



Immunization Information for Obstetrician-Gynecologists

A key barrier to vaccine acceptance is a lack of knowledge about the benefits and safety of vaccinations. For pregnant adolescents and adults, advice and information from a trusted health care provider such as an obstetrician-gynecologist plays an important role in the decision to get vaccinated.

-ACOG Immunizations and Routine Obstetric-Gynecologic Care
A Guide for Providers and Patients

Recommendations for Prenatal Care Providers

Tdap and Influenza Vaccine

1. Administer inactivated influenza vaccine (IIV) to all women who are or will be pregnant during flu season (early October – March). Vaccinate before the season begins.

NOTE: Women in 2nd and 3rd trimesters of pregnancy are at increased risk for hospitalization from influenza.

2. Administer one dose of Tdap vaccine (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine) during each pregnancy, irrespective of the patient's prior history of receiving Tdap. Optimal timing for Tdap is between 27 and 36 weeks.

NOTE: Tdap vaccination during pregnancy prevents more infant pertussis cases, hospitalizations, and deaths compared with postpartum dose.

NOTE: Tdap may be administered any time during pregnancy, but vaccination during the third trimester provides the highest concentration of antibodies to be transferred closer to birth.

3. Administer a single dose of Tdap to adolescents and adults (e.g., parents, siblings, grandparents, child-care providers, and health-care personnel) who have or anticipate having close contact with an infant aged <12 months to protect against pertussis if they have not received Tdap previously.
4. Document that recommended vaccines have been offered; that patients have been educated on indicated

immunizations; and that the patient accepted, refused, or obtained her vaccine at an outside facility.

NOTE: Live, attenuated virus vaccines, such as the MMR, varicella, or the live, attenuated influenza vaccine (LAIV), are not recommended in pregnancy.

Preventing Perinatal Transmission of Hepatitis B

1. Test all pregnant women for HBsAg during each pregnancy (even if known to be positive from previous pregnancy).
2. Administer hepatitis B vaccine to pregnant women who are identified as being at risk for HBV infection during pregnancy (e.g., having more than one sex partner during the previous six months, having been evaluated or treated for a sexually transmitted disease, recent or current injection drug use, or having had an HBsAg-positive sex partner).
3. Report all HBsAg-positive test results to health department (South Carolina Law §44-29-10 and Regulation §61-20).
NOTE: HBsAg-positive reports trigger DHEC investigation and initiation of case management to prevent perinatal hepatitis B infection in the infant.
4. Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to:
 - The hospital where the delivery is planned
 - The provider who will care for the newborn

Vaccine Programs in S.C. for Adolescents

Federal VFC Program

What is the VFC Program?

The Vaccines For Children (VFC) Program is a federal program that allows enrolled providers to give vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to eligible children and adolescents between the ages of 0 - 18 years of age.

Who can be a provider for the VFC vaccines?

In South Carolina, any Medical Doctor or Doctor of Osteopathy may enroll in the Federal VFC Program. Contact the DHEC Immunization Division at (803) 898-0460 or visit www.scdhec.gov/scimmunize. Upon enrollment, the provider will receive a visit from DHEC staff who will provide VFC Program education.

What vaccines are covered under the VFC Program?

All vaccines recommended by the ACIP and approved by Centers for Disease Control and Prevention are covered under the VFC Program at no cost to the participating provider.

Can a provider administer selected vaccines?

Yes. A provider has the option to limit VFC participation to specific vaccines recommended for the populations that the provider will serve (i.e., Tdap, flu, HPV, MCV).

How can the VFC Program benefit my practice?

The VFC Program reduces up-front costs because the provider will not have to purchase vaccines for VFC-eligible children and adolescents. Administration fees can offset costs.

How do I manage the VFC vaccine in my practice?

The physician who signs the VFC Provider agreement is responsible for the overall management and accountability of the VFC Program. The Federal VFC Program requires two staff members to be designated as vaccine coordinators. Some of the vaccine coordinator duties include vaccine management and proper storage and handling. Training is conducted for the VFC Program providers annually by DHEC.



Who can be served with the VFC vaccine?

Children and adolescents are eligible if they are less than 19 years of age and if they meet one or more of the following criteria:

- Enrolled in Medicaid
- Uninsured-has no health insurance
- American Indian or Alaska Native
- Underinsured-health insurance does not pay for vaccines. VFC vaccine is only available for underinsured children in designated Federally Qualified Health Centers (FQHCs)/Rural Health Centers (RHCs).

S.C. State Vaccine Program

How can a non-FQHC/RHC provider serve underinsured children and adolescents?

The S.C. State Vaccine Program, a supplemental vaccine program offered to all enrolled VFC providers, uses state funds to allow providers to serve underinsured and insured-hardship children. The S.C. State Vaccine Program offers ACIP recommended vaccines with the EXCEPTION of the human papillomavirus (HPV) vaccine. HPV vaccine is only available through the Federal VFC Program.

Contact the DHEC Immunization Division at (803) 898-0460 or visit www.scdhec.gov/scimmunize. Upon enrollment, the provider will receive a visit from DHEC staff who will provide education.

Vaccine Storage

Appropriate storage and handling practices are critical to assure that vaccines are not compromised prior to administration. To achieve the best possible results from vaccines, carefully follow the recommendations for storage, handling, and administration found in each vaccine's package insert. Here are other steps you can take to help ensure vaccine efficacy:

- Carefully select and use the proper vaccine storage units to store vaccines (no dormitory style units).
- Have a properly calibrated thermometer or temperature recording device inside each storage compartment.
- Evaluate your cold chain procedures to ensure that vaccine storage and handling guidelines are being followed.
- Inspect vaccines upon delivery and monitor refrigerator and freezer temperatures twice daily to assure maintenance of the cold chain.
- Rotate vaccine stock so the oldest vaccines are used first.
- If errors in vaccine storage and handling or temperature extremes occur, call the vaccine manufacturer to determine if the vaccine may still be administered and notify the DHEC Immunization Division.
- For additional storage and handling resources: www.cdc.gov/vaccines/recs/storage
- Package inserts: www.immunize.org/packageinserts/

Source:

www.cdc.gov/vaccines/recs/vac-admin/providers-role-vacc-admin-storage.htm



South Carolina Immunization Registry Regulation

In May 2013, the South Carolina General Assembly approved Regulation 61-120, which implemented the S.C. Immunization Registry.

All immunization providers will be required under the law to report all administered immunizations to the registry. Mandatory reporting will be phased-in over three years beginning January 1, 2014, following an age-based implementation schedule outlined in the regulation. As of January 1, 2017, all immunizations administered in S.C. must be reported to the statewide immunization registry.



If you are an immunization provider in South Carolina, you are required to register with the Department of Health and Environmental Control via South Carolina Immunization Provider Access System (SCI PAS) at <https://www.scdhec.gov/scipas>. You may register as an individual immunization provider, or as a facility or other entity provider (i.e., under an entity name or individual provider name). You may also register each specific location or just register once for multiple locations. If you are a health care provider who does not administer any immunizations, you may still register in order to use the registry to retrieve immunization information on your patients. Registration is a simple process.

A statewide registry or Immunization Information System (IIS) has benefits for both the patient and the provider. A registry consolidates the vaccination history for patients who visit multiple providers. Having all immunizations in one system reduces over and under immunization. See the methods for reporting to the immunization registry listed on page 4.

Registry Submission Options

1. Direct Data Entry

Providers enter administered doses by manually keying data in the registry.

- Provider profile for VFC enrollment can be generated automatically.
- On-demand printing of the South Carolina Immunization Certificate, DHEC 2740.
- On-demand printing of the immunization administration form, which when signed, may be used in a patient's medical record to document vaccine administration.
- Generate remind/recall lists.



2. Electronic Data Submission

Provider submits data from Electronic Health Record [EHR] to the registry.

- Requires practice to have an HL7-capable EHR.
- Requires practice or EHR vendor to establish an interface with the registry.
- Eliminates dual-entry.

3. South Carolina Health Information Exchange (SCHIEEx)

Provider submits immunization data through SCHIEEx to the registry.

- SCHIEEx offers the provider access to additional aspects of the patient history (e.g., immunizations, diagnoses, procedures, labs) making this information available when needed for patient care.
- Visit www.SCHIEEx.org for more information on this method.

If you have questions, please contact us by telephone at (866) 439-4082 (select option 2, Immunization Registry) or by e-mail at immunizationregistry@dhec.sc.gov.



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Certified Electronic Health Record Systems

Certified Electronic Health Record systems allow for electronic transmission of immunization data using the HL7 standard.

The data may be transmitted to the registry using SFTP.

For this unidirectional feed (from the EHR to the registry), contact: saylorrj@dhec.sc.gov. Include your EHR vendor in the e-mail.

The data may be exchanged with the registry using HTTPS or via SCHIEEx.

For a direct, bi-directional exchange (from the EHR to the registry and back to the EHR), contact: immunizationregistry@dhec.sc.gov. You will be sent information on the documents required before any testing begins.

For an indirect, bi-directional exchange via SCHIEEx, visit www.SCHIEEx.org.

Direct any question(s) related to Meaningful Use (MU), Attestation, etc., to: muhelpdesk@dhec.sc.gov.

Resources

American College of Obstetricians and Gynecologists Committee Opinion #558 (April 2013)

Centers for Disease Control and Prevention. Guidelines for vaccinating pregnant women. Atlanta (GA): 2013.

CDC. Prevention and control of seasonal influenza with vaccines. MMWR 2013;62: (No. RR-7)

CDC. Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women. MMWR 2013;62: 131-135.

CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP); Part 1: Immunization of Infants, Children, and Adolescents. MMWR 2005;54 (No. RR-16)

CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Hamborsky J, Wolfe S, eds. 12th ed., second printing. Washington, DC:Public Health Foundation, 2012.