



Communiqué

National Guidelines for Immunization Practices

Guidelines developed by the National Advisory Committee on Immunization define the most desirable immunization practices that health care providers can use to assess their own current practices and identify areas of excellence as well as deficiency. Some of the guidelines require involvement of the province (e.g., regarding the need to track immunizations and audit coverage levels). Furthermore, some providers may not have the funds to implement some of the guidelines. In such cases the guidelines can act as a tool to ensure that there are high coverage rates throughout the community and thus achieve and maintain the highest possible degree of community protection against vaccine-preventable diseases.

The guidelines are as follows:

1. Immunization services should be readily available.
2. There should be no barriers or unnecessary prerequisites to the receipt of vaccines.
3. Providers should use all clinical opportunities to screen for needed vaccines and, when indicated, to vaccinate.
4. Providers should educate parents and adult vaccine recipients in general terms about immunization.
5. Providers should inform patients and parents in specific terms about the risk and benefits of vaccines that they or their child are about to receive.
6. Providers should recommend deferral or withholding of vaccines for true contraindications only.
7. Providers should administer all vaccine doses for which a recipient is eligible at the time of each visit.
8. Providers should ensure that all vaccinations are accurately and completely recorded.
9. Providers should maintain easily



retrievable summaries of the vaccination records to facilitate age-appropriate vaccination.

10. Providers should report clinically significant adverse events following vaccination to the Health Unit – promptly, accurately and completely.
11. Providers should report all cases of vaccine-preventable diseases as required under provincial legislation. In Ontario that legislation is the Health Promotion and Protection Act.
12. Providers should adhere to appropriate procedures for vaccine management (storage, handling, inventory, ordering).
13. Providers should maintain up-to-date, easily retrievable protocols for vaccines administered. These protocols should include vaccine dosage, contraindications, recommended sites and techniques of administration, adverse events and management of anaphylaxis.
14. Providers should be properly trained and maintain ongoing education regarding current immunization recommendations.
15. Providers must ensure that a record of immunization is provided to each patient.

Resource: Canadian Immunization Guide Seventh Edition 2006, pages 22-27.

Tips for reducing vaccine wastage

- Record current, maximum and minimum temperatures twice daily using the Vaccine Temperature Log Book provided to you by the Health Unit. A copy of the temperature log for the previous four weeks must accompany each vaccine order you place with the Health Unit.
- Notify public health immediately if a temperature is noted out of range (other than 2° to 8°). Don't assume that the vaccines can or cannot be used. Package the vaccines and mark them "Do Not Use" until an assessment is made by public health. Depending on exposure temperatures, length of exposure and specifications from the manufacturer and the Ministry of Health and Long-Term Care, the vaccine may or may not be useable. Keep the

vaccine in the best available monitored and refrigerated area until assessed by public health. That may be the refrigerator it is currently in, another refrigerator or insulated cooler with conditioned thermal blankets and cold packs or freezer packs.

- Avoid stocking excessive vaccine supplies. Conduct a vaccine inventory before each order and place your order for additional vaccine accordingly. The current vaccine inventory in your facility must be noted on your order form, "Physician's Order for Antigens," each time you place an order under the column labelled, "No. of doses currently on hand."
- Rotate stock to avoid waste from expiration. Vaccine with the shortest expiry date is kept in front and used first.
- Keep cold packs or water bottles in the refrigerator to help stabilize the temperature.

Resource: *Vaccine Storage and Handling Guidelines, Ontario.*

Immunization Trivia

1. **Approximately 25% of children with invasive pneumococcal disease have an underlying illness.** (True or false)
2. **CAEFISS, (in which Canada's health care providers report to local, provincial and/or territorial public health authorities, events they feel are temporally associated with an immunization), is voluntary with the exception of four provinces that have mandatory requirements.** (True or false)
3. **Neurological disorders are contraindications to immunizations.** (True or false)
4. **Match the vaccine with the year it was introduced in Canada:**

a. Pertussis	1992
b. IPV	1962
c. OPV	1955
d. Hib (PRT-T)	2000
e. Pneumococcal conjugate	1943
5. **Currently in Canada, some multi-dose preparations of influenza and hepatitis B vaccines are the only thimerosal-containing products that might be offered to children as part of the routine immunization schedule.** (True or false)
6. **Which vaccine am I?**
 - I protect against a disease, largely one of childhood (developing in 50% of children by the age of five years and 90% by the age of 12 years).
 - I am a "live" one.
 - I am recommended for use after the first birthday.
7. **Haemophilus influenzae type b, Streptococcus pneumoniae and Neisseria Meningitidis organisms can survive in the nose and throat and will likely never be eliminated.** (True or false)
8. **Are there risks to household contacts who are pregnant or immunosuppressed, from vaccinees living in their household?**

Answers to Trivia

1. **True.** In addition to immunocompromised patients, other groups at increased risk of invasive pneumococcal disease include Aboriginals, children with cochlear implants and children who attend daycare.
Resource: Canada Communicable Disease Report (CCDR) 01 March 2006: Volume 32, Number 5.
2. **True.** Ontario, Saskatchewan, Nova Scotia and Quebec all have mandatory requirements for reporting adverse events following immunization. Resource: Public Health Agency of Canada Website, CAEFISS description.
3. **False.** There is no evidence of increased risk of any adverse event following the immunization of a person with a neurological disorder. In fact such persons may be at an increased risk for complications from vaccine-preventable diseases such as influenza and should be immunized appropriately. EXCEPTION NOTE: There is a precaution for repeat doses of any vaccine that was temporally associated with an episode of Guillain-Barré syndrome (onset within 8 weeks after immunization). Resource: Canadian Immunization Guide, 7th edition, 2006, page 76.
4. **a. Pertussis – 1943.**
b. IPV – 1955.
c. OPV – 1962.
d. Hib (PRT-T) – 1992.
e. Pneumococcal conjugate – 2000.
5. **True.** Resource: Canada Communicable Disease Report (CCDR) Volume 31, ACS-12 01, December 2005, page 1.
6. **Varicella vaccine.** Resource: Canadian Immunization Guide, 7th edition, 2006, pages 327, 330, 337.
7. **True.** Resource: Canadian Immunization Guide, 7th edition, 2006 page 31.
8. **There are no risks to household contacts from any vaccine marketed in Canada.** Immunization of household contacts of immunosuppressed patients and neonates provides important protection against transmission of disease in the household. Vaccination opportunities in such persons should not be missed. Resource: Canadian Immunization Guide, 7th edition, 2006, page 77.

Resource: *IMPACT Newsletter Spring/Summer 2006, Issue 19, Winter 2008, Issue 24.*

Did You Know?

- A recent study found that babies were less likely to cry during immunization if their shots were given quickly rather than more slowly.
- The risk of serious side effects with vaccines is very low; the risk of severe allergic reactions to a vaccine is less than one in a million.
- Tetanus is a soil organism. It will never be eliminated.
- Vaccines do not weaken the immune system. Rather they harness and train it to defend rapidly against vaccine-preventable pathogens before illness can occur.
- MMR vaccine may suppress the immune response to tuberculin skin testing and cause false-negative results. Therefore tuberculin skin tests should be given either on the same day as MMR immunization or at least 4-6 weeks later.

Resources: *Canadian Immunization Guide, seventh edition, 2006 Immunization Education Initiative Winter Newsletter, Volume 3, Issue 1, January 2008*

Immunization Information on the Internet

The internet has a wealth of information about vaccines, vaccine-preventable diseases and immunization. However, there is a lot of inaccurate information from sites that aren't credible and that information can be harmful if it's used to make decisions about immunization.

The following is a list of **credible sites** and resources for the health care provider or the patient/parent:

Canadian Immunization Awareness Program
www.immunize.cpha.ca

Canadian Paediatric Society
www.cps.ca

Caring for Kids (Canadian Paediatric Society)
www.caringforkids.cps.ca

National Advisory Committee on Immunization
www.naci.gc.ca

Public Health Agency of Canada
www.phac-aspc.gc.ca/im/index.html

World Health Organization, vaccine safety
www.who.org

Meningitis Research Foundation of Canada
www.meningitis.ca

Your Child's Best Shot: A parent's guide to vaccination, 3rd edition (2006) Canadian Paediatric Society
www.cps.ca/english/publications/bookstore

Canadian Immunization Guide, seventh edition (2006) National Advisory Committee on Immunization (www.naci.gc.ca)

Adult Immunization – By the Numbers

- 27% of Canadian adults don't know whether their immunizations are up to date.
- 57% of Canadian adults haven't reviewed their immunization records with their health care provider.
- 60% of Canadian adults are not sure which immunizations are recommended for adults.
- 64% of Canadian adults don't keep an immunization record listing the vaccinations they have received.

Resource: *Immunization Education Initiative Spring Newsletter Volume 3, Issue 2, April 2008*



	Diphtheria Diphtérie	Tetanus Tétanos	Pertussis Coqueluche	Polio Poliovirus	Hb	Pneumo conjugate Antipneumoc. conjugé
2 mo.	✓	✓	✓	✓	✓	✓
4 mo.	✓	✓	✓	✓	✓	✓
6 mo.	✓	✓	✓	✓	✓	✓
12 mo. ¹						

Communiqué Newsletter Evaluation Results

The Haldimand-Norfolk Health Unit conducted an evaluation of the **Haldimand-Norfolk Health Unit Communiqué Vaccine Newsletter**. The evaluation included questions about usability, awareness and overall effectiveness. Overall, there was a 49% response rate, yielding a modest representative sample. A higher proportion of nurses (45.5%) completed the evaluation, followed by physicians (39.4%). The majority of participants who completed the evaluation were employed at a physician's office (60.6%).

Participants were asked if they were aware of the newsletter. Overall, 90.3% reported they were aware of the Communiqué. Of the proportion of respondents who were aware of the Communiqué, 80.0% received a paper copy of the October/November/December 2007 issue and of that 85% kept a hard copy of newsletter. A lower number of participants reported they knew the newsletter was located on the Haldimand-Norfolk website (29.6%) and of that proportion less than half accessed the newsletter on the Health Unit website (42.9%). Only 36.4% of respondents used the Communiqué October/November/December 2007 issue as a reference piece, while 92.0% used previous newsletters as a reference piece. Overall, a higher proportion of participants reported the newsletter was relevant (100%), appropriate (96.0%) understandable (92.3%), credible (88.5%) and effective (73.1%), while a lower proportion reported the newsletter was attention grabbing (38.4%) and memorable (33.4%). All respondents reported the newsletter was useful (100%) and would like it to continue in the future (100%).

For further information on these results, please contact Deanna Morris, Epidemiologist at (519) 426-6170 Ext. 3215.

Vaccine Preventable Disease Program Staff

We thought you might like to know who does what in the Vaccine Preventable Disease (VPD) Program at the Health Unit.

Public Health Nurses – Rose Huyge RN, BScN and Maria Mendes Wood, RN, BScN.

Rose and Maria are the two public health nurses (PHNs) working in the VPD program. Both nurses answer vaccine inquiries from the public and local health care providers. They also conduct cold chain inspections and undertake cold chain failure investigations. Both are available to educate the public and local health care providers about new and existing vaccines, the pub-

licly funded vaccine schedule, and proper vaccine storage and handling. Our VPD PHNs work with local day care providers to collect immunization data for the children in their care. Rose can be reached at extension 3227 and Maria can be reached at extension 3222. Maria and Rose will be the authors of the future editions of the Communiqué

IRIS and BIOS Coordinator – Ruth Camirand

Ruth maintains the Health Unit data base of the immunization records of all school pupils in Haldimand and Norfolk Counties. She obtains that information directly from parents by telephone, fax and mail or through the Kindergarten registration or school suspension process. She also manages our local vaccine supply. Ruth orders vaccine for local health care providers from Ontario Government Pharmacy and then distributes to physicians and health care providers through our local vaccine ordering process. Ruth takes clinic bookings for our Health Unit immunization clinics and also organizes yearly large public flu clinics. Ruth can be reached at extension 3220.

Casual Nurses – Paula McConnachie, RN; Jane Coulson, RN, BScN; Dale Murray RN; Marnie Green, RN; Sheryl Brimley, RN, BScN; Elaine Deroo, RN.

Our casual nurses can be found working hard in the schools and in the community. They are the nurses giving the shots!

Program Manager – Wendy Holmes, RN, BScN, CCHN (C)

Wendy oversees the planning, budget and staffing resources of the VPD program. She assists the staff to implement existing programs such as the Grade 7 Hepatitis B Immunization Program, she also assists in the launching of new programs such as the recently introduced Grade 8 Human Papilloma Virus Immunization Program. Wendy can be reached at extension 3152.

Joan Beckett, RN

Joan recently retired from the Health Unit. We wish her all the best in her future endeavours.

Communiqué is a newsletter distributed by the Haldimand-Norfolk Health Unit for those who work in the area of Vaccines and Vaccine Preventable Diseases. If you have ideas or suggestions of topics for future Communiqués, please contact the Health Unit.



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