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COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

3/22/85

Date: 8 APRIL 1985

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 311

"An Act making a special appropriation to the Department of Health and Social Services to provide vaccine to health care providers; and providing for an effective date."

under consideration and recommends:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for HB 311 (HESS) same title
 new title
- and recommends do pass
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Mr. Stuenkel

(vice chair) Adria T. Taylor

David W. Thompson

Wayne G. Stanley

Walter R. Brown

CHAIRMAN

Mr. Stuenkel

Co-Chair

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

BILL SHEFFIELD, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811

PHONE: 465-3030

DOCUMENT #85-96

March 20, 1985

MAR 20 RECD

The Honorable Steven Rieger
Representative
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Representative Rieger:

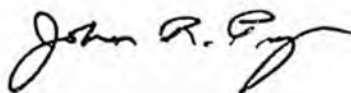
In response to your request for additional information on the costs of supplying vaccines to private physicians in FY 86, we have determined the following:

At this time we estimate the cost for supplying vaccines to the private physicians would be approximately \$250,000. This would provide for approximately 75,000 doses. The Division of Public Health contract awards expire on October 1 of each year. We generally experience price increases averaging 15 to 20 percent. This cost estimate is calculated on our purchasing large amounts of those vaccines with a long shelf life under the FY 85 contract awards.

Since our last communication with you, we have received no clarifying information on the DPT vaccine backlog problem.

I am available if you have any further questions.

Sincerely,



John R. Pugh
Commissioner

TITLE OF INCREMENT/DECREMENT:		AGENCY CONTACT/PHONE NUMBER:		CODE	EXPENDITURE BY OBJECT	AGENCY REQ.	GOV'S REQ.
Increased Vaccine Cost - Immunization		Joanne Clark 465-3082		100	Personal Services		
<p>DESCRIBE WHY THIS INCREMENT/DECREMENT IS NEEDED AND WHAT IT PURCHASES:</p> <p>Additional funds are requested to purchase vaccines to ensure that all Alaskans have access to free vaccine. Immunizations are frequently not covered by health insurance programs. Vaccine costs have escalated rapidly for almost all vaccines. For example, diphtheria-whooping cough-tetanus vaccine cost increased by 442% between 1983 and 1984, has just recently increased from \$9.60 to \$42.00, and is expected to increase even more in 1986. Other vaccine cost increases have been more moderate but the smallest increase between 1983 and 1984 was 7%.</p> <p>The cost has increased at such a high rate because of lawsuits against pharmaceutical companies by persons who have received reactions to vaccinations. The pharmaceutical companies are passing these costs on to vaccine buyers.</p> <p>Vaccine demands are expected to be higher in FY 1986 because of population increase and because a large number (approximately 250,000 persons) of people who received immunizations against diphtheria and tetanus during the 1975 diphtheria outbreak are now due for booster injections.</p> <p>The Immunization program purchases and purchases distributes about 20 different vaccines to health providers. The difference between prices for vaccine for FY 85 and the projected prices in FY 86 is \$199,000. Price increases for the other 16 vaccines distributed have not risen at such a high rate in past years, thus an estimated additional \$17,200 should be sufficient to meet these needs.</p>				200	Travel		
				300	Contractual Services		
				400	Supplies	216.2	216.2
				500	Equipment		
				600	Lands, Buildings, Etc.		
				700	Grants, Claims, Etc.		
				800	Miscellaneous		
				TOTAL		216.2	216.2
				1-A Transfer (NON-ADD)			
				1002	Federal Receipts		
				1003	General Fund Match		
				1004	General Fund	216.2	216.2
				1005	1-A Receipts		
				1028	Program Receipts		
Other							
POSITION INFORMATION		PF1					
		PPI					
		Non Permanent					
		Staff Months					
<input type="checkbox"/> Enhance Existing Service Compared to FY 85		<input type="checkbox"/> Formula Program					
<input checked="" type="checkbox"/> New Service Compared to FY 85							
<input checked="" type="checkbox"/> Continuation of FY 85 Service Level							
IMPACT FROM CAPITAL PROJECT (NAME)							
Chapter _____ SLA _____ Page/Line _____							

C5 INCREMENT/DECREMENT REQUEST

Agency Priority 44 of 112

AGENCY Health and Social Services

PROGRAM Public Health

BRU State Health Services

COMPONENT Communicable Disease Control

PROJECT _____

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REVISED DATE 10/23/84

FY 86

001309

The table below shows the vaccines with the largest usage and price increases.

Vaccine	FY 84 Price	FY 85 Price	Percent Increase	Cost FY 84	Cost FY 85	Estm. Cost Inc. FY 86	Estm. Price FY 86	Estm. No. Vials FY 86	Estm. Cost FY 86*
DPT	\$9.60 15 do. vial	\$42.00/ 15 do. vial	338.0%	\$27,000	\$118,000	19%	\$50.00/ vial	3,200	\$160,000
TOPV	\$3.18/ dose	\$4.21/ dose	32.4%	\$127,000	\$168,000	35%	\$5.68/ dose	46,000	\$261,280
MMR	\$8.76 dose	\$10.00 dose	14.2%	\$105,000	\$120,000	15%	\$11.50/ dose	15,000	\$172,500
Td	\$.9/ vial	\$.99/ vial	7.0%	\$ 1,900	\$ 2,000	7.0%	\$1.06/ vial	12,000	\$ 12,826
Subtotal				\$259,000	\$408,000				\$606,606
Plus estimated increase for other 16 vaccines									17,200
									\$623,806
Less Fy 86 adjusted base for vaccine purchase									-330,000
Less 6.9% inflation in increment 34 of 108									- 22,770
Estimated total vaccine increased need									\$271,036
Less requested increase									-216,200
Remaining unmet need									\$ 54,836

*Includes a projected increase in population influx of 12,000 and in births, of 500, one-half of which will require vaccination in ages 0-18.

AGENCY Health and Social Services

PROGRAM Public Health

BRU State Health Services

COMPONENT Communicable Disease Control

C5

ADDITIONAL
EXPLANATION
FORM

Priority 44 of 112

(6/84)-ael

FY 86

PAGE 4 OF 11
REVISED DATE 10/23/84

001310

ALASKA IMMUNIZATION PROGRAM

QUARTERLY AND YEAR END PROGRESS REPORT

OCTOBER - DECEMBER 1984

Submitted by:

Ned Rasmussen, Coordinator
Immunization Program
State of Alaska

DHSS →
Pub. Health

3/30/85

1984 IN RETROSPECT

Tremendous progress was made in 1984 despite a complete change in program staff. (1) A new vaccine ordering distribution and accountability system was developed and implemented. (2) A review of 40,000 immunization records in the Anchorage School District found over 7,400 students who did not meet state immunization requirements. The district enforced the State's "No Shots, No School" policy and mailed notices to parents. As a result, immunization levels rose from 81.9 percent to 99.9 percent. (3) Alaska's first school and child care immunization manuals were written and distributed in October. (4) Consultants from the Centers for Disease Control conducted a week long review of Alaska's Immunization Program in August. Visits were made to Bethel and Kotzebue areas, Juneau, Fairbanks and Anchorage. The reviews included military, Indian Health Service, school, daycare and public health programs. A summary of the review and CDC's recommendations is available from the immunization office. (5) Approximately 100 schools and daycare centers were visited to review immunization records and procedures used to ensure students are in compliance with state immunization requirements. These reviews showed that about 13 percent of the students statewide were not in compliance with immunization requirements. Schools were instructed to follow-up on individuals not in compliance until requirements were met. (6) As a result of the Anchorage School District's efforts to bring 7,400 students into compliance, a massive media campaign was undertaken which included radio, television and printed materials. (8) 1983-84 assessment of immunization status for kindergartners showed levels to be: 94.6 percent for DTP, 94.9 for polio, and 95.9 percent for measles and rubella. Immunization levels for daycare centers were 83.2 percent for DTP, 81.8 percent for polio, 84.4 percent for measles and 84.7 percent for rubella.

While progress has been steady, there are major problems yet to be resolved and new activities that need to be development and implemented.

SCHOOL IMMUNIZATION PROGRAM REVIEWS (VALIDATION)

In December, four temporary public health nurse positions were filled. The nurses will visit day care facilities and schools to review immunization records and procedures used to ensure children and students meet immunization requirements. The reviews will be carried out during January, February, and March, 1985. This activity is the most productive and effective means available to ensure school personnel understand and implement requirements.

The new employees received two weeks of intensive training before unsupervised visits were authorized.

VACCINE ACCOUNTABILITY

A new vaccine inventory, distribution and accountability system was developed and implemented this quarter. Starting January 1985, all providers ordering vaccine from the Department of Health and Social Services will be required to use a new Vaccine Inventory and Order Form (VIOF) attached. The new VIOF requires an inventory (including expiration dates) before new orders are filled. In effect, the new policy is "No Inventory (VICF), No Vaccine." The new system has capabilities that did not exist before and for the first time we will be able to ascertain inventories, expiration dates and usage. This form will also give us doses administered information by doing some simple calculations. We intend to compare this with doses administered information reported by the PCIS system to determine if there are any major discrepancies. The cost savings and program management benefits of this system are enormous. However, it will take a year or more to develop this activity to its full potential.

Table 1 shows the number of doses distributed and administered during the fourth quarter and compares 1983 to 1984. For DTP, Td, Polio and MMR, there were fluctuations in the number of doses distributed each quarter; however, the year end totals are very similar. Looking at doses administered (Table 2), the number of doses reported administered for DTP, Td, Polio and MMR shows a dramatic increase. This increase without an increase in the number of doses distributed is particularly significant. It appears that providers are doing a better job of completing and submitting data. Table 3 shows that the ratio of doses distributed to doses administered is sharply reduced. Ideally, the ratio should be closer to 1.0:1; however, this data is very encouraging. It will be interesting to see if the new VIOF procedures have the expected impact of further lowering the number of doses distributed during 1985.

OTHER CHANGES IN VACCINE ACTIVITIES

1. Purchase of single tetanus was discontinued because Td is the vaccine of choice whenever a tetanus booster is indicated. Supplying single tetanus antigen only complicated matters because it did not meet the ten year Td booster requirement for school age children. Through the Epidemiology Newsletter, all providers were requested to discontinue use of single tetanus.

2. Purchase of MR and single Mumps vaccine was discontinued as well because MMR is the vaccine of choice. The data in Tables 1 and 2 shows that these vaccines are seldom used and are often kept on hand because "they are available." Using MMR will also ensure that all three vaccines are received.

3. The policy of distributing MMR vaccine and single antigen Measles and Rubella vaccines in boxes of ten was discontinued. Providers must now order by the dose and not by the box. This will eliminate oversupplying those providers who use small amounts or wish to keep only a dose or two on hand. *

4.. Providers must now order no more than once per month and are limited to no more than a three month supply.

Use of the new VIOF and the changes described above will save tens of thousand of dollars and will reduce staff time, shipping costs and allow us to better manage vaccine related activities.

The data in Table 4 shows the type and total number of doses distributed by the Immunization Program in calendar year 1984. The majority of ordering and all distribution (shipping) and accountability for these vaccines is handled by Immunization Program staff.

MORBIDITY

During this quarter, two cases of pertussis were laboratory confirmed. These cases coupled with a case reported in June brings the total for 1984 to three. The outbreak is described in the attached epidemiology bulletin.

NEW SCHOOL IMMUNIZATION MANUAL

A school immunization manual was completed and distributed in October (copy attached). This is the first time there has been comprehensive guidelines that problem solve complex issues so that physicians, school nurses, principals, secretaries, public health nurses and others implement the law in a consistent and uniform manner. The response to the manual has been excellent by both the private and public sectors. The manual was sent to schools, Public Health Nurses, physicians, Indian Health Service and to the military.

NEW DAY CARE IMMUNIZATION MANUAL

Staff at the Department of Education reviewed the school immunization manual and requested that a similiar manual be written for the preschool age population. Using the school immunization manual as a guide, a manual was written to address both childcare facilities (daycare) and children in preschool. It will be distributed to childcare facilities and preschools as part of two different handbooks that are provided by the Department of Education (preschool) and Division of Family and Youth Services (child care). Further efforts to promote the use of this manual are being planned.

Also, six cases of mumps were reported this quarter.

Totals for the year for vaccine preventable diseases are shown below.

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	Mumps
1984	0	0	3	0	0	1	14
1983	0	1	4	0	1	0	10

No cases of measles and one case of rubella was reported in 1984. With widespread outbreaks of pertussis, measles and rubella in the Lower 48, the low evidence of disease in Alaska is credited to high immunization levels.

REACTION REPORTS

During this quarter, five reports of illness following vaccination were received.

	DTP*	Td	MMR	Influenza**	Pneumococcal**
Quarter	3	0	1	1	1
Total 1984	6	2	2	1	1

*For all but one reported DTP reaction, these individuals also received Polio vaccine.

**Influenza and Pneumococcal vaccines were given simultaneously to the same individual.

DTP reactions most commonly reported were high pitched uncontrolled screaming, fever and painful swelling of the leg. Seizures were reported in one patient. Td reactions consisted of severe swelling and pain from shoulder to elbow in both individuals (father and son given vaccine at the same time). MMR reactions were reported in two children. One child had a febrile convulsion on the day of immunization, but had been reported at the time of immunization to be irritable and teething. The second child had difficulty breathing, respiratory distress and hives minutes after the immunization was received. However, this patient is handicapped, hydrocephalic and had had a history of various neurological problems. The person who received influenza and pneumococcal vaccine had never been vaccinated

for either before. She had an immediate reaction; both arms swelled up, her heart beat was very fast and "pounding" and included fever and rash with the rash scabbing over a few days later.

INFLUENZA

In September, influenza and pneumococcal vaccines were shipped to health centers throughout Alaska. The Municipality of Anchorage administered vaccine daily during regularly scheduled clinic hours and administered 543 doses at various senior centers around Anchorage. Substantial publicity and news releases were prepared and mailed by the Alaska Department of Health and Social Services Immunization Program and the Municipality of Anchorage Health Department.

Because of stricter controls on ordering and distribution, fewer doses were needed this year which saved close to \$3000. Data concerning doses administered is not available at this time.

Table 1

Alaska Dept. Health and Social Services

NUMBER OF DOSES DISTRIBUTED (PUBLIC)

Jan. 1 - Dec. 31, 1984

QUARTER	DTP	DT	Td	OPV	IPV	MMR	MR	Measles	Rubella	Mumps
Jan-March 1984	9,270	140	5,050	7,800	20	1,900	10	130	1,100	110
Apr-June 1984	13,035	200	7,100	6,750	20	3,650	210	260	582	70
July-Sept 1984	11,775	130	6,510	14,150	30	3,575	250	520	570	170
1983	5,640	250	2,780	7,760	15	1,710	170	240	280	300
Oct-Dec 1984	12,285	60	3,770	10,170	43	1,900	147	102	236	10
1983	47,131	1,200	18,060	39,280	50	10,460	1,380	2,000	1,400	1,090
Totals*										
1984	46,455	530	22,490	39,630	108	11,020	397	1,012	1,242	260

Table 2

NUMBER OF DOSES ADMINISTERED (PUBLIC)

for Jan. 1 - Sept. 30, 1984

QUARTER	DTP	DT	Td	OPV	IPV	MMR	MR	Measles	Rubella	Mumps
Jan-March 1984	5,859	NA	2,247	5,484	NA	1,798	20	106	90	24
Apr-June 1984	3,853	8	1,374	3,528	NA	1,167	8	70	58	16
July-Sept 1984	7,264	22	2,451	6,640	9	2,047	89	204	112	23
1983	6,733	13	6,459	17,805	6	4,798	117	371	337	115
Oct-Dec 1984	9,051	8	4,033	9,346	14	2,557	86	379	120	42
1983	18,657	13	6,459	17,805	6	4,798	117	371	337	115
Totals*										
1984	25,027	38	10,105	24,998	23	7,569	203	759	380	105
% Change (83-84)	40%		57%	40%		58%				

Table 3

RATIO OF DOSES DISTRIBUTED AND ADMINISTERED

for Jan. 1, 1984 - June 30, 1984

QUARTER	DTP	DT	Td	OPV	IPV	MMR	MR	Measles	Rubella	Mumps
Jan-March 1984	1.6:1	NA	2.3:1	1.4:1	NA	1.1:1	-----	1.2:1	1.9:1	4.6:1
Apr-June 1984	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
July-Sept 1984	1.0:1	5.9:1	2.7:1	2.1:1	3.3:1	1.8:1	2.8:1	2.6:1	5.1:1	7.4:1
Oct-Dec 1984	1.4:1	7.5:1	-----	1.1:1	3.1:1	-----	1.7:1	-----	-----	-----
1983	1.5:1	32.3:1	2.8:1	2.2:1	8.3:1	2.2:1	11.8:1	5.4:1	4.0:1	9.5:1
1984	1.4:1	10.8:1	2.2:1	1.6:1	4.7:1	1.5:1	2.0:1	1.3:1	3.3:1	2.0:1

Source:

Alaska Dept. Health and Social Services

*Totals for 1984

NA - Not Available

Table 4

Alaska Department of Health and Social Services

Total Doses of Vaccine Distributed
by the Immunization Program
Jan. 1 - Dec. 31, 1984

VACCINE	Public	Private	Total
DTP	46,455	660	47,115
DT	530		530
Td	22,490		22,490
TOPV	39,630	90	39,720
IPV	108		108
MEAS/MU/RUB	11,020		11,020
MEAS/RUBELLA	397		397
MEASLES	1,012	20	1,032
RUBELLA	1,242		1,242
MUMPS	260		260
TB PPD	25,580	6,610	32,190
TB MONOVAC	122,290	12,185	134,475
RAB ANIMAL	22,025	34,263	56,288
RAB HDCV	22	109	131
RAB HRIG	29		29
HEPATITIS B	31,455	3,828	35,283
INFLUENZA	14,210		14,210
PNEUMOCOCCAL	2,205		2,205
HISTOPLASMIN	150	100	250
TYPHOID	1,610		1,610
CHOLERA	918		918
COCCIDIODIN	60	60	120
ISG	190		190
TETANUS	570		570

Source: Ned Rasmussen
AK/DHSS/Iz.Pgm./1-85



EPIDEMIOLOGY BULLETIN

EPIDEMIOLOGY OFFICE
DIVISION OF PUBLIC HEALTH
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STATE OF ALASKA

John Pugh, Commissioner
Department of Health
and Social Services

3601 C Street Pouch 6333
Anchorage, Alaska 99502-0333
(907) 561-4406

Editor: John Middaugh, M.D.

BULLETIN NUMBER 22

WEEK ENDING DECEMBER 14, 1984

PERTUSSIS IN HOONAH

On November 6, 1984, an alert Juneau physician suspected pertussis in a 16-month old infant (A) who had onset on November 1, 1984 of an upper respiratory illness complicated by left otitis media. After 5 days of treatment with Pediazole®, the infant still had a hard, hacking, persistent cough. On November 6, the baby's white blood count was 15,000 with 77% lymphocytes. Chest x-ray and PPD were negative. Because pertussis was suspected, the infant was cultured on November 6 and continued on erythromycin. In an effort to confirm the diagnosis, the physician cultured the mother on November 6, before placing her on erythromycin.

The mother developed a cough, temperature of 102°, and chills on November 6. Two siblings of the infant were also ill; a 3-year old female was treated with Trimox® on November 19 for otitis media, a 5-year old male developed a cough on November 25 but did not seek treatment. Infant (A) received only 1 DPT; other doses were postponed due to numerous ear infections and other mild febrile illnesses. The 3-year old and 5-year old were current with 4 DPTs, 4 OPVs, and an MMR each. On November 26, 1984, the Southeast Regional Laboratory reported a possible case of pertussis in Hoonah.

Case finding revealed a 4-month old contact (B) in another family who had developed a bad cough, a runny nose, and fever of 101° on October 23. The mother described the cough as hard, lasting 1-2 minutes, during which time the infant's face turned red. The infant, treated with Trimox® on November 6, had not received any immunizations.

The father of infant (B), a 28-year old logger, also had an intermittent, hacking cough on October 3, for which he received no medicine. A 6-year old in the family developed a runny nose, slight cough, and temperature of 103° on November 25. Both the 6-year old and a 2-year old, well sibling had current immunizations. The families of infants A and B visited each other's homes or often rode together in the same car.

All immunization records for children in Hoonah, especially preschoolers were reviewed. Nineteen children were not up-to-date with DPT immunizations; 2 were not up to date with MMR. On November 28, 17 children were vaccinated with DPT including infants A and B, and 1 child received MMR. Three children were out of town and will be vaccinated when they return.

Investigation of a possible pertussis case in Hoonah confirmed 2 cases in a mother and her infant who had URI symptoms compatible with pertussis. The mother's culture was positive for Bordetella pertussis. Case finding showed 3 other possible cases among close contacts. Immunization records of the children in Hoonah showed 19 children with inadequate DPT immunizations; 17 children were immediately vaccinated with DPT.

RECOMMENDATIONS

1. Intensive surveillance was established in the community so that anyone developing symptoms compatible with pertussis will be identified and reported immediately to our office.
2. Vaccination records of all children in Hoonah were reviewed; 17 of 19 children who were found to be inadequately vaccinated against DPT were immediately vaccinated.
3. The immunization status of preschool children in other communities should be reviewed; children in need of vaccination should be vaccinated.
4. Immunizations should not be deferred due to presence of mild febrile illnesses!
5. The suspect case and mother were treated with erythromycin. No other cases have been identified.

(Reported by Billie Thomas, Microbiologist, Southeast Regional Laboratory; Mary Lou Follet, FNP, Hoonah; Shirley Johnson, PHN, Supervisor, Southeast Region; and R. Weist, M.D., Juneau)

ANALYSIS OF VACCINE PRICES AND PROJECTED FUNDING NEEDS

VACCINE	Vial Size	1983 Prices	1984 Prices	1985		FY 1986				
				Prices	% Inc.	Doses * Needed Public	Cost Public Providers Only	Doses** Needed Private	Cost Private Providers Only	Total Cost Both Public and Private
DTP	15	1.77v	9.60v	42.00v	339	40,000	112,000.	20,000	56,000.	168,000.
DT	10	4.83v	4.83v	5.91v	22	820	485.	500	296.	781.
Td	10	.93v	.93v	.99v	6	21,000	2,100.	10,450	1,035.	3,135.
TOPV	1	2.42d	2.89d	4.21d	50	38,000	160,000.	20,000	84,200.	244,200.
IPV	1	17.30		21.00						
		5d/pkg	17.30d	5d/pkg	21	90	336.	---		336.
MEAS/MU/RUB	1	7.87d	8.76d	10.00d	14	11,000	110,000.	4,200	42,000.	152,000.
MEAS/RUBELLA	1	5.31d	5.91d	6.32d	7	640	4,045.	870	5,498.	9,543.
MEASLES	1	2.97d	3.31d	3.54d	7	1,150	4,071.	860	3,044.	7,115.
RUBELLA	1	3.36d	3.73d	3.99d	7	1,600	6,400.	760	3,032.	9,432.
MUMPS	1	4.29d	5.57d	5.11d	- 8	650	3,322.	470	1,226.	4,458.
TB PPD	10		2.40v	3.29v	37	35,470		10,610		
TB MONOVAC	25		7.50/pkg	7.50/pkg	---	132,945		18,400		
RAB ANIMAL	50		.70d	.70d	---	57,067				
RAB HDVC			39.00d	35.00d	---	199				
RAB HRIG				36.00v	---	41				
HEPATITIS B	3	95.53v	103.50v	103.50v	---	29,055		348		
INFLUENZA	10	15.25v		18.25v	---	12,940	23,616.	1,320	7,409.	26,025.
PNEUMOCOCCAL	5	22.61	19.00	25.93	---					
		5d/pkg	5d/pkg	5d/pkg	---	2,735	14,184.	600	3,111.	17,295.
HISTOPLASMIN	10			6.97v	---	310	216.	220	153.	369.
TYPHOID	20	4.30v		4.30v	---	1,330	288.			288.
CHOLERA	3	4.28		3.70v	---					
		2d/v			---	942	1,162.	120	148.	1,310.
COCCIDIODIN	10			8.65/pkg	---	160	138.	170	147.	285.
ISS	2 ml	1.26v		1.26v	---	140	176.			176.
TETANUS	15	4.87v		6.24v		815	337.	2,190	911.	1,248.
TOTALS							442,876.		203,210.	646,086.

*period October 1, 1983 thru September 30, 1984

**based on distribution for period July 1, 1982 thru June 30, 1983

DHSS 3/30/85
 Pub. Health

VACCINE INVENTORY AND ORDER FORM (VIOF)

1. NO ORDERS will be filled without completing Section B.
2. Phone orders WILL NOT be accepted.
3. Inventory should be limited to a THREE MONTH SUPPLY.
4. Distribution of copies: retain pink; send white and yellow to supplier; yellow will be returned with shipment.

NAME OF PROVIDER _____	PERSON COMPLETING FORM _____
ADDRESS _____	PHONE NO. _____ DATE _____

A. VACCINE	VIAL SIZE	B. COMPLETED BY PROVIDER								C. COMPLETED BY PERSON FILLING ORDER			D. OTHER: INSTRUCTIONS, FORMS, DILUENT, RECORD CARDS, etc.			
		For Vaccine On Hand Present Inventory			Outdated/ Spoiled		NEW ORDER			DATE FILLED				NEW INVENTORY		
		VIALS	DOSES	EXP. DATE	VIALS	DOSES	VIALS	DOSES	VIALS	DOSES	VIALS	DOSES		LOT #s	VIALS	DOSES
DTP	Diphtheria Tetanus Pertussis	15 dose														
DT (Ped)	Diph/Tet	10 dose														
Td (Adult)	Tetanus Diphtheria	10 dose														
POLIO	SABIN (TOPV)	1 dose														
	SALK (IPV)	1 dose														
MMR	Measles Mumps Rubella	1 dose														
MEASLES		1 dose														
RUBELLA		1 dose														
TB*	PPD	10 test														
	MONOVAC	25 test														
INFLUENZA		10 dose														
PNEUMOCOCCAL		5 dose														
TYPHOID		20 dose														
IMM. SERUM GLOB		2 ml														
HISTOPLASMIN*		10 test														
CHOLERA*		3 dose														
COCCIDIODIN*		10 test														
HEPATITIS B*		3 dose														
RABIES*	ANIMAL	50 dose														
	HDCv	1 dose														
	HRIG	2 ml														
OTHER																
OTHER																

PHYSICIAN CERTIFICATION: I CERTIFY THAT PATIENTS WERE NOT CHARGED FOR VACCINES I OBTAINED FROM THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

(Physician's Signature) (Date)

*DHSS
P.S. Health*

3/30/85

VACCINE TERMINOLOGY

VACCINE ABBREVIATIONS AND/OR COMMON NAMES SYNONYMS OR BRAND NAMES

VACCINE ABBREVIATIONS AND/OR COMMON NAMES SYNONYMS OR BRAND NAMES

etting

DTP - Diphtheria
 Tetanus (lock jaw)
 Pertussis (whooping cough)

Baby shot?
 Basic series
 Primary series
 3 in one
 Triple
 DPT
 Infagen
 Tri-immunol
 Triogen
 Tri-Solgen

st stu-

Td or DT - Tetanus-Diphtheria or
 Diphtheria-Tetanus

Double

DPTP - Diphtheria, Pertussis, Tetanus, Polio

4 in one
 Quad
 Quadruple

OPV - Oral Polio Vaccine

Sabin
 TOPV
 Trivalent Oral Polio
 Orimure
 Diplovax
 TVS - Trivalent Sabin

ected

IPV - Inactivated Polio Vaccine

Salk
 Killed
 Injectable

MEASLES - 7-10 day, hard, red

Lirugen
 M-Vax
 Attenuvax
 Rubeola
 Edmonston-B
 Schwartz Strain
 Rubeovax (Lyovac)
 Pfizer-Vax Measles
 Enders
 Moraten

RUBELLA - 3-day, German

Meruvax
 Cendevax/Cendehill
 Rubelogen
 RA 27/3

MUMPS

Mumpsvax

MEASLES/RUBELLA COMBINATION

M/R Vax

RUBELLA/MUMPS COMBINATION

Biavax MUR

MEASLES/MUMPS/RUBELLA COMBINATION

MMR

work-
 cre to
 record

DHSS 3/30/85
 Pub. Health

THE NON-MEDICAL PERSON'S GUIDE TO DETERMINE DOSES NEEDED TO MEET SCHOOL IMMUNIZATION REQUIREMENTS FOR STUDENTS UNDER AGE SEVEN* (USE UP TO 7TH BIRTHDAY)

SCHEDULE A

COUNT DOSES ALREADY RECEIVED	ADTNL DOSES REQ.	COMMENTS	WHEN SHOULD ADDITIONAL DOSES BE SCHEDULED?*
TTP/DT			
6 or more	0	6 doses maximum regardless of spacing.	Td 10 years from last dose.
5 or 4	0	EXCEPTION: ONE ADDITIONAL DOSE IS REQUIRED IF (1) dose was not received after the 4th birthday and (2) 6 months or more do not separate the 3rd dose and any dose thereafter.	6 months or more after the last dose.
3	1		6 months or more after the 3rd dose.
2	2		3rd dose 2 months after the 2nd dose, 4th dose 6 months or more after the 3rd dose.
1	3		2nd dose 2 months after the 1st dose, 3rd dose 2 months later, 4th dose 6 months or more later.
0	4		1st dose before entry, 2nd dose 2 months later, 3rd dose 2 months later, 4th dose 6 months or more later.
POLIO			
5 or 4	0	4 doses maximum regardless of spacing.	
3	0	EXCEPTION: ONE ADDITIONAL DOSE IS REQUIRED IF (1) last dose was not received after the 4th birthday and (2) 6 months or more do not separate the 2nd dose and any dose thereafter.	6 months or more after the last done.
2	1		6 months or more after the last dose.
1	2		2nd dose 2 months after 1st dose, 3rd dose 6 months or more later.
0	3		1st dose before entry, 2nd dose 2 months later, 3rd dose 6 months or more later.
MEASLES			
1	0	EXCEPTION: If received before the 1st birthday (even one day) reimmunization is required.	Before entry. NOTE: If rubella and/or mumps are needed MMR is the vaccine of choice.
RUBELLA			
1	0	EXCEPTION: If received before the 1st birthday (even one day) reimmunization is required.	Before entry. NOTE: If measles and/or mumps are needed MMR is the vaccine of choice.

*SEE SCHEDULE B OTHER SIDE IF CHILD IS OVER AGE SEVEN.

*CHILDREN NOT IN THE WAITING PERIOD BETWEEN DOSES CANNOT ENTER UNTIL NEXT DOSE IS RECEIVED.

AK/DHSS/Iz/5-84

DHSS
Pub. Health
3/30/85

THE NON-MEDICAL PERSON'S GUIDE TO DETERMINE DOSES NEEDED TO MEET SCHOOL IMMUNIZATION REQUIREMENTS FOR STUDENTS OVER AGE 7* (AFTER THE 7TH BIRTHDAY)

SCHEDULE B

COUNT DOSES ALREADY RECEIVED	ADTNL DOSES REQ.	COMMENTS	WHEN SHOULD ADDITIONAL DOSES BE SCHEDULED? **
<u>DTP/DT/Td</u> 3 or more	0	EXCEPTION: ONE ADDITIONAL DOSE IS REQUIRED IF (1) It has been 10 years or more since the last DTP, DT, or Td dose was received or (2) 6 months or more do not separate the 2nd dose and any dose thereafter.	(1) 10 years from last dose. (2) 6 months or more after the last dose.
2	1		6 months or more after the last dose.
1	2		2nd dose 2 months after 1st dose, 3rd dose 6 or more months later.
0	3		1st dose before entry, 2nd dose 2 months later, 3rd dose 6 months or more later.
<u>POLIO</u> (Not required after 18th birthday) 5, 4 or 3	0	EXCEPTION: ONE ADDITIONAL DOSE IS REQUIRED if 6 months or more do not separate the second dose and any dose thereafter. (Maximum of 4 doses regardless of spacing).	6 months or more after the last dose.
2	1		6 months or more after the last dose.
1	2		2nd dose 2 months after 1st dose, 3rd dose 6 months or more later.
0	3		1st dose before entry, 2nd dose 2 months later, 3rd dose 6 months or more later.
<u>MEASLES</u> 1	0	EXCEPTION: If received before the 1st birthday (even one day) reimmunization is required.	Before entry. NOTE: If rubella and/or mumps is needed MMR is the vaccine of choice.
<u>RUBELLA</u> (Not required after 12th birthday) 1	0	EXCEPTION: If received before the 1st birthday (even one day) reimmunization is required.	Before entry. NOTE: If measles and/or mumps is needed MMR is the vaccine of choice.

*SEE SCHEDULE B OTHER SIDE IF CHILD IS UNDER AGE SEVEN.

**CHILDREN NOT IN WAITING PERIOD BETWEEN DOSES CANNOT ENTER SCHOOL UNTIL NEXT DOSE IS RECEIVED.

AK/DHSS/Iz/5-84

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

**DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL**

3601 "C" STREET, SUITE 576
POUCH 6333
ANCHORAGE, AK 99502-0333
(907) 561-4235

April 5, 1985

Representative Max Gruenberg, Jr.
914 Clay Court
Anchorage, AK 99503

Dear Representative Gruenberg:

I am responding to your request for more information on two points in regard to the bill concerning immunization vaccines:

- 1) The emergency supply of vaccines to private physicians:

While it is not our policy, because of the limited funding for vaccines, to distribute vaccines to private physicians, we have always responded to emergency requests for vaccines when their suppliers could not provide it and we had it available in our stock. The Anchorage branch of the Academy of Pediatricians is sharing this information to pediatricians throughout the state.

- 2) The question was raised in regards to supplying vaccines to Indian Health Service:

For many years all immunizations for IHS beneficiaries were administered by the public health nurses. As staffing in the IHS hospitals increased, it became policy to provide some vaccines to hospitals in order to initiate immunization series when the hospital was conducting the well child visit. This policy has expanded to the point where IHS facilities have been ordering immunization vaccines from the state and was interpreted as fulfilling a recommendation of vaccine administered in a public clinic and serving a less advantaged economic group. Approximately 1900 kids received some of their immunizations through Indian Health Service facilities, with completion of immunization by the State public health nurses.

I trust this information is helpful.

Sincerely,



Robert I. Fraser, M.D.
Director

Division of Public Health

RIF/cfe

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

BILL SHEFFIELD, GOVERNOR

POUCH #01
JUNEAU, ALASKA 99801
PHONE 465-3030

July 18, 1983

Dear Doctor:

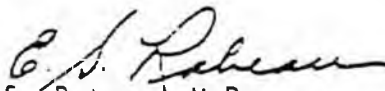
Due to increasing costs and diminishing resources, I must regretfully inform you that the State will no longer be able to provide vaccines and other immunological agents for free distribution through the offices of physicians in private practice. The agents affected include diphtheria, tetanus, pertussis, rubella, rubeola, mumps, poliomyelitis, influenza- and pneumococcal vaccines as well as immune serum globulin. This policy goes into effect immediately.

The State will continue to provide rabies immune globulin and rabies vaccine in accordance with previous policy for distribution and use as well as Hepatitis B vaccine for individuals who are members of a high risk group as defined by the State. Botulism antitoxin will also continue to be available. Rh₀(D) immune globulin for prevention of isoimmunization in Rh negative individuals will continue to be made available under the existing policies established by the Section of Family Health (telephone 465-3100).

If you need assistance in locating sources from which vaccines can be purchased, please contact Craig Leutzinger, Section of Communicable Disease Control, 3601 "C" Street, Pouch 6333, Anchorage, AK 99502-0333 (telephone 561-4233).

Immunizations will continue to be available through health centers and itinerant public health nurses.

Sincerely,



E.S. Rabeau, M.D.
Deputy Commissioner for
Health Services