

**SB**

**144**

<TARGET><BILL>SB 144</BILL><SUBJECT>SB  
144</SUBJECT><COMM>SFIN27</COMM></TARGET>

# SENATE FINANCE COMMITTEE REPORT

DATE: 2/3/12

FURTHER:

DATE TURNED  
IN TO OFFICE: \_\_\_\_\_

Finance Committee considered SENATE BILL NO. 144

## SB 144 STATE IMMUNIZATION PROGRAM

"An Act temporarily reinstating the child and adult immunization program in the Department of Health and Social Services; and providing for an effective date."

and recommends:



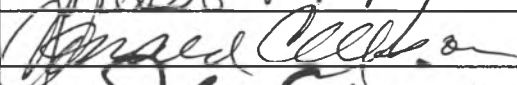

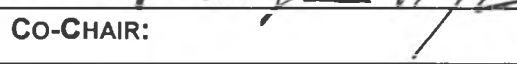
- be replaced with CS SB 144 (FIN)  Same Title  New Title
- adopt previous CS \_\_\_\_\_ (\_\_\_\_\_)  Same Title  New Title
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

Dept Abbr.	
ADM	LEG
CED	LAW
COR	LWF
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS/FIN	X			

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Thomas	✓			
	McClure	✓			
	Abdul-Allah	✓			
	Ellis	✓			
CO-CHAIR 	Hoffman	✓			
CO-CHAIR:					

# ALASKA STATE LEGISLATURE

Senator Cathy Giessel  
Senate District P  
907 465 4843



Senator Donald Olson  
Senate District T  
907 465 3707

Senator\_Cathy\_Giessel@legis.state.ak.us

Senator\_Donny\_Olson@legis.state.ak.us

## Senator Cathy Giessel and Senator Donald Olson

### Senate Bill 144 Sponsor Statement

“An Act temporarily reinstating the child and adult immunization program in the Department of Health and Social Services; and providing for an effective date.”

SB 144 is a stop-gap measure to reinstate the Alaska Immunization Program (AIP), which aims to prevent and control vaccine-preventable diseases in Alaska, to its former level of coverage.

Every year, Alaska commemorates a significant healthcare emergency – the serum run to Nome. What we call the Iditarod today was the “Great Race of Mercy” in 1925. Nome and the surrounding communities were in the throes of a diphtheria epidemic, and dog teams relayed the life-saving antitoxin to them. Because of vaccines, diphtheria – a disease of the throat, tonsils, and nose that restricts the airway – has been nearly eliminated from the U.S.

The late Senator Ted Stevens recognized the vulnerability of Alaska – rural communities in particular – to significant, preventable healthcare crises, such as the diphtheria outbreak in Nome. Senator Stevens provided for vaccination availability by making sure that the Alaska Immunization Program was funded to provide preventative vaccines to all Alaskans desiring them. As a result of federal funding for vaccinations, diseases that formerly killed children and adults – whooping cough, lockjaw, haemophilus influenzae, polio – have been controlled.

However, since Senator Steven’s passing, federal funding has been reduced significantly, to a mere \$700,000 for FY2013, down from \$4.3 million in FY2010. As a result of this drastic decrease in funding, affordable vaccinations are no longer readily available to all Alaskans. The reductions in funding have forced the program to further reduce the number of eligible vaccines available to children, and completely discontinue those available to adults. SB 144 temporarily substitutes state funding for the decrease in federal funding to AIP through FY2015.

Prevention is important in ensuring a healthier future for Alaskans. I remember two little boys in my neighborhood, in Fairbanks, who died from the polio virus when I was a child. That doesn't happen anymore...because of a vaccine. Prevention programs like AIP play a vital role in maintaining optimum immunity and helping Alaskans take the best possible care of themselves and their families. SB 144 is a short term measure to ensure availability of vaccines until a more permanent solution can be reached. The health and healthcare of Alaskans is an important issue, and SB 144 provides a temporary solution for the growing problem of unnecessary exposure to and spreading of disease.

# FISCAL NOTE

**STATE OF ALASKA**  
**2012 LEGISLATIVE SESSION**

Bill Version CSSB144(FIN)  
 Fiscal Note Number \_\_\_\_\_  
 ( ) Publish Date \_\_\_\_\_

Identifier (file name) SB144CS(FIN)-DHSS-EPI-2-23-12 Dept. Affected Health and Social Services  
 Title State Immunization Program Appropriation Public Health  
 Allocation Epidemiology  
 Sponsor Senator Giessel  
 Requester Senate Finance Committee OMB Component Number 296

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
			FY14	FY15	FY16	FY17	FY18
<b>OPERATING EXPENDITURES</b>	<b>FY13</b>	<b>FY13</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>
Personal Services							
Travel							
Services							
Commodities	4,632.7	700.0	4,632.7	4,632.7			
Capital Outlay							
Grants, Benefits							
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>4,632.7</b>	<b>700.0</b>	<b>4,632.7</b>	<b>4,632.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>FUND SOURCE</b>		(Thousands of Dollars)					
1002	Federal Receipts		70.0				
1003	GF Match						
1004	GF	4,632.7	630.0	4,632.7	4,632.7		
1005	GF/Prgm (DGF)						
1037	GF/MH (UGF)						
1178	temp code (UGF)						
<b>TOTAL</b>		<b>4,632.7</b>	<b>700.0</b>	<b>4,632.7</b>	<b>4,632.7</b>	<b>0.0</b>	<b>0.0</b>

<b>POSITIONS</b>							
Full-time							
Part-time							
Temporary							

<b>CHANGE IN REVENUES</b>							

Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required;  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (separate capital appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Why this fiscal note differs from previous version (If Initial version, please note as such)**

The CS (FIN) version R amends Section 2, subsections (f) & (g). Sec. (f) (1) would include all children's vaccines required for school attendance, plus meningococcal, human papillomavirus (HPV) and rotavirus. The original bill included all recommended vaccines except for meningococcal and HPV. Sec. (f) (2) adds zoster (shingles) to the list of adult vaccines in the original bill. The original bill included influenza pneumococcal, and Tdap. Sec. (g) (1) allows the commissioner to add vaccines based on recommendations by the Advisory Committee on Immunization Practice and available funding. The original bill did not specify the agency making the recommendations. Sec. (g) (2) allows vaccines to be dropped only if the disease has been eradicated. The original bill allowed the commissioner to drop vaccines based on recommendations and available funding.

Prepared by Ward B. Hurlburt, M.D., MPH / Chief Medical Officer-Director  
 Division Public Health  
 Approved by Nancy Rolfzen, Assistant Commissioner  
Finance & Management Services

Phone 259-6680  
 Date/Time 2/23/12 7:00 PM  
 Date 2/23/2012

## FISCAL NOTE

STATE OF ALASKA  
2012 LEGISLATIVE SESSION

BILL NO. CSSB144(FIN)

### Analysis

This CS (FIN) requires the Department of Health and Social Services to establish an immunization program that would purchase and distribute recommended vaccines to children and adults who do not have coverage elsewhere. The intent is to restore funding to the 2009 level before federal cuts were implemented. Limited vaccine funding for this population is available through Section 317 of the U.S. Public Health Service Act ("317") and administered by the Centers for Disease Control and Prevention. Funding has been cut 84% from \$4.3 million in 2010 to \$700 thousand in 2013. As a result, by January 2012, the Immunization Program has stopped supplying all adult vaccines and select childhood vaccines: influenza, pneumococcal, rotavirus, human papillomavirus (HPV), and meningococcal.

This CS (FIN) has an immediate effective date. It is assumed that the program is implemented on July 1, 2012. Currently the department has regulations in place to implement this program immediately. These are all vaccines the department has provided in the past and the infrastructure is still in place. This bill has a sunset date of June 30, 2015.

This CS (FIN) would provide vaccine to enrolled providers for an estimated 47,000 underinsured children under the age of 19 years and about 110,000 doses of vaccines to underinsured and uninsured adults. The CS (FIN) targets underinsured children under the age of 19 years and underinsured or uninsured adults age 19 years and older that reside in Alaska. Children would receive vaccines required for school attendance, plus meningococcal, human papillomavirus (HPV), and rotavirus. The pediatric vaccines would not automatically include other vaccines not needed for school entry such as pneumococcal and influenza vaccines. Adults would receive influenza, pneumococcal, tetanus/diphtheria/pertussis (Tdap), and zoster (shingles) vaccines. The Commissioner may add vaccines based on federal Advisory Committee on Immunization Practices' recommendations and available funding. Vaccines may be dropped only if the disease has been eradicated. There is no mechanism in the CS (FIN) to drop vaccines or further limit eligibility if the costs exceed available funding.

Including HPV is particularly open ended cost-wise because not only are large numbers of females ages 12 - 26 still eligible, it is now also recommended for every male from ages 11 to 26, virtually none of whom have received the vaccine. There would be an ongoing cost to immunize the annual cohort of 11-12 year olds and then many times that amount to "catch up" those between 12-13 and the maximum 18 years of age covered in this program. The fiscal note assumes 33% of those will "catch up" for each of the 3 years until the program sunsets.

The fiscal note takes into account funds the department assumes it will have to apply toward this vaccine program. The total cost to operate the program is estimated at \$6,032.7. The Division of Public Health's base budget for immunizations includes \$700.0 of the Federal "317" funds. The FY2013 Governor's Budget request also includes an increment for \$700.0 (\$630.0 GF, \$70.0 FF). The remaining \$4,632.7 GF is requested in this fiscal note.

Projected costs of selected vaccines for the total eligible population are based on the CDC's forecasting model and state and national immunization data. An 80% immunization rate is assumed for most vaccines (the recommended level to maintain immunity at the community level). The estimated annual cost of the vaccines (2013 prices) are below.

Vaccines required for school attendance: \$1,400.0; Rotavirus vaccine for infants: \$ 409.0;  
Meningococcal vaccine for adolescents: \$207.0; HPV vaccine for girls and boys aged 11-12: \$566.0;  
HPV vaccine to "catch up" 33% ages 13-18 years: \$1,120.7; Pnuemococcal for adults: \$250.0;  
Influenza for adults: \$400.0; Tdap for adults: \$700.0;  
Zoster for adults (4% immunization rate): \$980.0

Adopted 2/29/12

27-LS1068R  
Mischel  
2/21/12

**CS FOR SENATE BILL NO. 144(FIN)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SEVENTH LEGISLATURE - SECOND SESSION

**BY THE SENATE FINANCE COMMITTEE**

**Offered:**

**Referred:**

**Sponsor(s): SENATORS GIESSEL AND OLSON, Davis, Dyson, Thomas**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act temporarily reinstating the child and adult immunization program in the**  
2 **Department of Health and Social Services; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
5 to read:

6 CHILD AND ADULT IMMUNIZATION PROGRAM; LEGISLATIVE INTENT  
7 AND PURPOSE. (a) The legislature intends, by establishing the child and adult immunization  
8 program in sec. 2 of this Act, to reinstate the program as it existed in the state and as  
9 administered by the Department of Health and Social Services in 2009 by providing  
10 additional state funding and authorization to fill the gap left by a reduction in federal funding  
11 since that time and that resulted in a "universal select" program that fails to provide children  
12 and adults who reside in the state with recommended immunizations. The purpose of this Act  
13 is to ensure that select recommended vaccines are made available to underinsured children  
14 and uninsured and underinsured adults by the state.

L

1 (b) The program established by this Act is made temporary only to better assess the  
2 need and costs to the state of extending the full reach of the former immunization program. A  
3 failure to extend the temporary reinstatement of the immunization program by future  
4 legislatures is not intended to implicitly deauthorize a state immunization program.

5 (c) The Department of Health and Social Services may reinstitute former  
6 immunization policies and procedures consistent with this Act.

7 \* **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to  
8 read:

9 CHILD AND ADULT IMMUNIZATION PROGRAM ESTABLISHED;  
10 CONDITIONS. (a) A child and adult immunization program is established in the Department  
11 of Health and Social Services to distribute recommended vaccines to eligible providers under  
12 the conditions established in this section.

13 (b) The department shall

- 14 (1) determine provider and recipient eligibility as provided under this section;  
15 (2) adopt regulations necessary to carry out the program;  
16 (3) apply for available federal, state, and private funding needed to support the  
17 program;  
18 (4) maintain an enrollment, renewal, and eligibility verification procedure  
19 consistent with federal and state law.

20 (c) A provider of vaccinations under the program shall

- 21 (1) be licensed or exempt from licensure in the state to prescribe and  
22 administer vaccines;  
23 (2) serve residents of the state;  
24 (3) maintain accurate records of  
25 (A) screening and eligibility of recipients;  
26 (B) storage and distribution of vaccines;  
27 (4) within 10 days, notify the department of a change in staffing, procedure, or  
28 location to maintain eligibility in the program.

29 (d) Notwithstanding (c) of this section, a provider of vaccinations under the program  
30 may be a federally designated rural health clinic.

31 (e) A person is eligible to receive from an eligible provider under the program all

1 recommended vaccines for the person's age group as provided in (f) of this section if the  
2 person is a resident of the state and is uninsured or underinsured for vaccinations.

3 (f) The recommended vaccines included in the program

4 (1) for a child under 19 years of age are all vaccines required for school  
5 attendance under AS 14.30.125 and meningococcal, rotavirus, and human papillomavirus  
6 vaccines;

7 (2) for an adult 19 years of age or older are influenza, pneumococcal, Tdap,  
8 and zoster.

9 (g) In addition to the vaccines listed in (f) of this section, the commissioner may

10 (1) add vaccines for inclusion in the program based on recommendations by  
11 the federal advisory committee on immunization practices and the availability of funding;

12 (2) subtract vaccines from inclusion in the program if the disease for which  
13 the vaccine is provided has been declared eradicated in the United States by the Centers for  
14 Disease Control and Prevention, United States Department of Health and Human Services.

15 (h) In this section,

16 (1) "commissioner" means the commissioner of health and social services;

17 (2) "department" means the Department of Health and Social Services;

18 (3) "program" means the child and adult immunization program established  
19 under (a) of this section;

20 (4) "underinsured" means a person who has health insurance, but the coverage  
21 excludes all or select vaccines or that includes a limit on vaccinations;

22 (5) "uninsured" means a person who is not covered by a public or private  
23 health insurance policy.

24 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
25 read:

26 CHILD AND ADULT IMMUNIZATION PROGRAM; TRANSITION:  
27 REGULATIONS. The Department of Health and Social Services may adopt regulations  
28 necessary to implement the changes made by this Act. The regulations take effect under  
29 AS 44.62 (Administrative Procedure Act), but not before the effective date of the law  
30 implemented by the regulations.

31 \* **Sec. 4.** This Act is repealed June 30, 2015.

1 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

# ALASKA STATE LEGISLATURE

## SENATE FINANCE COMMITTEE

Senator Bert Stedman, Co-Chair  
State Capitol, Room 516  
Juneau, AK 99801-1182  
(907) 465- 3873 - Phone  
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Senator\_Bert\_Stedman@legis.state.ak.us



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Senator Lyman Hoffman, Co-Chair  
State Capitol, Room 518  
Juneau, AK 99801-1182  
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Senator\_Lyman\_Hoffman@legis.state.ak.us

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## AGENDA

Wednesday, February 15, 2012

Senate Finance Room 532 – 9:00 AM

HB 104 - Alaska Performance Scholarships  
CS for CSHB 104(FIN) work draft Version R  
NEW \$ (DEED) ACPE/Program Administration & Operations  
NEW \$ (DEED) ACPE/AK Performance Scholarships  
NEW ZERO (DEED) Education Support Services/Executive Administration  
NEW ZERO (DOR) Taxation and Treasury/Tax Division

SB 130 – Alaska Native Language Council  
CSSB 130(STA) Version T  
NEW \$ (DCCED) Community and Regional Affairs

SB 144 – State Immunization Program  
SB 144 Version X  
\$ Previously Published (DHSS) Public Health/Epidemiology

27-LS1068VT  
Mischel  
2/17/12

**CS FOR SENATE BILL NO. 144(FIN)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-SEVENTH LEGISLATURE - SECOND SESSION**

**BY THE SENATE FINANCE COMMITTEE**

**Offered:**  
**Referred:**

**Sponsor(s): SENATORS GIESSEL AND OLSON, Davis, Dyson, Thomas**

**A BILL**  
**FOR AN ACT ENTITLED**

1 **"An Act temporarily reinstating the child and adult immunization program in the**  
2 **Department of Health and Social Services; and providing for an effective date."**

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9 administered by the Department of Health and Social Services in 2009 by providing  
10 additional state funding and authorization to fill the gap left by a reduction in federal funding  
11 since that time and that resulted in a "universal select" program that fails to provide children  
12 and adults who reside in the state with recommended immunizations. The purpose of this Act  
13 is to ensure that select recommended vaccines are made available to underinsured children  
14 and uninsured and underinsured adults by the state.

1 (b) The program established by this Act is made temporary only to better assess the  
2 need and costs to the state of extending the full reach of the former immunization program. A  
3 failure to extend the temporary reinstatement of the immunization program by future  
4 legislatures is not intended to implicitly deauthorize a state immunization program.

5 (c) The Department of Health and Social Services may reinstitute former  
6 immunization policies and procedures consistent with this Act.

7 \* **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to  
8 read:

9 CHILD AND ADULT IMMUNIZATION PROGRAM ESTABLISHED;  
10 CONDITIONS. (a) A child and adult immunization program is established in the Department  
11 of Health and Social Services to distribute recommended vaccines to eligible providers under  
12 the conditions established in this section.

13 (b) The department shall

- 14 (1) determine provider and recipient eligibility as provided under this section;  
15 (2) adopt regulations necessary to carry out the program;  
16 (3) apply for available federal, state, and private funding needed to support the  
17 program;  
18 (4) maintain an enrollment, renewal, and eligibility verification procedure  
19 consistent with federal and state law.

20 (c) A provider of vaccinations under the program shall

- 21 (1) be licensed or exempt from licensure in the state to prescribe and  
22 administer vaccines;  
23 (2) serve residents of the state;  
24 (3) maintain accurate records of  
25 (A) screening and eligibility of recipients;  
26 (B) storage and distribution of vaccines;  
27 (4) within 10 days, notify the department of a change in staffing, procedure, or  
28 location to maintain eligibility in the program.

29 (d) Notwithstanding (c) of this section, a provider of vaccinations under the program  
30 may be a federally designated rural health clinic.

31 (e) A person is eligible to receive from an eligible provider under the program all

1 recommended vaccines for the person's age group as provided in (f) of this section if the  
2 person is a resident of the state and is uninsured or underinsured for vaccinations.

3 (f) The recommended vaccines included in the program

4 (1) for a child under 19 years of age are all vaccines approved by the  
5 commissioner; when approving vaccines under this paragraph, the commissioner shall  
6 approve meningococcal and human papillomavirus vaccines and consider the  
7 recommendations of the federal advisory committee on immunization practices;

8 (2) for an adult 19 years of age or older are influenza, pneumococcal, and  
9 Tdap.

10 (g) In addition to the vaccines listed in (f) of this section, the commissioner may add  
11 or subtract vaccines for inclusion in the program based on nationally recognized public health  
12 standards and the availability of funding.

13 (h) In this section,

14 (1) "commissioner" means the commissioner of health and social services;

15 (2) "department" means the Department of Health and Social Services;

16 (3) "program" means the child and adult immunization program established  
17 under (a) of this section;

18 (4) "underinsured" means a person who has health insurance, but the coverage  
19 excludes all or select vaccines or that includes a limit on vaccinations;

20 (5) "uninsured" means a person who is not covered by a public or private  
21 health insurance policy.

22 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
23 read:

24 CHILD AND ADULT IMMUNIZATION PROGRAM; TRANSITION:  
25 REGULATIONS. The Department of Health and Social Services may adopt regulations  
26 necessary to implement the changes made by this Act. The regulations take effect under  
27 AS 44.62 (Administrative Procedure Act), but not before the effective date of the law  
28 implemented by the regulations.

29 \* **Sec. 4.** This Act is repealed June 30, 2015.

30 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

# FISCAL NOTE

**STATE OF ALASKA**  
**2012 LEGISLATIVE SESSION**

Bill Version SB 144  
 Fiscal Note Number 1  
 (S) Publish Date 2/3/12

Identifier (file name) SB144-DHSS-EPI-1-31-12 Dept. Affected Health and Social Services  
 Title State Immunization Program Appropriation Public Health  
 Allocation Epidemiology  
 Sponsor Senator Giessel  
 Requester Senate HSS Committee OMB Component Number 296

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates					
			FY13	FY14	FY15	FY16	FY17	FY18
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Services								
Commodities	2,900.0	700.0	2,900.0	2,900.0	0.0	0.0	0.0	
Capital Outlay								
Grants, Benefits								
Miscellaneous								
<b>TOTAL OPERATING</b>	<b>2,900.0</b>	<b>700.0</b>	<b>2,900.0</b>	<b>2,900.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	

<b>FUND SOURCE</b>		(Thousands of Dollars)						
1002	Federal Receipts		70.0					
1003	GF Match							
1004	GF	2,900.0	630.0	2,900.0	2,900.0			
1005	GF/Prgm (DGF)							
1037	GF/MH (UGF)							
1178	temp code (UGF)							
<b>TOTAL</b>		<b>2,900.0</b>	<b>700.0</b>	<b>2,900.0</b>	<b>2,900.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>POSITIONS</b>								
Full-time								
Part-time								
Temporary								

<b>CHANGE IN REVENUES</b>								

Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (separate capital appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Why this fiscal note differs from previous version (if initial version, please note as such)**

Not applicable. Initial version.

Prepared by Ward B. Hurlburt, M.D., MPH / Chief Medical Officer, Director  
 Division Public Health  
 Approved by Nancy Rolfzen, Assistant Commissioner  
DHSS Finance & Management Services

Phone 269-6680  
 Date/Time 1/31/12 12:00 AM  
 Date 1/31/2012

## FISCAL NOTE #1

STATE OF ALASKA  
2012 LEGISLATIVE SESSION

BILL NO. SB 144

### Analysis

This bill requires the Department of Health & Social Services to establish an immunization program that would purchase and distribute recommended vaccines to children and adults who do not have coverage elsewhere. The intent is to restore funding to the 2009 level before federal cuts were implemented. Limited vaccine funding for this population is available through Section 317 of the U.S. Public Health Service Act ("317") and administered by the Centers for Disease Control and Prevention. Funding has been cut 84% from \$4.3 million in 2010 to \$700 thousand in 2013. As a result, by January 2012, the Immunization Program has stopped supplying all adult vaccines and select childhood vaccines: influenza, pneumococcal, rotavirus, human papillomavirus (HPV), and meningococcal.

This bill has an immediate effective date. It is assumed that the program is implemented on July 1, 2012. Currently the department has regulations in place to implement this program immediately. This bill has a sunset date of June 30, 2015.

The bill targets underinsured children under the age of 19 years and underinsured or uninsured adults age 19 years and older that reside in Alaska. Children would receive recommended vaccines with the exception of the HPV and meningococcal vaccines. Those vaccines are not required for school entry and have a lower cost/benefit. Adults would receive influenza, pneumococcal, and tetanus/diphtheria/pertussis (Tdap) vaccines. The Commissioner may add or subtract vaccines based on nationally recognized recommendations and available funding. This bill would provide vaccine to enrolled providers for an estimated 47,000 underinsured children under the age of 19 years and about 110,000 doses of vaccines to underinsured and uninsured adults.

The fiscal note is based on the projected cost of selected vaccines for the total eligible population using the CDC's forecasting model. The pediatric vaccines include all vaccines needed for school entry, plus pneumococcal and influenza vaccines. In comparison to the pediatric vaccines provided before 2009, this fiscal note does not include rotavirus, HPV, or meningococcal vaccines. With these assumptions, immunizing the total eligible population would cost \$5,375.0. This total, adjusted for an 80% immunization rate (the recommended level to maintain immunity at the community level), would equal \$4,300.0. This amount would allocate \$2,950.0 for pediatric vaccines and \$1,350.0 for adults.

Since \$700.0 of the Federal "317" funds are already included in the Division of Public Health's base budget for immunizations, the total fiscal note of this bill is \$3,600.0. This includes \$700.0 (\$630.0 GF, \$70.0 FF) as part of the FY2013 Governor's Budget request and an additional \$2,900.0 in General Fund. If this bill were to pass it would include the portion of vaccines in the budget proposal that are intended for underinsured children and uninsured and underinsured adults. The budget proposal overlaps with this bill although it differs somewhat in both the vaccines and age groups covered. The budget increment includes coverage for children aged 19-35 months regardless of insurance status. In the Governor's budget request adults aged 65 years and up who do not have other resources would receive influenza and pneumococcal vaccine. The small amount of federal funds in the budget proposal assumes reimbursement from Medicaid administrative claiming.

Note that this bill excludes Medicaid enrollees (they already have coverage); therefore, this bill's expenditures are not eligible for federal reimbursement.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

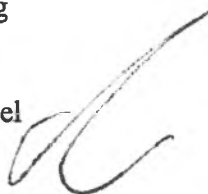
## MEMORANDUM

January 24, 2012

**SUBJECT:** Sectional Summary (SB 144 (Work Order No. 27-LS1068\X))

**TO:** Senator Cathy Giessel  
Attn: Sharon Long

**FROM:** Jean M. Mischel  
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Provides a statement of legislative intent pertaining to the child and adult immunization program established in sec. 2 of the bill. Includes a summary of the past and future of the program.

**Section 2.** Establishes a child and adult immunization program in the Department of Health and Social Services that requires the department to determine eligibility, adopt regulations, and apply for available funds. Establishes standards for provider and recipient participation in the program and types of vaccinations covered.

**Section 3.** Authorizes immediate adoption of regulations by the Department of Health and Social Services.

**Section 4.** Establishes a delayed repeal of the Act of June 30, 2015.

**Section 5.** Provides an immediate effective date.

JMM:plm  
12-043.plm



# Covenant House Alaska

February 28, 2012

Honorable Cathy Giessel  
State Capitol, Room 7  
Juneau, AK 99801

Dear Senator Giessel:

Covenant House Alaska (CHA) would like to go on record as supporting SB 144: "An Act temporarily reinstating the child and adult immunization program in the Department of Health and Social Services".

CHA served over 4,000 Alaskan youth ages 13-21 in FY2011. The Health Program at CHA evaluates the immunization status of the youth we serve. Historically, we provided youth the missing vaccines they required. However, because the state no longer provides vaccines for persons over age 18, our efforts in this area have been curtailed. In recent years, the vaccine we provide the most is Tdap; the vaccine that provides protecting against whooping cough. This vaccine is particularly important to protect the health of infants and young children. Many of the youth we serve are pregnant, parents of young children, or friends of young people who have young children.

It costs CHA \$50.00 to provide a Tdap vaccine to a young adult. Our current budget cannot support this expense, yet the young adults we serve, and the young children they are in contact with, will benefit greatly from receiving this vaccine.

We support the passage of SB 144. Please feel free to contact me with any questions. Thank you!

Sincerely,

Deirdre A. Cronin  
Executive Director

February 20, 2012

Senator Cathy Giessel  
State Capitol, Room 7  
Juneau, AK 99801

Dear Cathy:

Thank you for taking on the charge of asking for the restoration of funding to the Alaska Vaccination Program with Senate Bill 144.

Some believe that Alaska's greatest resource might be oil and gas, timber, fishing, or tourism. I believe that our greatest resource is actually the people of Alaska; our future is dependent on the children of Alaskans. Vaccinating each child is very important! Let's take one example—that of Hepatitis A. In 1993 there were 775 reported cases of Hepatitis A in Alaska; in 2010 that number had dropped to 4. Hepatitis A became available to the public in 1996—it has had a definite and undeniable effect on lowering the number of Hepatitis A infections in the state. There is no vaccine for Hepatitis C, in Alaska we had 0 cases in 1993 and it has grown now to 726 reported cases. Without a vaccine for hepatitis C, we see it grow exponentially.

Today Alaskan children may receive between 20 to 30 vaccinations before they are 18 years old, assistance with this cost burden is very important to Alaskan families. Even small co-pays have proven to be a substantial burden to families in providing needed vaccinations for their children. Alaska had the second lowest vaccination rate in the U.S. in 2009, 56.6% compared to the national average of 70.5%. A vaccination rate approaching 95% is needed to provide a community with herd immunity and prevent disease outbreaks. One 7 year old boy in California, who was not immunized, contracted measles while traveling. He subsequently exposed 839 people and cost the public health department \$177,000 to get the outbreak under control. That was just one child.

I recently took care of a woman in her late sixties that came to me suffering from post-polio syndrome—which is now causing her profound weakness and giving her mobility problems that there will be no curative answer for. I thought how dreadful it is to suffer from the effects of a disease that is so preventable. Remember that we need to emphasize prevention—these costs are much less than caring for an individual that might develop the disease with side effects that will affect their future and in some cases may even be life-threatening to the individual.

We need to do a better job of educating the general public about the benefits of vaccinations, dispel myths and rumors, and ensure that vaccinations are affordable and accessible to all Alaskans. Please let your fellow senators know that nurse practitioners in the state of Alaska support the restoration of funding to the Alaska Vaccination Program.

Warm regards,

Dianne L. Tarrant FNP-BC, APRN



Alaska Representative

American Academy of Nurse Practitioners  
3946 Lunar Drive  
Anchorage, AK 99504

February 8, 2012

To Senator Cathy Giessel  
716 W 4<sup>th</sup> Ave  
Anchorage AK, 99501

CC: Senator Donny Olson & Representative Bob Herron

Re: SB 144

I have been a nurse for seven years and am currently in my final semester of family nurse practitioner school. I am a huge proponent of immunization programs and what they do and stand for. It would be a tremendous loss for the state to lose this amount of funding and have many of these programs cut. Over the years with the increased use of vaccines we have been able to decrease the spread of disease.

There are many economic costs associated with stopping immunizations as well. There will be a rise in the number of diseases we see that we once thought were eliminated or close to eliminated. More children will become sick due to these diseases missing school and causing parents to miss work. These children will need treatment and some of them may die due to their illness. Up to 20% of people with measles are hospitalized with every 3 out of 1000 cases being fatal in the US. The World Health Organization predicts that if immunizations are stopped approximately 2.7 million deaths from measles would occur yearly. Haemophilus Influenzae type b (Hib) once killed ~600 children per year but now with the immunization the disease is rarely seen. About 5,000 people will die each year from hepatitis related liver disease costing over \$700 million in medical and work expenses. Approximately 20% of reported cases of tetanus end in death. Prior to the Varicella vaccine, the majority of people in the US suffered the chickenpox causing an estimated 4 million cases per year, 11,000 hospitalizations and 100-150 deaths.

There are many people that rely on these programs for their children's immunizations and if we take that away, we are increasing their risk of these diseases. Many of these people that use these programs can not other afford immunizations and might be living in less than ideal living conditions. Why should we put them at more risk by taking away their immunity as well? I hope you reconsider and grant the funding to these much needed programs.

Thank You



Joscelyn VanDuren, BSN RN, FNP student

# STATE OF ALASKA

## DEPT. OF HEALTH & SOCIAL SERVICES

### *Alaska Commission on Aging*

SEAN PARNELL, GOVERNOR

P.O. BOX 110693  
JUNEAU, ALASKA 99811-0693  
PHONE: (907) 465-3250  
FAX: (907) 465-1398

February 23, 2012

The Honorable Lyman Hoffman, Chair  
The Honorable Bert Stedman, Chair  
Senate Finance Committee  
Alaska State Capitol, Rooms 518 & 516  
Juneau, AK 99801-1182

**Subject: Support for SB 144, Temporary Reinstatement of the Child and Adult Immunization Program**

Dear Chair Hoffman and Chair Stedman:

The Alaska Commission on Aging (ACoA) supports passage of SB 144, a bill to re-establish and fund the child and adult immunization program as it existed in 2009 targeting children and adults who are uninsured and underinsured. This legislation is authored by Senators Gissel and Olson and co-sponsored by Senators Davis, Dyson, and Thomas.

Preventive services, such as immunizations, are important tools for maintaining the health of all Alaskans at every stage of life. Immune systems weaken with age, which place older people at greater risk for severe illness from influenza and pneumonia. The U.S. Preventive Services Task Force (2011) recommends influenza and pneumococcal vaccinations for persons age 65 and older. The Alaska Behavior Risk Factor Surveillance System (BRFSS 2011) reports underutilization of these vaccines by seniors with more than 36 percent reporting not receiving a flu shot within the past year and 33.5 percent having never received a pneumonia vaccination. Older adults who receive immunizations from providers who do not accept Medicare reimbursement and seniors who have not contributed to Medicare would not be eligible for free immunizations, which may explain some of the underutilization by the senior population of these vaccines. In addition, seniors ages 60 to 64 who are not eligible for Medicare and are low-income, uninsured or unemployed may find the cost of obtaining flu and pneumonia vaccines prohibitive. For these reasons, SB 144 will help increase senior access to immunizations.


A growing number of Alaska seniors are grandparents raising their grandchildren on a fixed income with limited insurance coverage. They desire healthy grandchildren who have access to the recommended immunizations recognized by public health standards. Medicare does not cover the cost of childhood immunizations. Rather than seeing their grandchildren go without immunizations, which are required for admission to public schools, many grandparents will make personal and financial sacrifices to insure their grandchildren receive the recommended immunizations.

Although not on the list of select immunizations, the ACoA recommends consideration of the shingles vaccine as a qualified immunization targeting low-income uninsured/underinsured older adults. Shingles most often strikes older people, particularly those with weakened immune systems. Shingles, caused by the varicella zoster (or the "chicken pox" virus on first infection), is a debilitating and painful rash that can be accompanied by irritation and nerve inflammation. The Centers for Disease Control and Prevention recommends the vaccine for all people over the age of 60. The shingles vaccine has been shown effective in reducing the number of outbreaks by 55 percent in a recent study of 300,000 elderly patients however it is used by only 11 percent of the older adult population. While Medicare and most insurance plans cover the cost of the vaccination, some seniors may need to pay deductibles, co-pay expenses, or the full cost of the vaccine if their provider does not accept Medicare

reimbursement. These additional costs are believed to be contributing to the underutilization of the shingles vaccine by seniors.

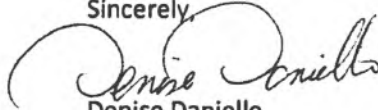
The ACoA supports SB 144 as a temporary measure to ensure that select vaccines are made available to underinsured and uninsured Alaskans of all ages. We appreciate your consideration and support of this legislation. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email ([denise.daniello@alaska.gov](mailto:denise.daniello@alaska.gov)) should you have questions or require additional information.

Sincerely,



Sharon Howerton-Clark  
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello  
ACoA Executive Director

Cc: Senator Joe Thomas  
Senator Donald Olson  
Senator Lesil McGuire

Senator Cathy Giessel  
Senator Bettye Davis  
Senator Fred Dyson

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER  
FINANCE AND MANAGEMENT SERVICES

SEAN PARNELL, GOVERNOR

P O Box 110601  
Juneau, AK 99811-0601  
Phone: (907) 465-1630  
Fax: (907) 465-2499

February 16, 2012

The Honorable Senator Bert Stedman  
Alaska State Legislature  
State Capitol, Room 516  
Juneau, AK 99801-1182

Dear Senator Steadman:

On February 15, 2012, the Department of Health and Social Services received the following question from you, shown in bold italicized font, regarding Senate Bill 144. The Department's response follows the question below.

***What would it cost to add HPV and Meningococcal Meningitis vaccines?***

The human papilloma virus (HPV) vaccine is recommended for girls and boys 11 and 12 years old. The estimated cost to add HPV vaccine to the list of state-supplied pediatric vaccines for an estimated 11,000 12 year olds, assuming an 80% immunization rate is \$566,000 for FY2013. It could be many times that amount to "catch-up" any older adolescents who have not already been vaccinated.

The estimated costs to add rotavirus and meningococcal vaccines for children and zoster (shingles) vaccines for adults in FY2013 are:

- Rotavirus vaccine: \$409,000 for infants, assuming an 80% immunization rate.
- Meningococcal vaccine: \$207,000 for adolescents, assuming an 80% immunization rate.
- Zoster (shingles) vaccine: \$980,000 for adults aged 50 years and older, assuming a 4% immunization rate.

If you have additional questions regarding this issue, please contact me at 465-1630.

Sincerely,



Nancy Rolfzen  
Assistant Commissioner

GLACIER PEDIATRICS, LLC

Amy Dressel, M.D.

Mary Ellen Arvold, P.N.P.

Monica Gross, M.D.

George Brown, M.D.

1600 GLACIER AVENUE  
JUNEAU, AK 99801

Phone  
(907) 586-1542  
Fax 586-1849

February 13, 2012

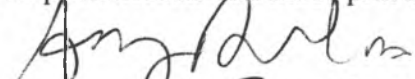
Dear Senate Finance Committee,


Please support SB 144. It is critical that children and families in our great state receive and have access to vaccinations, not only to ensure the overall health of our youngest members but also to lessen the possibility of dangerous infections ravishing our state. As a state that is working on improving our vaccine rates (we have been in the lowest 10 percent for past several years) it can only happen if we continue to have vaccines available for all of our citizens. As pediatric health care providers we know that if the Alaska vaccine program decreases or ends its subsidy, the people who will suffer are the working underinsured.

We urge you to support Senate Bill 144.

Sincerely,

The pediatricians and nurse practitioners at Glacier Pediatrics

  
Monica Gross M.D.





Dr. George Brown, Dr. Amy Dressel, Dr. Monica Gross, Dr. Kathy Stepien,  
MaryEllen Arvold PNP

# ALASKA STATE LEGISLATURE

## SENATE FINANCE COMMITTEE

Senator Bert Stedman, Co-Chair  
State Capitol, Room 516  
Juneau, AK 99801-1182  
(907) 465- 3873 - Phone  
(907) 465-3922 - Fax  
Senator\_Bert\_Stedman@legis.state.ak.us



Official Business

Senator Lyman Hoffman, Co-Chair  
State Capitol, Room 518  
Juneau, AK 99801-1182  
Phone - (907) 465- 4453  
Fax - (907) 465- 4523  
Senator\_Lyman\_Hoffman@legis.state.ak.us

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## AGENDA

Wednesday, February 15, 2012

Senate Finance Room 532 – 9:00 AM

HB 104 - Alaska Performance Scholarships  
SB 130 – Alaska Native Language Council  
SB 144 – State Immunization Program



AARP Alaska  
3601 C Street  
Suite 1420  
Anchorage, AK 99503

T 1-866-227-7447  
F 907-341-2270  
TTY 1-877-434-7598  
www.aarp.org/ak

February 14, 2012

The Honorable Lyman Hoffman, Co-Chair  
Senate Finance Committee  
Alaska Capitol, Room 518  
Juneau, AK 99801-1182

The Honorable Bert Stedman, Co-Chair  
Senate Finance Committee  
Alaska Capitol, Room 516  
Juneau, AK 99801-1182

Dear Co-Chairs Hoffman and Stedman:

RE: SB 144(Glessel and Olson)—Support

Dear Co-Chairs Hoffman and Stedman:

On behalf of the AARP members in Alaska, we encourage you and your colleagues on the Senate Finance Committee to support SB 144, authored by Senator Cathy Glessel and your Committee colleague Senator Donald Olson and co-sponsored by Senators Davis, Dyson, and your Committee colleague Thomas.

In the past, Alaska and Alaskans of all ages have benefited from a comprehensive vaccination program primarily funded by the federal government. SB 144 would provide state funding to make up the shortfall on a temporary basis.

From the standpoint of older citizens, AARP recognizes that providing free vaccines for influenza, pneumonia, and TDaP to adults is a good effective public health measure.

From the standpoint of grandparents, AARP members recognize that restoring the thirteen previously covered vaccines for children is an excellent decision for our state leadership to make.

According to the Vaccine Research Group at the Mayo Clinic, 50,000 to 70,000 Americans die each year from diseases that could be prevented by vaccines.

Vaccine-preventable diseases have many costs, both economical and social. Parents who need to stay home to take care of sick children lose time from work. Preventable diseases also result in more physician visits, hospitalizations and even death. Vaccinations work. Think of the savings for Medicaid and PERS and TRS if we can restore the vaccination program and prevent costly illnesses.

Vaccines are like seat belts. We wear them to prevent injury or death if someone decides to run a red light. We still need to have vaccines available to prevent injury or death from bacteria and viruses that exist and can still be passed on to us.

AARP requests an "AYE" vote on SB 144.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator  
AARP Capital City Task Force  
415 Willoughby Avenue, Apt. 506  
Juneau, AK 99801  
586-3637 (voice)  
463-3580 (fax)

CC: Senator Johnny Ells  
Senator Dennis Egan  
Senator Donald Olson  
Senator Lesil McGuire  
Senator Joe Thomas  
Senator Cathy Glessel



February 14, 2012

**Senator Lyman Hoffman and Bert Stedman  
Chairmen, Senate Finance Committee**

Dear Senators,

I am writing to express Merck's strong support for Senate Bill 144, which would re-establish funding for a state immunization program. This is important legislation for the prevention of communicable disease that will also help reduce the state's overall health care expenditures.

We are concerned, however, with section 2.f.1. We believe this language unnecessarily interferes with the department of health and social services' ability to determine policy by specifically prohibiting by law any future attempt to address the spread of certain diseases and the associated costs to the state.

Therefore, we recommend the following language change to section 2.f.1:

**(f) The recommended vaccines included in the program**

**(1) for a child under 19 years of age are all vaccines approved by the commissioner and recommended by the federal advisory committee on immunization practices.**

We are not recommending that funding for the prevention of any specific disease be included in Senate Bill 144. Rather, the department should have the flexibility to consider such funding in the future.

Thank you in advance for your consideration. I can of course be reached for additional information or questions regarding our recommendation on my direct line at (267) 421.3555.

With kindest regards,

James Matteucci  
Senior Manager, State Government Affairs and Policy  
Merck Sharp & Dohme

cc: Senators Cathy Geissel, Donald Olson, Bettye Davis, Fred Dyson, Joe Thomas

## Proposed Participants – SB 144 Testimony

### **ANCHORAGE (call-in testimony):**

**Dr. Rosalyn Singleton – Pediatrician**

ANTHC Immunization Program

729-3418

[Ris2@cdc.gov](mailto:Ris2@cdc.gov)

**Online until 10am**

**Mary C. Sullivan, MSW**

State Affairs Coordinator

Alaska Primary Care Association (APCA)

903 West Northern Lights Blvd Ste. 200

Anchorage AK 99503

907.727.8773 mobile

907.929.2734 fax

[mary@alaskapca.org](mailto:mary@alaskapca.org)

### **JUNEAU (in-person testimony):**

**Ward B. Hurlburt, M.D., MPH**

Chief Medical Officer

Director, Alaska Division of Public Health

State of Alaska Department of Health and Social Services

3601 C Street, Suite 756

Anchorage, AK 99503

907 269 6680

[ward.hurlburt@alaska.gov](mailto:ward.hurlburt@alaska.gov)

February 5, 2012

Dear Senator Giessel:

I am writing to applaud your introduction of SB 144.

Annually, we hear tragic stories about death and disability caused by under-immunized adults and children. This winter, there is an outbreak of pertussis in Chicago.

The decrease in federal funding for immunizations increases the probability that we will have outbreaks of diseases that I have not had to deal with in my long nursing career. The impact on children, adults and the elderly, in urban and rural Alaska could be catastrophic.

I support this bill, and thank you for moving it forward- for the health of all Alaskans.

Sincerely,

Dr Deborah Kiley DNP, FNP, FAANP

Anchorage, Alaska

February 8, 2012

Dear Senator Giessel,

I am writing to ask that funding for the State of Alaska vaccination program be fully funded. I am a Family Nurse Practitioner working full time in a Community Health Center in Skagway. We as providers work very hard to insure that vaccinations are available and apply due diligence to safety issues and education. This clinic charges for vaccination administration fee, as sliding fee scale is available for low income families, but of course, do not have to charge for pediatric immunization. We are even happier when the Public Health Nurse position is filled and patients can receive preventive care and vaccinations without charge. If immunizations are not available, the concern is that the appalling trend toward non-vaccination will not only continue but increase, resulting in loss of community immunity to commonly carried diseases, and increased morbidity and mortality in children and adults. This is especially true as we attempt to educate parents to the new HPV vaccination which prevents cancer in young women and men as well as the other vaccinations we give.

Of the funding this state provides, this is one of the most important in my opinion.  
Please share this email with anyone you feel would be interested.

Thank You,

Lynne V. Cameron, Family Nurse Practitioner  
Dahl Memorial Clinic  
Skagway, AK 99840

February 13, 2012

Dear Senate Finance Committee,

Please support SB 144. It is critical that children and families in our great state receive and have access to vaccinations, not only to ensure the overall health of our youngest members but also to lessen the possibility of dangerous infections ravishing our state. As a state that is working on improving our vaccine rates (we have been in the lowest 10 percent for past several years) it can only happen if we continue to have vaccines available for all of our citizens. As pediatric health care providers we know that if the Alaska vaccine program decreases or ends its subsidy, the people who will suffer are the working underinsured.

We urge you to support Senate Bill 144.

Sincerely,

The pediatricians and nurse practitioners at Glacier Pediatrics

Dr. George Brown, Dr. Amy Dressel, Dr. Monica Gross, Dr. Kathy Stepien,  
MaryEllen Arvold



February 6, 2012

Jack C. McRae  
Senior Vice President

Senator Cathy Giessel  
Alaska State Legislature  
State Capitol Room 7  
Juneau, AK 99801

Re: SB 144, Temporary Child and Adult Immunization Program

Dear Senator Giessel,

I am writing in support of Senate Bill 144, which seeks to *temporarily reinstate* the child and adult immunization program in the Department of Health and Social Services.

As one of the largest healthcare insurers in Alaska, Premera Blue Cross Blue Shield of Alaska provides comprehensive, tailored services to our members, including innovative programs focused on wellness and prevention. We agree with you that prevention is important in ensuring a healthier future for Alaskans. Our plans echo that sentiment: Premera currently covers all CDC recommended vaccinations for members under age 19 and certain vaccines for adults. This is provided without cost sharing.

We believe SB 144 and its temporary establishment of a state-funded immunization program is a good approach to the process of determining a permanent solution to the gap in federal funding for vaccinations that Alaska is experiencing. Other states have also realized a decrease in federal Vaccines for Children (VFC) and Section 317 funding and have created innovative, durable solutions to this funding gap to sustain full vaccination program financing. We look forward to working with you, the Department of Health and Social Services, in conjunction with the Alaska Health Care Commission, on developing a sustainable solution for the State that takes into account Alaska's needs and financial constraints.

In the meantime, we believe that the approach outlined in SB 144, to put in place a temporary, state-funded solution to vaccination access for children and adults in Alaska, is financially sensible and offers the state ample time to develop a carefully planned, fairly funded and permanent program.

Thank you for your time and consideration and please give me a call any time if you would like to discuss or need additional information.

Sincerely,

Jack C. McRae

February 8, 2012

Dear Senator Giessel,

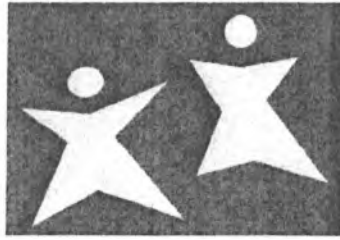
I am writing in support of SB 144. As a Family Nurse Practitioner, I spend a great deal of time education patients and parents about health promotion/disease prevention. Vaccinations are one of the main strategies to prevent many of the diseases that caused many deaths and disabilities in the past. During these difficult economic times, preventative health measures that are out of pocket, are often viewed as non-esstential and therefore postponed or not obtained at all.

For the general health of the people in the state adequate vaccination rates are important in protecting the entire community; this is known as "heard immunity". When the percentage of the population immunized declines, we are at increased risk.

Thank you for your support in this bill.

Sincerely,

Tracy Baum, ANP



February 13, 2012

Dear Senator Hoffman and Senator Stedman and Senate Finance Committee members,

As you might be aware, for every \$1 invested in prevention we save at least \$10 in healthcare costs. I'm writing today to express my support for SB144. Immunization for our children and families is critical to help maintain a healthy state and protect our assets for the future.

The All Alaska Pediatric Partnership is a public private partnership committed to all children in Alaska since 1995, creating safe spaces to grow working relationships to move positive decisions forward for the health of Alaskan kids! A unique network of children's health service providers, we bring institutional perspectives to exchange ideas and develop collaborative approaches that will enhance rather than diminish Alaska's pediatric resources. We're a catalyst and quiet think tank moving systems of care through concentrated efforts on chosen initiatives.

We look forward to partnering with you to help Alaska's families!

Sincerely,

*Stephanie Monahan*

Stephanie Monahan  
Executive Director

All Alaska Pediatric Partnership  
PO Box 230567  
Anchorage, AK 99523-0567

**Katy Sheridan MD**  
**245 N Binkley St Ste 203**  
**Soldotna AK 99669**  
**Phone (907) 260-3121**  
**Fax (907) 260-4022**

Feb. 12, 2012

Greetings Senators Hoffman, Stedman, Olson, Egan, Thomas, Ellis, and McGuire,

I would like to express my support of SB 144.

I have been administrating state provided immunizations in my office since returning to Soldotna in 1996. The administrative burden has become more cumbersome yearly, however we have continued to meet the requirements because it is best for our patients. Limiting the coverage of recommended childhood and adult vaccines as occurred on Jan. 1, 2012, has resulted in more children and adults walking out of my office without their recommended vaccines then ever before. This is especially frustrating for my nurse and I since we have the vaccines (state provided) they need in our office, some with expiration dates which could result in being thrown away unused. Furthermore, our administrative burden tripled, as we must figure out who qualifies for state vaccines vs. billing insurance, purchasing separate vaccine, etc. As a small business owner, in private solo practice this is stretching resources to a non-sustainable point.

I support the bill as a temporary fix and would challenge our state public health system to look at a permanent long-term solution.

Sincerely,

Katy Sheridan, MD

February 7, 2012

Dear Senator Giessel,

I am writing in support of Senate Bill 144, to restore funding for vaccinations in Alaska. I am a Family Nurse Practitioner working in an emergency room and see first-hand the results of preventable illness. Immunizations are one of the most cost-effective public health achievements in the past century.

While the costs of immunizations have increased substantially in recent years, the burden of paying to control an outbreak of a preventable disease is far greater. Immunizations for young children, such as influenza, Rotavirus and pneumococcal, may not be required for school attendance but they greatly reduce hospitalization rates and costs for treating those who would become ill. There is a synergistic effect with immunizations, if you vaccinate a mother against Pertussis, you are also protecting her newborn baby who is too young to be immunized. We need to work together to provide immunizations to all Alaskans in as cost effective a manner as possible.

Sincerely,

*Eva Stassen, DNP, DCC, FNP-C*

January 29, 2012

Senator Cathy Giessel  
State Capitol Room 7  
Juneau, AK 99801

Dear Senator Giessel:

This letter is written in support of SB 144. This past fall I worked as a Nurse Practitioner at Covenant House Alaska to fill in for their NP who was on sick leave. I was saddened to find out that I could no longer give state-provided Tdap to the Covenant House 19 and 20 year olds.

Many of the young adults that come to Covenant House become young parents, or have friends who are young parents. We have had youth come to stay with us who have been exposed to confirmed cases of whooping cough. It is important that we protect these young adults, and the young children they come in contact with, from contracting and spreading this disease.

I feel that providing vaccines is one of the best investments the State of Alaska can make in protecting the health of Alaskans of all age groups.

Sincerely,

Patricia Senner RN, ANP

Rosalyn Singleton MD  
ANTHC Immunization Program  
Address: AIP-CDC, 4055 Tudor Centre Dr  
Anchorage, AK 99508  
907-729-3418

January 24, 2012

RE: Letter of Support, Senate Bill 144

As a long-time Alaska pediatrician I am writing in support of Senate Bill 144 to temporarily reinstate the child and adult immunization program.

For over 30 years, the Alaska Department of Health and Social Services Immunization Program had a “universal” vaccine program – distributing all recommended childhood and adult vaccines to public and private providers in Alaska. These vaccines were supported almost entirely with 2 sources of federal funding. Vaccines for Children (VFC) Program (an entitlement program) pays for children who meet federal criteria; and Section 317 of the U.S. Public Health Service Act covered the cost for children not VFC-eligible and adult vaccines. In 2008, the federal government notified the State that the State had been “overfunded” with 317 funding compared with other states and that Centers for Disease Control would be decreasing the Section 317 funding to the State during 2010 to 2013 from \$4.3 million to \$0.7 million. Therefore, Alaska is losing \$3.5 million dollars in federal funding for critical vaccines between 2010 and 2013.

This staged funding decrease started in 2011 –

- In 2011 the State stopped providing any adult vaccine.
- In 2012, the State Immunization Program will no longer provide the following childhood vaccines to non-VFC eligible children: *influenza, pneumococcal conjugate, rotavirus, and varicella*.
- In 2013, the State Immunization Program will no longer provide any vaccines except for VFC eligible children.

Why should we be concerned?

1. When faced with the complexities of maintaining two separate vaccine supplies for VFC and non-VFC eligible children, as well as fronting the cost for expensive vaccines, many small medical practices will stop providing vaccines to their patients.
2. This decrease in provision of vaccines will result in a critical decrease in immunization coverage (proportion of vaccinated children) in children, leading to increased risk of outbreaks from diseases like measles, mumps, pertussis, chicken pox and hepatitis A. Alaska cannot afford further downward trend in coverage – in 2009 our 2 year old vaccination rate was 49<sup>th</sup> in the nation.
3. The State could be left without an adequate vaccine supply and infrastructure to allow for timely response to outbreaks of measles, mumps, hepatitis A, pertussis, if such outbreaks were to occur in Alaska.

Senate Bill 144 is a stop-gap measure to fill the gap left by the reduction in federal funding and reinstate the Alaska Immunization Program’s ability to provide vaccine for under-insured and uninsured Alaskans currently not covered by other programs. I urge Alaskans to support this bill.

Sincerely,

Rosalyn Singleton, MD MPH

January 30, 2012

Representative Reggie Joule  
House Committee Members  
Senate Committee Members  
State Capitol Building #410  
Juneau, Alaska 99801

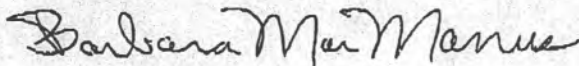
Dear Representative Joule and Members of the House and Senate Committees:

I am writing in support of SB 144. As a village Based Counselor with an office in our village clinic, I can see first-hand the impact that vaccination can have. There are immunizations available for many potentially deadly diseases, and it is disheartening to see that some Alaskans will not have access to the vaccines they need to stay healthy because the Alaska Immunization Program is no longer adequately funded.

While only temporary, this bill helps ensure that Alaskans of all ages will have access to the vaccinations they need to remain healthy. It also provides ample time for all parties to come together and work towards a more permanent solution.

The health of Alaskans and their families is an important issue, and SB 144 helps address a growing problem. I urge your support.

Sincerely,



Barbara MacManus  
P.O. Box 68  
Ambler, Alaska 99786  
[bj\\_macmanus@yahoo.com](mailto:bj_macmanus@yahoo.com)



1/26/12

**Marilyn Kasmar, CEO**  
**Alaska Primary Care Association**  
**903 W. Northern Lights Blvd., Suite 200**  
**Anchorage, Alaska 99503**  
**907-929-2722**  
**Marilyn@alaskapca.org**

Dear Members of the House and Senate Committees:

I am writing in support of SB 144. The Alaska Primary Care Association represents the 143 (and growing) clinics operated by our 25 Community Health Center organizations. As such, we understand the vital importance of vaccination to Alaska's public health. There are immunizations available for many potentially deadly diseases, and it is disheartening to see that some Alaskans will not have access to the vaccines they need to stay healthy because the Alaska Immunization Program is no longer adequately funded.

While only temporary, this bill helps ensure that Alaskans of all ages will have access to the vaccinations they need to remain healthy. It also provides ample time for all parties to come together and work towards a more permanent solution.

The health of Alaskans and their families is an important issue, and SB 144 helps address a growing problem. I urge your support.

Sincerely,

Marilyn Kasmar, CEO  
Alaska Primary Care Association



**MARY ANN JACOB, M.D.**

2841 DeBarr Rd.  
Suite 45  
Anchorage, AK 99508

T (907) 274-0274  
F (907) 274-7809  
jacobmd@mac.com

December 1, 2011

Dear Ms. Erickson,

As a pediatrician in a small, solo practice, I am writing to voice my support for the Alaska Health Care Commission's recommendation that the Alaska legislature fully fund the immunization and vaccine program.

Changes in funding will lead to small practices like my own being unable to provide vaccine for our patients. I have estimated the costs for the first year to be equivalent to hiring another full-time employee. But, even more importantly, ethically, I feel medical practices should try to provide vaccines to their pediatric patients. This is part of the "medical home" model which we are being encouraged to follow, which is associated with better outcomes for children. If patients have to go to another clinic for their vaccines, some of them will forget or "be too busy". The end result will be a less immune set of children, more susceptible to infectious diseases that should be things of the past. The recent pertussis outbreak in California (10,000 case, 10 deaths) stands as a warning for what Alaska could be facing. The treatment of these diseases is much more expensive than their prevention by vaccination. At a time when Alaska is ranked 49th in vaccination rates among the United States, we really cannot afford this short-sighted approach.

Sincerely yours,

Mary Ann Jacob, M.D., F.A.A.P.



January 25, 2012

The Honorable Cathy Giessel  
Alaska State Senate  
State Capitol, Room 7  
Juneau, AK 99801

The Honorable Donny Olson  
Alaska State Senate  
State Capitol, Room 508  
Juneau, AK 99801

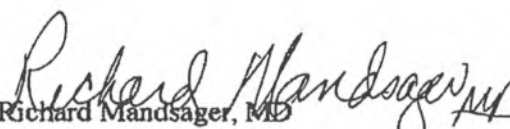
Dear Senators Giessel and Olson:

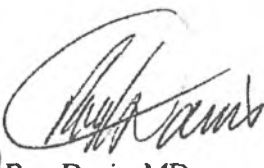
As physician leaders of Providence Health and Services, Alaska's largest health system, we write today to thank you for introducing SB 144, and offer our strong support for this legislation.

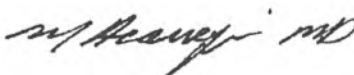
We recognize the individual and public health consequences of unchecked infectious disease and believe that SB 144, with the goal of temporarily reinstating funding through the Department of Health and Social Services for adult and child immunizations, is a positive step. Providence believes it is our heritage and responsibility to advocate specifically for our state's most vulnerable population; our children.

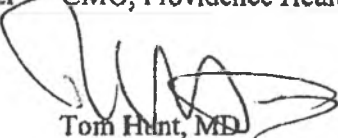
Thank you again for introducing this legislation and thank you too for your work on behalf our public's health.

Sincerely,

  
Richard Mandsager, MD  
CEO, Providence Alaska Medical Center

  
Roy Davis, MD  
CMO, Providence Health & Services Alaska

  
Michael Acarregui, MD, MBA  
Medical Director, Pediatric Subspecialty  
Services, Providence Alaska Medical  
Services

  
Tom Hunt, MD  
Physician Chief Executive,  
Providence Medical Group Alaska

cc: Senator Bettye Davis  
Commissioner Bill Streur



Mt. Edgecumbe Hospital  
222 Tongass Drive, Sitka, AK 99835  
907.966.2411 - www.searhc.org

January 24, 2012

Dear Committee members of the House and Senate:

As physicians who care for children and their families, we are encouraged to see SB144 introduced. This bill would reinstate the funding for underinsured children who don't have access to VFC vaccine, and for underinsured and uninsured adults. With the current gaps in payment for vaccine coverage, we risk seeing a significant drop in vaccination rates and risk consequent outbreaks of preventable illnesses in our Southeast Alaska communities. One of the most effective public health advances of the twentieth century was the development of vaccines. The vaccine coverage that has recently been cut is not for rare and obscure illnesses. The vaccines that will not be completely funded without SB 144 prevent such devastating illnesses as pneumonia, meningitis (a deadly brain infection), cervical cancer in women, and life-threatening diarrhea-causing infections in infants. By having a robust statewide vaccination program, and fully funding it, Alaskans can be proud to provide the very best of basic preventive health care to all. By leaving funding gaps and having incomplete coverage, our legislature sends the message to our communities and citizens that such basic public health care is not a priority of our state. We recognize the current economic climate requires frugality, but cutting evidence-based preventive health services will not result in long-term savings or wellness for our state. As health care providers and concerned citizens, we strongly urge you to support Senate Bill 144.

*John Baciocco, MD*

*A Blake MD*

*Elliot Bruhl MD*

*Valerie Edwards MD*

*H. Martin Grasmeyer MD*

*Connie Kreiss M.D.*

*Donna Smith, MD*

*David Vastola, MD*

Sincerely,

SEARHC Medical Staff members:

Dr. John Baciocco MD  
Dr. Suzanne Blake MD  
Dr. Elliot Bruhl MD  
Dr. Thomas Conley MD  
Dr. Valerie Edwards MD  
Dr. H. Martin Grasmeyer MD  
Dr. Connie Kreiss MD  
Dr. Donna Smith MD  
Dr. David Vastola MD

Cc: Senator Bert Stedman & Representative Peggy Wilson

January 26, 2012

Hello Senator Giessel;

I have been a nurse in Dillingham for almost 30 years. For the past 10 years I have worked as an Immunization Program Manager within a tribal health corporation. In the two decades of nursing prior to this, I have witnessed Elimination of diseases like HIB and Hepatitis B and Hepatitis A. I can not tell you how immense the feeling is to now be vaccinating a second generation of infants whose young parents were protected from diseases that their parents (the grandparents) were not.

The confusion of multiple pay systems for vaccines, multiple classifications for Who can receive state vaccine, and the elimination of providing adult vaccine to those who do not have equitable or other resources (one of several examples would be any non native person living in rural Alaska), will continue to keep Alaska at the bottom of an immunization rate race that it is on the verge of toppling.

The new state Immunization Registry, VacTrAK has barely come on line. Once it is fully functioning and accepting records from EVERY corner of the state, our rates will naturally climb. The capture of data is elemental for accurate representation of the vaccination rate of Alaska's population.

I applaud your SB 144 to restore funding for vaccines and vaccine delivery. It will be vital to those who see Public Health Centers around the state as a source for flu vaccine every fall. As I start a new career in public health, a cut in funding to support immunization delivery is counter to one of public health's main tenets; to promote the health of All Alaskans. Believe me, I know the benefit of immunization. I have lived it.

Thank you!

Gina Carpenter, RN  
Dillingham Alaska

January 24, 2012

Dear Senator Giessel,

This email is to support Senate Bill 144. As a family physician (and also medical director and clinic administrator at the Ethel Lund Medical Center, SEARHC, Juneau) I emphasize the important role in prevention that vaccines provide. The vaccines are critical to the public health of adults and children here in Alaska.

Sincerely,

Janice Sheufelt, MD

--

Janice Sheufelt, MD

Clinic Administrator/Medical Director

SEARHC Ethel Lund Medical Center

[www.searhc.org](http://www.searhc.org)

(907) 463-4057

(907) 364-4490 (fax)

**FIGURE 1: Recommended Immunization schedule for persons aged 0 through 6 years—United States, 2012** (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B <sup>1</sup>		Hep B	HepB		HepB		HepB							Range of recommended ages for all children
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>								
Diphtheria, tetanus, pertussis <sup>3</sup>				DTaP	DTaP	DTaP	see footnote <sup>4</sup>		DTaP				DTaP	
<i>Haemophilus influenzae</i> type b <sup>4</sup>				Hib	Hib	Hib <sup>4</sup>		Hib						Range of recommended ages for certain high-risk groups
Pneumococcal <sup>5</sup>				PCV	PCV	PCV		PCV				PPSV		
Inactivated poliovirus <sup>6</sup>				IPV	IPV	IPV		IPV					IPV	
Influenza <sup>7</sup>				Influenza (Yearly)										
Measles, mumps, rubella <sup>8</sup>								MMR		see footnote <sup>4</sup>			MMR	Range of recommended ages for all children and certain high-risk groups
Varicella <sup>9</sup>								Varicella		see footnote <sup>4</sup>			Varicella	
Hepatitis A <sup>10</sup>								Dose 1 <sup>10</sup>				HepA Series		
Meningococcal <sup>11</sup>								MCV4 — see footnote <sup>11</sup>						

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

- Hepatitis B (HepB) vaccine.** (Minimum age: birth)  
**At birth:**
  - Administer monovalent HepB vaccine to all newborns before hospital discharge.
  - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after receiving the last dose of the series.
  - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine for infants weighing  $\geq 2,000$  grams, and HepB vaccine plus HBIG for infants weighing  $< 2,000$  grams. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing  $\geq 2,000$  grams (no later than age 1 week).**Doses after the birth dose:**
  - The second dose should be administered at age 1 to 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
  - Administration of a total of 4 doses of HepB vaccine is permissible when a combination vaccine containing HepB is administered after the birth dose.
  - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine starting as soon as feasible (Figure 3).
  - The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.
- Rotavirus (RV) vaccines.** (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [Rota Teq])
  - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 0 days for the final dose in the series. Vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
  - If RV-1 (Rotarix) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** (Minimum age: 6 weeks)
  - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Haemophilus influenzae* type b (Hib) conjugate vaccine.** (Minimum age: 6 weeks)
  - If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
  - Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years.
- Pneumococcal vaccines.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
  - Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
  - For children who have received an age-appropriate series of 7-valent PCV (PCV7), a single supplemental dose of 13-valent PCV (PCV13) is recommended for:
    - All children aged 14 through 59 months
    - Children aged 60 through 71 months with underlying medical conditions.
  - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
  - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
  - The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
- Influenza vaccines.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
  - For most healthy children aged 2 years and older, either LAIV or TIV may be used. However, LAIV should not be administered to some children, including 1) children with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) children who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2010;59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
  - For children aged 6 months through 8 years:
    - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
    - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
- Measles, mumps, and rubella (MMR) vaccine.** (Minimum age: 12 months)
  - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
  - Administer MMR vaccine to infants aged 6 through 11 months who are traveling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6 years.
- Varicella (VAR) vaccine.** (Minimum age: 12 months)
  - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
  - For children aged 12 months through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Hepatitis A (HepA) vaccine.** (Minimum age: 12 months)
  - Administer the second (final) dose 6 to 18 months after the first.
  - Unvaccinated children 24 months and older at high risk should be vaccinated. See *MMWR* 2006;55(No. RR-7), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5507.pdf>.
  - A 2-dose HepA vaccine series is recommended for anyone aged 24 months and older, previously unvaccinated, for whom immunity against hepatitis A virus infection is desired.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).** (Minimum age: 9 months for Menactra [MCV4-D]; 2 years for Menveo [MCV4-CRM])
  - For children aged 9 through 23 months 1) with persistent complement component deficiency; 2) who are residents of or travelers to countries with hyperendemic or epidemic disease; or 3) who are present during outbreaks caused by a vaccine serogroup, administer 2 primary doses of MCV4-D, ideally at ages 9 months and 12 months or at least 8 weeks apart.
  - For children aged 24 months and older with 1) persistent complement component deficiency who have not been previously vaccinated; or 2) anatomic/functional asplenia, administer 2 primary doses of either MCV4 at least 8 weeks apart.
  - For children with anatomic/functional asplenia, if MCV4-D (Menactra) is used, administer at a minimum age of 2 years and at least 4 weeks after completion of all PCV doses.
  - See *MMWR* 2011;60:72–6, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf>, and Vaccines for Children Program resolution No. 6/11-1, available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>, and *MMWR* 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>, for further guidance, including revaccination guidelines.

## Recommended Adult Immunization Schedule—United States - 2012

**Note:** These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

**Figure 1. Recommended adult immunization schedule, by vaccine and age group<sup>1</sup>**

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years	
Influenza <sup>2</sup>		1 dose annually						
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs						Td/Tdap <sup>3</sup>
Varicella <sup>4,*</sup>		2 Doses						
Human papillomavirus (HPV) Female <sup>5,*</sup>		3 doses						
Human papillomavirus (HPV) Male <sup>5,*</sup>		3 doses						
Zoster <sup>6</sup>						1 dose		
Measles, mumps, rubella (MMR) <sup>7,*</sup>		1 or 2 doses			1 dose			
Pneumococcal (polysaccharide) <sup>8,9</sup>		1 or 2 doses						1 dose
Meningococcal <sup>10,*</sup>		1 or more doses						
Hepatitis A <sup>11,*</sup>		2 doses						
Hepatitis B <sup>12,*</sup>		3 doses						

\*Covered by the Vaccine Injury Compensation Program



For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)



Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact



No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

**FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012** (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, diphtheria, pertussis <sup>1</sup>		1 dose (if indicated)	1 dose	1 dose (if indicated)	Range of recommended ages for all children
Human papillomavirus <sup>2</sup>		see footnote <sup>2</sup>	3 doses	Complete 3-dose series	
Meningococcal <sup>3</sup>		See footnote <sup>3</sup>	Dose 1	Booster at 16 years old	
Influenza <sup>4</sup>		Influenza (yearly)			
Pneumococcal <sup>5</sup>		See footnote <sup>5</sup>			Range of recommended ages for catch-up immunization
Hepatitis A <sup>6</sup>		Complete 2-dose series			
Hepatitis B <sup>7</sup>		Complete 3-dose series			
Inactivated poliovirus <sup>8</sup>		Complete 3-dose series			Range of recommended ages for certain high-risk groups
Measles, mumps, rubella <sup>9</sup>		Complete 2-dose series			
Varicella <sup>10</sup>		Complete 2-dose series			

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine.** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
  - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
  - Tdap vaccine should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
  - Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]).** (Minimum age: 9 years)
  - Either HPV4 or HPV2 is recommended in a 3-dose series for females aged 11 or 12 years. HPV4 is recommended in a 3-dose series for males aged 11 or 12 years.
  - The vaccine series can be started beginning at age 9 years.
  - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
  - See *MMWR* 2010;59:626–32, available at <http://www.cdc.gov/mmwr/pdf/wk/mm5920.pdf>.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).**
  - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
  - Administer MCV4 at age 13 through 18 years if patient is not previously vaccinated.
  - If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks after the preceding dose.
  - If the first dose is administered at age 16 years or older, a booster dose is not needed.
  - Administer 2 primary doses at least 8 weeks apart to previously unvaccinated persons with persistent complement component deficiency or anatomic/functional asplenia, and 1 dose every 5 years thereafter.
  - Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, at least 8 weeks apart.
  - See *MMWR* 2011;60:72–76, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf>, and Vaccines for Children Program resolution No. 6/11-1, available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>, for further guidelines.
- Influenza vaccines (trivalent inactivated influenza vaccine [TIV] and live, attenuated influenza vaccine [LAIV]).**
  - For most healthy, nonpregnant persons, either LAIV or TIV may be used, except LAIV should not be used for some persons, including those with asthma or any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2010;59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
  - Administer 1 dose to persons aged 9 years and older.
  - For children aged 6 months through 8 years:
    - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
    - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
- Pneumococcal vaccines (pneumococcal conjugate vaccine [PCV] and pneumococcal polysaccharide vaccine [PPSV]).**
  - A single dose of PCV may be administered to children aged 6 through 18 years who have anatomic/functional asplenia, HIV infection or other immunocompromising condition, cochlear implant, or cerebral spinal fluid leak. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
  - Administer PPSV at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with anatomic/functional asplenia or an immunocompromising condition.
- Hepatitis A (HepA) vaccine.**
  - HepA vaccine is recommended for children older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A virus infection is desired. See *MMWR* 2006;55(No. RR-7), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5507.pdf>.
  - Administer 2 doses at least 6 months apart to unvaccinated persons.
- Hepatitis B (HepB) vaccine.**
  - Administer the 3-dose series to those not previously vaccinated.
  - For those with incomplete vaccination, follow the catch-up recommendations (Figure 3).
  - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
  - The final dose in the series should be administered at least 6 months after the previous dose.
  - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
  - IPV is not routinely recommended for U.S. residents aged 18 years or older.
- Measles, mumps, and rubella (MMR) vaccine.**
  - The minimum interval between the 2 doses of MMR vaccine is 4 weeks.
- Varicella (VAR) vaccine.**
  - For persons without evidence of immunity (see *MMWR* 2007;56[No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
  - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
  - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

**Figure 2. Vaccines that might be indicated for adults based on medical and other indications<sup>1</sup>**

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) <sup>4,6,7,14</sup>	HIV infection <sup>4,7,13,14</sup> CD4+ T lymphocyte count		Men who have sex with men (MSM)	Heart disease, chronic lung disease, chronic alcoholism	Asplenia <sup>13</sup> (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Diabetes, kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
				<200 cells/ $\mu$ L	>200 cells/ $\mu$ L						
Influenza <sup>2</sup>			1 dose TIV annually			1 dose TIV or LAIV annually	1 dose TIV annually			1 dose TIV or LAIV annually	
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup>	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs										
Varicella <sup>4,*</sup>		Contraindicated		2 doses							
Human papillomavirus (HPV) Female <sup>5,*</sup>		3 doses through age 26 yrs		3 doses through age 26 yrs							
Human papillomavirus (HPV) Male <sup>5,*</sup>		3 doses through age 26 yrs		3 doses through age 21 yrs							
Zoster <sup>6</sup>		Contraindicated		1 dose							
Measles, mumps, rubella (MMR) <sup>7,*</sup>		Contraindicated		1 or 2 doses							
Pneumococcal (polysaccharide) <sup>8,9</sup>	1 or 2 doses										
Meningococcal <sup>10,*</sup>	1 or more doses										
Hepatitis A <sup>11,*</sup>	2 doses										
Hepatitis B <sup>12,*</sup>	3 doses										

\*Covered by the Vaccine Injury Compensation Program

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection
  Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
  Contraindicated
  No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2012. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## Footnotes — Recommended Adult Immunization Schedule—United States - 2012

### 1. Additional information

- Advisory Committee on Immunization Practices (ACIP) vaccine recommendations and additional information are available at: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) available at <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.

### 2. Influenza vaccination

- Annual vaccination against influenza is recommended for all persons 6 months of age and older.
- Persons 6 months of age and older, including pregnant women, can receive the trivalent inactivated vaccine (TIV).
- Healthy, nonpregnant adults younger than age 50 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (FluMist), or TIV. Health-care personnel who care for severely immunocompromised persons (i.e., those who require care in a protected environment) should receive TIV rather than LAIV. Other persons should receive TIV.
- The intramuscular or intradermal administered TIV are options for adults aged 18–64 years.
- Adults aged 65 years and older can receive the standard dose TIV or the high-dose TIV (Fluzone High-Dose).

### 3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

- Administer a one-time dose of Tdap to adults younger than age 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.
- Tdap is specifically recommended for the following persons:
  - pregnant women more than 20 weeks' gestation,
  - adults, regardless of age, who are close contacts of infants younger than age 12 months (e.g., parents, grandparents, or child care providers), and
  - health-care personnel.
- Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.
- Pregnant women not vaccinated during pregnancy should receive Tdap immediately postpartum.
- Adults 65 years and older may receive Tdap.
- Adults with unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. Tdap should be substituted for a single dose of Td in the vaccination series with Tdap preferred as the first dose.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second.
- If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses.

Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management (See footnote 1).

### 4. Varicella vaccination

- All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.
- Special consideration for vaccination should be given to those who
  - have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of persons with immunocompromising conditions) or
  - are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
- Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.
- Evidence of immunity to varicella in adults includes any of the following:
  - documentation of 2 doses of varicella vaccine at least 4 weeks apart;
  - U.S.-born before 1980 (although for health-care personnel and pregnant women, birth before 1980 should not be considered evidence of immunity);
  - history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or having an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link to a typical varicella case or to a

### 7. Measles, mumps, rubella (MMR) vaccination (cont'd)

Rubella component:

- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

Health-care personnel born before 1957:

- For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

### 8. Pneumococcal polysaccharide (PPSV) vaccination

- Vaccinate all persons with the following indications:
  - age 65 years and older without a history of PPSV vaccination;
  - adults younger than 65 years with chronic lung disease (including chronic obstructive pulmonary disease, emphysema, and asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver disease (including cirrhosis); alcoholism; cochlear implants; cerebrospinal fluid leaks; immunocompromising conditions; and functional or anatomic asplenia (e.g., sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]);
  - residents of nursing homes or long-term care facilities; and
  - adults who smoke cigarettes.
- Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis.
- When cancer chemotherapy or other immunosuppressive therapy is being considered, the interval between vaccination and initiation of immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation therapy should be avoided.
- Routine use of PPSV is not recommended for American Indians/Alaska Natives or other persons younger than 65 years of age unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for American Indians/Alaska Natives who are living in areas where the risk for invasive pneumococcal disease is increased.

### 9. Revaccination with PPSV

- One-time revaccination 5 years after the first dose is recommended for persons 19 through 64 years of age with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions.
- Persons who received PPSV before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have passed since their previous dose.
- No further doses are needed for persons vaccinated with PPSV at or after age 65 years.

### 10. Meningococcal vaccination

- Administer 2 doses of meningococcal conjugate vaccine quadrivalent (MCV4) at least 2 months apart to adults with functional asplenia or persistent complement component deficiencies.
- HIV-infected persons who are vaccinated should also receive 2 doses.
- Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.
- First-year college students up through age 21 years who are living in residence halls should be vaccinated if they have not received a dose on or after their 16th birthday.
- MCV4 is preferred for adults with any of the preceding indications who are 55 years old and younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults 56 years and older.
- Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia or persistent complement component deficiencies).

### 11. Hepatitis A vaccination

- Vaccinate any person seeking protection from hepatitis A virus (HAV) infection and persons with any of the following indications:
  - men who have sex with men and persons who use injection drugs;

laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease);

- history of herpes zoster based on diagnosis or verification of herpes zoster by a health-care provider; or
- laboratory evidence of immunity or laboratory confirmation of disease.

#### 5. Human papillomavirus (HPV) vaccination

- Two vaccines are licensed for use in females, bivalent HPV vaccine (HPV2) and quadrivalent HPV vaccine (HPV4), and one HPV vaccine for use in males (HPV4).
- For females, either HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at 11 or 12 years of age, and for those 13 through 26 years of age, if not previously vaccinated.
- For males, HPV4 is recommended in a 3-dose series for routine vaccination at 11 or 12 years of age, and for those 13 through 21 years of age, if not previously vaccinated. Males 22 through 26 years of age may be vaccinated.
- HPV vaccines are not live vaccines and can be administered to persons who are immunocompromised as a result of infection (including HIV infection), disease, or medications. Vaccine is recommended for immunocompromised persons through age 26 years who did not get any or all doses when they were younger. The immune response and vaccine efficacy might be less than that in immunocompetent persons.
- Men who have sex with men (MSM) might especially benefit from vaccination to prevent condyloma and anal cancer. HPV4 is recommended for MSM through age 26 years who did not get any or all doses when they were younger.
- Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, persons who are sexually active should still be vaccinated consistent with age-based recommendations. HPV vaccine can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test.
- A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose (at least 24 weeks after the first dose).
- Although HPV vaccination is not specifically recommended for health-care personnel (HCP) based on their occupation, HCP should receive the HPV vaccine if they are in the recommended age group.

#### 6. Zoster vaccination

- A single dose of zoster vaccine is recommended for adults 60 years of age and older regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the Food and Drug Administration (FDA) for use among and can be administered to persons 50 years and older, ACIP recommends that vaccination begins at 60 years of age.
- Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.
- Although zoster vaccination is not specifically recommended for health-care personnel (HCP), HCP should receive the vaccine if they are in the recommended age group.

#### 7. Measles, mumps, rubella (MMR) vaccination

- Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease. For rubella, documentation of provider-diagnosed disease is not considered acceptable evidence of immunity.

##### Measles component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who
  - are students in postsecondary educational institutions;
  - work in a health-care facility; or
  - plan to travel internationally.
- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type from 1963 to 1967 should be revaccinated with 2 doses of MMR vaccine.

##### Mumps component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who
  - are students in postsecondary educational institutions;
  - work in a health-care facility; or
  - plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health-care facility) should be considered for revaccination with 2 doses of MMR vaccine.

- persons working with HAV-infected primates or with HAV in a research laboratory setting;
- persons with chronic liver disease and persons who receive clotting factor concentrates;
- persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A; and
- unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. (See footnote 1 for more information on travel recommendations). The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.
- Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix), or 0 and 6–18 months (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21–30 followed by a booster dose at month 12.

#### 12. Hepatitis B vaccination

- Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:
  - sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; and men who have sex with men;
  - health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids;
  - persons with diabetes younger than 60 years as soon as feasible after diagnosis; persons with diabetes who are 60 years or older at the discretion of the treating clinician based on increased need for assisted blood glucose monitoring in long-term care facilities, likelihood of acquiring hepatitis B infection, its complications or chronic sequelae, and likelihood of immune response to vaccination;
  - persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease;
  - household contacts and sex partners of persons with chronic HBV infection; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and
  - all adults in the following settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.
- Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21–30 followed by a booster dose at month 12 may be used.
- Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (Recombivax HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

#### 13. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

- 1 dose of Hib vaccine should be considered for persons who have sickle cell disease, leukemia, or HIV infection, or who have anatomic or functional asplenia if they have not previously received Hib vaccine.

#### 14. Immunocompromising conditions

- Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and influenza [inactivated influenza vaccine]), and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

**FIGURE 3. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind—United States • 2012**  
 The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with the accompanying childhood and adolescent immunization schedules (Figures 1 and 2) and their respective footnotes.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus <sup>1</sup>	6 weeks	4 weeks	4 weeks <sup>1</sup>		
Diphtheria, tetanus, pertussis <sup>2</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
<i>Haemophilus influenzae</i> type b <sup>3</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>3</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>3</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>4</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus <sup>5</sup>	6 weeks	4 weeks	4 weeks	6 months <sup>5</sup> minimum age 4 years for final dose	
Meningococcal <sup>6</sup>	9 months	8 weeks <sup>6</sup>			
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria/ tetanus, diphtheria, pertussis <sup>9</sup>	7 years <sup>9</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus <sup>10</sup>	9 years	Routine dosing intervals are recommended <sup>10</sup>			
Hepatitis A	12 months	6 months			
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus <sup>5</sup>	6 weeks	4 weeks	4 weeks <sup>5</sup>	6 months <sup>5</sup>	
Meningococcal <sup>6</sup>	9 months	8 weeks <sup>6</sup>			
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

- Rotavirus (RV) vaccines (RV-1 [Rotarix] and RV-5 [Rota Teq]).**
  - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 0 days for the final dose in the series. Vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
  - If RV-1 was administered for the first and second doses, a third dose is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.**
  - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- Haemophilus influenzae* type b (Hib) conjugate vaccine.**
  - Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, human immunodeficiency virus (HIV) infection, or anatomic/functional asplenia.
  - If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax) and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
  - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.
- Pneumococcal vaccines.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
  - For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV if 3 doses of PCV were received previously, or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
  - A single dose of PCV may be administered to certain children aged 6 through 18 years with underlying medical conditions. See age-specific schedules for details.
  - Administer PPSV to children aged 2 years or older with certain underlying medical conditions. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/r/rr5911.pdf>.
- Inactivated poliovirus vaccine (IPV).**
  - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
  - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
  - IPV is not routinely recommended for U.S. residents aged 18 years or older.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).** (Minimum age: 9 months for Menactra [MCV4-D]; 2 years for Menveo [MCV4-CRM])
  - See Figure 1 ("Recommended immunization schedule for persons aged 0 through 6 years") and Figure 2 ("Recommended immunization schedule for persons aged 7 through 18 years") for further guidance.
- Measles, mumps, and rubella (MMR) vaccine.**
  - Administer the second dose routinely at age 4 through 6 years.
- Varicella (VAR) vaccine.**
  - Administer the second dose routinely at age 4 through 6 years. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccines.**
  - For children aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, Tdap vaccine should be substituted for a single dose of Td vaccine in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine dose should not be given.
  - An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
- Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]).**
  - Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if patient is not previously vaccinated.
  - Use recommended routine dosing intervals for vaccine series catch-up; see Figure 2 ("Recommended immunization schedule for persons aged 7 through 18 years").

Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines>) or by telephone (800-CDC-INFO [800-232-4636]).



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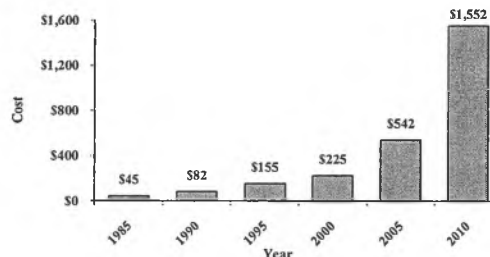
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Bulletin No. 31 October 6, 2010

## Only Pediatric/Adolescent Vaccines to be Supplied by State Beginning in 2011

For over 30 years the Alaska Immunization Program maintained a "universal" vaccine program, distributing at no cost all Advisory Committee on Immunization Practices (ACIP)-recommended pediatric and selected adult vaccines to public and private providers in Alaska. This vaccine distribution has been supported almost entirely with two sources of federal funding. The *Vaccines for Children (VFC) Program* pays for vaccines for children who meet certain federal criteria. *Section 317 of the U.S. Public Health Service Act (317)* covers the cost of vaccines for the approximately one-third of Alaska children who are not VFC-eligible, as well as adult vaccines. As a federal entitlement program, VFC funding increases to support newly recommended vaccines for children; however, 317 funding has not kept pace with rapidly rising vaccine costs, which have risen almost seven-fold in the last 10 years (Figure 1).

Figure 1: Alaska Immunization Program Estimated Cost to Purchase Recommended Vaccines for One Child from their Year of Birth through Age 18 Years, for Selected Years from 1985 through 2010



The rising cost and growing number of recommended vaccines has made it increasingly challenging for Alaska to maintain its vaccine distribution policy; however, these challenges are not unique to Alaska. Almost one-half (23/50) of U.S. states supply vaccines only for VFC-eligible children, i.e., vaccines are not supplied for children who do not meet program eligibility criteria or for adults. Other state vaccine supply policies include *universal purchase* (all vaccines for all children), *universal purchase select* (vaccines for all children except selected expensive vaccines available for VFC-eligibles only), and *VFC and underinsured* and *VFC and underinsured select* (varying levels of coverage for underinsured children) (Figure 2).

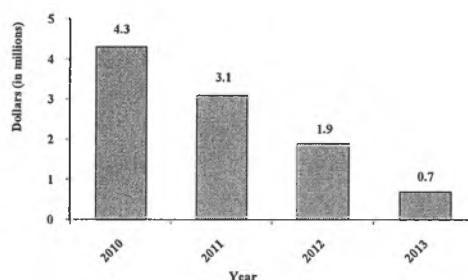
Figure 2: Public Purchase Pediatric Vaccine Supply Policy — United States, July 2010<sup>1</sup>



Alaska's vaccine purchases are supported almost entirely with funding from the U.S. Centers for Disease Control and Prevention (CDC). In 2008, CDC informed Alaska that the state had been "significantly overfunded" relative to other state and local immunization programs for many years, and the agency could no longer support Alaska's universal immunization program. CDC agreed to maintain 317 funding at ~\$4.3 million through 2010, with the understanding that funding would decrease in subsequent years. To meet the challenges presented by increased vaccine costs and reduced funding, Alaska has taken incremental steps to reduce vaccine expenditures while trying to maintain maximum availability

of pediatric vaccines. In 2007, the Immunization Program discontinued shipments of adult influenza vaccine to private providers. In January 2009, the state limited the provision of human papillomavirus (HPV) and meningococcal conjugate vaccines to children who met the federal eligibility requirements of the Vaccines for Children (VFC) Program.<sup>2</sup> These program modifications helped trim vaccine costs by more than \$2 million per year. However, CDC has notified Alaska that, beginning in 2011, the state's 317 vaccine dollars will be reduced by ~\$1.2 million for each of the next 3 years, at which time Alaska's funding will be proportionate to that received by other immunization programs in the United States (Figure 3). Therefore, a change in Alaska's vaccine supply policy is necessary (Box).

Figure 3: Projected 317 Vaccine Funding for Alaska, 2010–2013



### Box. The Alaska Immunization Program's 2011 Vaccine Supply Policy

Due to the increased cost of vaccines and federal 317 funding cuts, the following Alaska Immunization Program vaccine supply policy will become effective on **January 1, 2011**:

- All ACIP-recommended pediatric vaccines except HPV and MCV4 will continue to be supplied for all children through age 18 years. HPV and MCV4 will continue to be available for VFC-eligible children only.
- Adult vaccines that historically have been provided by the Alaska Immunization Program (i.e., influenza, pneumococcal, tetanus/diphtheria) will no longer be supplied to public or private sector providers.

### Alternate Resources Available for Adult Vaccines

Private insurance policies and Medicare frequently support the cost of adult vaccines. Resource information related to Medicare billing and other potential funding sources is posted on the Section of Epidemiology website.<sup>3</sup> Manufacturer contact information for vaccine ordering also is included.

### Conclusion

Although the Alaska Immunization Program regrets this policy change for adult vaccines, we are pleased that we can continue to provide pediatric vaccines at the current level throughout 2011. As the state's 317 funding levels continue to decrease over the next 3 years, this pediatric policy may need to be reconsidered. We will also continue to monitor the implementation of the Patient Protection and Affordable Care Act to determine its potential impact on vaccine funding in the future. To the greatest extent possible, we will continue our commitment to eliminate vaccine-preventable diseases in Alaska's children.

### References

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2. Alaska Section of Epidemiology. Alaska to Initiate Federal Vaccines for Children Program for Human Papillomavirus and Meningococcal Vaccines. *Bulletin* No. 21, November 3, 2008. Available at: [http://www.epi.hss.state.ak.us/bulletins/docs/b2008\\_21.pdf](http://www.epi.hss.state.ak.us/bulletins/docs/b2008_21.pdf)
3. Alaska Section of Epidemiology. Adult Vaccine Availability: A Resource Guide for Alaska Immunization Providers. Available at: <http://www.epi.alaska.gov/id/iz/AdultVaccineResources.pdf>



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Bulletin No. 28 October 19, 2011

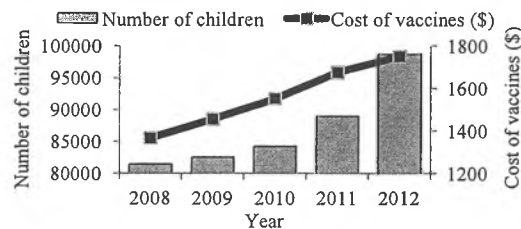
## Further Cuts in State-Provided Vaccines for VFC-Ineligible Children in 2012

### Background

In Alaska, state-supplied childhood vaccines are funded almost entirely through two federal funding sources. The primary source is the *Vaccines for Children (VFC) Program*, which pays for all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for children who are Medicaid eligible, American Indian/Alaska Native, and uninsured. Underinsured children (i.e., children with private health insurance that covers no or only selected vaccines, or caps vaccine coverage at a certain amount) are also eligible to receive VFC vaccine, but only if they are seen at a specified Rural Health Clinic (RHC) or at a Federally Qualified Health Center (FQHC). FQHCs are health centers designated by the federal Health Resources and Services Administration to provide health care to medically underserved populations.

The second funding source is *Section 317 of the U.S. Public Health Service Act (317)*, which provides limited vaccine funding for VFC-ineligible persons (i.e., adults, fully insured children, and underinsured children who are not seen at a FQHC or a RHC). The number of VFC-ineligible children in Alaska is increasing steadily, as is the cost to fully vaccinate a child through age 18 years (Figure).<sup>1,2</sup> Of the estimated 98,689 Alaska children who will be VFC-ineligible in 2012, 46,884 (48%) will be underinsured.<sup>1</sup>

**Figure. Number of VFC-Ineligible Children and Estimated Cost of Recommended Vaccines for One Child from Birth through Age 18 Years — Alaska, 2008–2012**



On October 6, 2010, the Section of Epidemiology (SOE) published a *Bulletin* describing a \$1.2 million annual decrease in Alaska's 317 federal funding for 3 years starting in 2011 (from \$4.3 million in 2010 to \$700,000 in 2013).<sup>3</sup> The rationale for the cuts was that Alaska had been "significantly overfunded" relative to other state immunization programs for many years and, due to budgetary constraints, the U.S. Centers for Disease Control and Prevention (CDC) was no longer able to support Alaska's universal immunization program.<sup>3</sup>

In order to absorb this enormous reduction in 317 funding, the Alaska Immunization Program has implemented mitigation measures over the past 2 years, including the following:

- Discontinuation of 317-funded adult vaccines,<sup>3</sup>
- Discontinuation of 317-funded meningococcal (MCV4) and human papillomavirus (HPV) vaccine for VFC-ineligible children,<sup>3</sup>
- Requiring dose-level accountability for state-supplied vaccine,<sup>4</sup> and
- Educating providers on ways to reduce vaccine wastage.<sup>5</sup>

### Alaska's 317-funded Vaccines in 2012

Alaska's 317 budget for 2012 is \$1.9 million. To meet this budget, the Immunization Program must further reduce the number of 317-funded vaccines available for Alaska's VFC-ineligible children. Factors involved in deciding which vaccines to cut in 2012 included public health impact, vaccine costs, and school/childcare compliance requirements.

In addition to HPV and MCV4, the following three vaccines will no longer be supplied by the state for VFC-ineligible children: as of January 2012, *pneumococcal conjugate (PCV 13)* and *rotavirus*; as of July 2012, *influenza* (Table).

**Table. State-Supplied Vaccines that will be Available to VFC-Ineligible Children in Alaska in 2012**

ACIP Recommended Childhood Vaccines	Estimated Cost of Vaccines for VFC-Ineligible Children in 2012	State-Supplied Vaccines Available in 2012 to VFC-Ineligible Children
DTaP	\$234,038	Available
Hepatitis A	\$177,755	Available
Hepatitis B	\$106,463	Available
Hib	\$137,498	Available
HPV	\$350,307	Not available (as of 1/09)
Influenza	\$371,881	Not available (as of 7/12)
MCV4	\$256,695	Not available (as of 1/09)
MMR	\$143,497	Available
PCV 13	\$1,655,175	Not available (as of 1/12)
Polio	\$152,783	Available
Rotavirus	\$530,870	Not available (as of 1/12)
Td/Tdap	\$132,449	Available
Varicella	\$779,434	Available
<b>Total Cost</b>	<b>\$5,028,845</b>	<b>\$1,863,917</b> (for available vaccines)

### Some Good News

In the near future, public health centers statewide will be able to provide VFC-funded vaccines to underinsured children.

*Here's how:* FQHCs are allowed to vaccinate underinsured children using VFC vaccine. Additionally, FQHCs are allowed to delegate their authority to (i.e., deputize) public health VFC providers (e.g., public health centers and local health departments) to vaccinate underinsured children on their behalf. On September 23, 2011, the Anchorage Neighborhood Health Center (an FQHC) signed a memorandum of agreement with SOE that authorizes the Alaska Immunization Program to administer delegation of authority to SOA public health centers statewide to vaccinate underinsured children using VFC vaccine. PHCs will implement this authority as soon as possible.

### Recommendations

1. Health care providers *must screen all children for VFC-eligibility at each visit* prior to administering state-supplied vaccine,<sup>6</sup> VFC-ineligible children may only receive select state-supplied vaccines (Table).
2. Underinsured children may be referred to an FQHC, RHC, or public health center where they are eligible to receive all ACIP-recommended vaccines for free under the VFC Program.
3. Manufacturer contact information for vaccine ordering is posted on the SOE website to assist providers in purchasing vaccines for VFC-ineligible children.<sup>7</sup>

### References

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6. Alaska's VFC Patient Eligibility Screening Form. Available at: <http://www.epi.alaska.gov/vfc/vaccine/cert/VFC-eligibilityScreeningForm.pdf>
7. Alaska Immunization Program homepage. Available at: <http://www.epi.alaska.gov/immune.htm>

## VACCINES

Vaccine Name	Why get vaccinated?	Who should get vaccine and when?
<p>◊DTaP Diphtheria Tetanus (Lockjaw) and Pertussis (Whooping Cough)</p>	<p>Diphtheria and pertussis are spread from person to person and tetanus enters the body through cuts or wounds. Diphtheria causes a thick coating in the back of the throat and can lead to breathing problems, paralysis, heart failure and even death. Tetanus (lockjaw) causes painful tightening of muscles usually all over the body. Tetanus leads to death in up to 2 out of 10 cases. Pertussis causes coughing spells so intense it is hard for infants to eat, drink and breathe. Can lead to pneumonia, seizures, brain damage, and death. 10 infants died from pertussis in California in 2010 – all were too young to be protected by vaccine.</p>	<p>Children should get 5 doses at: 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Not for persons 7 years or older.</p>
<p>◊Td/Tdap Tetanus, Diphtheria (Td) or Tetanus, Diphtheria, pertussis (Tdap)</p>	<p>Diphtheria and pertussis are spread from person to person and tetanus enters the body through cuts or wounds. Diphtheria causes a thick coating in the back of the throat and can lead to breathing problems, paralysis, heart failure and even death. Tetanus (lockjaw) causes painful tightening of muscles usually all over the body. Tetanus leads to death in up to 2 out of 10 cases. Pertussis causes coughing spells so bad it is hard for infants to eat, drink and breathe. Can lead to pneumonia, seizures, brain damage, and death.</p>	<p>Children age 6 and younger are routinely vaccinated, but persons older than 6 need protection too. Vaccine can be used as a catch-up for people who didn't get all doses of DTaP or TTP when they were children, as a booster dose every 10 years, and as protection against tetanus infection after a wound.</p>
<p>◊Hepatitis A</p>	<p>Serious liver disease caused by hepatitis A virus found in the stool of people with the disease. Causes flu-like symptoms, jaundice, severe stomach pains, and diarrhea. 1 in 5 people have to be hospitalized, 3-6 deaths per 1000 cases. Routine hepatitis A vaccination in Alaskan children has controlled hepatitis A transmission so that cases are very rarely seen.</p>	<p>Children between 12 and 23 months of age and anyone who wants protection. 2 doses are needed for lasting protection at least 6 months apart.</p>
<p>◊Hepatitis B</p>	<p>Serious disease that affects the liver. Acute illness can lead to loss of appetite, tiredness, pain in muscles, joints and stomach, diarrhea and vomiting, and jaundice. Chronic infection can be serious and often leads to liver damage, liver cancer, and death. Chronic infection is more common in infants and children than adults and leads to about 3,000-5,000 deaths due to cirrhosis or liver cancer that is caused by the virus. Routine vaccination has nearly eliminated new hepatitis B cases among vaccinated persons.</p>	<p>Children should receive 1<sup>st</sup> dose at birth and have completed series by 6-18 months of age and anyone who wants protection. Given in a series of 3-4 shots.</p>
<p>◊Hib Haemophilus influenza type b</p>	<p>Serious disease caused by bacteria and usually strikes children under 5 years old. The germs spread from person to person. If the germs stay in the child's nose and throat, the child will probably not get sick, but sometimes the germs spread into the lungs or bloodstream. Hib disease can lead to meningitis which is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib also causes pneumonia, severe swelling in the throat, infections of blood, joints, bones, and coverings of the heart, and death.</p>	<p>Children should get vaccine at 2 months, 4 months, 6 months and 12-15 months (depending on brand of vaccine 6 month dose may not be needed.) Children over age 5 usually do not need vaccine, but older children or adults with special health conditions should consult their doctors for consideration.</p>

<b>Influenza</b> Flu	<p>Influenza (flu) is a contagious disease and can be spread by coughing, sneezing, or nasal secretions. Symptoms typically last four or five days and include: fever/chills, cough, sore throat, headache, muscle aches, runny or stuffy nose, and fatigue. Young children, people 65 and older, pregnant women, people with certain health conditions or a weakened immune system can get much sicker. Each year thousands of people die from influenza and even more require hospitalization.</p>	<p>2 types of vaccine: inactivated (killed) is given by injection with a needle and live, attenuated (weakened) is sprayed into the nostrils. A high dose inactivated vaccine is available for people 65 years or older. All people 6 months of age and older are recommended to get the flu vaccine.</p>
<b>◊MMR</b> Measles, Mumps & Rubella (German Measles)	<p>Measles virus causes rash, cough, runny nose, eye irritation and fever. It can lead to ear infection, pneumonia, seizures, brain damage, and death. Mumps virus causes fever, headache, and swollen glands and can lead to deafness, meningitis, painful swelling of the testicles or ovaries and, rarely, death. Rubella virus causes rash, mild fever, and arthritis (mostly in women.) If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.</p>	<p>It is recommended for children to get 2 doses at 12-15 months of age and 4-6 years old. Children can get 2<sup>nd</sup> dose at any age as long as it's at least 28 days after 1<sup>st</sup> dose.</p>
<b>PCV 13</b> Pneumococcal Conjugate	<p>Infection with Streptococcus pneumonia bacteria can make children very sick. It causes blood infections, pneumonia, and meningitis mostly in young children. Although it is relatively rare (less than 1 case per 100,000), it is fatal in about 1 of 10 cases. It can lead to other health problems including deafness and brain damage. Children younger than age 2 are at highest risk for serious disease, bacteria is spread from person to person through close contact, some infections are hard to treat because some strains of the bacteria have become resistant to the drugs that are used to treat them.</p>	<p>There are more than 90 types of pneumococcal bacteria and PCV13 protects against 13 of the most severe. It is recommended for infants and children under 2 years of age in a series of 4 doses at ages: 2 months, 4 months, 6 months, and 12-15 months. Some children over age 2 and children with certain medical conditions should receive 1 dose, but consult your doctor first for more information.</p>
<b>◊Polio (IVP)</b>	<p>Polio is a disease caused by a virus. It enters the body through the mouth and sometimes it doesn't cause serious illness, but other times it causes paralysis and even death. A 1916 polio epidemic in the US killed 6,000 and paralyzed 27,000 more. There is a world wide effort to eliminate polio, no wild polio has been reported in the US for over 20 years.</p>	<p>Inactive Polio Vaccine is a shot given in the arm or leg depending on age. Children are recommended to get 4 doses at ages: 2 months, 4 months, 6-18 months, and 4-6 years. Adults who have never had the vaccine should consider receiving a recommended 3 doses: 1<sup>st</sup> at any time, 2<sup>nd</sup> dose 1-2 months later and 3<sup>rd</sup> dose 6-12 months after the 2<sup>nd</sup> dose. Booster doses are available for adults.</p>
<b>*Rotavirus</b>	<p>A virus that causes diarrhea (sometimes severe), mostly in babies and young children. Often accompanied by vomiting and fever and can lead to dehydration. Since vaccine use commenced in 2006, by 2010 the number of babies and young children needing emergency care or hospitalization for rotavirus has decreased by 85%.</p>	<p>Vaccine is an oral (swallowed) vaccine and not a shot. There are two brands and both are effective, your baby should get 2-3 doses depending on the brand. Doses are recommended at age 2 months, 4 months, and 6 months (if needed).</p>

<p>◊<b>Varicella</b> Chickenpox</p>	<p>Common childhood disease, usually mild, but can be serious in young infants and adults. It causes a rash, itching, fever, and tiredness. Can lead to severe skin infections, scars, pneumonia, brain damage, or death. The virus is spread from person to person through the air or by contact with fluid from chickenpox blisters. A person who has had chickenpox can get a painful rash called shingles years later. Before the vaccine about 11,000 people were hospitalized each year and about 100 people died each year a result of chickenpox in the US. Vaccine helps to prevent and decrease the severity in the chance that they do get chickenpox.</p>	<p>Children who have never had chickenpox should get 2 doses of the vaccine at ages 12-15 months and 4-6 years of age. People over 13 years of age and older who have never had the disease should get 2 doses of the vaccine at least 28 days apart.</p>
<p>*<b>HPV</b> Human Papillomavirus</p>	<p>The most commonly sexually transmitted virus in the US. More than ½ of sexually active men and women are infected with HPV at some time in their lives. HPV infections don't cause any symptoms on their own, but can cause cervical cancer in women (2<sup>nd</sup> leading cause of cancer deaths among women in the world). In US about 10,000 women get cervical cancer every year and about 4,000 are expected to die from it. Vaccine can also prevent vaginal and vulvar cancer in females and genital warts and anal cancer in both males and females.</p>	<p>Vaccine recommended for girls ages 11-12 and also women 13-26 and men 9-26 years of age. Best to be vaccinated before first sexual contact. Vaccine is given in 3 doses, 1 now, 1-2 months after 1<sup>st</sup> dose, and 6 months after 1<sup>st</sup> dose.</p>
<p>*<b>MCV4</b> Meningococcal, Meningitis</p>	<p>Meningococcal disease is a rare but serious bacterial illness and the leading cause of bacterial meningitis (infection of the covering of the brain and spinal cord) in children 2-18 year old in US. It also causes blood infections. Those most at risk include infants less than one year of age and people 16-21 years old, children with certain medical conditions and college freshmen living in dorms. Meningococcal infections can be treated with drugs such as penicillin, still many people who get the disease die from it and many others are affected for life.</p>	<p>There are 2 types of the vaccine, MCV4 is preferred for people 55 years of age and younger and MPSV4 is for people 55 and older. Both vaccines can prevent 4 types of meningococcal disease including 2 of the 3 types most common in the US and a type that causes epidemics in Africa. The other types of the disease the vaccine cannot protect against. 2 doses are recommended for adolescents 11-18 with 1<sup>st</sup> dose at 11 or 12 years old and a booster at age 16. If the 1<sup>st</sup> dose is given between ages 13-15 then booster should be given at age 18 and if 1<sup>st</sup> dose isn't given until 16<sup>th</sup> birthday a booster is not needed.</p>

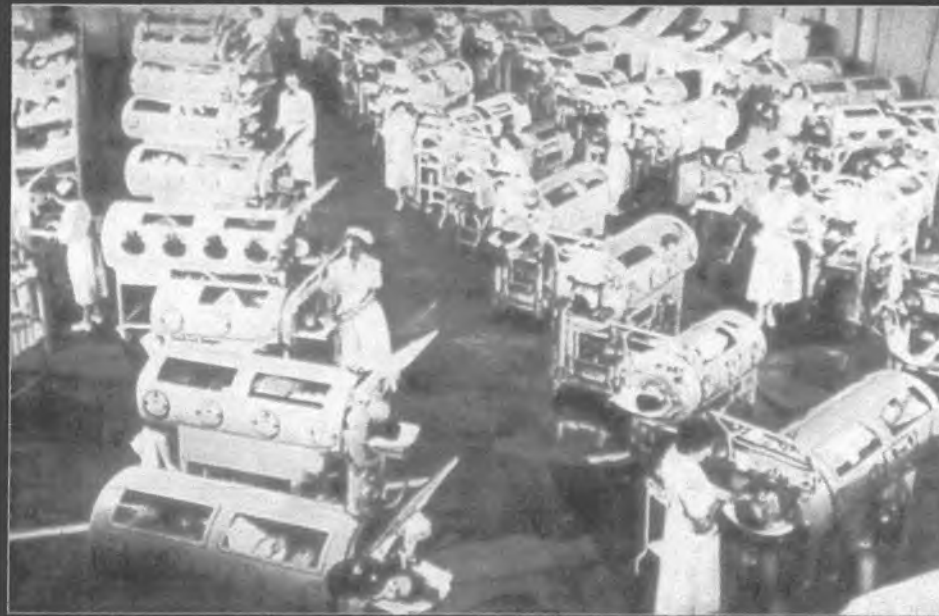
\* will be NOT be covered in SB 144

◊ Vaccines that are required by Alaska Regulations for school/child care/head start/preschool (Hib under age 5 only, )

-All persons should consult with their doctors before receiving vaccinations to learn about risks and talk about their specific health needs.

-Information in this table was found on the Centers for Disease Control and Prevention Website. For more detailed information go to: <http://www.cdc.gov/>

# What have vaccines done for you lately?



October 2011  
ANTHC Immunization Program;  
Rosalyn Singleton MD MPH

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729-3418

# Impact of Vaccines

## Comparison of disease: before vaccine and 2006

Disease	Pre-vaccine Era*	2006**	% decrease
Diphtheria	175,885	0	100
Measles	503,282	55	99.9
Mumps	152,209	6,584	95.7
Pertussis	147,271	15,632	89.4
Polio (paralytic)	16,316	0	100
Rubella	47,745	11	99.9
Congenital Rubella Syn.	823	1	99.9
Tetanus	1,314	41	96.9
<i>H. influenzae</i> type b and unknown (<5 yrs)	20,000+	208	99.0
Total	1,064,854	22,532	97.9

\* Baseline 20<sup>th</sup> century annual morbidity

+ Estimated because no national reporting existed in the pre-vaccine era

\*\* Source: *MMWR* 2007;56(33):851-64

# Herd Immunity



If enough children are vaccinated then a disease cannot spread in their community. This is known as “community” or “herd immunity”

# Polio

- In 1952 there were 21,000 cases of paralytic polio in the US
- The last case of polio in the US occurred in 1979
- Polio continues in India, Nigeria, Afghanistan, and Pakistan
- Polio is just one plane flight away

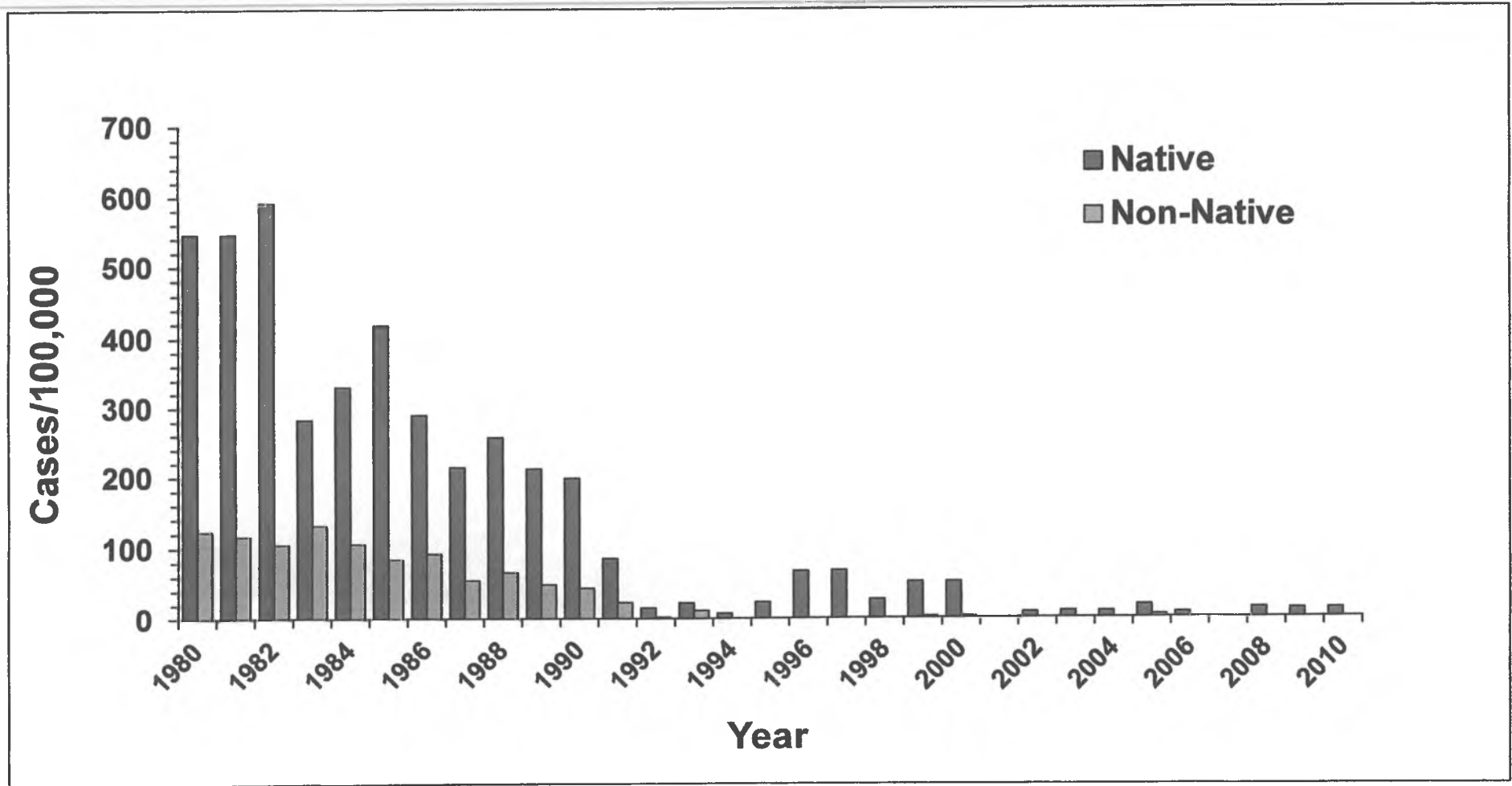


# Diphtheria

- In 1925 a diphtheria epidemic threatened Nome. The nearest serum was in Anchorage.
- A relay of dog teams rushed the vaccine from Nenana to Nome.
- Gunnar Kaasen and his dog Balto drove the final legs into Nome
- The serum arrived in time to prevent the epidemic and save hundreds of lives.



# Invasive Hib Disease, Children Aged <5 yrs, Alaska, 1980-2010

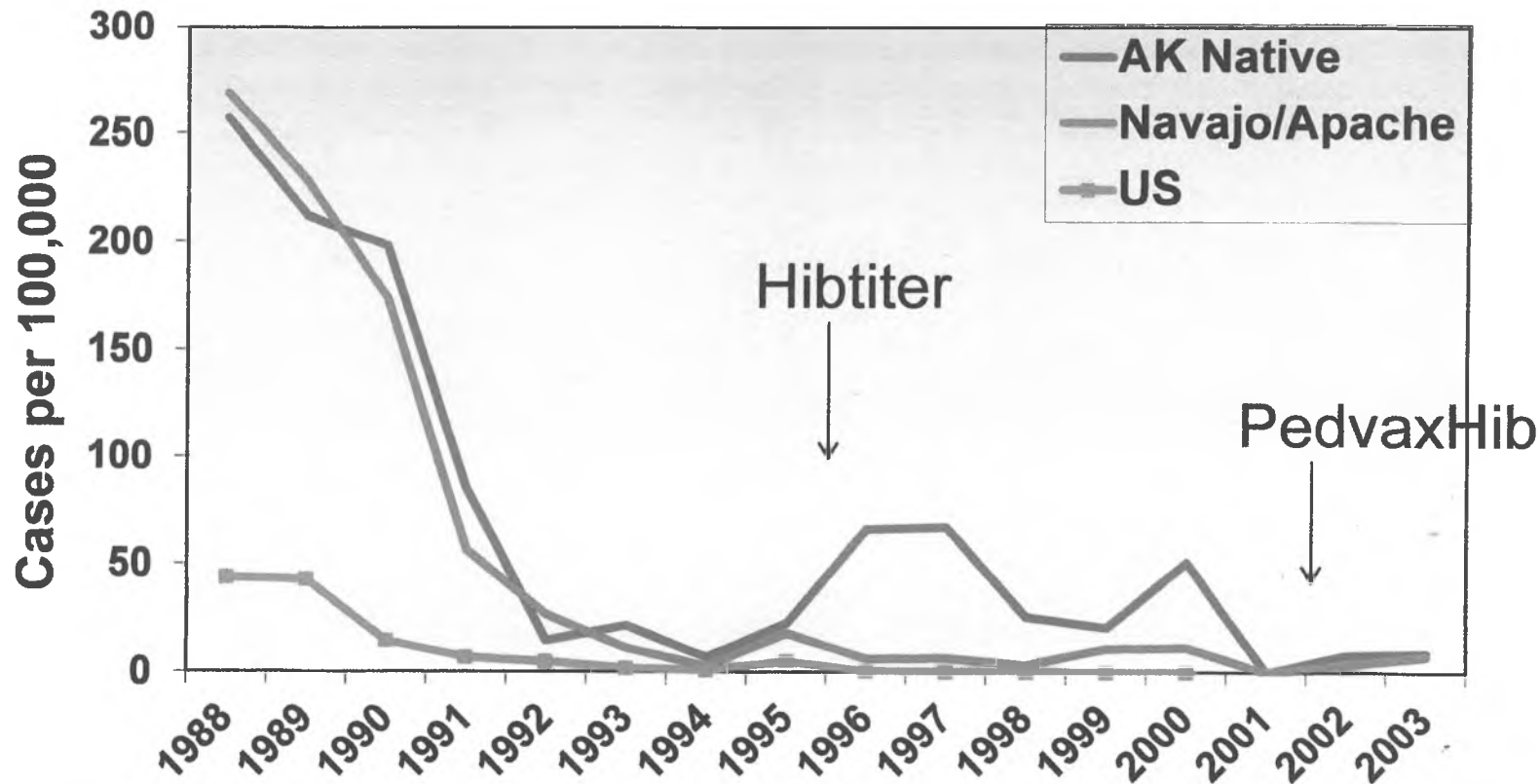


Singleton, Pediatrics 2006 & CDC unpublished data

# Decline in Hib Disease:

## US, Navajo/ Apache, AK Native, 1988-2003

*Before Hib vaccination started in 1990, Alaska Native children were 6 times more likely than other US children to get Hib meningitis. Now Hib meningitis is rare because of routine childhood vaccination.*



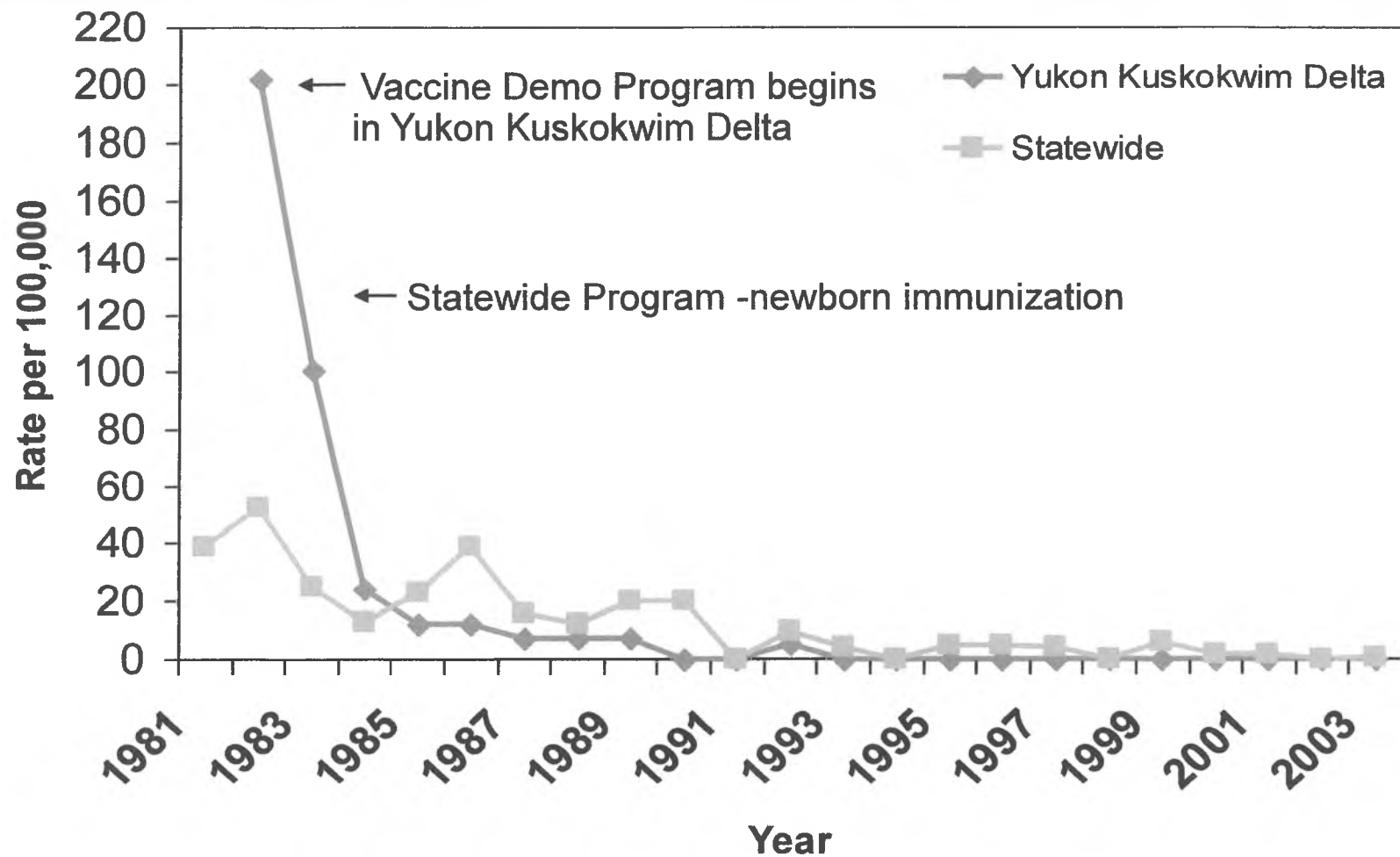
# Hepatitis B in Alaska Native persons

- Before Vaccine :
  - 6% had been infected
  - 1500 hepatitis B carriers
  - Incidence 50 times the general U.S. population
- Vaccination strategies
  - universal infant & catch-up vaccination starting in 1983
- Post-Vaccine Rate
  - declined from 250 to  $<0.4/100,000$
  - lowest hepatitis B incidence of any U.S. ethnicity.



Harpaz. Elimination of new Hepatitis B infections. J Infect Dis 2000;181;413-8

# Incidence Symptomatic Hepatitis B in AK Native Persons 1981- 2003

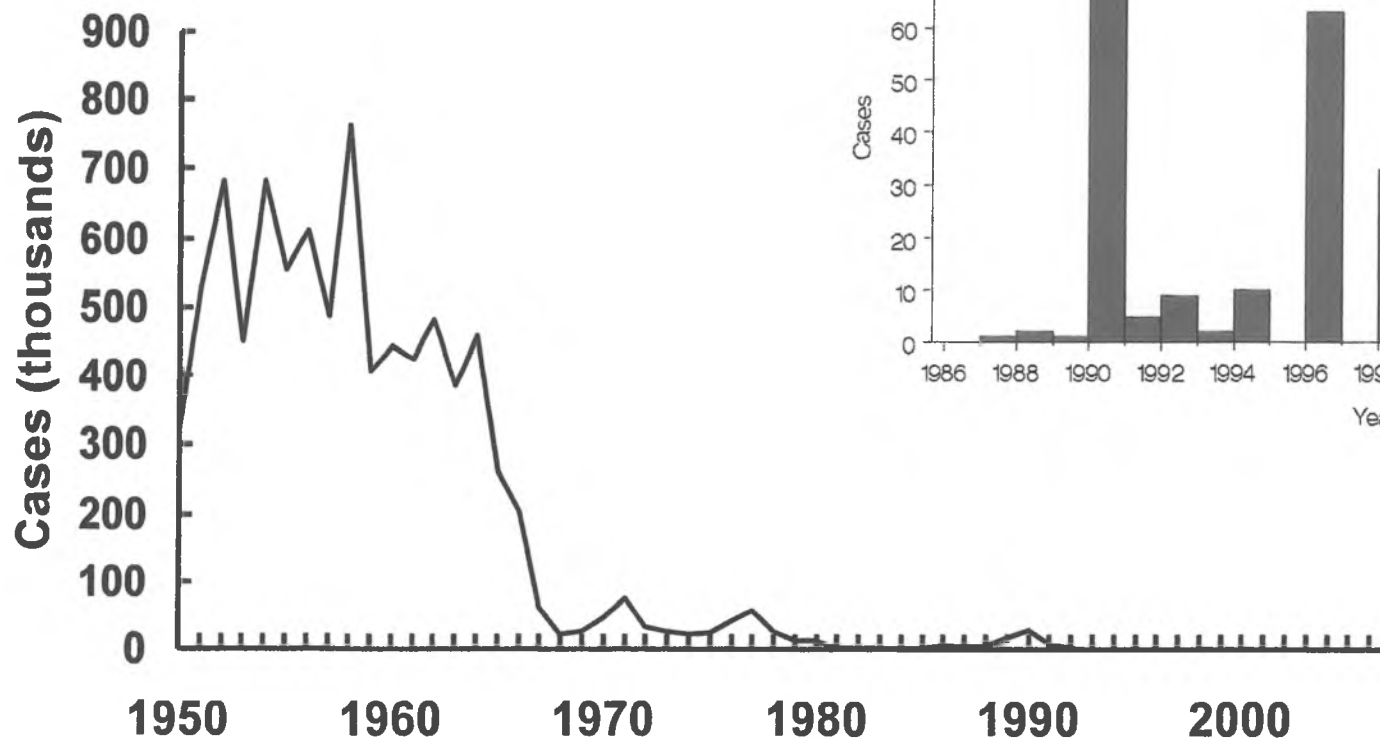


# Measles Clinical Features

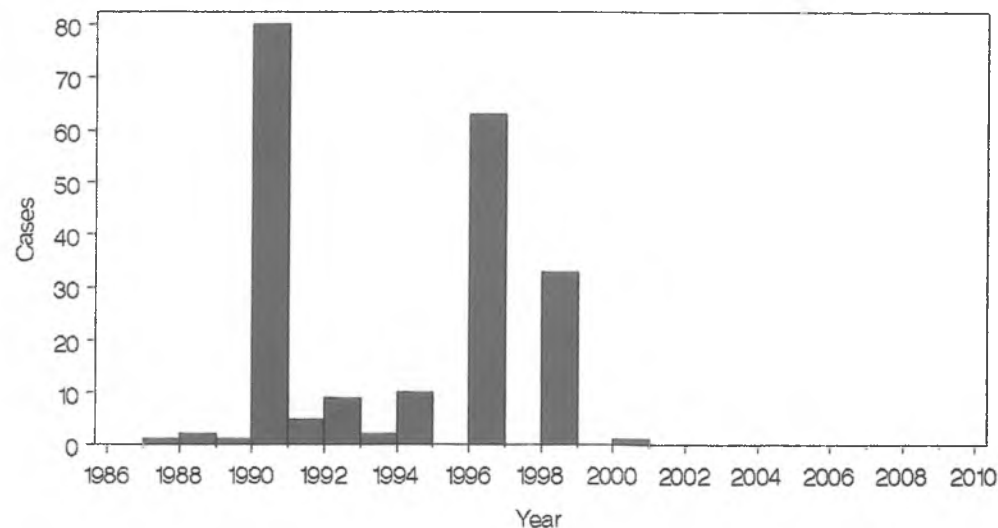
- Highly contagious viral illness
- Incubation period 10-12 days
- Prodrome
  - Stepwise increase in fever to 103°F+
  - Cough, coryza, conjunctivitis
  - Rash – maculopapular, 2-4 days after prodrome beginning face and head



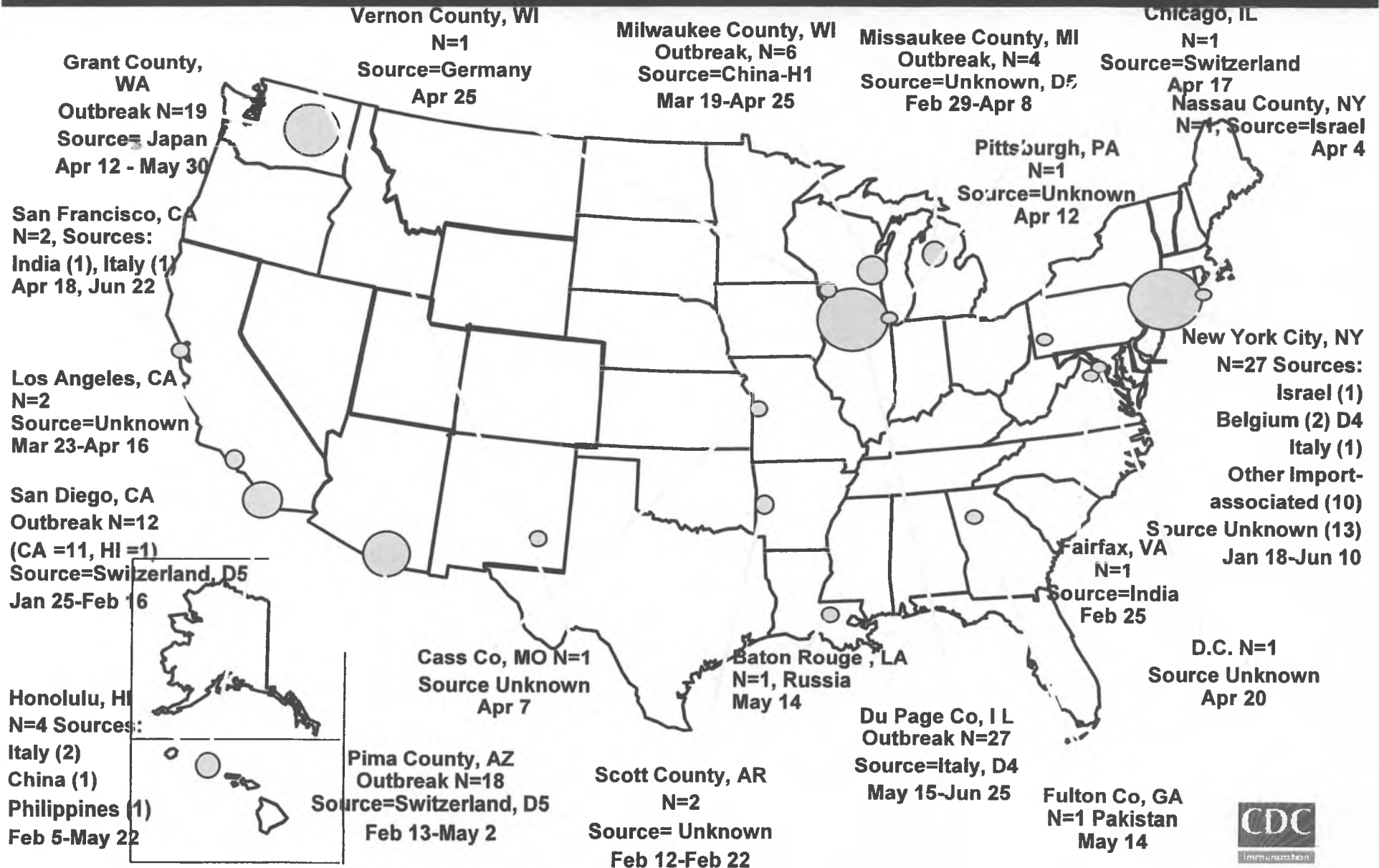
# Measles - United States, 1950-2007



## Measles in Alaska 1986-2010

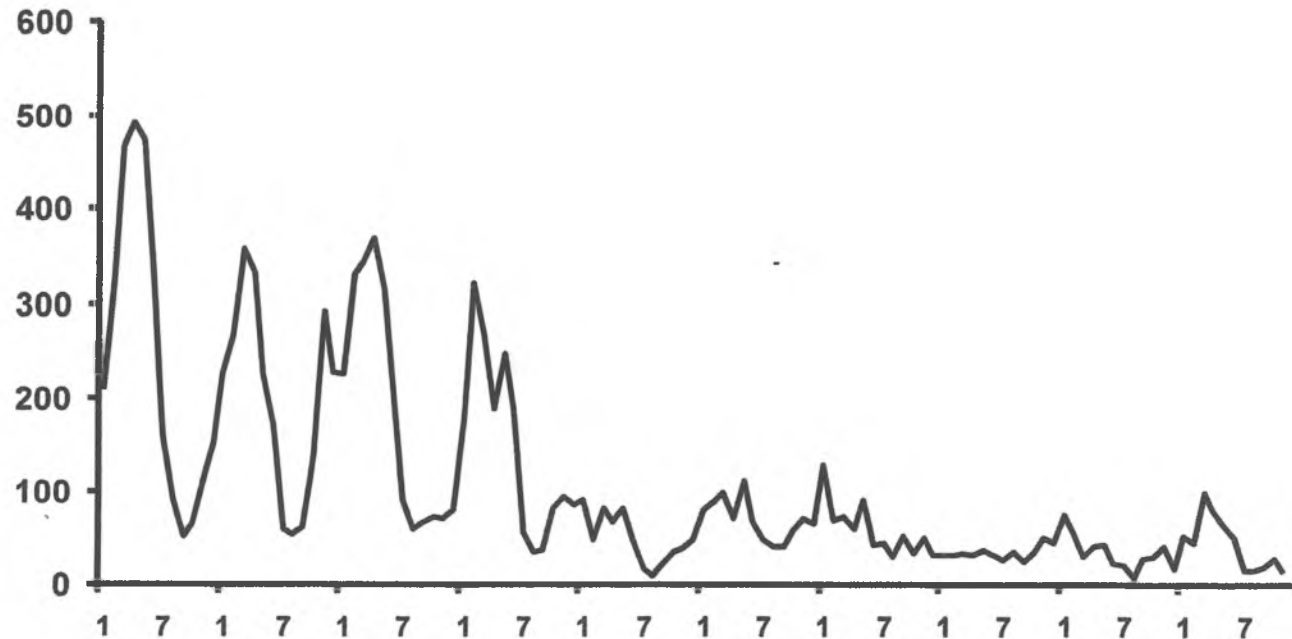


# Measles Cases Reported to CDC/NCIRD January 1 to July 11, 2008 (N= 132)



# Varicella Cases by Month - Antelope Valley, CA, 1995-2004

- Varicella cases decrease in Antelope Valley, CA, 1995-2004



- Varicella hospitalizations decreased 80% since vaccine
- Varicella deaths have plummeted 88% since vaccine

# Hepatitis A in Alaska

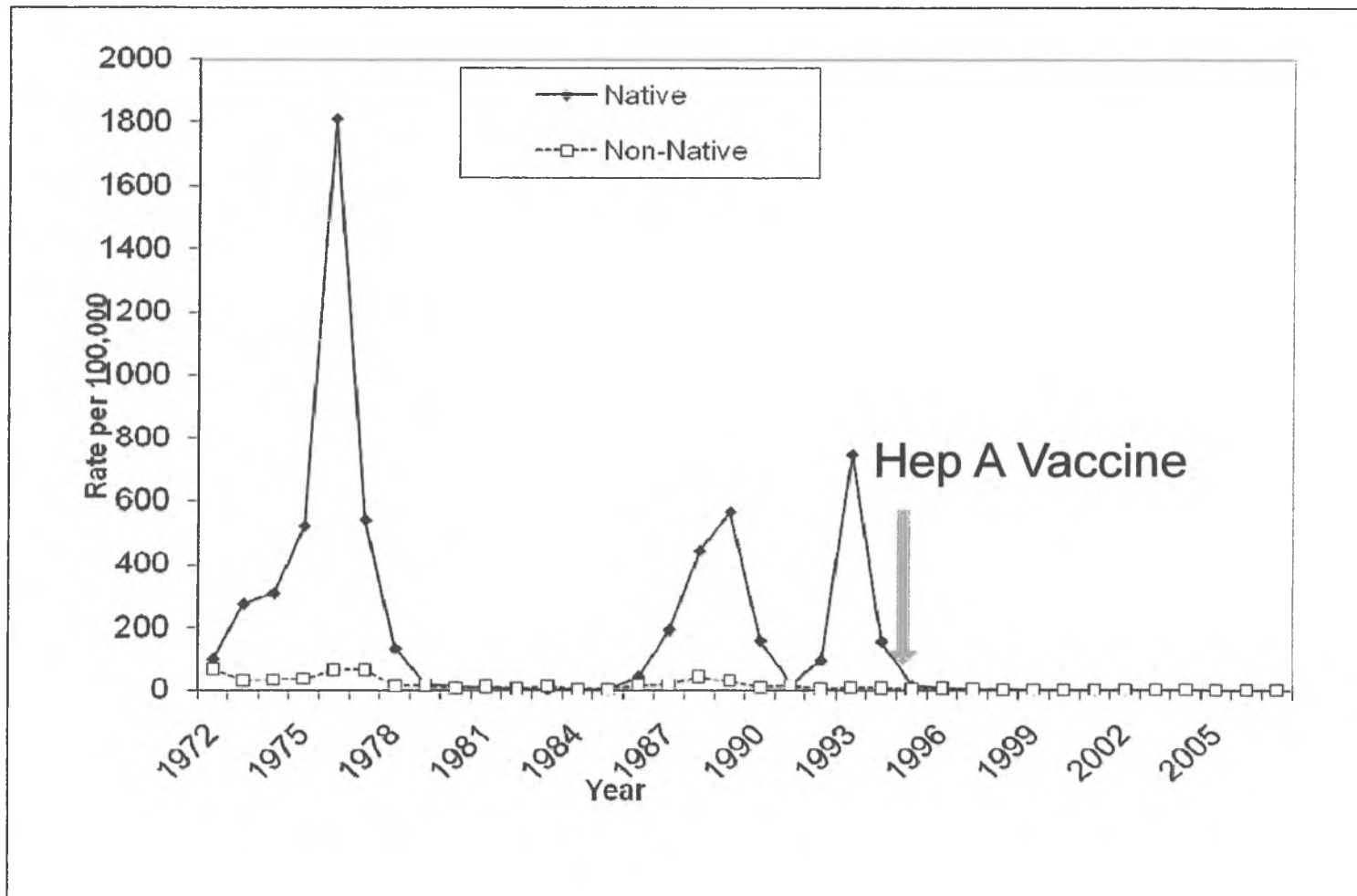
- Pre-Vaccine Incidence –
  - Large outbreaks
  - Lifetime risk in villages ~90%
  - 1992-3 : 4 deaths from fulminant Hep A
- Hepatitis A Vaccine (1996)
  - Universal vaccine for children
  - School requirement
- Rates have declined >99%
  - Rate now lower than US rate
  - No epidemics! – no transmission in villages



CDC MMWR 1992;41:6

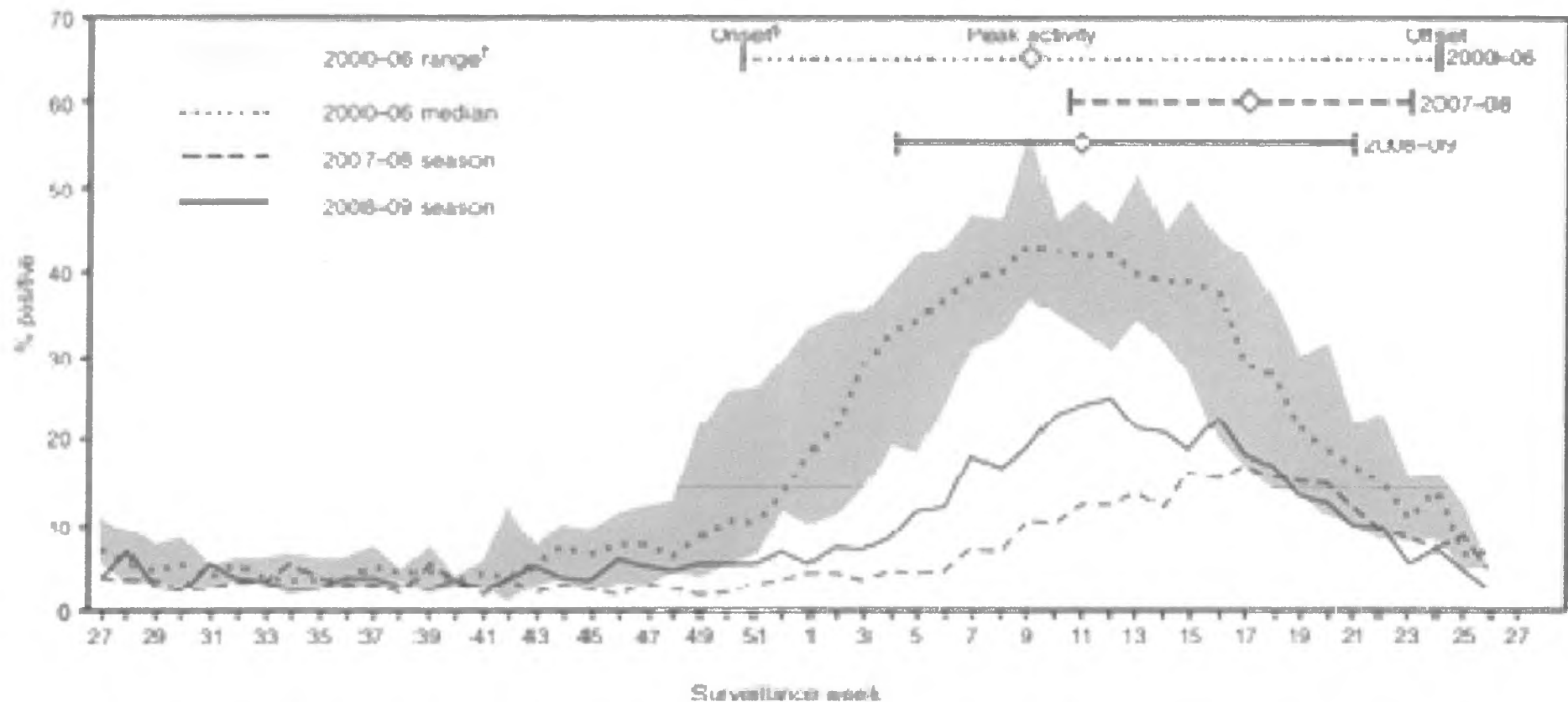
Bialek. Hepatitis A in AI/AN. Am J Pub Hlth 2004;94 996-1001

# Incidence of Hepatitis A infections in Alaskans, Native and Non-Native, 1972-2007



Singleton, McMahon, Castrodale et al. Impact of vaccine program in Alaska VACCINE 2010;28:6298-304

# National Rotavirus Surveillance



Percentage of rotavirus positive results, by surveillance week National Respiratory and Enteric Virus Surveillance System (NREVSS), United States, July 2000--June 2009\*.

# Varicella (Chickenpox): Not always a “Harmless” Childhood Disease

- Before vaccine there were 100 deaths/yr from complications of chicken pox
- Varicella deaths decreased 88% since routine vaccination
- Adolescents and adults get much sicker with natural chicken pox.
- Some breakthrough chicken pox infections after vaccine occur - usually very mild.
- Varicella vaccine is recommended at 1 year of age; second dose at school entry.



# Rotavirus Disease and Rotavirus vaccine



- **Rotavirus**
  - Most common cause of diarrhea, peak at 6-24 months
  - 1/3 of diarrhea hospitalizations
  - 55,000 hospitalizations in the US
  - 550,000 clinic and ER visits in the US
- **Rotavirus vaccine - provided by the State**
  - Studies show Efficacy: 98% reduction of severe rotavirus
- **Rotavirus disease post-vaccine**
  - Significant decrease in diarrheal hospitalizations in children
  - Significant drop in all Rotavirus hospitalizations in US since Rotavirus vaccine became available ~ 2007