

# THE SHARPSHOOTER

April 2009

A Publication for Local Health Departments & TVFC Providers serving Health Service Regions 2 & 3

## Texas' Immunization Rates most Improved in Nation

During the 43<sup>rd</sup> National Immunization Conference in Dallas, the Centers for Disease Control and Prevention (CDC) named Texas as the most improved state in childhood immunizations. San Antonio/Bexar County was named the most improved city/county

Texas increased 13.5 percentage points in childhood immunizations coverage rates from 2004 to 2008, based on National Immunization Survey data of children 19 through 35 months of age. Coverage is for the 4:3:1:3:3:1 immunization series: four doses of diphtheria/tetanus/pertussis vaccine, three doses of polio vaccine, one dose of measles vaccine, three doses of Haemophilus influenzae type b (Hib) vaccine, three doses of hepatitis B vaccine and one dose of Varicella vaccine.

Texas Department of State Health Services Commissioner David Lakey, M.D., accepted the state's award. He attributed the increase to aggressive and sustained efforts by state and local leaders and the many partner organizations and families across the state that have made childhood immunizations a priority in Texas.



News Media: Emily Palmer, Department of State Health Services Assistant Press Officer, (512) 458-7400.

## National Infant Immunization Week April 25 - May 2, 2009

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities. Since 1994, NIIW has served as a call to action for parents, caregivers, and healthcare providers to ensure that infants are fully immunized against 14 vaccine-preventable diseases. This year NIIW will be held April 25 – May 2, 2009.

Vaccination plays a critical role in safeguarding public health globally. During NIIW 2009, hundreds of communities across the United States will join those in the Western Hemisphere and Europe to celebrate Vaccination Week in the Americas (VWA) and European Immunization Week. Over sixty countries around the world will participate.

NIIW has provided an excellent opportunity for local and state health departments, national immunizations partners, healthcare providers, and community leaders from across the country to highlight the positive impact of immunization on the lives of infants and children and to call attention to immunization achievements.

If you are planning an NIIW 2009 activity and want to share your plans, or to see how others will celebrate their immunization achievements, log on at: <http://www.cdc.gov/vaccines/events/niw/>

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## Kindergarten and 7<sup>th</sup> Grade Immunization Requirements Changes Effective August 1, 2009

On March 5, 2009, the Executive Commissioner on Health & Human Services approved several revisions to the “Immunization Requirements for Children and Students in Texas Public and Private Schools” [Title 25. Health Services, Chapter 97, Texas Administrative Code (TAC) §9761 and §97.63-97.77]

The changes to the requirements were made in order to update the Texas elementary and secondary school immunization requirements so that they adhere more closely to the recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). These changes include:

**Hepatitis A Vaccine:** Beginning August 1, 2009, all students entering kindergarten will be required to have 2 doses of Hepatitis A vaccine.

**Measles, Mumps, Rubella (MMR) Vaccine:** Beginning August 1, 2009, all students

entering kindergarten will be required to have two doses of measles, mumps, and rubella (MMR) vaccine.

**Varicella Vaccine:** Beginning August 1, 2009, all students entering kindergarten and 7<sup>th</sup> grade will be required to have 2 doses of Varicella vaccine. A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child’s positive history of Varicella disease (chickenpox), or of Varicella immunity, is acceptable in lieu of either dose of Varicella vaccine.

**Tetanus, Diphtheria and acellular pertussis-containing vaccine (Tdap):** Beginning August 1, 2009, all students entering the seventh grade will be required to have one dose of Tdap vaccine. Students in the seventh grade will be required to have a booster dose of Tdap only if it has been five years since their last dose of a tetanus-containing vaccine. Students in grade 8-12 are required



to have a booster dose of Tdap if it has been ten years since their previous dose of a tetanus-containing vaccine. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

**Meningococcal Vaccine:** Beginning August 1, 2009, all students entering 7<sup>th</sup> grade will be required to have one dose of meningococcal vaccine.

Please contact the Immunization Branch Customer Service hotline at (800) 252-9152 if you have questions or need further information about immunization requirements in Texas. Further information can be found at: [www.dshs.state.tx.us/immunize](http://www.dshs.state.tx.us/immunize).

## Influenza Complications Kill

In the week of March 29 to April 4, 2009, the Centers for Disease Control and Prevention (CDC) received reports of two more children in the United States killed by complications from influenza; the total of reported pediatric influenza deaths this influenza season now stands at 45.

Yearly vaccination is the first and most important step in protecting against influenza and its complications. **It is important to continue vaccinating into the spring months.**

Additional resources regarding influenza disease and vaccination are available to healthcare professionals and the public on the CDC’s Seasonal Flu web section at: <http://www.cdc.gov/flu>

## Hepatitis Day

World Hepatitis Day will be observed on May 19, 2009 and is being coordinated by the World Hepatitis Alliance which is the global voice for the 500 million people worldwide living with chronic viral hepatitis B or C.

For more information, please contact World Hepatitis Alliance.

[www.worldhepday@fleishman.com](mailto:www.worldhepday@fleishman.com)

## World Meningitis Day April 25, 2009

The Confederation of Meningitis Organizations (CoMO) urges healthcare professionals, meningitis advocates, and others to join hands on April 25 to make World Meningitis Day a day of action to raise awareness about meningitis and septicemia.

To find out more about World Meningitis Day, go to:  
<http://www.comoonline.org/wmd.html>

## Haemophilus influenzae type b Advisory

The Centers for Disease Control and Prevention (CDC) issued an official Health Advisory stressing the need for all young children to receive the 3-dose primary series of HIB vaccine with available Hib-containing vaccine. The 12-through-15-month booster dose is still recommended.

To access the Health Advisory in its entirety, go to:  
<http://www.cdc.gov/HAN/ArchiveSys/ViewMsgV>.

## It's Federal Law



As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse event.

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or Varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

### What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS.

Source: <http://www.immunize.org>

All available VISs can be downloaded from the following websites:

Centers for Disease Control and Prevention (CDC) at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

The Immunization Action Coalition at: <http://www.immunize.org/vis>

**UPDATE – Hepatitis B vaccine delays**  
**NEW MARCH 2, 2009**  
**From the Centers for Disease Control and Prevention**

In February 2009, both Merck and GlaxoSmithKline experienced an inability to fill orders for pediatric Hepatitis B vaccine, resulting in backorders. The Centers for Disease Control and Prevention (CDC) has released doses from its monovalent pediatric Hepatitis B vaccine stockpiles to each manufacturer to support private and public sector vaccine usage through March. Merck expects supplies of pediatric Recombivax HB® to be limited during the remainder of 2009 and does not expect to return to a full supply until some time in 2010. GlaxoSmithKline expects to be able to meet the United States market demand for monovalent Hepatitis B vaccine through the end of May with its pediatric Hepatitis B vaccine (Pediatric Engerix-B®), and is working closely with CDC to determine how much additional monovalent Hepatitis B product can be supplied to the United States market during the second half of 2009.

**Based on current supply projections, there is no change in the recommendations for the use of pediatric Hepatitis B vaccine at this time.**

**Prevention of Perinatal Hepatitis B Virus (HBV) transmission**

The hepatitis B prevention strategies include:

- Universal vaccination of infants beginning at birth
- Prevention of Perinatal HBV infection through:
  - routine screening of all pregnant women for hepatitis B surface antigen (HBsAg)
  - immunoprophylaxis of infants born to HBsAg-positive women or to women with an unknown HBsAg status
- Routine vaccination of previously unvaccinated children and adolescents
- Vaccination of previously unvaccinated adults at risk for HBV infection

All HBsAg-positive pregnant women should be reported to the local health department within one week.

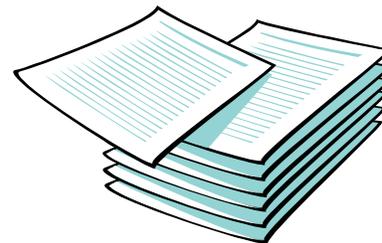
Annually, there are approximately 800 to 1,200 HBsAg-positive women identified in Texas. These estimates are based on the National Health and Examination Survey (NHANES). The success of Perinatal hepatitis B prevention program is designed around increased reporting, contact identification and case management of the infant, household and sexual contacts by the Perinatal Hepatitis B prevention program in Texas.

References:

Texas Department of State Health Services, “Prevention of Perinatal Hepatitis B transmission.” Perinatal Hepatitis B Prevention Program Manual, 2008-2009.

Centers for Disease Control and Prevention, “Current Vaccine Shortages and Delays”, March 2, 2009.

# Current Vaccine Information Statement (VIS) Dates



DTaP/DT/DTP	05/17/07
Hepatitis A	03/21/06
Hepatitis B	07/18/07
Hib	12/16/98
HPV	02/02/07
Influenza (LAIV)	07/24/08
Influenza (TIV)	07/24/08
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08 *
PCV7	12/09/08
PPSV	04/16/09
Polio	01/01/08
Rotavirus	08/28/08
Td/Tdap	11/18/08
Varicella	03/13/08

\* This VIS is an optional alternative when two or more routine childhood vaccines (i.e., DTaP, hepatitis B, Hib, pneumococcal, polio, or rotavirus) are administered at the same visit.

VIS updates are available in English and more than 30 languages. To view the website, visit:

<http://www.partnersforimmunization.org>

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