



Hot Chili Tips

Child Health Learning Initiative Newsletter

November 2003
Edition number 4

Vaccine costs continue to challenge states to deliver needed Immunizations

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The level of funding provided by the Federal Government for the CDC and National Immunization Program for vaccines is not high enough. More than 900,000 children are inadequately vaccinated and more than 11,000 are born each day that will need immunizations. Over the past five years the cost of immunizing a child with all of the recommended childhood vaccines has risen from \$200 a child to \$450 a child. CDC funding has not been able to keep up with this increase. Also states are trying to meet the needs of the adult immunizations and don't have adequate funding for this either. There are still about 36,000 deaths each year from Influenza and that is mostly in the 65 and older age group. Only about one half of the high risk people are immunized against Influenza each year.

According to Charles Iddings with the Immunization program in Santa Fe, these are the latest costs per dose for the recommended childhood vaccines. These figures are for CDC purchased vaccines for the VFC program. Private providers pay an even higher rate for vaccines they purchase.

- Dtap—\$9.77
- Hepatitis B—\$9.00
- Hepatitis B—adolescent 2 dose -\$24.25
- Hepatitis A—\$11.15
- HIB- \$9.77
- MMR-\$15.99
- Varicella-\$44.08
- IPV-\$9.96
- PCV7-\$48.25
- PPV23-\$13.65
- Pediarix-\$32.75
- Comvax-\$21.83

Looking at the cost of these vaccines makes it even more important and brings home the need to store and handle vaccines correctly. Preventing vaccine loss can greatly reduce the cost of immunizing children and save tax dollars. Last issue Charles Iddings gave us some great tips on proper storage and handling of vaccines. On page two of this issue you will

find more on this subject.

Due to our increased surveyance and education of our providers through the CHILI Class and other methods, we have greatly reduced vaccine loss in the State of New Mexico. By continuing these efforts and an increased awareness of the high cost of vaccines, we can do even better –saving tax dollars and immunizing more children.



Message From

Anne Lutz

CDC Advisor NMPHD

- In anticipation of the Statewide Immunization System (SIIS) The Immunization program will be surveying VFC providers about their ability to access the internet, and about their use of electronic practice management/billing systems. This information will be used to estimate the number and type of interfaces needed to support automatic transfer of data and save time on data entry when SIIS is up and running. When you receive this survey, please complete it and fax it back asap.

Thanks, Anne

Don't be Guilty of these Errors in Vaccine Storage

1. **Designating only one person to monitor temperatures**
2. **Recording temperatures only once a day.**
3. **Documenting out of range temperatures but not doing anything about it.**
4. **Throwing away temperature logs at the end of the month.**
5. **Storing vaccine in the wrong part of the refrigerator**
6. **Storing Varicella vaccine in a dormitory type refrigerator.**
7. **Inadvertently leaving the refrigerator door open**
8. **Not having an emergency plan for power outages.**

See page two for ways of preventing these errors.

Vaccine Storage-IAC express #420

The majority of commonly recommended vaccines require storage temperatures between 35-48 Degrees F (2-8 degrees C).

Varicella vaccine requires storage at temperatures at or below 5 degrees F. This vaccine must be kept in a continual frozen state and loses it's potency when stored at higher temperatures.

Although the potency of the majority of vaccines can be affected adversely by storage temperatures that are too warm, these effects are usually more gradual, pre-

dictable and smaller in magnitude than losses from temperatures that are too cold. Vaccine storage units should be selected carefully and used properly. A combination refrigerator/freezer sold for home use is acceptable for vaccine storage if the refrigerator freezer



Vaccines should be kept CHILI Between 35-46F in the Fridge

partments have separate doors. However, vaccine should not be stored near the cold air outlet from the freezer to the refrigerator.

Don't store vaccine in doors or refrigerator, draws or without room for air circulation.

Refrigerators without freezers and stand alone freezers usually perform better at maintaining precise temperatures and these usually are less expensive than medical specialty equipment. Be sure doors seal properly and aren't left open or ajar.

Proper Handling and Monitoring of Vaccine

Proper monitoring of vaccine is key to proper cold chain management. Thermometers should be placed in the middle of the storage unit, adjacent to the vaccine. Temperatures should be read and documented twice a day. All persons working with the vaccine should be familiar

with correct temperatures, storage, and temperature monitoring. Keep temperature logs on file for three years. Assign one person to monitor temperatures and have a back-up person for when your primary monitor is gone. There are several types of thermometers that are acceptable.

All thermometers used to monitor vaccine should be calibrated and certified by an appropriate agency such as the National Institute of standards and technology. Thermometers should never be placed up against the freezer unit or on top of ice packs in the freezer.

Handling Problems with Vaccine

Any out of range temperatures in the vaccine refrigerator or freezer need prompt attention and immediate action to fix the problem.

Any vaccine exposed to out of range temperatures are marked "do not use" and isolated physically from the other vaccines.

Maintain the vaccine at the proper temperature while

the state and local public health officials are contacted for guidance.

Each practice should have written retrieval and storage procedures in place in case of a power failure or equipment failure. Placing ice packs around the freezer and filled water bottles

around the inside walls of the refrigerator can help maintain temperatures for a longer period of time in case of a power failure. More information?

www.immunize.org/izpractices/index.htm



Get a Good thermometer for vaccine monitoring!!

New CHILI Trainers

In order to increase the availability of the CHILI Class and make it more accessible to our school nurses, we are adding instructors from the School Nurse Ranks.

In February in Roswell we will be having a "Train the Trainer" session for our new instructors. In District IV our School Nurses are required to have the CHILI Training once a day, by having their own trainers they will be able to do this at times that are convenient for their particular staff and school.

This month we are having one CHILI Training in Roswell and then we will be setting up our schedule for next year.

Speccial Trainings for providers and their staffs can be arranged by contacting the

CHILI Team in District IV,

Millie Aproda

Helen Hall

Or Suzie Cox

You may need a one hour refresher on a lunch hour—

let us know!

Clay's Corner

Boo to everyone!

I hope your halloween/Dia del Muerte was full of tricks and treats!

Here's what's hot about Hepatitis this month:

The New Mexico Hepatitis C Alliance Planning Initiative was held November 13th and 14th in Albuquerque. The objectives for the meeting included:

- Bringing together key stakeholders to identify a vision, mission, core values, strategy and goals and meas-

ures of success for Hepatitis C education, prevention, and treatment in New Mexico

- To Identify communities for potential "first wave" engagement in the Hepatitis C Initiative



The HEP CATS Rock!!

- To plan the next steps necessary for the production and dissemination of the "State of C Strategic Plan."

The attendance at the meeting was wonderful despite the first snow of the season and some closed roads surrounding Santa Fe.

Highlights of the meeting were attendance and input from Representative Heather Wilson and Representative Tom Udall.

The conference was very successful in meeting our goals and in the next CHILI TIPS I will be giving you a more detailed report.

A special thanks to the "HEP CATS" who entertained us on Thursday night with a rocking jam session!

Low Vaccine Rates Found Among Adults at High Risk for Hepatitis B

Results of the 2000 National Health Interview Survey (NHIS) (an annual face-to-face survey of non-institutionalized persons), conducted by investigators at the CDC in Atlanta, Georgia, show that less than one third of adults between the ages of 18 and 49 years who are at high risk for hepatitis B infection receive vaccination.

Risk was defined as a history of sexually transmitted diseases, hemophilia, or other clotting disorders requiring frequent blood transfusions, multiple sex partners within the past six months, men who have sex with men, a history of intravenous drug use, having sex for money or drugs, testing positive for HIV, or being a sexual contact with anyone with any of these risk factors.

The study reported that only 30% of high-risk men and 31% of high-risk women had received any part of the three-dose hepatitis B vaccination series. Of these, 64% of men and 71% of women reported completing the series.

Men in the 18-29 year old age group were more likely to receive the Hepatitis Vaccine than older men and never married men were twice as likely to be vaccinated as married men. Having an established source of primary care more than doubled the odds of men receiving vaccination. Other significant



Remove Barriers to Vaccination and Testing for Hepatitis

determinants for receiving the full HBV series for high-risk men were ever tested for HIV infection, ever donating blood, and history of pneumococcal vaccination.

For High risk women, odds of receiving the three dose HBV series were younger, seeing an obstetrician/gynecologist in the previous year, having a current influenza vaccine, and receiving a pneumococcal vaccine in the previous year.

To increase vaccine coverage in NM, the NMDOH encourages primary care providers to screen and provide Hepatitis B Vaccines to their high risk patients, and encourages the use of non-traditional settings outside of the hospital for screening and providing the vaccine.

Message from Steve Nickell Immunization Program Manager

A special Thank You to all our colleagues in PH District II, especially Ellen Kennedy and Cassandra Duran, for making the flu clinic at the Roundhouse a great success! The Governor, First Lady, and Secretary Montoya all rolled up their sleeves and got their flu shots. In all we immunized 400 people. Thanks and congratulations to all who participated.

Clay's Corner

Pregnancy and delivery may help women with Chronic Hepatitis C Infection clear the virus, according to a study published in the October 2003 issue of the *Journal of Medical Virology*. Dr. Masashi Mizokami of the Nagoya City University Graduate School of Medical Sciences and colleagues studied 22 pregnant women and 120 non-pregnant women in Japan, all of whom had chronic hepatitis C. Following delivery, two of the pregnant women had permanently cleared the virus and one woman temporarily cleared the virus. The results indicate that 14% of the pregnant women cleared the virus, com-

pared with 2% of non-pregnant women. The researchers concluded, "Significantly more pregnant patients lost HCV RNA than did non-pregnant controls. The researchers note that the way pregnancy and delivery influences hepatitis C Viral blood levels is not well understood. Adding that the results could



Hepatitis ID Bureau Staff

Karen Gonzales (Medusa), Judy Murphy (Miss Information) Reena S. (Wicked Witch of the West) Rita Gonzales, (Ghost); and Diane Tapia (Cat Woman)

be due to differences in how the immune system functions during pregnancy compared with other times. The conclusion "Pregnancy and delivery may improve the prognosis in women with chronic hepatitis C.

Hepatitis C Found in Saliva

Researchers at the University of Washington in Seattle tested the saliva of 12 people who were infected with Hepatitis C every day for 21 consecutive days. Of the 248 samples taken, 52 or one in five tested positive for the virus. Traces were found in the saliva of seven of the volunteers. However, none of these tested positive every day. On average, they had traces of hepatitis C on seven out of the 21 days.

Those most likely to have traces of the virus in their saliva had relatively high levels of the virus in their body.

They were also more likely to detect the virus in saliva if the volunteer had gum disease. Bleeding gums may leave tiny drops of blood in the saliva. Saliva may be infectious, and

people with the virus could pass it on to others.

People with HCV are cautioned to not share toothbrushes with other people in the household. These findings suggest the virus could also be spread from kissing—but the risk appears to be very small.

HEPATITIS FAQs:

What should you do if you discover a Hepatitis B injection was given via the wrong route?

Vaccines should always be given by the route recommended by the manufacturer because data regarding safety and efficacy of

alternate routes are limited. However, ACIP recommends that vaccines given by the wrong route be counted as valid with two exceptions: Hepatitis B or rabies vaccine given by any route other than IM should not be counted as a valid dose and should be repeated.

How can we quickly determine how to "catch up" children who fall behind on their shots, and can we still use combination vaccines while doing so?

As a general rule, infants or children who are more than one month or one dose behind schedule should be on an accelerated schedule, which means the intervals between doses should be reduced to the minimum allowable. Go to www.immunize.org/cdc/child-schedule.pdf for a copy of the accelerated schedule.

How should you complete the series if a 12 year old starts the 2 dose HB adult formulation series but fails to receive dose number two before his 16th birthday?

The 2-dose schedule for adolescents using the Recombivax adult formulation is only licensed for use in 11-15 year olds. Thus, the 16-year-old would need two additional doses of pediatric hepatitis B vaccine to complete his series.



Clay's Whole Block!!

Have a great Thanksgiving everyone ! Until Next issue—Best Regards, Clay

Chili Fun—Notes from an Inexperienced Chili Taster Named Frank

Recently I was honored to be selected as an outstanding famous Celeb in New Mexico; to be a judge in a chili cook-off because no one else wanted to do it and also because the original person called in sick at the last moment, and I happened to be standing there at the Judge's table asking directions to the beer wagon. I was assured by the judges that the chili wouldn't be all that spicy, and besides they told me I could have free beer during the tasting, so I accepted this as being one of those burdens to endure.

Here are the scorecards from the Event:

Chili #1: Mike's Maniac Mobster Monster CHILI

Judge One: A little too heavy on tomato, Amusing Kick

Judge Two: Nice, smooth tomato flavor. Very mild

Frank: Holy smokes, what is this stuff? You could remove dried paint from your driveway with it, Took me two beers to put the flames out. Hope that's the worst one, These people are crazy.

Chili#2: Arthur's Afterburner Chili

JudgeOne: Smoky with a hint of pork, slight jalapeno tang

Juge Two: Exiting BBQ flavor, needs more peppers to be taken seriously

Frank: Keep this out of reach of children! I'm not sure what I am supposed to taste besides pain. I had to wave off two people who wanted to give me the heimlich maneuver. Shoved my way to the front of the beer line.

Chili#3: Fred's Famous Burn Down The Barn CHILI:

Judge#1: Excellent firehouse Chili. Great kick. Needs more beans.

Judge#2: A beanless chili, a bit salty, good use of red peppers

Frank: This has got to be a joke. Call the EPA. I've located a !?##?! Uranium spill!. My nose feels like I have been sneezing drano. Everyone knows the routine by now and got out of my way on my way to the beer wagon. Barmaid pounded me on the back; now my backbone is in the front part of my chest!

Chili #4 Bubba's Black Magic

Judge #1: Black bean chili with almost no spice, disappointing.

Judge #2: Hint of lime in the black beans, Good side dish for fish or other

Mild foods, no much of a chili

Frank: I felt something scraping across my tongue, but was unable to taste it, Sally the bar maid, was standing behind me with fresh refills so I wouldn't have to run over to see her.

How does one identify what and how hot a chili is?

A simple rule of thumb is that the longer the chili, the milder the flavour. If you are unsure of the hotness, the only way is to sample it. The tip is the mildest point, so cut it first and then taste it very cautiously!



The ferocity of a chili lies in the capsaicin content of the membranes to which the seeds cling.

Chili Taster continued:

Chili #5: Linda's Legal Lip Remover

Judge #1: Meaty, strong chili. Cayenne peppers freshly ground adding kick. Very impressive.

Judge #2: Chili using shredded beef; could use more tomato. Must admit the cayenne peppers make a strong statement.

Frank: My ears are ringing and I can no longer focus my eyes. I belched and four people in front of me needed paramedics. The contestant seemed hurt when I told her that her chili had given me brain damage. Sally saved my tongue by pouring beer directly on it from the pitcher. Sort of irritates me that one of the other judges asked me to stop screaming.

Chili #6: Vera's Very Vegetarian Variety

Judge #1: Thin yet bold vegetarian variety chili. Good balance of spice and peppers

Judge #2: The best yet, Aggressive use of peppers, onions and garlic. Superb.

Frank: My intestines are now a straight pipe filled with gaseous flames. No one seems inclined to stand me except Sally.

Chili#7: Susan's Screaming Sensation Chili:

Judge #1: A mediocre chili with too much reliance on canned peppers.

Judge #2: HO HUM . I should note that I am worried about judge #3, he seems to be in a bit of distress

Frank: You could put a hand grenade in my mouth and pull the pin and I wouldn't feel it. I've lost the sight in one eye and the world sounds like it is made of rushing water. My clothes are covered with chili which slid unnoticed from my mouth at some point. Good, at autopsy they'll know what killed me. I've decided to stop breathing, it is too painful and I'm not getting any oxygen anyway. If I need air I'll just let it in through the hole in my stomach.

Chili#8: Helen's Mount Saint Chili

Judge #1: This final entry is good, balance chili, neither mild nor hot. Sorry to see that most of it was lost when judge number three fell and pulled the chili pot on top of himself.

Judge #2: A perfect ending, this is a nice blend of chili, safe for all, not too bold but spicy enough to declare its existence.

Frank: _ _ _ _ _

Moment of Truth:

Somewhere there is a chili you cannot eat.



Flu Clinics in Lincoln County, Martha Ordorica, R.N.

Lincoln County had a great response this year for the Influenza Clinics. The Public Health Office partnered with Presbyterian Hospital, Lincoln County Medical Center to get the vaccine out to the community. On Friday, November 7th the staff went out to the outlying communities of Carrizozo, Capitan and San Patricio to offer the vaccine. The Hospital offered Blood sugar and Cholesterol checks at a minimum charge and free Blood Pressure Checks. Over 700 vaccinations were given that day to high risk populations.

On November the 8th the Ruidoso Clinic was held at the Ruidoso Convention Center. That day over 1200 vaccinations were given between the hours of 10 a.m. and 3:30p.m. Also seen were about 40 high risk infant and children.

A special thanks to the Ruidoso Fire Department EMT's who came to help with the Ruidoso Clinic. We couldn't have done it without them. They have trained with our staff in the Public Health Office and received special classes on Immunizations. Besides helping with this special Clinic, they have been coming whenever possible to help us give immunizations at the Public Health Office.

We are planning a large Health Fair in the Spring in conjunction with LCMC and many of our local and state agencies. This year we decided along with the staff from LCMC to give the Influenza separately from our annual Health Fair. That way people will be able to enjoy the Fair without the frantic rush to get their Influenza Vaccinations. The total number of Influenza Immunizations we gave this year reached 2100, 400 more than we have ever given in Lincoln County in the past. (Note, if you have information on your clinics you want to share, please send to Millie Aproda)

Chill Recipe For November

Lesah Silva's Turkey Green Chili Enchiladas

Medium Size container of Buena Frozen Green Chili

One Large Onion , chopped

2 cans of Cream of condensed Chicken soup

2 cans of Cream of condensed Mushroom Soup

Corn Tortillas

Large Package of Shredded Mexican Blend Cheese

(combination of Jack Cheese and Colby or Cheddar Cheese)

One Can of Chicken Broth

About 4 cups of shredded left over Turkey or you can use Chicken

Garlic Powder, salt and pepper to taste

Saute onions and chili together until onions are cooked. Add soups and season to taste with your choice of seasonings, simmer together and add meat. Spray bottom of large rectangular pan with Pam and put a layer of corn tortillas, cut into fourths on bottom and sides of pan. Put alternating layers of meat soup mixture, cheese, and torn corn torillas until used up, ending up with a layer of tortillas with cheese on top of them.

Pour can of chicken broth over top of casserole and let soak for 20 minutes then bake for one hour at 350 degrees.

Send your Recipes to Millie Aproda for next Month to have them published in HOT CHILI TIPS and receive a

CHILI Prize

Questions, Questions, Questions

1. Does ACIP now recommend that providers have patients wait 15-20 minutes after vaccination?

No, but because of the risk of syncope, this issue is discussed in the 2002 general recommendations on Immunizations. The ACIP recommends that if possible you consider observing people especially older children and adolescents who are at greater risk of syncope than infants.

2. Is it necessary to tell the school nurse that a child is infected with Hepatitis B?

This is not mandatory but might be advisable. The decision rests with the parent. If the school requires proof of vaccination for Hepatitis B, in this child's case the physician should write a note simply stating that this vaccine is contraindicated in this particular child & the parents may have to sign a waiver from the public health department depending on the school's requirements.

3. Our hospital is dragging their feet on reinstating a policy on Hepatitis B birth doses. How can I convince them that this is the standard of care?

This dose should be given for the following reasons:

- To safeguard against maternal Hepatitis B testing errors or failure of reporting test results.*
- To provide neonates discharged to homes where there may be other persons infected with HBV*
- To enhance the completion of the HBV series*

4. How much protection is provided for babies, teens and adults after each dose of Hepatitis B vaccine?

Dose	Infants	Teens and adults
#1	16-40%	20-30%
#2	80-95%	75-80%
#3	98-100%	90-95%

5. Could you explain the comvax schedule—We are having some confusion about the times it should be given and if a 4th HIB is needed when using this series. Also what is the age this vaccine can be used for?

Comvax is only licensed for use in children 6 weeks of age to 71 weeks of age. Giving Comvax before 6 weeks of age may prevent the child's body from responding to further doses of HIB. It is not licensed for use in infants born to Hep.B positive Moms. It can be interchanged with other single antigen products and brands. The minimum interval between doses one and two is six weeks and between doses two and three eight to eleven months. The number of Comvax given depends on the age the series is started. When the entire series of Comvax is used an extra HIB is not necessary. If combination of antigens is used then follow the schedule for the single antigen vaccines. Comvax schedule if using Birth dose of Hepatitis B.

Birth—Single Antigen HBV vaccine (it is acceptable for the child to receive 4 doses of HBV vaccine)

2 months—Comvax, Dtap, IPV, PCV7

4 months—Comvax, Dtap, IPV, PCV7

6 months—Dtap, PCV7

12 months —Comvax, Dtap, IPV, PCV7

New CHILI Trainers Coming OnBoard!

In February the CHILI Team will be training a group of new trainers for CHILI. These nurses, approximately 12 at this time, will be mostly from the school nurses throughout District IV. This training is required for all the school nurses in the district. There are times it is difficult for them to make it to one of the classes. By having their own trainers they can do this at their own convenience. We are also

welcoming Karen Burns, from The Clovis Fire Department as a new CHILI Trainer. She gives this training to the EMTs in her area. Karen is an awesome trainer and has been working with the CHILI team and the Clovis Public Health Department for several years. The Chili Team, Millie Aproda, Helen Hall and Suzie Cox will train these new members of the team, provide them with Trainer Manuals, Support and the materials they need

to be successful.



Wow— We are becoming a Ristra instead of just a few chilies!

Upcoming CHILI Events and other exciting Dates

December 12th—
CHILI Class at
ENMU Residential
Center in Roswell
for the Residents.

December 5th in Al-
buquerque at the

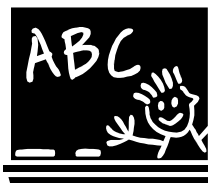
National Hispanic
Cultural Center—
The One-Year Anni-
versary Celebration
and Annual Meeting
of New Mexico Im-
munization Coali-
tion.

February 13th—
CHILI Class for Ros-
well Public Health
Nurses and in P.M.
Train the Trainer
Session for new
Trainers.

Update on Outreach clinics to Corona, Carrizozo, and Capitan

Last year I started doing outreach, school based immunization Clinics for two underserved areas in Lincoln, Carrizozo and Capitan. We had a new school nurse there who was anxious to get the kids in her schools up to date. We alternated each site

once a month and came up with a plan for catching all her kids up on their immunizations. I am pleased to announce that after one year we are now at 100% compliance in both of these schools.



Our next goal is to get the schools in Hondo up to compliance. We have set our first clinic for this school in December. I enjoy working with this great school nurse, Diane Shrecengost. Good Job Diane, Millie Aproda, Immunization Nurse/Coordinator.



Helen Millie Suzie

Until our next edition of Hot CHILI TIPS, have a great month! Please let Millie Aproda know if you want any information about outreach, successes or upcoming events in our next issue. Also, don't forget to send in those CHILI Recipes. Until then—Have a very blessed Thanksgiving from the CHILI Girls.