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Sept/Oct 2017 Revised

Flu VIS

The current influenza VIS, dated 8/7/15, is still valid for the 2017-18 influenza season. It will remain valid

through upcoming flu seasons unless there are significant changes to CDC's recommendations, in which case subscribers will be notified of any change.

Flu Borrowing

For seasonal influenza vaccine, providers may use private-stock seasonal influenza vaccine to vaccinate VFC-eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC-eligible children can later be replaced when VFC stock becomes available. This one directional borrowing exception is unique to seasonal influenza vaccine.

Flu Vaccine is Available

The first shipments of flu vaccine have arrived at the CDC depots (Fluarix, NDC #58160-0907-52). Please notify Susan Kocen if you are ready to begin administering flu vaccine.

FluLaval Vaccine

Many providers requested FluLaval for this flu season. Providers using FluLaval are reminded that the dose (0.5-mL) is the same for all children in the indicated age range of 6 months and older.

Temperature Monitoring

All VFC providers must use continuous temperature monitoring devices (data loggers) to monitor vaccines that will be administered to VFC-eligible children. As of January 1, 2018 all VFC providers will be required to use continuous temperature monitoring devices (data loggers) to monitor vaccines during transport of vaccine and during mass vaccination clinics. As of January 1, 2018 providers are required to have data loggers as back-up thermometers. The thermometers must meet the CDC data logger requirements.

Vaccine Storage Unit Assessment

Because vaccine borrowing occurs, a private dose of vaccine is occasionally administered to a VFC-eligible patient. A private storage unit may be used to store VFC vaccine when a storage unit fails. Because these types of events occur, storage units that contain only private stock must be reviewed during compliance visits. Private storage units that don't meet CDC storage and handling requirements will require follow up.

Vaccine Ordering Guidance

CDC recommends that providers place orders when they have a four-week supply of vaccine available, to ensure there is enough vaccine in stock to allow for any potential delays.

Vaccine Supply

Merck is not currently distributing its adult Hepatitis B vaccine and does not expect to be distributing adult Hepatitis B vaccine between now and the end of 2018. Additionally, Merck anticipates that its pediatric Hepatitis B vaccine will be unavailable between early August 2017 and early 2018. GSK has sufficient supplies of adult and pediatric Hepatitis B vaccines to address these anticipated gaps in Merck's supply; however, preferences for a specific presentation (i.e., vial versus syringe) may not be met consistently during this time. Tenivac® vaccine (Tetanus and Diphtheria Toxoids Adsorbed) is temporarily unavailable. It is anticipated that the product will become available in the second half of 2017. Grifols, who markets and distributes another US-licensed Td vaccine manufactured by MassBiologics and with labeled indications for the same use as Tenivac®, has indicated that they have sufficient supply available to address the historical demand for Td vaccine during this time period.

Reconstituted Vaccines

The amount of time in which a dose of vaccine must be used after reconstitution varies by vaccine and is usually outlined somewhere in the vaccine's package insert. MMR must be used within 8 hours of reconstitution. MMRV must be used within 30 minutes; other vaccines must be used immediately. The Immunization Action Coalition has a staff education piece that outlines the time allowed between reconstitution and use, as stated in the package inserts for a number of vaccines. Handout can be found at the following link: www.immunize.org/catg.d/p3040.pdf



Gold Star Awards (June/July)

Outstanding VVFC Compliance

Bon Secours Hanover Pediatrics, Mechanicsville
Children & Adolescent Pediatric Svcs, Leesburg
CMG Partners in Pediatric Care, Virginia Beach
CMG Nansemond Pediatrics, Suffolk
Hampton Roads Pediatrics, Hampton
INOVA Cares Clinic for Children, Falls Church
Pediatric Partners of Hampton Roads, Chesapeake
Physicians to Children-West Lake, Hardy
Piedmont Pediatrics, Warrenton
Practice of Lillie Bennett, Richmond
Sentara Pediatric Physicians, Williamsburg

Process Improvement

Pediatrics in Burke, Burke
Increased VIIS Coverage Rates
Practice of Bruce Campbell, Free Union
Storage and Handling, and Reminder Recall
Woodbridge Pediatrics Ltd., Woodbridge
VVFC Staff Training Program, Quality Improvement