



UpShot Online

FIRST QUARTER 2008

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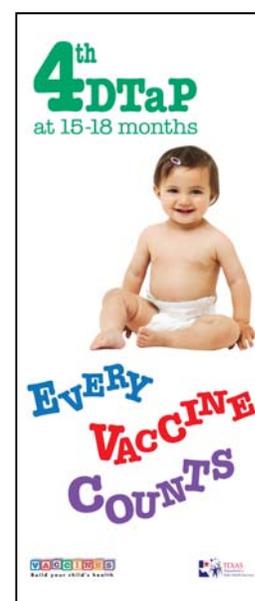
2007 Campaign Promotes Fourth DTaP Vaccine

By Alma Lydia Thompson, Public Information, Education and Training Group

Public knowledge of the fourth DTaP vaccine was the goal of the 2007 immunization campaign. The targeted audience was mothers, ages 18-34. The main campaign message was, "fourth DTaP is due at 15 to 18 months of age." The campaign was held in Austin, Dallas/Ft. Worth, El Paso, Houston, and San Antonio.

Campaign strategy

The campaign stressed that every vaccine counts, including the fourth DTaP. The campaign also highlighted the recommended immunization schedule as the best tool for parents. The cam-



see [Campaign 2007](#) on page 5

Facilities Earning *ImmTrac Award for Excellence* Increases

By Laura LeBrun, ImmTrac Program Specialist

In 2007, **155** Texas hospitals and birthing centers were given the *ImmTrac Award for Excellence*. The number of awards given for the highest level of achievement nearly doubled from 40 in 2006 to 79 in 2007.

The award is given each year to hospitals and birthing centers that show outstanding performance in implementing the *ImmTrac newborn consent process*.

see [ImmTrac Awards](#) on page 7

- Letter from the Editor -

Happy New Year and welcome to the new *UpShot Online*. We hope you will find the new format easy to use and helpful. May you and yours have a healthy 2008!

In 2008, the *UpShot Online* will highlight the fourth DTaP vaccine. Each issue will have information on the vaccine.

The new year will bring a change for the newsletter. The *UpShot Online* will become more Internet-based. The newsletter will be available for printing. However, it will also be viewable on the Immunization Branch website. Please bear with us as we make this transition.

We hope you enjoy and find the *UpShot Online* useful. Please let us know if there is a topic you would like us to cover in future issues through the online survey or by emailing us directly.

Charles Curtis Yowell
Managing Editor
UpShot Online

- Announcements -

Training and Satellite Broadcasts

“Current Issues in Immunization”

This program combined a telephone audio meeting with real-time online visual content. It allowed for questions and answers by telephone and the Internet. On-demand replays and talks are available at:

<http://www.cdc.gov/vaccines/ed/ciinc/2008March.htm>

Date: March 13, 2008

Time: 11:00 am – 12:00 pm - Central Standard Time

Topics: Vaccine Supply

Moderator: Dr. Andrew Kroger

Speaker(s): Dr. Greg Wallace

Contact Person: Kathryn Johnson, training coordinator,

kathryn.johnson@dshs.state.tx.us (512) 458-7111, ext. 6321

National Infant Immunization Week (NIIW) and Vaccination Week in the Americas (VWA) April 19-26, 2008



NIIW is a yearly event promoting vaccines. The 2008 event in Texas emphasized the fourth dose of the DTaP vaccine. The 4th dose of DTaP is given at 15 to 18 months.

In addition, we also observed Vaccination Week in the Americas (VWA) which supports vaccination in all countries of the Americas.

Vaccines are the best tool to control vaccine preventable diseases. Children need to be vacci-

nated on time every time. Vaccines start at birth for full protection.

Please visit our web page for more information, and highlights of NIIW activities.

Texas DSHS NIIW web page:
<http://www.dshs.state.tx.us/immunize/niiw-vwa/default.shtm>

- *Announcements* -

Training and Satellite Broadcasts

“Epidemiology and Prevention of Vaccine-Preventable Diseases”

The EPIVAC series is no longer being delivered via satellite or live broadcast. The 2008 series will be available on DVD and Web-on-Demand.

This program is a summary of the main views on vaccination, general advice, and plans of use for vaccines. The program also gives facts about vaccine-preventable diseases and the vaccines that prevent them.

Target Audience: Immunization providers, medical students and Immunization employees

Length: 12 hours. Four 3-hour sessions provided on DVD or Web-on-Demand

For future announcements, go to:

<http://www.cdc.gov/vaccines/ed/broadcasts.htm#1>

For future registration, go to: <http://www2a.cdc.gov/TCEOnline/>

Note: DVDs or Web-on-Demand will be available May 2008

Contact Person: Kathryn Johnson, training coordinator, kathryn.johnson@dshs.state.tx.us (512) 458-7111, ext. 6321

- Announcements -

Texas Vaccine Education Online

The **Texas Vaccine Education Online** is the web-based education site of the **Immunization Branch** of the Department of State Health Services.

It is a collection of 21 immunization-related educational modules.



- General Vaccine Overview
- ImmTrac Overview
- Basic ImmTrac
- Adolescent Vaccines and Standards
- Adult Vaccines and Standards
- Building and Maintaining Collaborations
- Childcare Immunization Requirements
- Immunization Logo Requirements
- Immunization Standards for Infants and Children
- Perinatal Hepatitis B Prevention
- School Immunization Requirements
- Screening Prior to Vaccination
- Strategies to Raise Coverage Levels
- TriAnnual Reporting
- Vaccine Administration
- Vaccine Preventable Diseases
- TVFC Eligibility
- Vaccine Contingency Plan
- TVFC Program Management
- TVFC Vaccine Accounting
- TVFC Vaccine Storage and Handling

Texas Vaccine Education Online is for the general public, parents, schools, child-care facilities, immunization providers and DSHS immunization contractors.

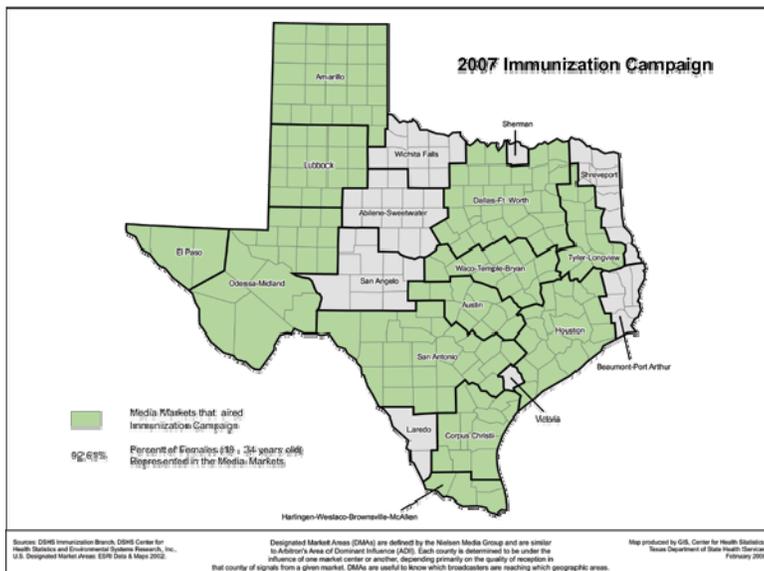
We invite you to visit the website, review the modules that interest you, and let us know what you think. If you have any questions please call 800-252-9152.

- Campaign 2007 from page 1 -

campaign slogan was “Remember the 4th DTaP.” The ads asked mothers to request a free copy of the recommended immunization schedule. The instruction on the schedule was to “Get it, post it, follow it.”

The campaign plan was based on results from a DSHS study, which

DTaP. The song was written and produced in English and Spanish. Ads were placed on programs with high ratings for the target audience. Neighborhood billboards were placed in areas with low vaccine coverage levels. English and Spanish was used on the billboards. Print ads were placed in several family and parenting magazines.



In addition, a three-page newspaper insert was placed in the *Dallas Morning News* and *El Paso Times*. The insert followed a story-book format. The front page highlighted the “Vaccines: Build Your Child’s Health” brand and logo. A colorful two-page spread of the 2007 recommended immunization schedule was on the inside. Finally, the back page had information on the value of remembering the

fourth DTaP. showed a need to educate mothers on the points listed above. Different types of media were also shown as important. The PiET staff worked on the campaign with Burson-Marsteller, the marketing agency under contract to DSHS.

Media placement

The materials from 2006 explained the importance of following the recommended immunization schedule. The award-winning TV and radio ads were changed to include a reminder on the fourth DTaP. A new radio jingle was developed to promote the fourth

fourth DTaP.

A direct mail piece designed as a post card was sent to first-time mothers. The recommended immunization schedule and the “Remember the 4th DTaP at 15-18 months” message were on the post card.

Other campaign actions included radio interviews, live station reads, Internet ads, special events, and the giving out of educational materials.

Copies of the TV ads were also sent

continued on next page

- Campaign 2007 continued -

to all local public access channels.

Grassroots activities

The campaign was guided by successful grassroots activities used in San Antonio during the 2006 campaign. Activities included retail and grocery store partnerships with Babies R Us, Wal-Mart, HEB, Randall's, and Albertson's. The stores allowed the Immunization Branch to display a booth. They also allowed the distribution of educational materials and tools to their customers during some of the busiest weekends of the year.

Letters and education materials were sent to hospital administrators, community centers, and recreation centers. The goal was to have them display posters and brochures at their front doors and reception areas.

The Immunization Branch also worked with the Dairy Queen Operators Council. New fourth DTaP posters were placed at the front doors of Dairy Queens in Texas.

Campaign Expansion

More areas of Texas were added to the campaign in Dec. 24, 2007- Feb. 24, 2008 as funding became available. English- and Spanish-language TV and radio ads ran during this time. The added markets included Amarillo, Corpus Christi, Rio Grande Valley, Ty-

ler/Longview, and Waco.

TV and radio ads also aired Dec. 31, 2007-Feb. 24, 2008, in Lubbock and Midland/Odessa.

Campaign evaluation

SUMA/Orchard, a research firm, is conducted a survey on the campaign. The goal was to determine if there was a change in fourth DTaP awareness. The survey focused on the target audience. The survey was done in El Paso, Dallas/Ft. Worth, Houston, and San Antonio. Around 2800 households were contacted. This resulted in 350 completed questionnaires per market. The survey included questions on the message, creative ideas, strategies, educational materials, and media placement. The first phase of the survey was completed in early October 2007. The second phase was recently completed.

View and listen to the Immunization Branch ads online at: <http://www.dshs.state.tx.us/immunize/campaign3.shtm#2007>

For more information about the media campaign, contact Alma Lydia Thompson at 1-800-252-9152 or at Alma.Thompson@dshs.state.tx.us.

- ImmTrac Awards from page 1 -

The process uses the Texas Department of State Health Services (DSHS) Vital Statistics Unit's *Texas Electronic Registrar* (TER) birth registration system. Facilities that have correctly submitted ImmTrac parental consent forms to the TER system for 90% or greater of births are considered outstanding performers.

State law demands the option of participation in ImmTrac, the Texas Immunization Registry, during the birth registration process. Parents need to give consent for a child's record to be entered into ImmTrac. Parents of newborn children are offered the opportunity to "grant" or "deny" their consent for ImmTrac participation, before leaving the hospital.



The award is given based on three levels of success: **Exemplary Performance** (97% or greater performance rate), **Recognized Performance** (95%-96% performance rate), and **Commendable Performance** (90%-94% performance rate). The awards for Exemplary Performance were handed out at the 53rd annual Texas Vital Statistics Conference held in Austin on December 10, 2007.

Hospital and birthing centers improved greatly in 2007. The number of Exemplary Performance awards increased 98% from 2006 to 2007. The total number of Award has increased more than 250% since 2005.

Hospital and birth registrar partners

play an important role in the ImmTrac registry's initial client enrollment. The partners help through correct use of the TER *ImmTrac newborn consent process*. Birth registrars provide the first and best chance for a parent to enroll their child in ImmTrac. This is an important first step towards good health. The ImmTrac Group and the DSHS Immunization Branch applaud these groups for their excellent performance. Heartfelt thanks go out to the award recipients for their continuing contribution to the health of Texas children.

To view the 2007 Award recipient lists for each Award category please click this link:

http://www.dshs.state.tx.us/immunize/immtrac/imm_birth.shtm

To view an illustration of the increase in **ImmTrac Award for Excellence** recipients from 2005 to 2007.

http://www.dshs.state.tx.us/immunize/docs/birthing_chart.pdf

Performance rates for all hospitals and birthing centers (\geq 12 births/quarter) are available via the link below. This listing is sorted by county and includes comparative performance rates for 2006 and 2007:

http://www.dshs.state.tx.us/immunize/docs/newborn_consent_2007.pdf

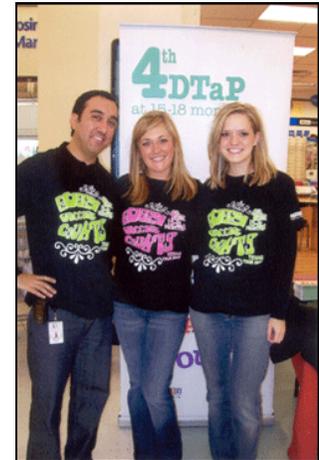
If you are unable to open the links provided above, please select the *Information for Birth Registrars* link available at www.ImmTrac.com.

Fourth DTaP Local Campaign Event

By Nicolas Lopez, PiET Group

On December 15, 2007, the Immunization Branch and Burson-Marsteller, a marketing firm, held an event in Austin. The event was to educate the public on the fourth dose of the DTaP vaccine. It was held at an area Wal-Mart. Nicolas Lopez (DSHS), Jennifer Adams and Lauren Valek (Burson-Marsteller) set up a display at the store. They gave out free brochures, magnets, immunization schedules, and T-shirts. All of the materials were in English and Spanish. The fourth DTaP was the focus of each free item. The fourth DTaP dose is recom-

mended to be given at ages 15 through 18 months of age. The DTaP vaccine is a combination vaccine that contains diphtheria, tetanus, and pertussis antigens.



2008 1st Quarter FAQ

By Nicolas Lopez, PiET Group

FAQ: How can I (parent/guardian) get an exemption from immunizations for reasons of conscience, including a religious belief?

A: Now you can ask for an affidavit (“exemption form”) **online**. After you submit the request on the Internet, you will get a confirmation screen which you may print for your records.

All you have to do is go our website, www.ImmunizeTexas.com. Click on *School Requirements*. Click down to *Exclusions from Immunization Requirements*. Finally click on *Online Exemption Form Request*. After you fill out the form, click *Submit*.

In addition, you may ask for the form by fax or mail. You may also leave a written request in our drop box at DSHS in Austin, TX. Remember, Texas law states that a child or student shall show acceptable proof of vaccination for a number of reasons. Shot records are needed before entry, attendance, or transfer to a child-care facility, public or private elementary or secondary school, or institution of higher education. Release from immunizations for reasons of conscience is allowed on an individual basis. Need more detail? Visit us at www.ImmunizeTexas.com, or call the DSHS Immunization Branch at 800-252-9152, extension 6540.

HSR 8 - Bexar County Immunization Collaborative Immunize San Antonio! (IZSA)

By Pamela S. Agbevey, MHA

On June 19, 2007, the San Antonio Immunization Collaborative was officially launched. The program is also known as IZSA (Immunize San Antonio!). IZSA is a volunteer group that represents stakeholders in the community concerned about raising immunization rates. Even though it is difficult to accurately measure whether coalitions are successful in raising immunization rates, research has shown they may indeed have significant impact. For example, “from 1993-1996, immunization rates in Norfolk, Virginia rose from 49% to 66% for children under 2 years old as a result of CINCH (Consortium for Immunization of Norfolk’s Children), a CDC funded research demonstration project that led to a community-driven coalition project” (Butterfoss, Morrow, and Rosenthal, 1998). Coalitions may be tremendously useful in accomplishing a broad range of goals that reach beyond the capacity of any individual member organization.

It is IZSA’s aim that through collaborative efforts in the community, Bexar County would be among the counties to achieve the Healthy People 2010 goal of having 90% of all children immunized by their second birthday. The immunization status of our community should be of great concern to all of us. The average levels of immunization for children two years and



younger in many parts of Bexar County consistently remains lower than 60%. Despite the introduction of the Vaccines for Children’s Program (VFC), and Medicare coverage for vaccines for the elderly, immunization rates in several areas of Bexar County still remain significantly low. Economic, racial, age and ethnic disparities exist, with rates disproportionately lower among minorities and adults. Improving immunization delivery and rates will require a better understanding of the reasons for our current low rates, calling for a greater collaboration among individuals and agencies providing this care.

IZSA exists to “promote immunizations across the life span through increased collaboration, education, timely immunization and access for all people, with focus on hard-to-reach and high-risk populations of all ages.” Its vision is to “have a community with all residents protected from vaccine preventable diseases.” Currently, there are more than 120 members

see HSR 8 on page 11

Providers invited to assist in fourth DTaP awareness campaign

By Alma Lydia Thompson, Public Information, Education, and Training Group

One out of every five children in Texas does not have the fourth dose of the DTaP vaccine. The Immunization Branch wants to solve this problem. In 2008, staff started a Texas education drive on the vaccine. Medical providers should be checking clients' vaccine records at every opportunity.

The provider education campaign is targeted toward:

- pediatricians
- family practice physicians
- general medicine physicians
- OB/GYNs
- Nurses
- Physician assistants

"4th DTaP: Get it for them!" is the slogan being used on all materials. Another catchphrase being used is, "Every Vaccine Counts. Did Your Baby Get It? 4th DTaP at 15-18 months." The stickers and buttons for the children say, "4th DTaP at 15-18 months. I got it! Every Vaccine Counts."



This campaign continues to build on the 2007 public awareness campaign. The 2007 drive was targeted at mothers. The PiET staff worked with Burson-Marsteller, a marketing agency

under contract to DSHS, on both campaigns.

There will be three phases to the campaign. The goal is to keep the message on the mind of medical providers and their clients. The campaign began on Jan. 1, 2008, and will continue through Dec. 31, 2008.

Phase 1

A mail piece is being sent to medical providers. The piece invites them to participate in the campaign. The goal is to make sure all children in Texas receive all of their vaccines. This includes the fourth DTaP.

Ads were placed in *Texas Family Physician*, *Texas Nursing*, and *Texas Medicine*. The ads ask physicians to do a three-step process.

1. **Assess.** Look at all childrens' vaccination records at every visit. This includes sick visits.
2. **Vaccinate.** At every visit, give all vaccines that are due. This includes sick visits, unless medically contraindicated.
3. **Document.** Enter all vaccines that are given into the Immunization Registry, ImmTrac.

see Providers on page 11

- HSR 8 continued from page 9 -

representing about 102 organizations. Committees include Service Delivery, Outreach & Education, Marketing and Registry/Provider Training. Within these are groups that focus on seniors, adolescents and young adults (18+), children (3-18), infants (0-3) and influenza. Since its inception, the group has had 6 planning sessions to establish the mission, vision, goals, objectives, and committees, and is now poised to start making a difference in the community.

Since IZSA is a volunteer organization with several benefits, anyone interested in positively affecting vaccine preventable diseases and immunization rates in Bexar County is welcome to join. For more information about the Bexar County Immunization Col-

laborative's activities and how to become a member, please contact IZSA at 210-207-2869 or 210-207-8867 or by fax at: 210-207-2081 or email us at: IZSA@sanantonio.gov

References

Butterfoss FD, Morrow AL, Rosenthal J, et al. CINCH: An Urban Coalition for Empowerment and Action. *Health Education Behavior*. 1998; 25:212-225

de Tocqueville, A. 1840. Vol. 2. *Democracy in America*.

www.cdc.gov

- Providers continued from page 10 -**Phase II**

Educational materials will be sent to providers. The items will have tips on how to raise immunization levels. Materials will include stickers, buttons, posters, brochures, and copies of the recommended immunization schedule.

Phase III

Ads in professional magazines will run during the middle of the year. The goal of the ads is to remind physi-

cians about the campaign. Reminder post cards will also be mailed out to medical providers during the year.

A final ad will run during the end of the year. It will be to thank providers for participating in the campaign.

For more information on the physician education campaign, contact Lupe Mandujano-Garcia at 1-800-252-9152 or at LupeM.Garcia@dshs.stae.tx.us.

ImmTrac, the Texas Immunization Registry, Exhibited at the 2007 Texas EMS Conference in Houston

By Ishah Coleman, ImmTrac Program Specialist

In 2007, the ImmTrac Group began education of first responders. A first responder is a person trained to provide care during medical emergencies. The education program started at the Texas Emergency Medical Services (EMS) Annual Conference in Houston. It was the first time the ImmTrac Group played a part in the conference. Education was used to highlight the Texas Immunization Registry, ImmTrac. The ImmTrac staff focused on legislation that allows a new group to be added into ImmTrac. The group is made of first responders and their immediate family members. The new legislation, Senate Bill (SB) 11, was passed by the 80th Legislature in 2007.

ImmTrac is Texas' secure and private registry run by the Department of State Health Services (DSHS). It is designed to merge vaccine records from many health care providers. State law calls for all health-care providers (and payors) to report all vaccines given to any person less than 18 years of age to ImmTrac. State law also limits access to registry data. The access is given to the following *approved and registered* groups:

- health care providers
- public health districts
- local health departments
- payors (health plans, HMOs)
- schools and child-care facilities

- State agencies having legal custody of a child.

At this time, ImmTrac only has records for children 18 years of age and younger. New rules extend the registry service. First responders 18 years of age and older and immediate family residing in the same household will be eligible. Technical progress of the ImmTrac application will enable the ImmTrac Group to secure vaccine records for this adult group.

The new legislation puts ImmTrac in a community preparedness role. ImmTrac is the state's tracking tool. It will be used for recording vaccines, antivirals and other medications. It is important to track when these are given to persons in preparation for, or in response to, a disaster or public health emergency. Additionally, ImmTrac's community preparedness role will enable ImmTrac to track adverse reactions to vaccines, antivirals, and medications given during such events.

To meet SB 11, the ImmTrac Group made rules for approval by the State Health Services Council. The Group is working on technical upgrades. The advances will enable the registry to capture first responder and disaster event vaccination data. According to

continued on next page

- ImmTrac and EMS continued -

Claude Longoria, ImmTrac Group manager, the registry will go through major growth because of the new legislation. "We will be working closely with the community preparedness team at DSHS and other Stakeholders to ensure that we implement an effective system," Longoria said.

Longoria expects completion of the new additions by late summer 2008. The ImmTrac Group will use an education plan this spring to inform first responders

about the benefits of ImmTrac. Education will include information regarding the enrollment process. "First responders do so much to keep our community safe and secure. The new functionality in ImmTrac allows us to give them some peace of mind knowing that their immunization records are safe and secure. When asked to respond to an emergency their immunization information will be available to providers statewide," stated Longoria.

At the conference, first responders welcomed the chance to take part in the registry. David Kolberson, R.N., a supervisor with the Regional Epidemiology Response Team in El Paso, believes having vaccine information combined in one registry is a great benefit. "Many first responders belong to several response organiza-

tions and each organization has its own record-keeping method. You may have several different medical records with outdated information. The registry would give first responders a current...immunization history that they can provide to the requesting agency," said Mr. Kolberson.

Client and provider involvement in the registry has increased each year. ImmTrac currently holds more than 65 million immunization records for more than 5.5 million Texas children. More than 2 million of these children are under the age of 6 years. An average of 48,000 immunization history reports are produced by authorized ImmTrac users each month. With the addition of first responders, their immediate family, and community preparedness data, large growth is expected to continue. "It's the first time that we'll be able to add adults. It's a benchmark for us," ImmTrac Program Specialist Cynthia Pryor said.

To learn more about ImmTrac, please visit us at www.ImmTrac.com.

Additional links of interest:

Senate Bill 11 (See page 35-44)

<http://www.legis.state.tx.us/tlodocs/80R/billtext/pdf/SB00011F.pdf>

Definition of first responder as outlined in Government Code 421.

(See section 421.095)

<http://tlo2.tlc.state.tx.us/statutes/docs/GV/content/htm/gv.004.00.000421.00.htm>



Updated Immunization Schedule for Adults October 2007–September 2008

By John Gemar, Adult and Adolescent Immunization Program

Note: This information was taken from the *Morbidity and Mortality Weekly Report (MMWR)*, dated Oct. 19, 2007 / Vol. 56 / No. 41 and modified for this publication.

Each year, the Advisory Committee on Immunization Practices (ACIP) updates or revises a recommended immunization schedule for adults (persons 19 years and older). The revisions reflect changes in vaccine formulations and current recommendations for the use of licensed vaccines.

The updated schedule can be found at <http://www.cdc.gov/mmwr/pdf/wk/mm5641-Immunization.pdf>.

Selected changes to the Immunization Schedule for Adults October 2007–September 2008 include (see updated schedule for complete list of changes):

Figure 1 changes:

- Varicella vaccine is now recommended for all adults without proof of immunity to varicella.
- Zoster vaccine has been added, and is recommended for persons aged >60 years.

Figure 2 changes:

- The title has been changed to “Vaccines that might be indicated for

adults based on medical and other indications.” The change shows that not all of the vaccines are recommended based on medical indications.

- The HIV column has been split into CD4+ T lymphocyte counts of <200 cells/ μ L and >200 cells/ μ L.
- The indication “recipients of clotting factor concentrates” has been removed from the column heading “chronic liver disease.” Only one vaccine has this recommendation. The indication remains in the hepatitis A vaccine footnote.
- The varicella vaccine yellow bar has been extended to include persons infected with HIV who have CD4+ T lymphocyte counts of >200 cells/ μ L.
- The influenza vaccine yellow bar for “health-care personnel” indicates that health-care personnel can receive either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV).
- The yellow bar for influenza vaccine has been extended to include persons in the “asplenia” risk group.
- The bar for meningococcal vaccine has been revised to show one (1) or

continued on next page

- Adult Schedule continued -

more doses might be indicated.

- Zoster vaccine has been added with a yellow bar to show the vaccine is recommended for all indications except:

- pregnancy
- immunocompromising conditions
- HIV.

A red bar, indicating a contraindication, has been inserted for pregnancy, immunocompromising conditions, and HIV infection with a CD4+ T lymphocyte count of <200 cells/ μ L.

- Text for vaccine contraindications in pregnancy has been removed from the footnotes of:

- human papillomavirus (HPV) (#2)
- measles, mumps, rubella (MMR) (#3)
- varicella (#4)

The goal was to be consistent with the intent of the footnotes to summarize the indications for vaccine use. Pregnancy contraindications are shown with a red bar.

- The HPV footnote (#2) was revised to:

- clarify evidence of prior infection
- clarify that HPV vaccine is not specifically indicated based on medical conditions
- indicate that efficacy and immunogenicity might be lower in persons with certain medical conditions

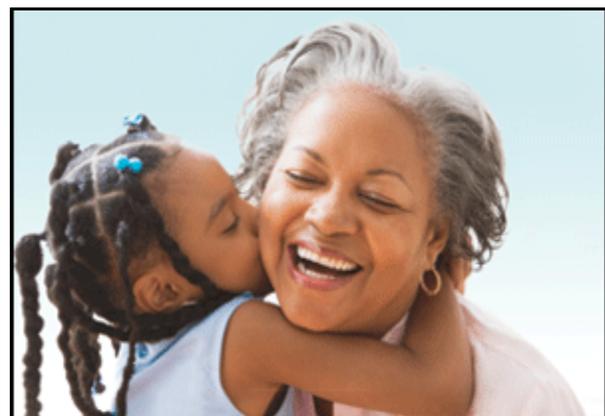
- The varicella footnote (#4) has been revised to clarify that birth before 1980 for immunocompromised persons is not evidence of immunity and to add a requirement for evidence of immunity.

- The pneumococcal polysaccharide vaccine (PPV) footnote (#6) has been revised by adding chronic alcoholism and cerebrospinal fluid leaks and deleting the immunocompromising conditions.

- The hepatitis B footnote (#9) has been revised by removing persons who receive clotting factor concentrates as a risk group and by clarifying the special formulations dose.

- The meningococcal vaccine footnote (#10) has been revised to clarify that persons who remain at increased risk for infection might be indicated for re-vaccination.

- A footnote (#11) has been added to



see Adult Schedule on page 19

Preventing Vaccine Losses due to Expiration

By: Charlotte Hunter

One of the most common ways vaccines are lost is due to expiration. Following a few simple tips can help safeguard the vaccine and help your office avoid a loss.

Tips to avoid a loss:

- Always use short-dated vaccines first.
- Arrange vaccine in order of expiration, placing shortest dated in the front. This will make it easier to use the shorter expiration date first.
- Notify local health department (LHD) or health services region (HSR) staff when vaccine is within ninety days of expiration. This will allow time to relocate the vaccine.
- Check your vaccine inventory weekly by conducting a physical count; make sure there are no expiring dates that were overlooked.

For questions, please contact your LHD, HSR, or Texas Vaccines for Children consultant at 800-252-9152.

Updated Immunization Schedule for Persons Aged 0-18 for 2008

By John Gemar, Adult and Adolescent Immunization Program

Note: This information was taken from the *Morbidity and Mortality Weekly Report (MMWR)*, dated Jan. 11, 2008 / Vol. 57 / No. 1 and modified for this publication.

Each year the Advisory Committee on Immunization Practices (ACIP) updates or revises a recommended immunization schedule for persons ages 0–18 years. The revisions reflect changes in vaccine formulations and current recommendations for the use of licensed vaccines.

The updated schedule can be found at <http://www.cdc.gov/mmwr/pdf/wk/>

[mm5701-Immunization.pdf](#).

Changes to the schedule are as follows:

- The pneumococcal conjugate vaccine (PCV) footnote reflects updated recommendations for incompletely vaccinated children ages 24–59 months, including those with underlying medical conditions.
- Recommendations for use of the live attenuated influenza vaccine now include healthy children as young as 2 years. LAIV should not be given out

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- Adolescent Schedule continued -

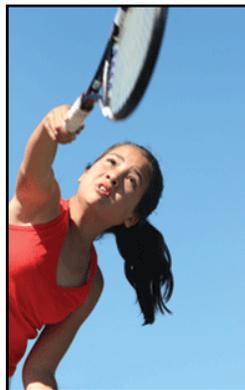
to children ages <5 years with recurrent wheezing. Children ages <9 years receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received 1 dose, should have 2 doses of vaccine, at least 4 weeks apart.

- For meningococcal vaccines, changes affect some children ages 2–10 years. Vaccinating with meningococcal conjugate vaccine (MCV4) is preferred to meningococcal polysaccharide vaccine (MPSV4) for children at increased risk for meningococcal disease. This includes:

- children who are traveling to or residents of countries in which the disease is hyper-endemic or epidemic.
- children who have terminal complement component deficiencies.
- children who have anatomic or functional asplenia.

The catch-up schedule for youths ages 13–18 years has been updated. MPSV4 is an acceptable alternative for short term (i.e., 3–5 years) protection against meningococcal disease for persons ages 2–18 years.

- The tetanus and diphtheria toxoids/tetanus and diphtheria toxoids and acellular pertussis vaccine (Td/Tdap) catch-up schedule for persons ages 7–18 years who received their first dose before age 12 months now indicates that these youths should receive 4 doses, with at least 4 weeks



(not 8 weeks) between doses 2 and 3.

- The catch-up bars for hepatitis B and *Haemophilus influenzae* type b conjugate vaccine have been deleted on the routine schedule for persons

ages 0–6 years (Figure 1). The figure title refers users to the catch-up schedule (Table) for patients who fall behind or start late with vaccinations.

The National Childhood Vaccine Injury Act requires that health care providers give parents or patients copies of Vaccine Information Statements before administering each vaccine. Additional information is available from state health departments and from CDC at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

Detailed advice for using vaccines is available from:

- package inserts
- ACIP statements (available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>)
- *2006 Red Book*.

Guidance regarding the Vaccine Adverse Event Reporting System form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- New Employee Corner -

Ishah Coleman

Program Specialist, ImmTrac Group

Ishah Coleman is a program specialist with the ImmTrac Group. Her duties include promoting ImmTrac through increasing awareness of ImmTrac participation and the benefits of the registry.

Prior to working with ImmTrac, she worked for the El Paso City-County Health and Environmental District in the Community Preparedness program as a health educator. "My past experiences are of great benefit to me. I am able to use my knowledge in preparedness and public health in my new position."

"I grew up in Los Angeles, California but moved to New Mexico as an adult. My father's family settled there in 1923 and it is a great place to live,"

she said.

Ishah graduated from California State University Fullerton with a degree in Communications (Journalism) in 1990. She taught public school in Los Angeles for 13 years and earned a Masters degree in Public Health at New Mexico State University in 2005 after deciding to change careers.

"I loved teaching, but I think I have found my niche in public health," she said. "Sometimes I miss working with children, but I love what I'm doing now. It's challenging yet rewarding. It's a brand new experience for me professionally and I'm enjoying it."



Kenzi Guerrero

Epidemiologist, Services and Data Coordination Group

Kenzi will be conducting and assisting with population assessments and analyzing survey data. Her responsibilities will include the Annual School



Report and Small Area Analysis for Texas Counties. Kenzi will also be in charge of

processing data requests that come in

from the public or from within DSHS.

Kenzi came from HSR 2/3 where she was a public health technician in the Community Preparedness Program.

She received a Bachelor of Arts (BA) in Psychology from the University of Texas at Austin in 2005 and a Master of Public Health (MPH) from Texas A&M School of Rural Public Health in 2006. Kenzi's hobbies include reading, traveling and running.

- **New Employee Corner** -

Amy Schlabach

Program Specialist, Capacity Building and Technical Assistance Group

Amy is now a program specialist with the Capacity Building and Technical Assistance Group. She worked with the Vaccine Services Group for almost 4 years, and before that Amy was with the DSHS Laboratory.

Amy has a bachelor's degree in Microbiology from the University of Texas in Austin. Her main job duties will be to provide technical assis-

tance and quality assurance to the Local Health Departments on contract with DSHS Immunization Branch.



- **Adult Schedule continued from page 15** -

reflect ACIP recommendations for herpes zoster vaccination for persons aged >60 years.

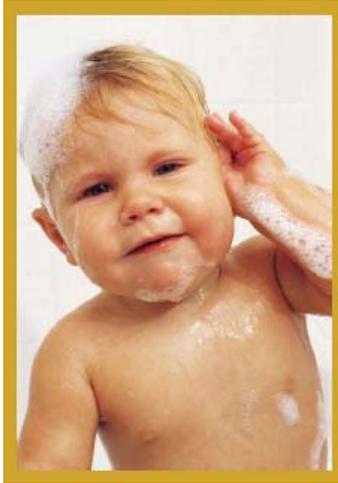
- A footnote (#13) has been added to provide a reference for vaccines in persons with immunocompromising conditions.

Health care providers and vaccinators should always consult the footnotes for more detailed information concerning the schedule.

Detailed recommendations for using vaccines are available from package inserts, ACIP statements (available at

<http://www.cdc.gov/vaccines/pubs/acip-list.htm>), and the *2006 Red Book*. Guidance regarding the Vaccine Adverse Event Reporting System form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Additional information is available from state health departments and from CDC at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.



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