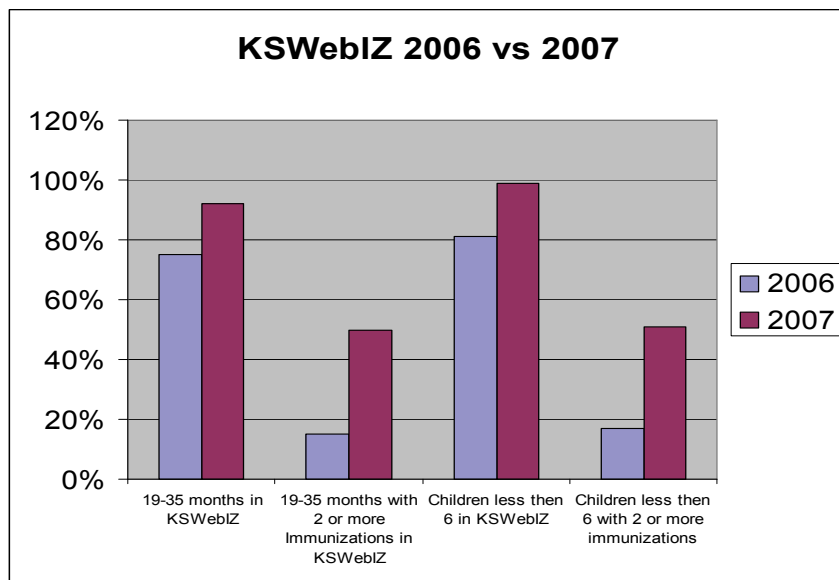
By Nichole Lambrecht, Immunization Registry Project Manager, KIP

The Kansas Immunization Program has finalized the immunization registry numbers for the 2007 Annual Report to CDC and has demonstrated considerable progress for KSWebIZ. The percentage of Kansas children 19-35 months old in the registry has increased from 75 to 92 percent. Of those children, the number of records with two or more immunizations has increased from 15 to 50 percent. The same increase is apparent for Kansas children less than six years old. The percentage of records for this population increased from 81 to 99 percent, with the number of

records with two or more immunizations increasing from 17 to 51 percent. Much of the increase can be attributed to an interface that was implemented in May 2007 with the Kansas Medicaid Billing system. The dates of all immunizations billed to Medicaid are electronically populated in the registry. Data has been extracted from 1998 to the present and continues to be updated nightly. Although the majority of children less than six years old have a record created in the registry, at this time not all have a complete picture of their immunization history. In order to fill gaps in the records, more primary immunization providers will need to be given access to

the system so immunization histories can be fully populated. The national goal is to increase to 95 percent the proportion of children under age six with two or more immunizations enrolled in a fully operational immunization registry by the year 2010. Although KSWebIZ has a long way to go from 51 percent at the end of 2007 to 95 percent by 2010, the Kansas Immunization Program has been commended for the huge strides that have been made since 2006. Please help congratulate the project on a job well done!

### KSWebIZ 2006 vs 2007



Want to learn more about the Kansas Immunization Registry? Log on to <http://www.kdheks.gov/immunize/webiz.html>

# To aspirate or not to aspirate that is the question!

By: Paula Roberts, INC, SE Region, KIP

Many nurses like myself were taught in school that they must aspirate. Some have had their wits scared out of them with stories of what might happen to their patient if they neglected to do so. As years have gone by there has been a rethinking of this age old practice.

Aspiration is the process of pulling back on the plunger of the syringe prior to injection to ensure that the medication is not injected into a blood vessel. Although this practice is advocated by some experts, the procedure is not required. There are no large blood vessels that exist at the recommended injection sites.

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/appdx-full-d.pdf>

The angle at which an IM injection is given and the size of the needle that is used makes it extremely difficult to cannulate a vessel without rupturing it. There have been no reports of a vaccine causing harm in the absence of aspiration or being administered intravenously because of lack of aspiration. <http://www.cdc.gov/vaccines/ed/epivac07/epivac07-faqs.htm>

It is up to the practitioner whether or not they choose to aspirate. If you do choose to aspirate just remember that you run the risk of wasting vaccine if you find blood after aspiration. If this does happen you should remove and discard the syringe and vaccine and start the procedure again. However, because there is no data that exists to support the practice of aspiration you are not required to do so and it is not recommended by the ACIP. [http://www.immunize.org/askexperts/experts\\_general.asp](http://www.immunize.org/askexperts/experts_general.asp)

For an update on vaccine administration techniques visit the following website for more information.

<http://www.cdc.gov/vaccines/ed/vpd2007/downloads/slides/admin-images.ppt>



**Immunize**  
and  
**win a Prize!**

By Mike Parsons, Acting Outreach Coordinator, KIP

Immunize, Win a Prize updates. Due to the Hib shortage, children will be considered fully immunized for contest purposes even if they have not had their 4th Hib dose. Please fill out the completion card and note this on the card. Don't forget to follow up with them once Hib becomes more available. Beanie bees, sippy cups and thermometers have been ordered as prizes and updated print material (posters, etc.) will be available soon.

## Important: Be sure to give Influenza vaccine throughout the Influenza season-Now until Spring

Influenza is currently circulating, and vaccination should continue from now until May. Visit the following Web sites often to find the information you need to keep vaccinating. Both are continually updated with the latest resources.

The National Influenza Vaccine Summit Web site is at:

<http://www.preventinfluenza.org>

CDC's Seasonal Flu Web section is at:

<http://www.cdc.gov/flu>

# VFC Corner



For more information on VFC contact us at (785) 296-5591 or click on:



For more information on School Entry Requirements click



By Martha Froetschner, INC, NC Region, KIP

How many of you have favorite Web sites that you use for your daily work or research projects or to be your 'expert' reference source? I have a Web site that I use daily and I bet most of you go to this site too. I am talking about the [Centers for Disease Control \(CDC\)](#) Web site. If you haven't discovered this Web site, please take a few minutes and check it out. The CDC Web site has a wealth of information on immunization topics and vaccines. Some examples of the myriad of topics available at this site are:

- Current child, adolescent and adult immunization schedules;
- Catch-up schedule for children who are late or behind;
- The Morbidity and Mortality Weekly Review (MMWR);
- Links to the Advisory Committee on Immunization Practices (ACIP);
- Tips for increasing adult and adolescent immunization;
- Information and how to present information to parents who have questions on vaccine safety;
- Vaccine-preventable disease information and pictures;
- Links to the American Academy of Pediatrics and Family Physician- more scientific evidence on vaccine safety;
- Links to other resources you may want for your clinic and staff such as Needle Tips;
- The most current information on vaccines;
- The "PINK BOOK";
- Travel vaccine information and recommendations ;
- Information that may be used in presentations by down loading it; and
- So much more.....

Happy reading and hunting.

## Helpful hints from Debbie, Judy and Shelly

### REMINDER

A reminder to check out the "Vaccine Re-distribution" link on our Web site if you have short-dated vaccines (at least two months expiration date please) or if they are in need of a certain vaccine. Please contact Judy if you have vaccine you would like listed on our site. Here is the link:

[http://www.kdheks.gov/immunize/vaccine\\_redistribution.htm](http://www.kdheks.gov/immunize/vaccine_redistribution.htm)

### VACCINE TRANSFERS ON THE MIR

When transferring VFC vaccines in or out to another VFC provider, always include the PIN number of that other provider. If, for example, MMR is transferred to more than one provider in a month, list the number of doses sent to each provider with their PIN number. Also, remember that the "Transfer" column is ONLY for transferring VFC vaccine to or from another VFC provider. Other inventory adjustments would appear in the "unaccounted for" column.

### MCKESSON

McKesson will start including important information on their vaccine receipt forms that communicates if

the order was broken up into two or more boxes. You should start seeing this soon. Please notify us immediately if there is an error in your vaccine shipment. We are working closely with CDC to improve vaccine distribution by McKesson.

*As we transition into spring, we want to thank everyone for your friendly communications, your dedication to detail, and your devotion to the children of Kansas. You are great to work with!*

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*"Debbie, Judy and Shelly have more than 48 years of combined Kansas Immunization Program experience"*

If you have vaccine you would like to transfer, please send the information to:

[jdarting@kdhe.state.ks.us](mailto:jdarting@kdhe.state.ks.us)



## Ask The Buzz!

Paula Roberts, INC, SE Region, KIP

This section is dedicated to answering your questions regarding anything related to vaccines and their administration, storage and handling or the VFC program.

**Q. What do you do with children that have insurance that pays for SOME shots but not all? Do they qualify for VFC shots for those that are not covered? (Rotateq and Prevnar are not covered but the rest are). The parents can not afford to pay for the shots that are not covered.**

A. These children would be classified as UNDERINSURED and could obtain vaccinations not covered by insurance from a Rural Health Center, Federally Qualified Healthcare Center, or Local Health Department. RHCs, FQHCs and LHDs may use VFC vaccines to immunize children who have insurance that does not cover one or more vaccines recommended by the ACIP. The medical home provider would give the immunizations that are covered by insurance with their private stock and bill insurance accordingly. The child could then be referred to the local health department to receive non-covered vaccines.

**Q. If a child was given a vaccine (Hep B #3) five days too early do we need to revaccinate or is it ok to call that vaccine as valid since it was only five days until the dose was due?**

A. The ACIP recommendation for Hepatitis B vaccination is that Dose 3 must be given a minimum of eight weeks after Dose 2 and 16 weeks after Dose 1. Dose 3 must also be given at a minimum age of 24 weeks. ACIP recommends that vaccine doses given up to four days before the minimum interval or age be counted as valid. For this child, Dose 3 would be counted as invalid because the recommended interval has not been met and should be repeated eight weeks after the invalid dose.

**Q. If we are on WebIZ is it ok to tell the parents that they no longer need their “pink” card?**

A. The KSWebIZ version of the pink card is the preferred version of a child's immunization history when it is available. It is more legible and less conducive to unauthorized changes. When providers are trained on the use of KSWebIZ, they are told that the old hard copy “pink” cards are not mandatory and are optional. They are not encouraged for continued use as they take more time to complete manually. Sometimes, parents request the old hard copy version and can be told the provider no longer uses them. The registry version of the Pink Card is easily replaceable at each visit.

If you have a question that you would like to Ask The Buzz! you can e-mail [Paula Roberts](mailto:Paula.Roberts@inc.com) or call at (620) 431-2390.

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[Susan Dickman, Registry Helpdesk](#)

To contact the Kansas Immunization Program, please call (785) 296-5591

### Save the Dates!

Epidemiology and Prevention of Vaccine-Preventable Diseases Course  
in Colorado Springs, Co.

**Mark your calendars for July 8 and 9, 2008**

This two-day course, presented by CDC Health Educators live and in person, provides a comprehensive review of immunization, vaccine-preventable diseases and their respective vaccines.

TARGET AUDIENCE: Physicians, nurses, nursing students, medical assistants, pharmacists, Department of Defense paraprofessionals, immunization program managers, health educators and other health professionals who provide immunizations.

CEUs will be provided.

Additional information is available at:  
[www.cdphe.state.co.us/dc/immunization](http://www.cdphe.state.co.us/dc/immunization)

**Hope to see you there!**

# Multi-Vaccine VIS Frequently Asked Questions



Forwarded from CDC

## Why was a Multi-Vaccine VIS developed?

It was developed with the earliest pediatric visits (i.e., birth through six months) in mind. Up to six vaccinations could be given during these visits, meaning (for the provider) that six individual VISs would have to be downloaded, printed and distributed and (for the patient) six documents would have to be read, containing much information that is duplicated. The multi-vaccine VIS is an effort to simplify and streamline this process.

## May the existing, single-vaccine VISs still be used?

Yes. The Multi-Vaccine VIS is an *optional alternative* to existing VISs. Providers wishing to continue using the individual VISs may do so. These will continue to be updated when recommendations change, as they have always been.

## Must all six vaccines be given at the same visit for the Multi-Vaccine VIS to be used?

No. Any time two or more of the vaccines are given together, it makes sense to use the Multi-Vaccine VIS. The provider should check the appropriate boxes on the first page, corresponding to vaccines given during that visit.

## Is it necessary to check the boxes?

Yes. It gives the parents a written record of which vaccines were administered.

## May the Multi-Vaccine VIS be used with combination vaccines, such as Pediarix or Comvax?

Yes. Just check the appropriate boxes as you would if you were administering the individual vaccines.

## When we record the edition date of the VISs in the patient's medical record, do we record the date on the Multi-Vaccine VIS or the dates for the individual VISs?

If you use the Multi-Vaccine VIS, record its date for each of the vaccines given that day. If there is ever a question, this will make it clear that the Multi-Vaccine VIS was used and not the individual VISs.

## Can the Multi-Vaccine VIS be used for children older than six months, or for adolescents or adults getting any of these same vaccines?

It may be used for older children getting two or more of these vaccines during the same visit (e.g., a 12-month old getting Hib and PCV, or a 4-year-old getting DTaP and IPV). However *it should not be used for adolescents or adults*. The information on this document applies to pediatric use of the vaccines. Risk factors that apply only to older persons, for example, are not discussed on this VIS. The individual VISs should be used.

## May the Multi-Vaccine VIS be used for catch-up doses?

Yes, as long as the doses are given to children as part of the primary series or routine pediatric boosters.

## The Multi-Vaccine VIS covers "pneumococcal" vaccine. Is it just for PCV7, or may it also be used when PPV23 is given to children?

It was designed with PCV7 specifically in mind. For PPV23, use the individual VIS.

## Will there be other Multi-Vaccine VISs, for example, for vaccines administered at 12-months or during the pre-school or adolescent-visits?

Possibly. If this VIS becomes popular with providers, CDC would like to develop multi-vaccine VISs for other situations in which several vaccines are administered at the same visit.