



# The Philadelphia Immunization Program Newsletter

The Philadelphia Department of Public Health  
Division of Disease Control

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## New Current Procedural Terminology (CPT) Coding

Pediatricians have voiced concern that the current immunization administration codes do not accurately capture the physician work of vaccine risk and benefit counseling because single or combination vaccines were reported identically, with no additional credit allowed for vaccines with more than one component. The American Academy of Pediatrics (AAP) developed new Current Procedural Terminology (CPT®) codes for reporting immunization administration in the pediatric patient population to more accurately reflect and capture the physician work associated with the administration of combination vaccines. The new codes became effective on January 1, 2011, and will replace codes 90465, 90466, 90467, and 90468. These codes are no longer in the CPT nomenclature.

The two new CPT codes are 90460 and +90461.

**90460** Immunization administration through 18 years of age via any route of administration along with counseling by physician or other qualified health care professional: first vaccine/toxoid component.

**+90461** Immunization administration through 18 years of age via any route of administration along with counseling by physician or other qualified health care professional: each additional vaccine/toxoid component (list separately in addition to the code for the primary procedure).

Code 90460 is reported once for the first component of each vaccine/toxoid administered by any route. The reporting of code 90460 includes counseling for the first vaccine component. Code +90461 is additionally reported for the counseling associated with each additional component of any combination vaccine/toxoid.

The "+" sign next to code 90461 indicates that it is an add-on code, just like 90466 was an add-on code to 90465, and 90468 was an add-on code to 90467. An add-on code (ie, +90461) can only be reported in conjunction with the primary code (in this case, 90460).

**For more information and FAQs, visit <http://practice.aap.org/content.aspx?aid=2980>**

### Gardasil Approved for Prevention of Anal Cancer

On December 22, 2010, the U.S. Food and Drug Administration (FDA) approved the vaccine Gardasil for the prevention of anal cancer and associated precancerous lesions due to human papillomavirus (HPV) types 16 and 18 in people ages 9 through 26 years. Gardasil is already approved for the same age population for the prevention of cervical, vulvar, and vaginal cancer and the associated precancerous lesions caused by HPV types 16 and 18 in females. It is also approved for the prevention of genital warts caused by types 6 and 11 in both males and females.

### British Medical Journal Publishes Investigation on MMR Vaccine and Autism Study

An investigation published by the British Medical Journal (BMJ) concludes the study's author, Dr. Andrew Wakefield, misrepresented or altered the medical histories of all 12 of the patients whose cases formed the basis of the 1998 study. The 1998 study made false claims of a causative connection between the measles, mumps and rubella (MMR) vaccine and autism. Britain stripped Wakefield of his medical license in May 2010.

# CDC Issues 2011 Recommended Immunization Schedules

Recommended immunization schedules for 2011 are now available through the CDC's website: <http://www.cdc.gov/vaccines/recs/schedules/> Changes from last year, which consider new ACIP recommendations, include:

## PCV-13

- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.

## Tdap

- Use of tetanus and diphtheria toxoids, and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is recommended.
- It is recommended to administer Tdap regardless of interval since the most recent Td-containing vaccine.
- A single dose of Tdap is recommended for adults 65 years and older who have, or who anticipate having, close contact with an infant less than 12 months of age and who have not previously received Tdap. For other adults 65 years and older, a single dose of Tdap may be considered for those who have not yet received Tdap.

## Footnotes

- Clarifications were made to the footnotes for measles, mumps, and rubella (MMR) vaccination, the HPV vaccine, revaccination with pneumococcal polysaccharide vaccine (PPSV), and Haemophilus influenzae type b (Hib) vaccine.

## MCV4

- Routine vaccination of persons with quadrivalent meningococcal conjugate vaccine at age 11 or 12 years, with a booster dose at age 16 years.
- For adolescents 11 through 18 years with HIV infection, a 2-dose primary series should be administered 8 weeks apart, with a one-time booster dose (i.e., 3rd dose) as indicated above.
- Persons aged 2 through 55 years with persistent complement component deficiencies (e.g., C5–C9, properdin, factor H, or factor D) or functional or anatomic asplenia should receive a 2-dose primary series administered 8 weeks apart, and receive subsequent booster doses every 5 years through age 55.
- Persons aged 2 through 55 years with complement component deficiency or asplenia, who have previously received a single dose of meningococcal conjugate vaccine, should receive their booster dose at the earliest opportunity and receive subsequent booster doses every 5 years through age 55.
- All others at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single primary dose. As long as the individual remains at increased risk, the single primary dose should be followed by a booster dose after 3 years (for children 2–6 years at primary vaccination), or after 5 years (for persons 7 years and older at primary vaccination).

**Recommended Adult Immunization Schedule**  
UNITED STATES • 2011

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 • 2011

**Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011**

**Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011**  
For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap
Human Papillomavirus <sup>2</sup>	see footnote <sup>2</sup>		HPV (3 doses)(females)	HPV series
Meningococcal <sup>3</sup>		MCV4	MCV4	MCV4
Influenza <sup>4</sup>			Influenza (Yearly)	
Pneumococcal <sup>5</sup>		Pneumococcal		
Hepatitis A <sup>6</sup>		Hep A Series		
Hepatitis B <sup>7</sup>		Hep B Series		
Inactivated Poliovirus <sup>8</sup>		IPV Series		
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

## Spotlight on Immunization Training Sessions

Did you know that the Vaccines for Children (VFC) Program offers free training sessions to Medical Assistants and Office Managers? In fact, the VFC Program offers these free trainings twice a year at the Philadelphia Department of Public Health. In 2010, 136 Medical Assistants from practices throughout Philadelphia attended our Medical Assistant Immunization Techniques training sessions. In addition, 43 Office Managers were trained through the Office Manager training.

The Philadelphia Immunization Program and Pennsylvania Chapter of the American Academy of Pediatrics host an Immunization Techniques Training Program for Medical Assistants in Philadelphia. These half-day, interactive education sessions focus on the basics of vaccines, immunization administration techniques, and pediatric immunization schedules. The program is approved for continuing education credits by the American Academy of Medical Assistants (AAMA). We encourage attendance by Medical Assistants who administer vaccines or who will be administering vaccines in the future. New in 2011, we now offer continuing education credits to nurses who attend our Immunization Techniques Training.

Office Manager training focuses on VFC requirements and implementation of the VFC Program in medical offices. Trainings are limited in attendance to foster open discussion and to allow participants to ask questions pertaining to their office. We encourage Office Managers or other VFC Contacts/Coordinators, both new and experienced, to attend the education sessions in order to learn, to review, and to share information on what works in regards to VFC in other offices throughout Philadelphia.

Interested in attending or sending some of your staff to our next sessions?

Contact Amber Sterling at  
215-685-6650  
Amber.Sterling@phila.gov



Additional sessions will be held in the fall. Keep a look out for registration form sent via email and fax.

The 17th Annual Pennsylvania Immunization Conference will be held Thursday, June 30, 2011 from 8:00 AM - 4:45 PM at the Lancaster Host Resort & Conference Center.

The Pennsylvania Immunization Coalition is also holding a free coalition skill-building workshop on Wednesday, June 29, 2011 from 10:00-4:30. Anyone is welcome to attend.

For more info visit

[http://www.immunizepa.org/news/article/pa\\_immunization\\_conf/](http://www.immunizepa.org/news/article/pa_immunization_conf/)

## VFC Eligibility and Medicaid Plans in Philadelphia

Children are eligible for VFC vaccines if they are 0 through 18 years of age and are at least one of the following:

- Medicaid eligible
- Uninsured (no health insurance)
- American Indian or Alaskan Native
- Underinsured (refer to FQHC)



### Available Medicaid Plans in Philadelphia:

- Aetna Better Health
- United Healthcare Community Plan For Families (formerly AmeriChoice)
- Coventry Cares Health Plan
- Health Partners of Philadelphia
- Keystone Mercy Health Plan

**Patient eligibility for VFC vaccines should be confirmed prior to any vaccine administration.**

**SCHIP patients ARE NOT eligible to receive VFC vaccines.**

## Take 10 to Enhance Vaccine Barcodes... Win an iPad!



Through a contract with the Centers for Disease Control and Prevention, RTI International is conducting a 10-minute Vaccine Barcoding Survey to learn more about the impact of including two-dimensional barcodes on vaccine labels.

Go to <https://vaccinebarcodingsurvey.rti.org>

Respondents can enter a raffle to win 1 of 10 iPads!

## Immunization Updates

### New Fax Number

All Vaccines For Children (VFC) and Vaccine For Adults At Risk (VFAAR) orders should now be sent to a new fax number:

**(215) 238 - 6939**

Updated forms can be found at <https://kids.phila.gov>

### ProQuad No Longer Available

The combination Measles, Mumps, Rubella and Varicella (MMRV) vaccine, ProQuad, manufactured by Merck & Co, Inc, is no longer available. Please order the individual presentations of the MMR (MMR II) and Varicella (Varivax) vaccines.

### FDA Expands Age Indications for Menactra and Zostavax

The U.S. Food and Drug Administration (FDA) approved the use of Sanofi Pasteur's Menactra in high-risk children as young as 9 months for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. The FDA has also approved an expanded age indication for Merck's Zostavax (Zoster Vaccine Live) for the prevention of herpes zoster, commonly known as shingles. The licensed age for adults is now 50 years of age and older.