



Regional Trainings 2012

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Maine Immunization Program

Regional Trainings 2012

Part #1

Universal Purchase

- Definition
- Residency
- Provider Loss Mitigation
Transition Plan
- Vaccine Choices
- Vaccine Rates
- Shortages and Delays?

Part #2

Influenza 2012-2013

- Supply
- Distribution
- ACIP Recommendations
- State Supplied Vaccine for
2012-2013
- Rates
- School Located Vaccine
Clinics

Universal Purchase, Part I

Vaccine Purchase Policy

Policy that determines what vaccines a grantee will purchase, what funding sources will be used and what populations will be eligible to receive the vaccine.

Universal

Through a combination of; VFC, 317, state funding and/or other funding, the immunization program supplies **all** ACIP-recommended pediatric vaccines to all public and private enrolled providers to vaccinate all children in the grantees jurisdiction.

Maine Vaccine Board Meetings

Upcoming Meetings

August 14, 2012 at MaineHealth, 9 a.m.

September 11, 2012 at MaineHealth 9 a.m.

October 09, 2012 at MaineHealth 9 a.m.

December 11, 2012 at MaineHealth 9 a.m.

Website: <http://www.mevaccine.org/>

Email: info@mevaccine.org

Board of Directors

Judith Chamberlain, Senior Medical Director, Aetna Medicaid

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Forrest West, MD, HealthReach Community Health Centers

Provider Transitional Loss Mitigation Program

**The PTLMP is administered by the following
special claims serving agent.**

Provider Transitional Loss Mitigation Program or
PTLMP

PO Box 6794

Scarborough, Main 04070-6794

Tel: Toll-Free (877)885-9788

Email: Steven Hoxsie - shoxsie@main.rr.com, or

Kevin Cyr - kevin.cyr@wcfmg.com



Eligibility of Vaccine

The statute states that vaccines purchased for the Universal Childhood Immunization Program are available only to children who are residents of Maine.

The Federal “Vaccines for Children” (VFC) Program provides vaccines for children on Medicaid and uninsured children regardless of the state of residence.

Vaccine Choices

DTaP Vaccines (Diphtheria, Tetanus, acellular Pertussis)

Daptacel ® (Sanofi Pasteur)

Infanrix ® (GSK)

Hepatitis A Vaccines

Vaqta ® (Merck)

Havrix ® (GSK)

Hepatitis B Vaccines

Engerix B ® (GSK)

Recombivax ® (Merck)

Polio Vaccine

IPOL ® (Sanofi Pasteur)

Hib Vaccines (Haemophilus influenzae type b)

ActHIB ® (Sanofi Pasteur)

Pedvax HIB ® (Merck)

Vaccine Choices, cont.

HPV Vaccines

Gardasil ® (Merck)

Pneumococcal Vaccines

Prevnar 13 ® (Wyeth)

Pneumovax ® (Merck)

Measles, Mumps and Rubella Vaccine

MMRII ® (Merck)

Varicella Vaccine

Varivax ® (Merck)

Meningococcal Conjugate Vaccines

Menactra ® (Sanofi Pasteur)

Menveo ® (Novartis)

Vaccine Choices, cont.

Rotavirus Vaccines

Rotarix ® (GSK)

RotaTeq® (Merck)

TDAP Vaccines

(Tetanus Toxoid, Reduced Diphtheria Toxoid and acellular Pertussis – adolescent formulation)

Boostrix ® (GSK)

Adacel ® (Sanofi Pasteur)

Combination Vaccines

Kinrix ® (GSK)

Pediarix ® (GSK)

Pentacel ® (Sanofi Pasteur)

ProQuad ® (Merck)

Vaccine Choices, cont.

Influenza Vaccines

At least one preservative free, single dose vial presentation

At least one multi-dose vial presentation

At least one Live Attenuated Inactivated Virus, nasal spray presentation

Immunization Rates

What is the 2010 National Immunization Survey coverage rate for Maine's 4:3:1:3:3:1 series?

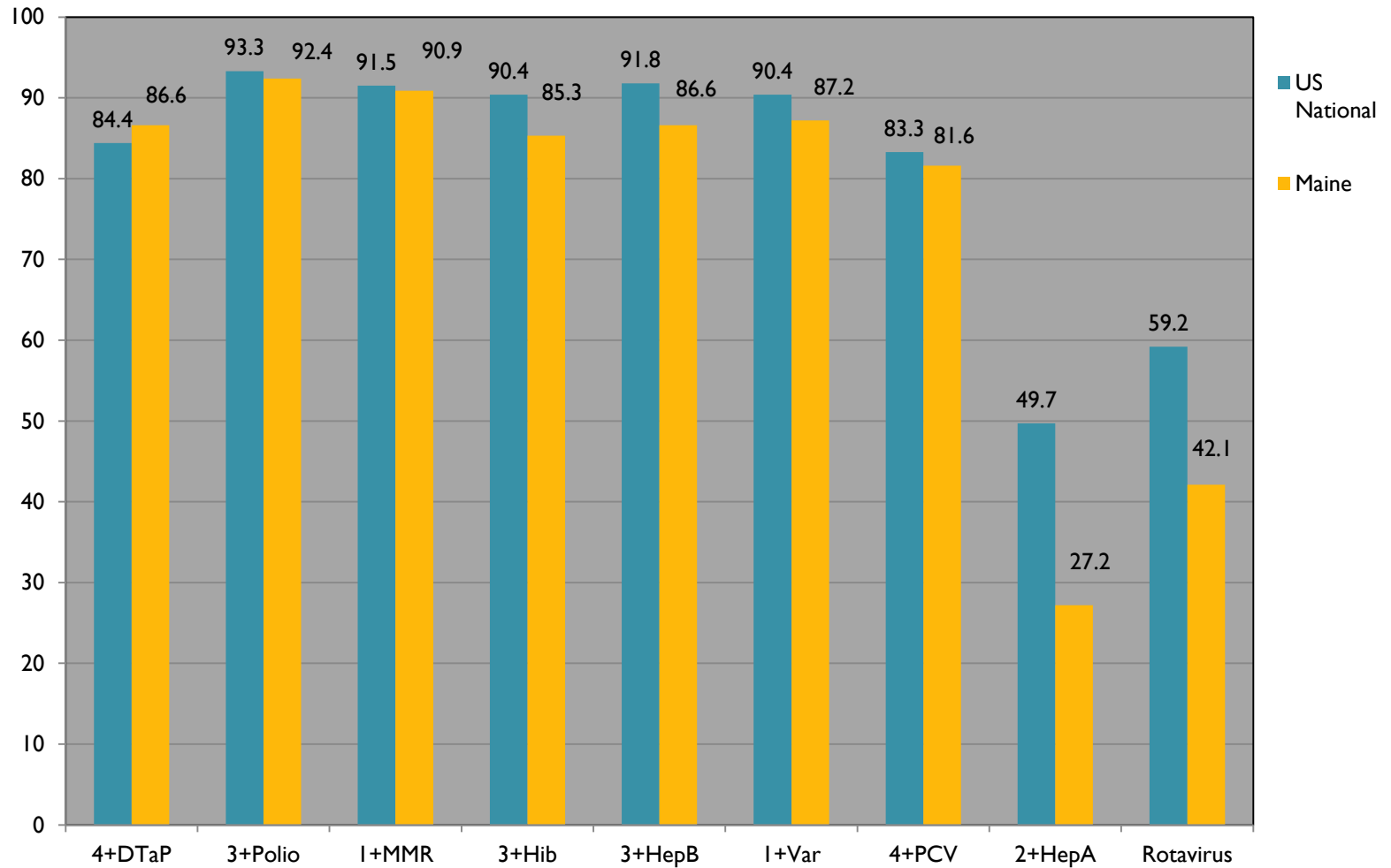
A. 75.4

B. 81.2

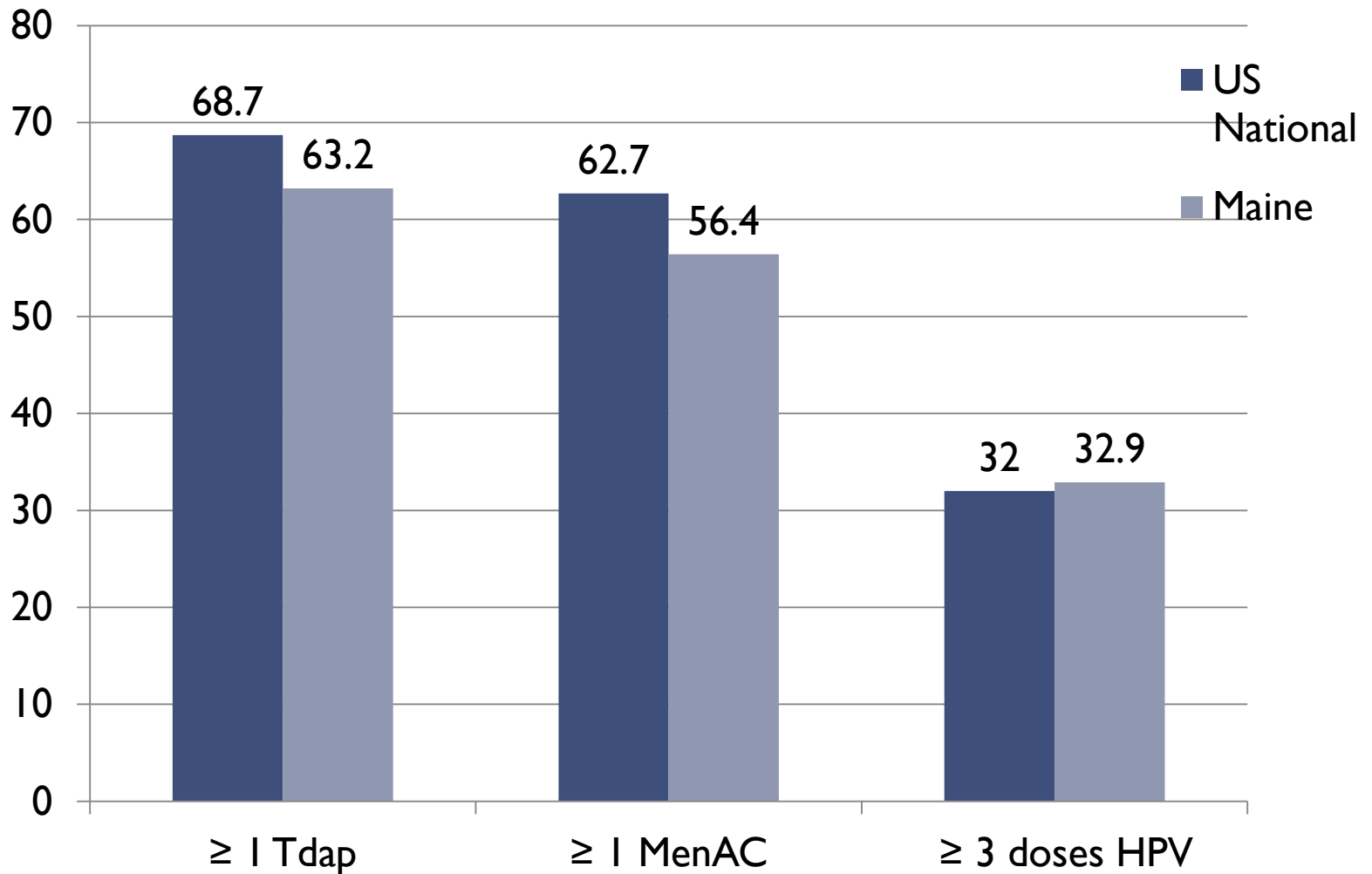
C. 85.3

D. 79.5

2010 NIS data 19-35months



2010 Adolescents Data 13-17yrs



Shortages and Delay

Delay's

- Pentacel is anticipated to be in short supply until first quarter of 2013

Returning to the Market

- MMRV will be available 10/1/2012



Conclusion

Ensure appropriate screening protocols

Continue to work on increasing the overall immunization rate.

Continue to access the Maine Immunization Program for resources and guidance on vaccination questions.



Influenza, Part 2

Composition and Supply

State Supplied Vaccine for 2012-2013

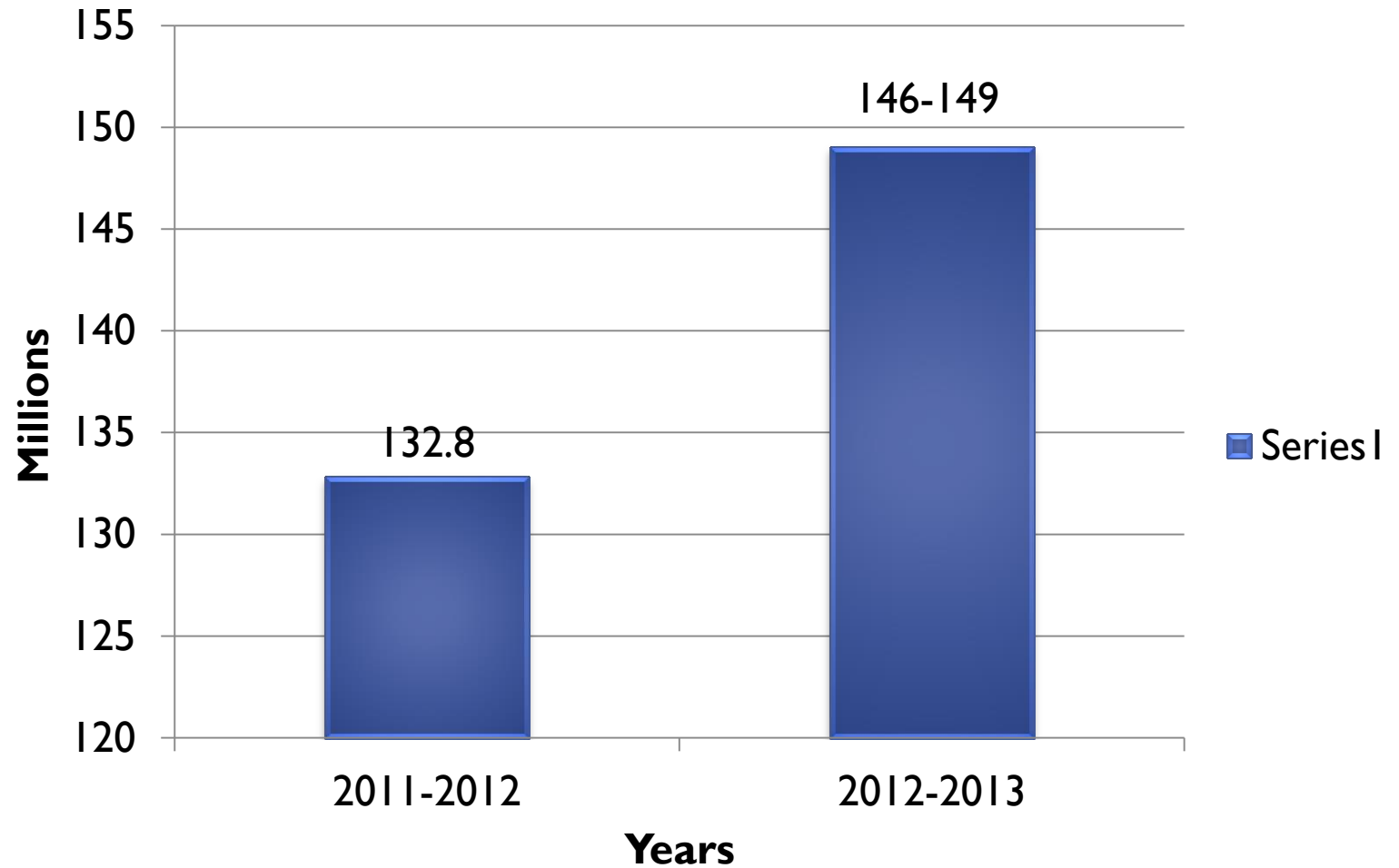
Distribution

School Located Vaccine Clinics

2012-2013 Composition

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

Supply Projections



ACIP Recommendations (TIV)

Inactivated Influenza Vaccine

Eligible Groups:

All children aged 6 months through 18 years

Recommended Vaccination Schedule:

Minimum Age: 6 months

Minimum interval between dose 1 and 2
(where applicable: 4 weeks)

ACIP Recommendations (LAIV)

Live Attenuated Influenza Vaccine

Eligible Groups:

All healthy children and adolescents aged
2 years through 18 years

Recommended Vaccination Schedule:

2 years through 8 years: 1 or 2 doses

9 through 18 years: 1 dose

Influenza Dosing, 6 months – 8 years

Is the second dose needed?

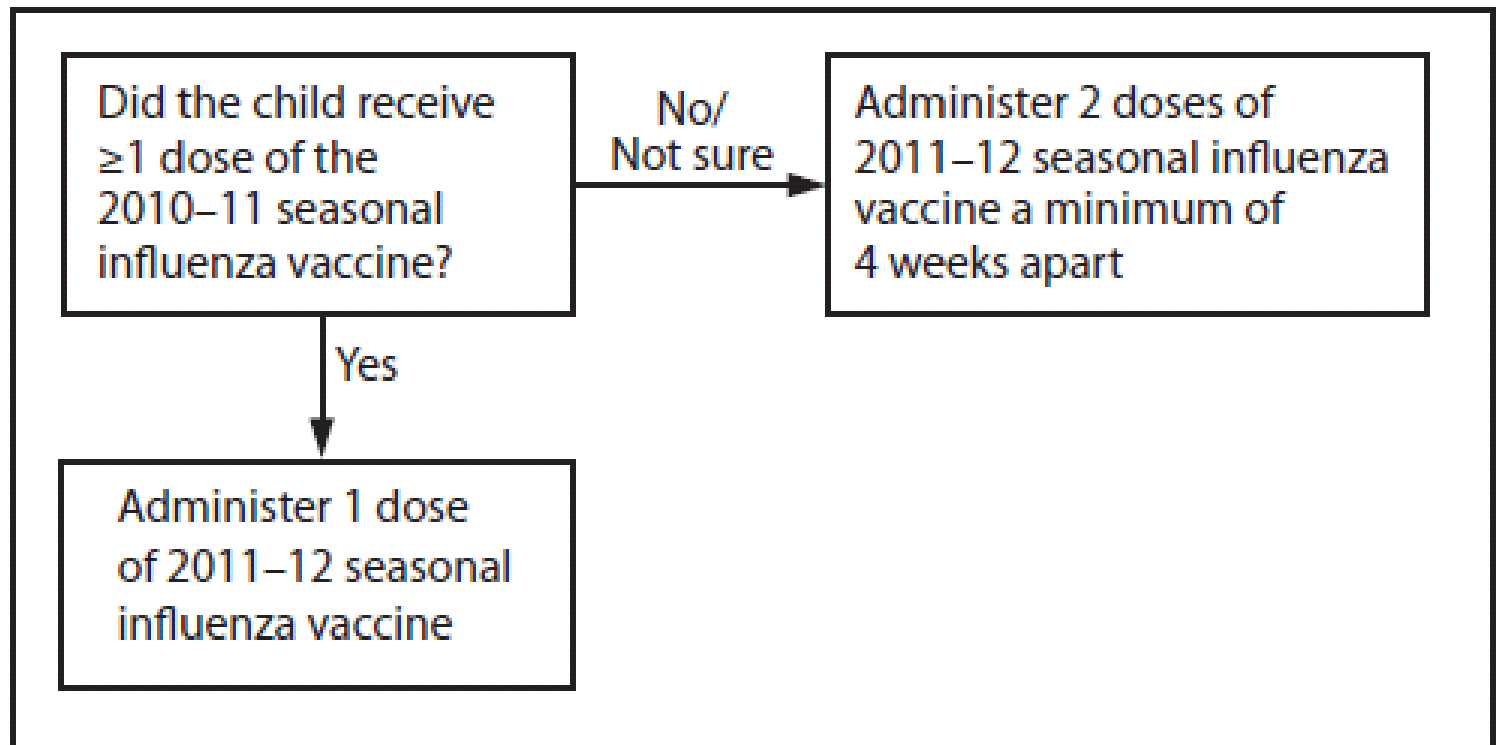


FIGURE 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years --- Advisory Committee on Immunization Practices (ACIP), 2011--12 influenza season

Pediatric-Product Availability

6-35months

- Fluzone 0.25mL single dose syringe, 10 pack (49281-0112-25)

36months through 18years

- Flumist Single dose sprayer, 10 pack (66521-0115-10)
- Fluarix 0.5mL single dose syringe, 10 pack (58160-0879-52)
- Fluzone 0.5mL single dose syringe, 10 pack (49281-0012-50)

Adult-Product Availability

19yrs and older

- Fluzone 5mL multi-dose vial, One 10-dose vial (49281-0390-15)
- FluLaval 5mL multi-dose vial, One 10-dose vial (19515-0889-07)

Pregnant Woman

- Fluzone 0.5mL single dose syringe, 10 pack (49281-0012-50)

Seasonal Influenza Vaccination Coverage by Age: 2009-10 and 2010-11 Seasons

Group	2008-09 (%) ¹	2009-10 (%) ²	2010-11 (%) ³
Overall (persons aged ≥ 6 mo.)	Not Available	41.2	43.0
Children, 6 mos-17 years	29.1	43.7	51.0
Persons ≥ 18 yrs	40.2	40.4	40.5
Persons 18-49 yrs, all	28.2	29.9	30.5
Persons 18-49 yrs, high risk	38.7	38.2	39.0
Persons 50-64 yrs	45.9	45.0	44.5
Persons ≥ 65 yrs	73.6	69.6	66.6

1. BRFSS 2008-09 for adults; child estimate from 2009 NHIS, ages 6 mo. – 18 years, online at: <http://www.cdc.gov/vaccines/stats-surv/nhis/2009-nhis.htm>.
2. BRFSS and National 2009 H1N1 Flu Survey (NHFS) estimates, 2009-10. Online at: http://www.cdc.gov/flu/professionals/vaccination/coverage_0910estimates.htm.
3. BRFSS and NIS estimates, 2010-11. Online at: http://www.cdc.gov/flu/professionals/vaccination/coverage_1011estimates.htm.

School Located Vaccine Clinics





SLVC Registration

Submission through Immpact

Self monitoring of registration process

Recording of all doses administered
through the Mass Immunization Module

2012 - 2013 Mass Immunization Vaccine Clinic Registration Form

Instructions:

1. All partners must have an individual registration form establishing their specific clinic agreements.
2. Any party may start this Registration, only the Clinic Authority may SUBMIT the registration to the State for review and approval.
3. All Sections are required to be completed in order to have your ImmPact account enabled for Mass Immunization activities.
4. To ensure vaccine delivery, complete this form in its entirety and have all party sign offs at least two weeks prior to the date of the first proposed clinic.
5. Any section may be SAVED, but once TRANSFERED the block completed by the current viewer is locked until the registration is approved or rejected.


Clinic Authority - Lead for the clinic

Vaccine Provider - Responsible for vaccine management and reconciliation

Vaccinator - Physically administering vaccine

Clinic ImmPact User Administrator - Responsible for managing user access via the site profile

Choose Mass Immunization Clinic Type:

School Based Vaccine Clinic 

1. Contact Information Section

A. Clinic Authority

[Click to Confirm As Clinic Authority](#)

Organization **[Display the organization navigated into]**

Site **[Display the Site navigated into]**

Last Name: Kafka

First Name: Franz

Address: 40 Shochet ave.

Phone
Number: 207-555-1883

Fax Number:

Email: mail@maine.gov

Section
Complete

1181 AUGUSTA FAMILY MEDICINE ▼

Transfer

B. Vaccine Provider will order/manage vaccine. Display School Vaccine Management below

[Click to Confirm As Vaccine Provider](#)

Organization **[Display the organization navigated into]**

Site **[Display the Site navigated into]**

Last Name:

First Name:

Address:

Phone
Number:

Fax Number:

Email: **[Note: Required for SAU-SLVC Contact in Manage Sites]**

Section
Complete

[Insert Site List]

Transfer

C. Vaccinator (administering shots) School will staff the clinic and give shots

[Click to Confirm As Vaccinator](#)

Organization **[Display the organization navigated into]**

Site **[Display the Site navigated into]**

Last Name:

First Name:

Address:

Phone

Number:

Fax Number:

Email:

Section
Complete **[Insert Site List]**

[Transfer](#)

D. Clinic ImmPact User Administrator

[Click to Confirm As Clinic ImmPact User Administrator](#)

Organization **[Display the organization navigated into]**

Site **[Display the Site navigated into]**

Last Name:

First Name:

Address:

Phone

Number:

Fax Number:

Email: **[Note: Required for SAU-SLVC Contact in Manage Sites]**

Section
Complete **[Insert Site List]**

[Transfer](#)

2012 - 2013 School Located Vaccine Clinic Maintenance

[NOTE: Introduction Area by Text in Supplied Document]

Instructions:

1. Clinics indicated below can only be created and edited through a school profile.
2. Clinics indicated below will be visible to any/all stakeholders that are indicted as serving the clinic.
3. Clinics indicated below can be requested as cancelled by a stakeholder
4. Clinics indicated as cancelled by a stakeholder will move the clinic to the 'cancel' queue and result in any SLVC Registration on file in the SLVC Registration maintenance area to be invalidated and moved to denied by stakeholder.

[NOTE: Narrative Area by Text in Supplied Document]

NOTE: Completing the "Estimated number of potential doses needed" section does not constitute your vaccine order. Your vaccine order request must be entered into ImmPact2. This information is used primarily to assist in planning vaccine distribution.


If Indicated below, upon entry of patient-level dose administration records into ImmPact2, Maine CDC will submit to MaineCare a roster bill of all MaineCare eligible vaccine recipients on behalf of the vaccine administrator. There is no need for the vaccine administrator to determine MaineCare eligibility, as this is done within the ImmPact2 system. The provider NPI that you entered in the Mass Immunization module of ImmPact2 will receive payment for eligible administration fees. Please indicate in the MOA in Section 4 which entity will receive MaineCare payment for vaccine administration fees.

If you need assistance with your MaineCare NPI which is in a 10-digit-dash-3-digit format, you may call MaineCare Provider Enrollment 1-866-690-5585-Option 2, 7:00 am to 6:00 pm, Monday through Friday.

1. Stakeholder Registration and Associated Clinics (for addition or editing purposes)

Clinic Listing By Registration					
Registered Stakeholder Relationships	Modify Clinic Information by Clinic Date	Pin	Registration Approval Status	Last Updated	Create New / Edit
RSU 12 / Augusta Public Schools Kennebec Peds VNA, HOME HEALTH & HOSPICE	<input type="text" value=""/>	1420	Approved	02/29/2012	<input type="button" value="Edit"/> <input type="button" value="Create New"/>
AOS 27 / Newport Schools WINTERPORT FAMILY MEDICINE Anahola Hospital	07/22/2012 (Mornin <input type="text" value=""/>)	1607	Approved	01/01/2012	<input type="button" value="Edit"/> <input type="button" value="Create New"/>

Clinic Information

Clinic Date 

Clinic Location

County Franklin

City Weld

Vaccine Provider WINTERPORT FAMILY MEDICINE

Clinic Name

Clinic Billing

Intend to Bill MaineCare

NPI Number -

Clinic Vaccine Needs

Estimated Number of Doses

Injectible

Mist

2. Clinic Overview

VFC Provider Profile Search

Partners:	<input type="text" value=""/>	Status:	<input type="text" value="Submitted"/>	<input type="button" value="Search"/>
Date of Clinic:	<input type="text" value="07/22/2012"/>			
Date Range:	From <input type="text" value="07/22/2012"/>	To <input type="text" value="07/22/2012"/>		
Pin:	<input type="text" value=""/>			

Active Clinics Overview by Location as Participating Stakeholder

Stakeholder List	Clinic Location	Clinic Date	Last Updated	Clinic Status
RSU 12 / Cony H.S. Kennebec Peds Gardiner Peds	VNA, HOME HEALTH & HOSPICE	2012.08.17 (convert to US Formatting - slashes)	02/29/2012	<input type="button" value="Cancel Participation"/>
	WINTERPORT FAMILY MEDICINE	2012.09.17	12/26/2008	<input type="button" value="Cancel Participation"/>
	YORK COUNTY COMMUNITY HEALTH CARE	2012.09.30	11/25/2008	<input type="button" value="Cancel Participation"/>
RSU 36 / blah blah school Aroostook Peds Caribou Hospital	RSU 26 Elementary	2012.10.15	11/25/2008	<input type="button" value="Cancel Participation"/>
	RSU 26 Jr High	2012.10.16	11/25/2008	<input type="button" value="Cancel Participation"/>

SLVC Clinics Canceled by SLVC Stakeholder

Rejecting Stakeholder	Clinic Location	Clinic Date	Clinic Date Approval Status	Last Updated
Shawn Box	RSU 17 / Biffle Elementary	11/01/2008	Denied	02/29/2012
Shawn Box	AOS 12 / Some High School	11/15/2008	Denied	12/26/2008
jay pleyte	RSU 27 / Yes Middle School	11/19/2008	Denied	11/25/2008

3. Memorandum of Agreement

If the Clinic Authority is not an MIP provider and is getting vaccine through an agreement with a Vaccine Provider, the following Memorandum of Agreement between the Clinic Authority and the Vaccine Provider is required and must be signed by both parties.

Clinic Authority is responsible for all items in MOA

Yes ▼

Clinic Authority is utilizing an outside stakeholder to assist in performing clinics

No ▼

Memorandum of Agreement (MOA)

for conducting Mass Immunizations

between

[Insert Org / Site of Section 1.A] / [Insert Org / Site of Section 1.B] / [Insert Org / Site of Section 1.C] / [Insert Org / Site of Section 1.D]

to assist in the coordination in performance of Mass Immunization clinics.

for [Insert Org from Section 1.A]

The above Clinic Authority and the above Vaccine Provider office agree to cooperate in setting up clinics. This MOA is executed to ensure that all activities of the immunization clinic are managed by and agreed upon by the responsible party. This agreement shall remain in effect from the date of execution through March 31, [Current Year].

Please indicate the agreed upon responsible party for each of the activities below

Activity**Responsible / Participating Party**

	Clinic Authority	Vaccine Provider	Vaccinator	Clinic ImmPact User Administrator
Reconcile vaccine inventory after clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transport and manage vaccine on clinic days	<input type="text"/>	Responsible <input type="text"/>	<input type="text"/>	<input type="text"/>
Reconcile vaccine inventory after clinics	<input type="text"/>	Responsible <input type="text"/>	<input type="text"/>	<input type="text"/>
Obtain medical waste generator registration (Maine DEP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrange for medical waste disposal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter doses administered into ImmPact2 by patient	Responsible <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter new patients into ImmPact2, including VFC status	Responsible <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Produce copies of consent forms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distribute forms to students/families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distribute consent forms to faculty/staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obtain clinic facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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The undersigned agree to the assignment of responsibilities, as indicated in this document, and agree to facilitate the mass immunization clinic in accordance with accepted immunization practice as defined by the Federal CDC guidelines.

Maine CDC is not a party to this agreement. Vaccine Providers are bound by their vaccine provider agreement with the Maine Immunization Program.

For the purposes of completing this registration, the following signatures are required.

Vaccine Provider Signature:

Carl Hiaasen

05/14/2012

Date

Clinic Authority (or designee) Signature:

Mary Reese

05/14/2012

Date

[Previous Page](#)

[Submit Agreement Form](#)

Mass Immunization Agreements Pending Action By Stakeholder			
Agreement	School and Stakeholders	Pin	Last Updated
Edit	RSU 12 / Augusta Public Schools AROOSTOOK WELLNESS & ACUPUNCTURE	1744	12/21/2009
Edit	RSU 27 BIRCH BAY VILLAGE	9163	03/19/2012
Edit	GENESIS HEALTHCARE RIVER RIDGE CENTER	9028	01/18/2012
Mass Immunization Agreements Pending Action By Partner			
Agreement	Location Name	Pin	Last Updated
View	LEAVITTS MILL FREE HEALTH CENTER	1966	11/22/2010
View	LEDGEWOOD MANOR	9051	02/01/2012
View	LINCOLN MEDICAL PARTNERS INTERNAL MEDICINE	1676	02/29/2012
Mass Immunization Agreements Pending Action By State			
Agreement	Site Name	Pin	Last Updated
View	ADIGAN ESTATES	9021	03/19/2012
View / Print	MAINE VETERANS HOME - CARIBOU	9084	01/24/2012
View / Print	MERCY HOME	9115	01/01/2012
View / Print	ODD FELLOWS HCC	9075	01/13/2012

Mass Immunization Agreements Approved				
Agreement	Site Name	Pin	Last Updated	State Comments
View / Print	VNA, HOME HEALTH & HOSPICE	1420	10/29/2009	Awesome
View / Print	WINTERPORT FAMILY MEDICINE	1607	03/16/2012	Immunize for Life
View / Print	YORK COUNTY COMMUNITY HEALTH CARE	2021	03/14/2012	Pretty Hair
Mass Immunization Agreements Denied By State				
Agreement	Site Name	Pin	Last Updated	State Comments
View	VNA, HOME HEALTH & HOSPICE	1420	10/29/2009	Backed Out
View	WINTERPORT FAMILY MEDICINE	1607	03/16/2012	Banned
View	YORK COUNTY COMMUNITY HEALTH CARE	2021	03/14/2012	decision made to close
Mass Immunization Agreements Cancelled by Stakeholder				
Rejecting Stakeholder	Site Name	Pin	Last Updated	Stakeholder Comments
GENESIS HEALTHCARE RIVER RIDGE CENTER	GENESIS HEALTHCARE RIVER RIDGE CENTER VNA, HOME HEALTH & HOSPICE WINTERPORT FAMILY MEDICINE YORK COUNTY COMMUNITY HEALTH CARE	1420	10/29/2009	School would not answer

Mass Immunization Site / Admin Set

Site: ▼

Mass Vaccination Administration Set: ▼

Vaccine	Lot Number	Quantity On Hand	Exp Date
Influenza		0 Doses	
Influenza-Nasal		0 Doses	
Influenza-Unspecified	UT445AA	176.0 Doses	06/30/2012

Client Entry Areas Displayed: ▼ Choose Clinic Date: ▼

Date Provided	<i>Last Name*</i>	<i>First Name*</i>	Middle Name	<i>Birth Date*</i>	Gender	Mother's Maiden Last	Find Client
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	All ▼	<input type="text"/>	<input type="button" value="Search"/>
* Fields displayed in <i>italics</i> are required for adding new patients.							
Client #2							
Date Provided	<i>Last Name*</i>	<i>First Name*</i>	Middle Name	<i>Birth Date*</i>	Gender	Mother's Maiden Last	Find Client
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	<input type="button" value="Search"/>
Client #3							
Date Provided	<i>Last Name*</i>	<i>First Name*</i>	Middle Name	<i>Birth Date*</i>	Gender	Mother's Maiden Last	Find Client
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	<input type="button" value="Search"/>
Client #4							
Date Provided	<i>Last Name*</i>	<i>First Name*</i>	Middle Name	<i>Birth Date*</i>	Gender	Mother's Maiden Last	Find Client
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	<input type="button" value="Search"/>
Client #5							
Date Provided	<i>Last Name*</i>	<i>First Name*</i>	Middle Name	<i>Birth Date*</i>	Gender	Mother's Maiden Last	Find Client
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	<input type="button" value="Search"/>
							<input type="button" value="Save All"/>

Conclusion

- Continue to work with local partners to offer School located vaccination clinics
- Utilize the registration process through Immpact
- Ensure that second doses are offered to children that are in need

Additional Questions

Thank you for your dedication to keep the citizens of Maine free of vaccine-preventable disease.

If you have any questions, please call or email the Maine Immunization Program at 1-800-867-4775 or email immunizeme.dhhs@maine.gov