February 5, 2010

TO: California Vaccines for Children (VFC) Program Providers

FROM: Robert Schechter, M.D., Acting Chief
       Center for Infectious Diseases
       Division of Communicable Disease Control, Immunization Branch

SUBJECT: Recommended Immunization Schedule, 2010
       Expanded footnotes to the Immunization Schedule
       Office Practice Suggestions
       Adolescent Vaccines

As we begin 2010, the California VFC program wants to thank you for your efforts to immunize
the children of California, especially during this unique and challenging influenza season. Your
efforts have resulted in sustained high rates of vaccinated children in California and very low
rates of vaccine-preventable disease. We appreciate your support in educating parents and
communities about the value of vaccines and dispelling misinformation and fear. We value you
as a partner and look forward to future collaboration.

This VFC program letter includes:

- 2010 Advisory Committee on Immunization Practices (ACIP) Recommended
  Immunization Schedules for children and adolescents;
- Reminders and suggestions for best immunization practices in your office;
- Updates on the availability of several vaccines and adolescent immunization.

2010 RECOMMENDED IMMUNIZATION SCHEDULE

Please review the attached Recommended Childhood and Adolescent Immunization Schedules
especially with your staff who administer vaccines. Importantly, several footnotes have been
reworded or expanded. Highlights include:

- Combination vaccines continue to be generally preferred for most patients. This
  recommendation provides the opportunity for you to review your current office practice
  and preference for specific vaccines and combinations. We suggest you review your
  vaccine preferences with all staff who administer vaccines in your practice.
• A final dose of inactivated polio vaccine (IPV) is recommended at age 4–6 years regardless of the number of previous accumulated polio doses. This final dose should be given at least 6 months after the third or fourth dose. Although this recommendation does conflict with California school requirements for polio vaccination for Kindergarten entry (four doses at any age), we encourage you to follow the ACIP recommendations rather than the school requirement.

• The Hepatitis A vaccine footnote now specifically recommends catch-up vaccination of children who have not been vaccinated before their second birthdays. Although routine Hepatitis A vaccination for children in California has been recommended for many years, children who have newly arrived in California may never have received this vaccine.

• Revaccination with meningococcal conjugate vaccine (MCV4) for children who remain at high risk for the disease is now recommended. The recommendations are specific to age groups and should be carefully reviewed. Also, recommendations for meningococcal vaccination may be expanded over the next years.

• The human papillomavirus vaccine (HPV) footnote has been significantly modified. A new bivalent vaccine (HPV2-Cervarix®) has been included in the schedule, but this product will only become available from VFC once a federal contract is in place; stay tuned for updates from VFC. The recommended schedule for the bivalent and quadrivalent HPV vaccines has been harmonized. The second dose of HPV vaccine is now recommended 1–2 months after the first dose and the third dose is recommended 6 months after the first dose. The minimum intervals have not changed from last year.

• In addition, the ACIP voted for permissive use of the quadrivalent HPV (HPV4-Gardasil™, Merck & Co.) in males ages 9–26 years for the prevention of genital warts. This means that although HPV4 is not routinely recommended as part of the male adolescent immunization schedule, healthcare providers may choose, but are not expected, to administer the vaccine to VFC-eligible males ages 9–18 years (when the parent or guardian is in agreement, as with any other vaccine).

The administration code for the quadrivalent HPV vaccine for males for CHDP is 76 and for Medi-Cal Fee for Service it is 90649-SL. Providers should wait to be notified by CHDP and Medi-Cal before submitting claims for males. Once Cervarix® is made available, we will send a letter summarizing the bivalent HPV vaccine and harmonized recommendations for HPV vaccines. We encourage you to review and follow the recommendations for the HPV vaccines you choose for your practice.

UPDATE ON SELECTED VACCINE SUPPLIES

• Pediatric pneumococcal vaccine (PCV) recommendations may be revised in 2010 to accommodate an expanded 13-valent vaccine now being reviewed by the FDA. We expect that the vaccine will be available from VFC in late March or early April. Over the next several months, we will be reducing inventory of PCV7 in preparation for PCV13.

• Haemophilus influenzae, type b (Hib) vaccine supplies are stabilizing, and we believe they will be greater during 2010. Although there is no evidence to date that that the shortage of Hib vaccine has led to an increase in invasive Hib disease in the U.S., the California Department of Public Health (CDPH) continues to request that clinicians order isolate serotyping on all suspect or confirmed cases of invasive H. influenzae disease in children <5 years of age and report all cases of invasive H. influenzae disease (any serotype or nontypable) in children <15 years of age. The California child care
requirements for Hib vaccine were modified in 2008 with a Special Immunization Schedule. This will continue to be in effect throughout 2010 (see [http://www.cdph.ca.gov/programs/immunize/Documents/Table1-2HibChanges.pdf]).

We acknowledge the complexity of the current childhood and adolescent vaccine recommendations and the challenge of vaccine delivery especially with shortages and changing recommendations. The California VFC program is committed to providing you with the most current and up-to-date information. We have greatly expanded our EZIZ website resource [www.eziz.org] and appreciate all comments that might help us to continue refinement of this website. The website offers the most convenient and up-to-date information available.

OFFICE PRACTICE

Please share and review the 2010 immunization schedule with your staff and periodically review vaccine ordering, storage, handling, and administration practices and competencies in your office. During 2009, we had a dramatic increase in the reported number of vaccine administration mistakes, largely due to lack of information and inadequate staff training. In 2010, we will be sharing our new DVD that demonstrates best practices for vaccine administration and delivery. Please be sure to work with staff to ensure they are fully trained in identifying vaccines and in the administration of vaccines. Several Immunization Branch staff will also be conducting local vaccine updates in cooperation with the local health department Immunization Programs. Please contact your local immunization coordinator to obtain the time and location of these updates. We will also try to post this information at [www.eziz.org].

Registry: All practices are encouraged to become members of their regional immunization registry. Benefits of participation include the display of patient’s vaccination history, vaccines due at each visit, and forecasting for future vaccines. Reminder/recall notices generated by the system assist practices in reminding parents about due or overdue immunizations for their children, particularly during vaccine shortages. Additional benefits include the ability to print out comprehensive histories (‘yellow’ and ‘blue’ cards) and the ability to retrieve the past immunization history of patients new to your practice. The vaccine management reports available in the registry are also very helpful for tracking vaccine usage and inventories. Please see [www.cainweb.org] for more information.

Vaccine Shipment Incident Reports: Please ensure your clinic staff immediately opens and verifies the contents of vaccine shipments immediately upon arrival. Any discrepancy with vaccine doses received and doses indicated in the shipment’s packing list or any other issue with vaccine shipments MUST be reported immediately to VFC’s Customer Service Center. According to CDC’s national Vaccine Distribution contract, McKesson Specialty is responsible for replacing vaccine doses in a provider’s shipment only if reported to the state’s VFC program within 2 hours of vaccine receipt.

VIS: Now is a good time to review your supply of Vaccine Information Statements (VIS) to make sure that you are using the most current versions. Some VISs were updated in 2009. Current copies can be found at [http://www.cdc.gov/vaccines/pubs/vis/default.htm]. You should check this site regularly for changes.

EZ-IZ.org: Thank you for using our online VFC recertification system at [www.eziz.org]. Visit the EZ-IZ website with your staff to complete the training modules on vaccine management, vaccine administration, and storage and handling. This site also hosts the regular communications from the VFC program including vaccine order status, mailings, and recent fax broadcasts.
**Vaccine Ordering:** Providers are assigned an order frequency based on their practice size. Please review whether you are to order monthly, bimonthly, or quarterly and adhere to your ordering schedule. If you are unsure of your ordering frequency, please contact the VFC Customer Service line (877-243-8832). When completing your order form, monitor your previous usage to ensure that your vaccine request is appropriate. In addition, a complete accounting of how much vaccine you have used is essential. Tracking your vaccine usage and performing regular inventory counts will help ensure that your orders are accurate and can be processed without delay.

**Vaccine Storage and Handling:** Providers were notified in September 2008 of the new storage and handling guidelines that became effective July 1, 2009. If you have not yet complied with these guidelines, you risk deactivation from the VFC program and financial responsibility for any spoiled vaccine. Please contact your VFC representative if you have any questions. Please be advised that the VFC Program does not officially endorse specific refrigerators or freezers, but can help determine if particular units meet our requirements. No other company, person, or retailer should use the term “VFC Representative” or the CDPH/VFC Program logos without any official affiliation to the California Department of Public Health and VFC Program.

**PRETEEN AND ADOLESCENT VACCINES**

In 2010, ensure that your preteen and adolescent patients are up to date for all routine immunizations, including Tdap, meningococcal conjugate vaccine, influenza vaccine, HPV vaccine, and the second dose of varicella vaccine. A comprehensive vaccine review of all adolescents should be a part of all health care visits.

**Encl:**
- 2010 Recommended Immunization Schedules for Children and Adolescents
- 2010 Catch-up Immunization Schedule
- 2010 Special Schedule, Tables 1 and 2 (Child Care Schedules)

**cc:**
- CDPH Immunization Branch Field Representatives
- Local Health Officers
- Local Health Department Immunization Coordinators
- Local Health Department CHDP Program Directors
- Tanya Homman, Acting Chief, Medi-Cal Managed Care Division, DHCS
- Luis Rico., Acting Chief, Children Medical Services Branch, DHCS
- Susan McClain, M.D., Acting Chief, Medical Policy, Medi-Cal Managed Care, DHCS
- Shabir Ahmad, D.V.M., M.S., Ph.D., Acting Chief, Maternal, Child and Adolescent Health Program, CDPH
- Vinita Lewis, Deputy Director, Benefits and Quality Monitoring, MRMIB
- Lilia Coleman, Benefits and Quality Monitoring, MRMIB
- Jamie Yang, Benefits and Quality Monitoring, MRMIB
- Neal Kohastu, M.D., Medical Policy Section, Medi-Cal Benefits, Waiver Analysis and Rates Division, DHCS
- Steve Shih, M.D., Medical Policy Section, Medi-Cal Benefits, Waiver Analysis and Rates Division, DHCS
- Alan Morita, Pharm.D., Medi-Cal Pharmacy Policy Branch, DHCS
- Jill Abramson, M.D., Children Medical Services Branch, DHCS