

**PRELIMINARY REPORT ON THE TEXAS VACCINES FOR
CHILDREN (TVFC) PROGRAM**

**IMPACTS OF COVID-19 ON TVFC
VACCINE ADMINISTRATION**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Helpful links

Resources for Maintaining Immunization during COVID-19 Pandemic

<https://www.immunizationcoalitions.org/resource-repository/>

Vaccination Guidance During a Pandemic

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Job Aids for Catch-Up Vaccination

<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Why Routine Immunizations are a Must—Even During a Pandemic

<https://astho.org/StatePublicHealth/Why-Routine-Immunizations-are-a-Must-Even-During-a-Pandemic/06-11-20/>

Vaccine abbreviations

DTaP = Diphtheria, tetanus, acellular pertussis (<7 years age)

Tdap = Tetanus, diphtheria, acellular pertussis (≥7 years age)

MMR = Measles, mumps, rubella

MCV4 = Meningococcal conjugate vaccine

HPV = Human papillomavirus vaccine

Polio = Poliovirus vaccine

Hib-FS = Haemophilus influenzae type B, full series

HebB = Hepatitis B

Var = Varicella

PCV = Pneumococcal conjugate vaccine

HepA = Hepatitis A

Rota = Rotavirus

4:3:1:3:3:1:4 = Series of childhood vaccines recommended by 2 years of age by ACIP, including at least 4 doses DTaP, 3 doses Polio, 1 dose MMR, 3-4 doses Hib depending on product used, 3 doses HepB, 1 dose Var, and 4 doses PCV

Background

Maintaining high rates of vaccination coverage (the percent of a given population vaccinated) is critical to protect Texas children and adults from vaccine-preventable diseases. Since the COVID-19 pandemic was declared a national emergency on March 13, 2020 a wide variety of stay-at-home measures, school closures, and business closures began to impact Texas. Many healthcare providers reported temporary suspension or postponement of wellness visits, including vaccination in some cases.

As the length of the COVID-19 response has increased, impact to vaccination programs has become a serious concern, especially for children under two years of age who are most vulnerable and require on-time vaccination to be fully protected.

A report¹ released in May revealed that nationwide rates of vaccine orders and administration were already lower in January 2020 compared to the previous January and declined dramatically from mid-March through April 2020.

Texas Vaccines for Children Program Data

The **Texas Vaccines for Children** (TVFC) Program provides low-cost vaccines to eligible children from birth through 18 years of age through participation of over 3,000 healthcare providers statewide. Approximately **half of Texas children** are eligible for the TVFC program.

As of July 31, a total of 113 TVFC sites had been suspended due to inactivity. Out of these, 56.64 percent (64) were school-based clinics.

Administration of vaccines by providers through the TVFC program has decreased since the COVID-19 stay-at-home orders were first issued, as shown in Figures 1-3.

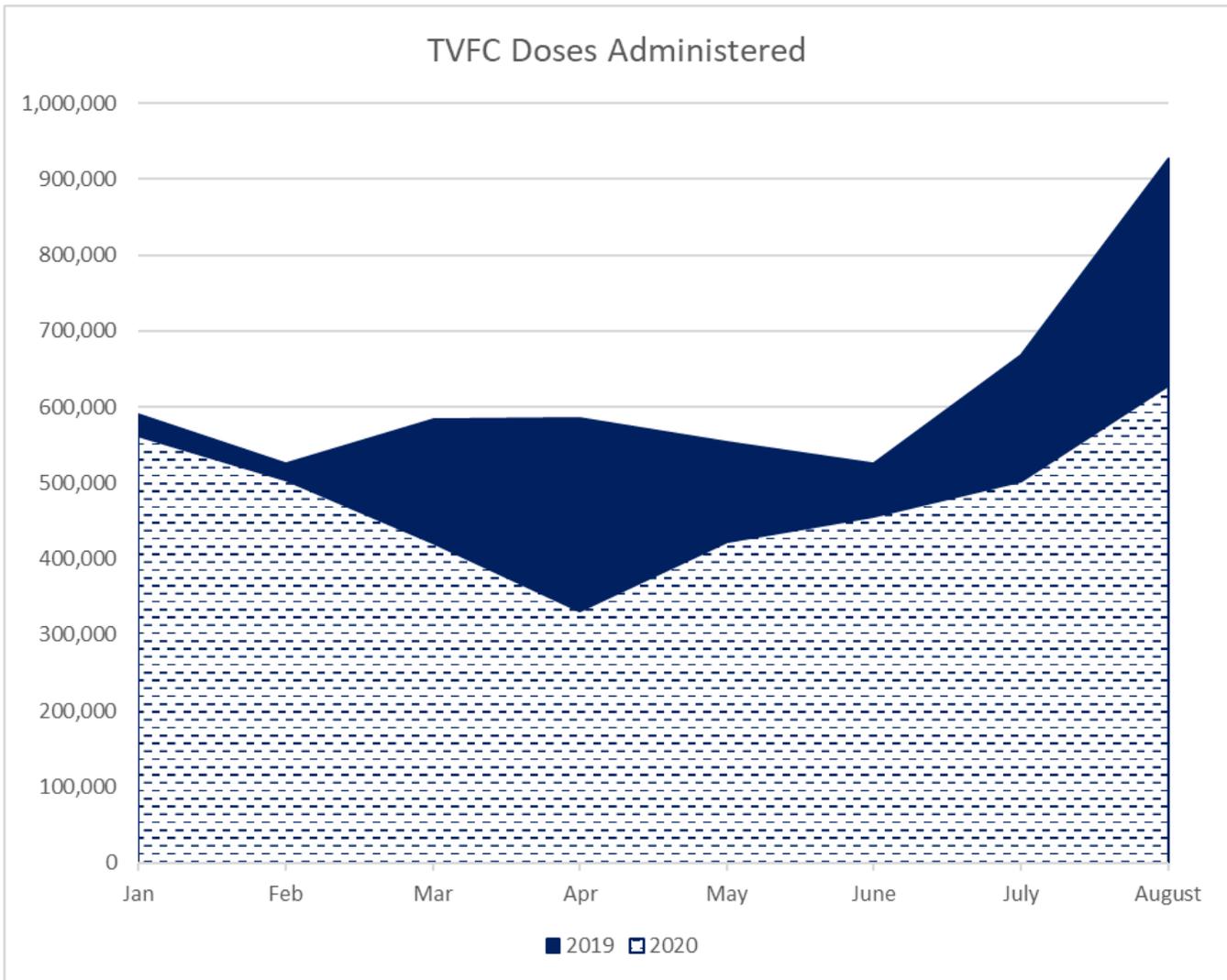
Statewide Results

Compared to the same month 2019, the number of doses administered in Texas in 2020

- decreased substantially in April (-43%)
- began to rebound somewhat in May (-24%) and June (-14%)
- remains well below 2019 levels (Figure 1)

July and August are typically busy months for TVFC doses. However, July 2020 still showed a 27.5 percent decrease in doses administered compared to July 2019, and August 2020 was 32.2 percent lower than August 2019.

Figure 1. Number of TVFC Doses Administered^a by Month, 2019 and 2020.

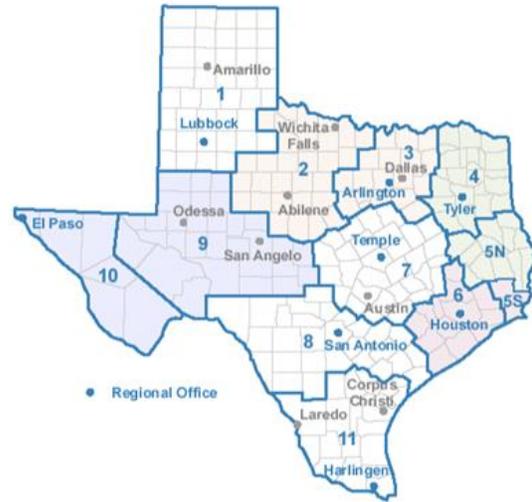


^aIncludes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.

Regional Results

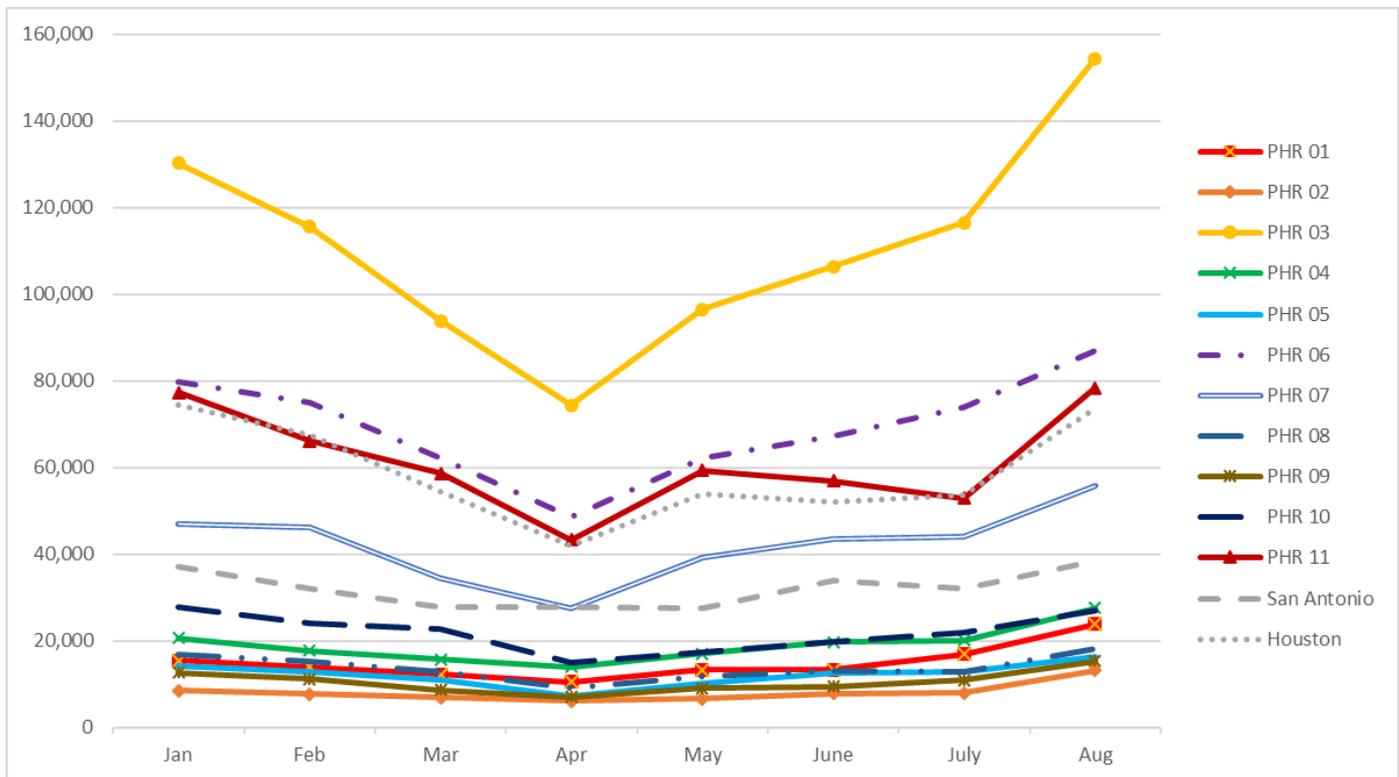
Some variation in doses administered was seen between different regions of Texas (Figure 2).

Doses administered for Tdap, MCV4 and HPV (usually given to older children) decreased more than for measles-containing vaccines (Figure 3). This corresponds to national data that indicates efforts to prioritize vaccination of younger children may have been somewhat effective.



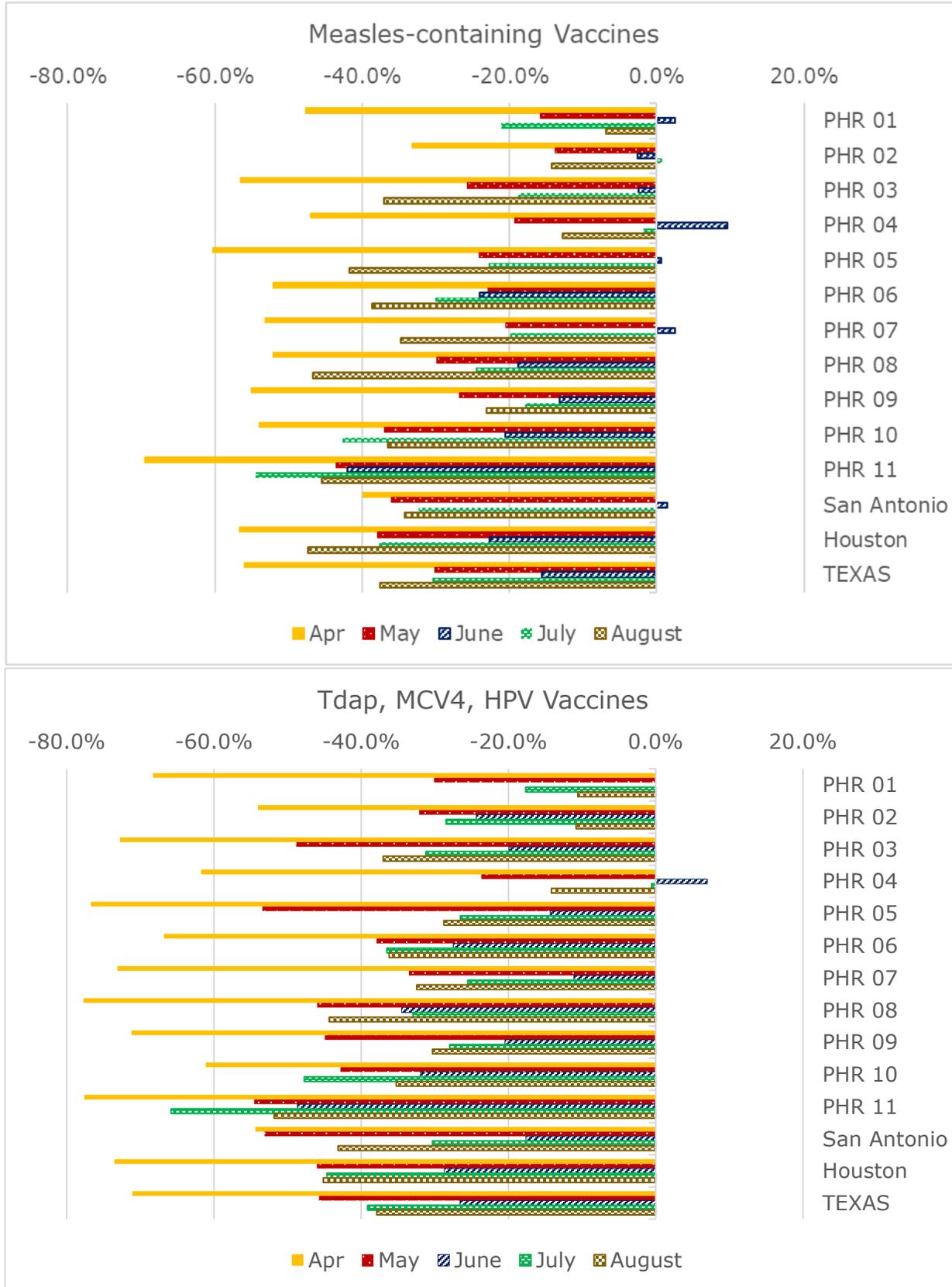
- Data below is shown by Public Health Region (PHR 1-11 shown on inset map)
- **San Antonio** and **Houston** have immunization programs that receive direct funding from CDC (separate from the rest of the state). Therefore, doses administered in those jurisdictions are reported below separately from their respective PHR. For example, PHR-8 count of doses does not include San Antonio Metropolitan Health District doses, which are shown on a separate line.

Figure 2. TVFC Doses Administered^a by Month and Region, January through August 2020.



^aIncludes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.

Figure 3. Percent Change^a in monthly TVFC Doses Administered for Measles-containing Vaccines (MMR, MMRV) and Tdap-MCV4-HPV Vaccines from 2019 to 2020.



^aCalculated as doses administered to children in the corresponding month (2020-2019)/2019

Discussion

Estimates from the most recent (2018) National Immunization Survey (NIS-Child) indicated vaccination rates among two-year-old children already did not meet national goals for multiple vaccines (Table 1). Further declines could result in increased risk of outbreaks of vaccine-preventable diseases. Similarly, vaccination rates among teens have improved in recent years but several remained suboptimal based on the 2018 NIS-Teen survey.

Table 1. HP2020 Goals^a Compared with NIS-Child 2018 Vaccination Coverage Estimates at 2 years of age for Children Born 2015-2016.

| Vaccine | HP2020 Coverage Goal | Texas Coverage (Point Estimate and 95% CI) | Texas Outcome ^b |
|-----------------|----------------------|--|----------------------------|
| 4+DTaP | 90% | 79.1 (76.8–81.3) | Does not meet |
| 3+Polio | 90% | 91.2 (89.5–92.7) | Meets |
| 1+MMR | 90% | 90.3 (88.6–91.9) | Meets |
| Hib-FS | 90% | 78.8 (76.5–81.1) | Does not meet |
| 3+HepB | 90% | 89.2 (87.4–90.9) | Does not meet |
| 1+Var | 90% | 90.0 (88.2–91.6) | Meets |
| 4+PCV | 90% | 81.5 (79.3–83.7) | Does not meet |
| HepB birth dose | 85% | 79.4 (77.1–81.6) | Does not meet |
| 2+HepA | 85% | 84.0 (80.0–87.6) | Does not meet |
| Rota | 80% | 74.1 (71.6–76.4) | Does not meet |
| 4:3:1:3:3:1:4 | 80% | 67.3 (64.6–69.9) | Does not meet |

^a HP2020 goals are for children to receive all vaccinations listed by 19–35 months of age, except for the HepB Birth Dose which should be completed within the first three days of life. NIS-Child coverage estimates are calculated at 24 months of age except for the HepB Birth Dose within the first three days of life, Rota by 8 months of age, and 2+HepA by 35 months of age.

^b A point estimate greater than the goal is designated as “Meets” while a point estimate below the goal “Does not meet.” A designation of “Exceeds” would be assigned if the lower end of the 95% confidence interval (CI) exceeded the goal.

Table 2. Status of Texas Immunization Coverage Estimates Compared to Healthy People 2020 Goals for Children 13 to 15 Years Old, NIS 2018.

| Vaccine | Goal | Texas Coverage | Outcome |
|-------------------------------|------|----------------|---------------|
| 1 dose Tdap | 80% | 83.4% | Meets |
| ≥1 dose MenACWY | 80% | 86.7% | Meets |
| HPV UTD, females ^c | 80% | 47.8% | Does not meet |
| HPV UTD, males ^c | 80% | 39.4% | Does not meet |
| ≥2 doses Var ^d | 90% | 82.0% | Does not meet |

^c Includes 2 or 3 doses based on what age the child is when vaccine is initiated.

^d Excludes children who have a history of varicella disease.

The DSHS Immunization Unit will continue to monitor the impacts of the COVID-19 pandemic on routine immunization rates in Texas and to provide resources to assist healthcare providers and the public maintain strong protection against vaccine-preventable diseases.

Healthcare providers should continue modifying procedures to ensure that vaccination services are provided while minimizing potential spread of COVID-19. This includes modifying office practices to minimize contact between patients and their families. Children who have fallen behind should be vaccinated as soon as possible using published catch-up vaccination schedules. Reminder-recall systems may be useful to bring patients back into the clinic. **Parents** are encouraged to call their pediatrician to schedule routine vaccination while following all available COVID-19 precautions.

Administration of vaccines is an *essential medical service*.

- Assess the vaccination status of all patients across the life span at every health care visit.
- Administer routinely recommended vaccines to children, adolescents, and adults (including pregnant women).
- Delay vaccination for persons with suspected or confirmed COVID-19.
- Follow **guidance** to prevent the spread of COVID-19 in health care settings.
- Encourage vaccination at the patient’s medical home.
- Implement effective strategies for **catch-up vaccination**.
- Communicate with patients/families about how they can be safely vaccinated during the pandemic.

Reference

¹Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591–593. DOI:<http://dx.doi.org/10.15585/mmwr.mm6919e2>

Our Goals

The goals of the DSHS Immunization Unit are to eliminate the spread of vaccine preventable diseases by increasing vaccine coverage for Texans, raising awareness of the diseases that vaccines prevent, and educating the public about vaccine safety. We do this through administration of the Texas Immunization Registry (ImmTrac2) which provides access to immunization records, establishment of school immunization rules, and administration of the Texas Vaccines for Children and Adult Safety Net programs, which provide low-cost vaccines to eligible children and adults.



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