

THE SHARPSHOOTER

April 2012

A Publication for Local Health Departments &
TVFC Providers

Serving DSHS Health Service Regions 2 & 3

National Infant Immunization Week Observed April 21 – 28, 2012

National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. Since 1994, local and state health departments, national immunization partners, health care professionals, community leaders from across the United States, and the Centers for Disease Control and Prevention (CDC) have worked together through NIIW to highlight the positive impact of vaccination on the lives of infants and children, and to call attention to immunization achievements.

This year's NIIW was observed April 21 – 28, and was celebrated as part of the first World Immunization Week (WIW), an initiative of the World Health Organization (WHO). During WIW, all six WHO regions, including more than 180 Member States, territories, and areas, simultaneously promoted immunization, advanced equity in the user of vaccines, promoted universal access to vaccination services, and enabled cooperation on cross-border immunization activities.

Several important milestones have been reached in controlling vaccine-preventable diseases among infants and adults worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the United States. In addition:

- Through immunization, we can now protect infants and children from 14 vaccine-preventable diseases before age two.
- In the 1950s, nearly every child developed measles, and unfortunately, some even died from this serious disease. Today, few physicians just out of medical school will never see a case of measles during their careers.
- Routine childhood immunization in one birth cohort prevents about 20 million cases of disease and about 42,000 deaths. It also saves about \$13.6 billion in direct costs.
- In September 2011, CDC announced that childhood immunization rates for vaccines routinely recommended for children remain at or near record highs.

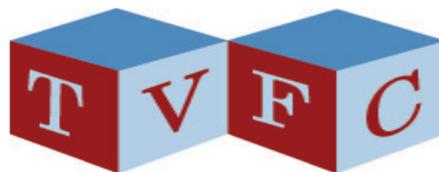
To learn more about NIIW and how you can become a part of next year's celebration, click the following link: <http://www.cdc.gov/vaccines/events/niiw/overview.html>.

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Texas Vaccines *for* Children



Texas Vaccines for Children – Electronic Vaccine Inventory (EVI) Expansion

The implementation of the new functionality of EVI is May 1, 2012! It is critical you submit a paper **Monthly Biological Report** and **Temperature Recording Log** for April 2012 to your local health department or health service region.

To support your rollout of the new functionality of EVI, an online training and desk reference are ready for your review and completion! The link to the ***EVI Online Training*** is:
http://www.upp.com/evi_2012/index.htm

The link to the ***EVI Desk Reference*** is:
<http://www.dshs.state.tx.us/immunize/docs/choice/EviTraining2012April16.pdf>

The link to the ***EVI Online Training Guide*** is:
http://www.dshs.state.tx.us/immunize/docs/choice/EVI_Online_Training_Guide_04-16-12.pdf

The ***EVI Online Training Guide*** lists the Table of Contents sections bolded and referenced by slide # to show which sections are new or updated without reviewing the entire training. The online training includes all functionality in EVI and contains a table of contents if you only wish to review the new functionality (listed below in bold and in the document referenced above):

To be successful, you must:

- have placed your order for April 2012;
- have a system in place to record and retrieve doses administered data by NDC, brand, vaccine family, presentation, lot number, expiration date, quantity and appropriate age groups: pediatric (0-18 years) or adult (19 years and over);
- organize your inventory by brand, presentation, lot number and with the earliest expiration date in the front for usage; and
- allow staff time to review the online training and printed desk reference.

Technical assistance or questions:

If you have any specific questions or require assistance, please contact your Texas Vaccines for Children representative in your local health department or health service region. If you experience problems with the training site or have questions about the training and/or desk references please contact the Vaccine Call Center @ 1-888-777-5320.

Hepatitis B Program Helps Cut Infant Infections

By Genevra Pittman
NEW YORK | Tue Mar 27, 2012 5:14pm EDT

(Reuters Health) – A program to prevent chronic hepatitis B infection in newborns seems to be working, according to a new study from researchers at the Centers for Disease Control and Prevention (CDC). They found that more babies exposed to hepatitis B through their moms have gotten vaccinated right away, and fewer have ended up with chronic infections, since the program started in 1990. That’s important because the virus can be passed between mother and child during birth, and over the long run chronic infection increases the risk of liver failure and cancer. “The findings were very encouraging – they showed that most infants completed the (vaccination) series,” said Emily Smith, the lead researcher on the study.” For the infants that were followed... they had great results and outcomes,” she told Reuters Health. Still, Smith emphasized that there’s work to be done in making sure all new moms with hepatitis B are reported to the CDC’s program so that babies can receive the proper care to prevent infection.



About one million people living in the United States have chronic hepatitis B infection, and an additional 40,000 are infected every year through bodily fluids such as blood and semen – as well as during birth.

The CDC’s vaccine program calls for screening all pregnant women for hepatitis B and giving exposed babies antibodies and a vaccine against the virus within 12 hours of birth, followed by an additional two or three vaccine doses over the next year or so. Individual cities and states submit reports to the CDC on the number of hepatitis B cases identified in women and how their infants were managed, and those numbers are used to make nationwide estimates.

Based on those reports, the researchers calculated that from 1994 to 2008, the number of women who screened positive for hepatitis B each year increased from about 19,000 to close to 26,000. Over the study period, the number of exposed babies who got both hepatitis B antibodies and a vaccine within a day of birth increased from 92 percent to almost 97 percent. Along with that, tracked infants who ended up with chronic hepatitis B infection fell from two percent to less than one percent by 2008, the researchers reported. Still, they were only able to follow about half the babies out to one year. And the number of infants who’d had all of their hepatitis B vaccines by that point actually decreased during the study period – from 86 percent to 78 percent – with at least some of that due to more families refusing vaccines.

“The program is certainly working – they’re vaccinating more infants successfully,” said Dr. Maya Gambarin-Gelwan, who has studied hepatitis B at Weill Cornell Medical College in New York but wasn’t involved in the research.” But half of the infants who are born to those mothers are slipping through the system,” she told Reuters Health. “It’s also bothersome that there’s this growing percentage of infants who are not completing vaccination or that we don’t have a follow-up on.”

Dr. Tram Tran from Cedars-Sinai Medical Center in Los Angeles told Reuters Health that while doctors are really good at screening women early in pregnancy when they’re already in the health care system, there’s still a big gap for other women, such as immigrants and illicit drug users. And even if those women do get screened, she said, they may not have the resources to bring their babies back for the multiple hepatitis B shots necessary for protection. “It’s a completely preventable disease, that’s the thing that’s frustrating,” said Tran, a hepatitis researcher who wasn’t part of the study team. “We have a vaccine that works really well. It’s just getting to these high-risk pockets and these high-risk groups where there’s still a lot of opportunity.”

<http://www.reuters.com/article/2012/03/27/us-hepatitis-idusbre82q18m20120327>

Welcome to...

COMPREHENSIVE CLINIC ASSESSMENT SOFTWARE APPLICATION



CoCASA, At a Clinic near You!!!

Did you know? – In order to participate in the Texas Vaccines for Children Program and/or to receive federally – and state-supplied vaccines provided to you at no cost, the signing healthcare practitioner on the Texas Vaccine for Children (TVFC) Provider enrollment Form agrees to abide by 10 criteria as listed on the Provider Enrollment Form. Criteria number 10 states; “This office/facility will allow the Department of State Health Services (DSHS) (or its contractors- Texas Medical Foundation (TMF)) to conduct on-site visits as required by Vaccine for Children (VFC) regulations”. A component of the onsite visits may include conducting a CoCASA

What is CoCASA? – Glad You Asked

The Comprehensive Clinic Assessment Software Application (CoCASA) is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided.

Why Conduct a CoCASA? Good Question

The ultimate goal of the TVFC program is to raise immunization rates!!!!

CoCASA has data entry and import capabilities. After immunization data has been entered into CoCASA the data analysis results when discussed with the provider and/or clinical staff can be utilized to pinpoint strengths and areas of improvement which help raise awareness of the impact of immunization practices in the clinic.

How can CoCASA Benefit Me?

CoCASA results can be used to pinpoint strengths and areas of improvement for individual immunization providers through the use of built-in diagnostic reports. CoCASA can be used to generate reports such as Missing – Overdue Immunizations (can be used for reminder/recall), Invalid Immunization (can be used to train staff on proper vaccine intervals), and many other useful reports. The TVFC program CoCASA results to determine which clinic(s) may need more follow-up education and intervention.

How Will I know if My Clinic is Subject to CoCASA?

If your clinic/practice sees children in the 19-35 month age range and have at least 10 records in the 24-35 month age range a CoCASA will be conducted. Your clinic/practice will be assessed on the percent of immunizations successfully delivered (according to a recommended schedule) by the compliance age of 24 months.

Vaccine Series – Huh?

The TVFC program uses the vaccine series 4:3:1:4:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 4 Hib, 3 Hep B, 1 Varicella, 4 PCV 7/13/10) or 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 PCV 7/13/10). The series for your clinic will be determined by which Hib product your clinic uses, the 4-dose series (ActHIB, Pentacel and or Hiberix) or the 3-dose series (Comvax and PedvaxHib). The 2011 TVFC compliance immunization rate for both vaccine series is 80%.

Now that you are in the “know” about CoCASA, here is how to get started on using CoCASA in your clinic. Visit <http://www.cdc.gov/vaccines/programs/cocasa/install.htm> for a free download. Please contact your nearest TVFC Health Service Region if you have questions or to request more information.

The Texas Vaccine for Children Program Influenza Order for 2012-2013



The Texas Vaccine for Children (TVFC) providers should have placed their influenza order for 2012-2013. The deadline was March 9, 2012. TVFC Ordering will be opened again after this date for providers who missed this deadline or who want to order additional vaccine. Please keep in mind that the order that you placed is your actual influenza order that will be delivered starting in the fall of 2012.

The 2012-2013 Influenza Vaccine Information Statements (VIS) will be available for order in late summer or early fall of 2012. By federal law, an appropriate VIS must be given to all patients, or their legal parent or representative when receiving influenza vaccine. VIS forms will not be included with influenza vaccines. VIS forms must be ordered by providers early enough to ensure they are available prior to receiving influenza vaccine. To order Influenza VIS forms free of charge, please visit www.immunizatexas.com. VIS forms may be obtained by clicking on the Reference Center on the left side of the page, click the link for "Literature & Forms." If you have questions or concerns regarding ordering immunization literature or forms, please call 1-(800)-252-9152.

TVFC-supplied influenza vaccine is reserved for TVFC eligible children 6 months to 18 years of age as follows:

TVFC Children Eligible for Trivalent Inactivated Influenza Vaccine (TIV)

- Children aged 6 months through 18 years.

TVFC Children Eligible for Live, Attenuated Influenza Vaccine (LAIV)

- Healthy children and adolescents (those who do not have an underlying medical condition that predisposes them to flu complications) ages 2 years through 18 years.

If you have questions regarding the ordering process for 2012-2013 influenza vaccine, please contact your Local County Health Department or your Health Service Region representative.



The Binational Immunization Comparison Chart

The Binational Immunization Comparison Chart is a side-by-side presentation of recommended vaccines in Mexico and the United States (US). This comparison chart, as released by the Centers for Disease Control and Prevention (CDC), is a reference for health-care providers, school nurses, child-care facilities, and others. The chart helps to identify vaccines needed by persons currently in the U.S. who received some vaccines in Mexico.

The Binational Immunization Comparison chart contains information on Mexico's Immunization Schedule including recommended ages and the number of doses of vaccines an individual should receive. Mexico's schedule is compared to the Recommended Childhood and Adolescent Immunization Schedule developed by the Advisory committee on Immunization Practices (ACIP).

Note: Current Texas law requires that all immunizations entered into ImmTrac, the Texas immunization registry, must be medically verifiable prior to input. See the **Texas Administrative Code, Title 25, Part 1, Chapter 100, Rule § 100.6-d.**

For additional information, please contact ImmTrac customer support at 1-800-348-9158.

To view/print the Binational Immunization Comparison Chart, go to:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/binational-schedule-pr.pdf>



The 2012 National Conference on Immunization and Health Coalitions will be held May 23-25, 2012 in New Orleans, Louisiana. Additional information can be found at: <http://www.shotsfortots.com/html/10thNCIHC.html>.

Texas Vaccine Education Online: Developed by the Department of State Health Services (DSHS) Immunization Branch provides short online courses on topics related to vaccines, including Texas Vaccine for Children (TVFC), ImmTrac, vaccine-preventable diseases, vaccine administration, and strategies to raise coverage levels. Each course is designed for a specific audience, such as health care providers, school personnel, parents, and local health departments. These courses are free and can be accessed at: <http://www.vaccineeducationonline.org/>.

The Immunization Action Coalition (IAC) maintains up-to-date Vaccine Information Statements (VISs). Check out this web site to assure that your VISs are up-to-date. <http://www.immunize.org>.

Vaccines.gov now available in Spanish: A new web site that brings together the best in plain language resources on vaccine and immunizations is now available in Spanish. This is the first federal website to offer one-stop-shopping for the latest information on vaccine recommendations, easy-to-read immunization schedules, and tools on where to find vaccines and make them more affordable. Vaccines.gov provides bilingual and Spanish-speaking consumers with culturally relevant material on preventive health. You are invited to visit the site: <http://www.vaccines.gov>. Click on the "En Espanol" link in the right corner of the header bar to access the site in Spanish.

Free Adolescent Health e-Newsletter: The Health and Human Services (HHS) Office of Adolescent Health (OAH), established in 2010, invites you to sign up for its free monthly e-newsletter, *Adolescent Health Insider*. Each issue addresses an important adolescent health topic featuring an approach which spans programs and policies that work; includes resources from multiple federal agencies and, depending on the topic, tips for parents too. They blend positive youth development approaches with risk reduction to help busy professionals find easy-to-use information for promoting health and preventing disease among adolescents in their communities. Sign up at: <http://www.hhs.gov/ash/oah/news/e-updates>.

Questions From the Field

Is it true that the Advisory Committee on Immunization Practices (ACIP) no longer specifies a time interval between administering doses of Td and Tdap to teens and adults? In January 2011, the Centers for Disease Control and Prevention (CDC) issued updated ACIP recommendations on the use of Tdap vaccine. They clearly state that pertussis vaccination, when indicated, should not be delayed and that Tdap should be administered regardless of the interval since the last tetanus- or diphtheria-toxoid-containing vaccine was given. This means that if Td was administered inadvertently when Tdap was indicated, the dose of Tdap can be given on the same day the dose of Td was given.

If a teen or adult patient received a dose of Td vaccine 2 years ago, should I wait approximately 8 more years before administering a dose of Tdap to the patient? No. ACIP recommends that people age 11 through 64 who have not yet received Tdap receive their one-time dose now. ACIP specifies no waiting interval between administering Td and Tdap to anyone in this age group. Adults age 65 years and older do not need to delay Tdap vaccination following Td either.

If a teen or adult mistakenly received a dose of Td when they should have received Tdap, what is the optimal time to give the missing Tdap dose? As soon as possible, even if it is the same day.

Source: <http://www.immunize.org/express/issue980.asp>.



Supply Delay Announced for Pentacel and Daptacel Vaccines

Sanofi Pasteur announced that effective April 20 that it has temporarily implemented order limitations for its DTaP-IPV/Hib vaccine (Pentacel) and its DTaP vaccine (Daptacel).

According to information supplied by the Michigan State Medical Society and Michigan Department of Community Health (MDCH), allocations of Pentacel are necessary because of a manufacturing delay that will temporarily reduce supply below the level needed to fully satisfy market demand and are anticipated to last throughout the summer. MDCH checked with Sanofi, and Sanofi reported this is solely a manufacturing delay issue and it is not a safety or quality issue.

IMPORTANT: No child should go unvaccinated because of this supply issue. Ample vaccines are available and must be used to avoid missed opportunities to vaccinate.

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

VACCINE INFORMATION STATEMENTS

Vaccine Information Statements (VIS) are information sheets produced by the Centers for Disease Control and Prevention (CDC). VISs explain both the benefits and risks of a vaccine to adult vaccine recipients and the parents or legal representatives of children and adolescents. Before a National Childhood Vaccine Injury Act-covered vaccine is administered to anyone (this includes adults!), a copy of the most current VIS for the vaccine must be given.

As of April 20, 2012, the most recent versions of the VISs are as follows:

DTaP/DT	05/17/07	MMR	04/20/12
Hepatitis A	10/25/11	PCV13	04/16/10
Hepatitis B	02/02/12	PPSV	10/06/09
Hib	12/16/98	Polio	11/08/11
HPV..Cervarix	05/03/11	Rotavirus	12/06/10
HPV..Gardasil	02/22/12	Shingles	10/06/09
Influenza (LAIV)	07/26/11	Td/Tdap	01/24/12
Influenza (TIV)	07/26/11	Varicella	03/13/08
Meningococcal	10/14/11		
Multi-vaccine VIS.....			09/18/08

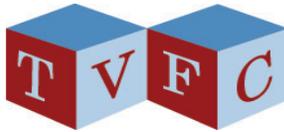
(For 6 vaccines given to infants/children: DTaP, IVP, Hib, HepB, PCV, RV)

Check your VIS against this list.

If you have outdated VISs, click on the following link to get current versions:

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

Texas Vaccines for Children



DEPARTMENT OF STATE HEALTH SERVICES – HEALTH SERVICE REGION 2/3



HEALTH SERVICE REGION 2/3 ARLINGTON IMMUNIZATION CONTACTS

Communicable Disease Mgr.	Sonna Sanders	817-264-4771 Sonna.sanders@dshs.state.tx.us
Immunization Team Lead	Cheryl Millican	817-264-4795 Cheryl.millican@dshs.state.tx.us
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Electronic Data Mgt. Coordinator	Matt Honza	817-264-4891 Matt.honza@dshs.state.tx.us
ImmTrac Coordinator	Sandi Geisler	817-264-4811 Sandi.geisler@dshs.state.tx.us
Region 2 Site Visit Coordinator	Ronda Meyer	325-795-5873 Ronda.meyer@dshs.state.tx.us
Region 3 Site Visit Coordinator	Frederick Grimes	817-264-4796 Fred.grimes@dshs.state.tx.us
TVFC Coordinator	Cindy Grier	817-264-4793 Cindy.grier@dshs.state.tx.us

TVFC Account Representatives

For providers in Brown, Collin, City of Garland, Denton, Hunt, Nolan, Navarro, Taylor, & Wichita	Pam Benavidez	817-264-4790 Pam.benavidez@dshs.state.tx.us
For providers in Tarrant County	Elena Valencia	817-264-4792 Elena.valencia@dshs.state.tx.us
For providers in Dallas County	Sue Crockett	817-264-4797 Sue.crockett@dshs.state.tx.us
For all other Counties	Arma Carter	817-264-4794 Arma.carter@dshs.state.tx.us