

# MAINE IMMUNIZATION PROGRAM UPDATE JUNE 2016



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

## Pentacel Delay

This is a follow up to the information we shared with you in December about the Pentacel Vaccine delay. At the time the delay was announced, Sanofi Pasteur projected that allocations/controlled ordering of Pentacel and associated vaccines were anticipated to last through the first half of 2016. We have now received an update from Sanofi Pasteur that the delay will extend into the second half of 2016.

A final resolution date for the vaccine's release is not yet available, but we will share updates with you as we receive them.

Based on this information, we will extend your allocations of Pentacel at the same levels you have been receiving.

## The Vaccine Handbook Now Available as an app

You may have heard *The Vaccine Handbook* by Gary Marshall, MD, referred to as "The Purple Book" because of the color of its cover. If you have not heard of it before, it is a great vaccine resource and its small size makes it easy to carry around the office.

Now, it is even easier to carry around — right on your smart phone.



Gary Marshall, M.D.,  
author of "The  
Vaccine Handbook"

## 2016 Annual Regional Training Agenda

### Upcoming dates:

Presque Isle—Thursday, June 9

Portland—Thursday, June 23

Augusta—Wednesday, June 29

Bangor— TBD

8:45 AM	Welcome/Introductions/ Housekeeping
9 —9:45 AM	Peri Hep B/SLVC
9:45 —10 AM	VAERS
10 —10:15 AM	Break
10:15 —11:30 AM	ImmPact
11:30 AM —12:45 PM	Lunch on your own
12:45 —1:30 PM	AFIX – Strategies for Improving Your Rates
1:30 —2:15 PM	VFC Storage & Handling: Wastage Workshop
2:15 —2:30 PM	Break
2:30 —3:30 PM	Adolescent Vaccines
3:30 —4 PM	Adult Vaccines
4 PM	Questions, Wrap-up and Evaluation

**Adjourn**

## Serologic Testing

Health-care providers may use one of multiple approaches if the immunogenicity of vaccines administered to persons outside the United States is in question. Repeating the vaccinations is an acceptable option that usually is safe and prevents the need to obtain and interpret serologic tests. If avoiding unnecessary injections is desired, judicious use of serologic testing might help determine which vaccinations are needed. For some vaccines, the most readily available serologic tests cannot document protection against infection. These recommendations provide guidance on possible approaches to evaluation and revaccination for each vaccine recommended in the United States.

Serologic tests may not always provide accurate results, so overall the CDC recommends that health-care providers opt for revaccination.

For more information, please visit:  
<http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>

## Use Standing Orders to Increase Coverage Rates and Protect Patients

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended the use of standing orders to increase adult vaccination rates since 2000. See [www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm).

The Community Preventative Services Task Force recommends standing orders for vaccinations based on strong evidence of effectiveness in improving vaccination rates among adults and children. This is especially true when they are used alone or with additional interventions, and across a range of settings and populations. See [www.thecommunityguide.org/vaccines](http://www.thecommunityguide.org/vaccines).

## Ask the Experts

**An expired dose of ProQuad (MMRV, Merck) was given to a patient. We assume that the repeat dose should be given in three months because the spacing between doses of a combination vaccine depends on the longest minimum interval of a component (in this case the varicella vaccine component). Is this correct?**

In the case of an expired live vaccine, the issue is not necessarily the routine minimum interval (three months in the case of varicella and ProQuad vaccines), but the interval that would prevent viral interference if the expired vaccine happened to be still viable. This interval is considered to be four weeks (28 days).

The repeat dose should be administered four weeks after the expired dose.

## Friendly Reminder...

As the weather improves, the Maine Immunization Program staff are now traveling throughout Maine conducting different types of site visits. We want you to know that your site may receive an "Unannounced Storage and Handling" site visit without prior confirmation.

**If you have any questions,  
please contact the Maine Immunization Program at:  
(207) 287-3746 or (800) 867-4775  
[www.ImmunizeME.org](http://www.ImmunizeME.org)**

