

# THE SHARPSHOOTER January 2010

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

## National Influenza Vaccination Week January 10-16, 2010 From the Centers for Disease Control and Prevention

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as foster greater use of flu vaccine after the holiday season into January and beyond. This year's NIVW (originally scheduled for December 6-10, 2009) is now **rescheduled for January 10-16, 2010**. Since the 2009 H1N1 influenza is likely to continue into the new year, NIVW will be an important opportunity to maintain or increase the uptake of 2009 H1N1 flu vaccination at a time when the demand for vaccine usually drops significantly. Influenza is unpredictable and we do not know the likelihood of a future wave of H1N1 influenza, but we do know that the more people who are vaccinated, the less likely disease will spread in the coming months.

One of the many goals for National Influenza Vaccination Week is to engage at-risk audiences who are not yet vaccinated, hesitant about vaccination, or unsure about where to get vaccinated. Every year, certain days of NIVW are designed to highlight the importance for certain groups like health care workers and children to get vaccinated. We'll share more details about NIVW activities in the next few weeks. We hope that all our partners will plan their own NIVW events and share their plans with us at <http://www.cdc.gov/flu/NIVW/form.htm>.

### New Vaccines + New Form

With the addition of Hiberix and Rotarix vaccines to the Texas Vaccines for Children Program, the Monthly Biological Report form (EC-33) is being revised and should be available soon. Please note on the new form that **Hiberix doses should be recorded separately from Hib doses**. Upon receipt of the new form, please discard the older version.

### Key Facts About H1N1 Influenza Vaccine

1. Seasonal influenza vaccine won't protect against H1N1 influenza.
2. All healthcare personnel need 2009 H1N1 influenza vaccine, including those 65 and older.
3. H1N1 influenza is a dangerous virus.
4. The vaccine against H1N1 is not experimental.
5. Antiviral medicine is no substitute for vaccination.

Providers can still register to receive H1N1 Vaccine at: [Texasflu.org](http://Texasflu.org).

Source: [www.immunize.org](http://www.immunize.org)

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## Physician Participation Key to Role Immunization Registries Play in Vaccination Efforts

One way to increase immunization rates in the United States is via physician participation in state and regional immunization registries. However, although nearly three-quarters of physicians who practice in the public sector participated in these programs in 2008, only about one-third of private practice physicians participated.

America's physicians – particularly family physicians and pediatricians, who administer a good number of the nation's vaccines – need to embrace vaccine technology and view it as a valuable resource that will make medical practices more efficient and keep patients healthier, according to Anne Cordon, M.P.H., and president-elect of the American Immunization Registry Association.

Cordon said that, “We need to get private providers who are outside of the public health realm using the registries; that is our big population we need to get in the next five years.” She added that she would like to see large medical specialty organizations, such as the American Association of Family Physicians and the American Academy of Pediatrics, encourage their members to input data into their regional or state systems.

According to the Centers for Disease Control and Prevention (CDC), only 37 percent of physicians in the private sector participated in registry programs in 2008. However, registry enrollment percentages may be deceptive, because some individuals enroll but do not actively participate in the system.

Private practice physicians may not be aware that these registries exist, said Cordon, or they may not realize the efficiencies registries provide. She added that the registry system offers physicians free training and support. “Their end of the deal is to enter data and to use it,” she said.

Physicians who actively participate in most immunization registries are able to extract data that

- Provides statistics on individual immunization coverage;
- Helps physicians pinpoint where their practices are underimmunizing and overimmunizing;
- Supplies ready access to the latest guidance from CDC's Advisory Committee on Immunization Practices on new vaccines, vaccine combinations, and immunization schedules;
- Forecasts what shots a patient is due to receive at an office visit; and
- Ensures the physician receives credit for patient immunizations given outside of the practice – a factor that can affect a physician's quality performance rating from health plans that engage in pay-for-performance programs.

Jeffrey Susman, M.D., professor and chair of the department of family medicine at the University of Cincinnati, looks at the big picture. “In the patient-centered medical home, complete information, including immunization records, should be available with seamless information exchange among many health care settings,” said Susman. “Whether immunizations are provided at a community health center, a school-based clinic or a health department, the medical home should have access to, and coordinating responsibility for, this data.”

Article by Sherri Porter for the American Association of Family Practitioners 8/4/2009

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

## KEEP VACCINATING AGAINST SEASONAL FLU

Seasonal Flu is a serious disease. Each year in the United States, on average:

- 5% to 20% of the population gets seasonal flu;
- More than 200,000 people are hospitalized from seasonal flu complications, and;
- About 36,000 people die from seasonal flu.

Providers should continue vaccinating patients throughout the influenza season, including into the spring months. Remember: 2009 H1N1 influenza vaccine will not protect people against seasonal flu, and seasonal flu vaccine will not protect against the H1N1 flu.

For additional information, visit: <http://www.immunize.org>.

## VACCINE SPOILAGE - STOP THE WASTE!

The Centers for Disease Control and Prevention (CDC) estimates that hundreds of thousands of doses of vaccines against such diseases as flu, diphtheria, tetanus, whooping cough, polio, mumps, measles, chickenpox, and the cervical cancer virus are thrown away each year because they have spoiled. The main culprit is improper refrigeration. Inadequate refrigeration can cause vaccines to lose their potency. Although experts say spoiled childhood vaccines are not dangerous if given to a child, they may not confer adequate protection against disease. Every year, thousands of children in the United States must be revaccinated when it is discovered that a dose of vaccine that was given to them might not be effective because of poor refrigeration.

Spoilage happens when refrigerators or freezers that contain vaccine drop out of range, potentially ruining the vaccines stored there. Spoilage can result when a refrigerator malfunctions or was not set and/or maintained at the proper temperature, someone leaves the door open inadvertently, or staff responsible for monitoring temperatures is not diligent about recording fluctuations.

For additional information on avoiding vaccine spoilage, visit: <http://www.cdc.gov>.

## Meetings, Conferences & Resources

**National Immunization Conference:** The 44<sup>th</sup> National Immunization Conference is scheduled for April 19-22, 2010. The conference will be held in Atlanta, Georgia, at the Hyatt Regency Atlanta. Check for updates at: <http://www.cdc.gov/vaccines/events>.

**National Infant Immunization Week:** An early reminder: National Infant Immunization Week (NIIW) will be held April 24-May 1, 2010. Check at: <http://www.cdc.gov/vaccines/events> for more details as they become available.

**2010 National Coalition Conference:** The 9<sup>th</sup> National Conference on Immunization and Health Coalitions will take place May 26-28, 2010 in Chicago, Illinois. More information can be found at: <http://www.aap.org/>

## **PROVISIONAL RECOMMENDATIONS FOR HUMAN PAPILLOMAVIRUS VACCINE**

On October 21, 2009, the Advisory Committee on Immunization Practices (ACIP) voted on updated recommendations for use of human papillomavirus (HPV) vaccine, including recommendations for the bivalent HPV (types 16 and 18) vaccine (Cervarix) for females and the quadrivalent HPV (types 6, 11, 16, and 18) vaccine (Gardasil) for females and males.

These recommendations, when published in the Morbidity and Mortality Weekly Report (MMWR), will replace recommendations published in the 2007 MMWR.

### **Provisional Recommendations for Females**

ACIP recommends routine vaccination of females aged 11 or 12 years with 3 doses of HPV vaccine. The vaccination series can be started beginning at age 9 years.

HPV vaccination also is recommended for females aged 13 through 26 years who have not been previously vaccinated or who have not completed the full vaccination series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

ACIP recommends vaccination with either the bivalent HPV vaccine or the quadrivalent vaccine for prevention of cervical cancers and precancers.

ACIP recommends vaccination with the quadrivalent HPV vaccine for prevention of cervical cancers and precancers, and genital warts.\*

### **Provisional Recommendations for Males**

The 3-dose series of quadrivalent HPV vaccine may be given to males aged 19 through 26 years to reduce their likelihood of acquiring genital warts. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

\* The quadrivalent vaccine has also been demonstrated to protect against vulvar and vaginal cancers and precancers.

Provisional recommendations for administration, precautions and contraindications for HPV vaccines can be accessed at: <http://www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508pdf>.

## **IT IS THE LAW!**

Effective January 1, 2010, Texas law (Chapter 81.090 of the Texas Health and Safety code) requires any health care provider allowed to care for a pregnant woman to test her for the Hepatitis B virus (HBV), during the pregnant woman's first prenatal visit and at delivery for each pregnancy.

Under the law, all pregnant women testing positive for the Hepatitis Surface Antigen (HBsAg) must be reported to the Local Health Department or the Department of State Health Services (DSHS) Perinatal Hepatitis B Prevention Program within 1 week. All Perinatal Hepatitis B cases must be reported within one working day.

Instructions for reporting are available at:

[www.dshs.state.tx.us/idcu/investigation/conditions](http://www.dshs.state.tx.us/idcu/investigation/conditions) and at: [www.TexasPerinatalHepB.org](http://www.TexasPerinatalHepB.org)

## 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	02/02/07
H1N1 (Inactivated)	10/02/09
H1N1 (LAIV)	10/02/09
Influenza (LAIV)	08/11/09
Influenza (TIV)	08/11/09
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08
PCV	12/09/08
PPSV	10/06/09
Polio	01/01/00
Rotavirus	08/28/08
Shingles	10/06/09
Td & Tdap	11/18/08
Varicella	03/13/08

Check your VIS against this list. If you have outdated VIS's, search the following website to get current versions:

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

### **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 to the patient.

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

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