

National Infant Immunization Week April 23 – 30, 2011



Immunization of children is among the most successful and cost-effective of public health achievements. It has led to the reduction and prevention of vaccine-preventable diseases.

Immunization campaigns highlight the need for routine and timely vaccinations for infants and children. They are launched at the same time in countries and territories in the World Health Organization Regions of the Americas, Eastern Mediterranean and Europe. The goals are:

1. Expand immunization coverage
2. Raise awareness of the importance of vaccines
3. Promote national and cross-border activities in joint efforts to prevent disease and save lives.

From April 23 – 30, 2011, National Infant Immunization Week (NIIW) will be observed by promoting the benefits of immunizing and protecting children 24 months and younger from vaccine-preventable diseases. Events across the United States will focus local and national attention of the importance of vaccinations. It will remind parents and other caregivers to protect children, starting at birth, against vaccine-preventable diseases with routine and timely vaccinations.

Vaccinate. Vaccines save lives! The bacteria and viruses that cause diseases still exist. Many vaccine-preventable diseases can be very dangerous to infants. Children who are not protected are at risk. They can be exposed to diseases from family members and the community. Vaccines protect not only those who get immunized, but also protect the people around them who may not be able to get immunized. These include those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons, and those who cannot make an adequate response to vaccination.

On Time. If a baby is not too young to get the disease, it is not too young to get the vaccine! During a delay, the child is susceptible. It is important to follow the recommended schedule because this provides the best protection or has the best evidence of effectiveness. Vaccines are added to the recommended schedule based on the ability of persons of certain ages to respond to the vaccines. Use of combination vaccines can reduce the number of injections required at an office visit.

If you are planning a NIIW 2011 activity, large or small, the Centers for Disease Control and Prevention (CDC) would like to hear from you. Please go to: <http://www.cdc.gov/vaccines/events/niiw/activities.html>



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President Obama Prioritizes Viral Hepatitis in 2012 Budget

The Obama Administration released its 2012 budget on February 14, 2011. A \$5 million increase federal funding for the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis is approved to expand state and locally based viral hepatitis surveillance, screening and treatment programs for chronic infections.

Approximately 6 million Americans are afflicted with viral hepatitis and three-quarters of them do not know it. Most of infected person become aware of their disease after it has progressed to liver failure, cirrhosis, or liver

cancer. With this increase, CDC will be able to “expand and strengthen surveillance capacity in high burden state and local health departments to detect viral hepatitis transmission, monitor health disparities, and implementation and impact of recommended prevention services; develop and execute viral hepatitis awareness and training programs for public health and clinical care professionals to implement and scale-up viral hepatitis screening and care referral; and enhance worth with global partners to implement viral hepatitis surveillance and prevention programs in high burden countries.”

Learn more at http://www.nvhr.org/pdf/Final_NVHR_Press_Release_Presidents_Budget_2_14_11.pdf

ImmTrac - Lifetime Registry



The Texas Immunization registry, ImmTrac, is no longer just for children. For more than a decade, ImmTrac has been storing and consolidating children's immunization information, ensuring that health-care providers, school nurses, and day care facilities could readily have access to children's immunization records. In 2008, Adult first responders and their family members were added as clients and on February 14, 2011, ImmTrac - Lifetime Registry became a registry for all Texans

In the current system, when a child who is registered with ImmTrac reaches the age of 18, their record is no longer visible in the registry but remains in “pending verification” status until their 19th birthday. During this time, the young adult can complete an *Adult Consent Form* and have their ImmTrac status changed from ImmTrac Child to ImmTrac Adult. After the 19th birthday, the ImmTrac record is permanently deleted from the system unless the adult has provided consent as an adult. Under the Lifetime Registry, any Texan 18 years of age or older may grant consent to participate in ImmTrac at any time. Since this is a Lifetime Registry, once consent has been granted by the adult, the client will remain in ImmTrac until death or withdrawal of consent.

With the addition of adult clients, ImmTrac has the potential to grow significantly and provide registry services to millions of Texans of all ages.

Two training webinars, one on the *ImmTrac Lifetime Registry* and one on *Affirming Adult Consent for 18 year old ImmTrac Clients* are available to providers. Both webinars are accessible on the www.ImmTrac.tdh.state.tx.us website. The password 8Fw1C#Hd, which is listed next to the webinar link is required to access, *Affirming Adult consent for 18 Year Old Clients*.

.For questions, please contact your Local Health Department or Sandi Geisler at the DSHS Regional office at 817-264-4811 or Sandi.Geisler@dshs.state.tx.us

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 2011-2012

The Texas Vaccine For Children (TVFC) providers should have placed their Influenza order for 2011-2012. The deadline was March 20, 2011. TVFC Influenza vaccine will be made available to providers for additional doses after the first round of orders has been shipped to providers in the fall.

The 2011-2012 Influenza Vaccine Information Statements (VIS) will be available for order in late summer or early fall of 2011. By federal law, an appropriate VIS must be given to all patients, or their parent or legal representative when receiving an influenza vaccine. VISs will not be included with influenza vaccines. VISs must be ordered by providers early enough to ensure they are available prior to receiving influenza vaccine. To order Influenza VISs free of charge directly from the Immunization Branch, please visit www.immunizetexas.com. Click the, "Go to Immunization Branch Web Page". Under 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 call 1-800-252-9152.

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

TVFC Children Eligible for Trivalent inactivated influenza vaccine (TIV)

- All Children aged 6 months through 18 years.

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

- All 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.



2100 Changes to Tdap Vaccine Schedules

In response to an increased incidence of pertussis in the United States, the Advisory Committee on Immunization Practices (ACIP) has recommended changes for the use of Tdap vaccine for children, adolescents, and adults. For specific changes in the recommendations, visit: http://www.immunize.org/va/va30_acip.pdf

2011-2012 Influenza Vaccine Composition Recommendation

The strains recommended by the World Health Organization (WHO) for next year's influenza vaccines include:

- An A/California/7/2009 (H1N1)-like virus;
- An A/Perth/16/2009 (H3N2)-like virus;
- A B/Brisbane/60/2008-like virus;

To access the WHO announcement, visit:

http://www.who.int/csr/disease/influenza/recommendations_2011_12north/en



Resources

DVD-Immunization Techniques: Best Practices with Infants, children, and Adults

The California Department of Public Health-Immunization Branch has developed a video that focuses on the skills and techniques needed to administer vaccines. Other content includes: injectable, oral, and nasal vaccines; selecting, preparing, and administering vaccines; documenting immunizations; parent education and comfort; and staff safety and training. For more information, visit: http://www.immunize.org/shop/toolkit_iztechdvd.asp.

Immunization Schedule with new footnotes now available!

The Center for Disease Control (CDC) has revised its Recommendation Immunization Schedules (for persons 0-6 Years, for persons 7-18 years, and the catch-up schedule. These schedules can be accessed at: <http://www.aap.org/immunization/IZSchedule.html>.

New Strategic Plan for vaccines released by Department of Health and Human Services

This update to the National Vaccine Plan is the first since the original plan in 1994. Its goal is to ensure that all Americans can access the preventive benefits of vaccines. For more information about this plan, visit: http://www.hhs.gov/nvpo/vacc_plan/.

Questions from the field...



Is it true that pertussis in children is increasing? Are more infants dying from the disease?

Since the 1980s the number of reported pertussis cases has increased. These increases have been noted in both infants and younger than age 1 year, particularly among infants younger than ages 6 months; adolescents age 11-16 years, and adults. An increase in the number of reported deaths from pertussis among very young infants has paralleled the increase in the number of reported cases. Reasons for the increases in pertussis are not completely clear; improvements in diagnosis and reporting of pertussis in adolescents and adults appear to be factors contributing to the overall increase. http://www.immunize.org/askexperts/experts_tet.asp

Should I make an effort to give teenagers a Tdap dose, even if they've had a dose of Td at 11-12 years?

Yes. All adolescents should receive one dose of Tdap vaccine to protect them from pertussis, even if they have already received Td. It is important to do this right away if they are in contact with an infant younger than age 12 months, work in a healthcare setting where they have direct contact with patients, or live in a community where pertussis is occurring. http://www.immunize.org/askexperts/experts_tet.asp

What if we mistakenly gave Tdap to a child ages 7-9 years?

Use of Tdap in children ages 7-9 years is considered off-label and is not recommended; however, the dose can be counted and does not need to be repeated with Td.

http://www.immunize.org/askexperts/experts_tet.asp

CURRENT VACCINE INFORMATION STATEMENT (VIS) DATES

DTaP/DT	05/17/07
Hepatitis A	03/21/06
Hep B	07/18/07
Hib	12/16/98
HPV	03/30/10
Influenza (LAIV)	08/10/10
Influenza (TIV)	08/10/10
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08
PCV 13	04/06/10
PPSV	10/06/09
Polio	01/01/00
Rotavirus	12/06/10
Shingles	10/06/09
Td & Tdap	11/18/08
Varicella	03/13/08

Use of the VIS is mandatory!

Before a National Childhood Vaccine Injury Act-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 the patient time to read the VIS prior to the administration of the vaccine.

You must record in your patient's chart the date the VIS was given. You must also record on the patient's chart the date the VIS was given.

You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS.

VIS updates are available in English and other languages at:
<http://www.immunize.org/vis>.

IMMUNIZATION STAFF

Please direct your immunization questions to your Health Service Region 2/3
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