

# The Upshot Online

Volume 8- Number 2

Second Quarter 2004

## The March of Dimes: Celebrating a Golden Anniversary

By Donna Goodnight

### First Polio Shots Given Here; More Planned Soon



Receiving free Salk Vaccine immunization here at Pinecastle last week, is Joan Leash, daughter of Captain Thomas V. Leash, 645th Bomb Wing. Administering the friendly needle is S-Sgt. Robert H. Huffman, 424th Medical Squadron.

What were you doing in 1954? Were you just sitting around waiting for your turn to enter the world?

A series of events that began on April 26, 1954, changed history and the health of the world. On that date, nationwide field trials began for Dr. Jonas Salk's experimental killed-virus polio vaccine, the development of which was funded by the March of Dimes. Nearly two million school children, America's

Polio Pioneers, took part in these field trials, the largest peacetime mobilization of volunteers in U.S. history. The participating Texas counties included Bexar, Dallas, Harris, McLennan, Nueces, Orange, Tarrant, Taylor, Tom Green, and Wichita.

By April 1955, the results of the field trials were clear. Statistics showed that the Salk vaccine was 80-90 percent effective in preventing polio. In the next four years, 450 million doses of the vaccine were administered and it became a standard fixture among childhood immunizations. Later, in 1962, an oral polio vaccine, developed by Dr. Albert Sabin with funding from the March of Dimes, was licensed. Before the development of the polio vaccines, an estimated 50,000 people in the United States were affected by polio each year. As a result of the vaccine, there has not been a new case of the disease in the Western Hemisphere since 1991. In 2001, the World Health Organization reported just 480 cases of polio worldwide and hopes to declare the world polio-free by 2005.

The March of Dimes is celebrating the 50<sup>th</sup> anniversary of the Salk polio vaccine and the field trials that demonstrated its safety and effectiveness. Under the umbrella "From Polio to Prematurity" activities began in April 2004 and will continue through September 2005 (see the March of Dimes website at [www.marchofdimes.com](http://www.marchofdimes.com)). The National Plan includes:

- A press conference that took place on April 26 at Franklin Sherman Elementary School in McLean, Virginia, site of the first vaccination under the polio field trial program. Speakers included Anita Perry, First Lady of Texas and March of Dimes National Chair for Childhood Immunizations.
- Polio Pioneer “Microsite” at Marchofdimes.com to include historical information, reflections of March of Dimes volunteers, and an opportunity to purchase commemorative items.
- A new immunization brochure “Vaccines Protect Your Kids” funded by AT & T and VFW. Distribution has begun by local MOD chapters.

- A volunteer leadership conference in Dallas on October 14-16, featuring Anita Perry, honoring polio pioneers and recognizing present-day volunteers for their efforts to increase vaccination rates for the nation’s children.
- A volunteer leadership conference in San Diego, September 15-17, 2005, capping off the year.

As a Public Health partner, we salute our friends at the March of Dimes in the celebration of this important Golden Anniversary.

Sources: Memo of March 26, 2004, March of Dimes National Headquarters.  
Retrieved March 26, 2004, [www.modimes.org](http://www.modimes.org)

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### **Immunization Training for Local Health Departments in Region 6/5S**

By Sandy Sissom

The Department of State Health Services DSHS, Region 6/5S in Houston held an immunization training on February 24, 2004. The training was to update the local health departments on several topics. These

included the Pharmacy Inventory Control System (PICS), ImmTrac, changes in the Vaccine For Children (VFC) Program including the follow-up site visits and the new electronic tool. Changes in school rules, the importance of record keeping, and parental and provider education were also discussed.



Region 6/5 S Immunization Program staff with Pat Feagin. Left to right are: Gayle Dunn, Nezzie Parker, Marsha Edwards, Sandra Sissom, Pat Feagin, Alkarim Kanji, and Winnie Malveaux

Pat Feagin, Acting Director for the Immunization Division, DSHS in Austin was present. She reminded the local health departments that they are the key to helping raise immunization rates in Texas. Feagin stated, "Together, we can make a difference by immunizing as many children as

possible against vaccine-preventable diseases. With that commitment, we will increase immunization rates in Texas." There were 51 participants representing the region's local health departments.

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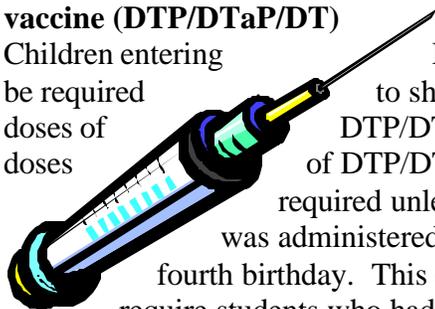
## **Immunization Division Summary of Changes to Immunization Requirements**

By Monica Gamez

The Department of State Health Services DSHS has made significant changes to the immunization requirements for children attending schools and child-care facilities. These changes are effective for the 2004-2005 school year. Some of the highlights are outlined below.

### **Diphtheria, Tetanus, Pertussis containing vaccine (DTP/DTaP/DT)**

Children entering Kindergarten will be required to show proof of five doses of DTP/DTaP/DT. Five doses of DTP/DTaP/DT are required unless the fourth dose was administered on or after the fourth birthday. This change does not require students who had previously complied with the former requirements to receive additional doses of the vaccine. For instance, if a student enrolled in Kindergarten last year and he/she had received four doses of DTP/DTaP/DT and one of those doses was on or after the fourth birthday, then the student does not need an additional dose of DTP/DTaP/DT. However, if the student did not receive the fourth dose on or after the fourth birthday, the student requires an additional dose.



fourth birthday, a fourth dose is not required.

### **Hepatitis B**

Students need to show proof of hepatitis B vaccination by grade level. Beginning in school year 2004-2005, students attending Kindergarten through fifth grade and students in seventh through tenth grade are required to show proof of three doses of hepatitis B vaccine. Subsequent grade levels will be added each school year until school year 2006-2007, when all students in all grades (K-12) will be required to show proof of hepatitis B vaccination.

### **Varicella**

Students attending Kindergarten through fourth grade and seventh through tenth grade in school year 2004-2005, need to show proof of one dose of varicella vaccine. Subsequent grade levels will be added each school year until school year 2006-2007, when all students in all grades (K-12) will need to show proof of varicella vaccination.

### **Hepatitis A**

Students attending schools or child-care facilities in geographic areas designated by the Department of State Health Services (DSHS) need to show proof of two doses of hepatitis A vaccine if they are enrolled in a child-care center or if they attend Kindergarten through third grade.

### **Age Ranges**

Children enrolled in child-care facilities no longer need to provide proof of vaccination "upon entering an age group." This change aligns the Texas immunization requirements with the Advisory Committee on Immunization Practices (ACIP) medical recommendations. For example, a child attending a child-care facility center must now show

proof of vaccination against measles, mumps, and rubella (MMR) anywhere from 12-15 months of age. Therefore, in order for a child to be in compliance with Texas immunization requirements, the child must be vaccinated with one dose of MMR vaccine by 16 months of age.

### **Provisional Enrollment**

A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered. Furthermore, a subsection relating to homeless students has been added to the provisional enrollment section. This section allows a thirty-day provisional enrollment for homeless students as defined by the McKinney-Vento Act.

### **Acceptable Evidence of Vaccination**

Acceptable documentation now includes records generated from a local health authority, such as a registry, or from school officials from another state.

## **Board of Health Approves Proposed ImmTrac Rules**

By Adriana Rhames

The Texas immunization registry, ImmTrac, is operating under new rules. The new rules were made effective May 6, 2004. The Texas Board of Health (BOH) adopted proposed rules relating to

### **Exclusions from Compliance**

The immunization requirements now include an exemption from immunizations for reasons of conscience, including a religious belief. This change was a result of House Bill 2292 passed by the 78<sup>th</sup> Legislature and became effective on September 1, 2004. To claim exclusion for reasons of conscience, including a religious belief, the child's parent or legal guardian must present a signed affidavit form to the school. The affidavit will be valid for a **two-year** period.

Written requests must be submitted through the U.S. Postal Service, commercial carrier, fax, or hand-delivered to:

DSHS Bureau of Immunization &  
Pharmacy Support  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
Fax: (512) 458-7544

Affidavit form requests will be processed and mailed within one week from the receipt of the request. The letter must include the following information:

- Full name of each child for whom a form is requested (first, middle, and last);
- Date of birth of each child for whom a form is requested;
- Parent or legal guardian's complete return mailing address, including zip code; and
- Number of forms needed for each child (not to exceed five forms per child)

For more information on immunization requirements, please contact, Immunization Compliance Coordinator, at (512) 458-7284, or visit our website at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com).

ImmTrac on Thursday, April 15, 2004. Adopted rules were published in the April 30, 2004 issue of the *Texas Register*, Volume 29, Number 18, page 4,155.

New ImmTrac rules were drafted and proposed to the BOH as a result of new legislation passed by the 78<sup>th</sup> Legislature in June 2003. An informal stakeholder briefing was held on Wednesday,

November 12, 2003 to present and explain the draft proposed ImmTrac rules. A public hearing was held on Wednesday, February 18, 2004 and public comment was accepted through March 1, 2004. The final rules, including a summary of comments received and changes proposed after the public

comment period, may be viewed at the Texas BOH website and a copy of the rules can be downloaded in PDF format at the following link: <http://www.tdh.state.tx.us/comm/board/04-15-04/04200409Q.pdf>.



## **New Employee Corner-Bureau of Immunization and Pharmacy Support**

By Ryan Davis

### **Michael Avina**

Michael is a Program Specialist I for worked for Scott & White (S&W) years. During his time with S&W he Certification (CPhT) from the and registered with the Texas State Department of State Health Services contracted wholesaler. This includes orders for HIV, STD, Hansen's Disease, Refugee Health Screening, and Women's Health. He also maintains files, reconciles invoices, and keeps up with current drug costs on a weekly basis.



the Pharmacy. He grew up in Temple, Texas and Health Plan Pharmacy as the Lead Tech for six received his Certified Pharmacy Technician Pharmacy Technician Certification Board (PTCB) Board of Pharmacy (TSBP). His job with the (DSHS) is placing orders with the department's Women's Health. He also maintains files, reconciles invoices, and keeps up with current drug costs on a weekly basis.

### **Brandy Tidwell**

Brandy is a Public Health Tech. II at DSHS. She is responsible for maintaining reports on Vaccine Preventable Diseases that will later be transmitted to CDC. She grew up in Greenville, Texas and received her BS in Health Promotions at the University of North Texas. After graduation, she moved to Austin and began her career at the Texas Department of Health laboratory. She worked in specimen check-in for four years before moving to the Immunization Branch.



grew up in Overton, Texas and married on November 29, 2003. Her husband is Derek Grant. She also has an eight-year-old stepson named Noah. She attended Kilgore College. In her family she was the only girl and the middle child.

### **Maresa Barron Campbell**

Meresa is an Administrative Tech with the Community Outreach and Training section with DSHS in Tyler, as of 05-01-04. Previously she worked for TDH for 14 years with the Texas Health Steps and WIC programs, with a break from October 2003 to April 2004 to work for Protective and Regulatory Services. She is glad to be back with DSHS! She grew up in Canton, Texas and got married on October 3, 2003 to John Kent Campbell. She attended Tyler Junior College and her hobbies include oil and acrylic painting.



### **Michelle Sebastian Grant**

Michelle is a Clerk IV in Vaccine Accounting at DSHS in Tyler, as of 05-01-04. She began with TDH in the regional Nursing Office January 3, 2004. Previously she worked for the Pepsi Cola Company. Michelle

**Ginny Carrizales**

Ginny is a Public Health Technician Generalist for DSHS in Public Health Region 7. She is working as a Provider Relation's Specialist for private physicians who participate in the TVFC program. Her work entails community outreach, recruiting physicians to become TVFC providers, conducting QA reviews in public health clinics, and for pharmacists who vaccinate under the direction of our regional director.

**April Crigger-Pierce**

April is a Public Health Technician Generalist with DSHS in Public Health Region 7. She is working with TVFC monthly reporting for Local Health Departments, website development & maintenance, and formatting and posting a regional newsletter on the web.

**Laurie Salinas**

Laurie is a Population-based Assessment Generalist with the Department of State Health Services DSHS in Public Health Region 7. She will be conducting audits of immunization records at daycares and schools in Region 7, maintaining a database containing audit information, and the development of audit forms in electronic formats.

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## **Pertussis Website: An Internet-Based Strategy to Promote Pertussis Awareness**

By Nicole Norman

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Immunization Division, Department of State Health Services (DSHS), 1100 W. 49th Street, Austin, TX, USA.

**Background**

Pertussis is a potentially serious vaccine-preventable disease. Although this disease is

vaccine-preventable, Texas has experienced high levels of pertussis morbidity since 2000. The number of pertussis cases has steadily risen from 327 in 2000 to 1,240 in 2002. Twelve Texas babies have died from pertussis since 2001. The majority of pertussis hospitalizations are in Texas babies less than one year of age. However, most Texans are not aware that pertussis still exists.

**Objective**

The mission of the pertussis website is to: 1) increase pertussis awareness; and 2) improve reporting of suspected pertussis cases to local health authorities and DSHS.

**Method**

DSHS and the Texas Public Health Association hosted a pertussis conference in Austin, Texas. The conference was held on June 22, 2002 and was designed primarily for physicians. The conference served as an educational tool to help physicians learn about the epidemiology of pertussis, signs and symptoms of pertussis, pertussis testing, interpretation of the results, and treatment of pertussis cases and contacts.

**Result**

As a result of the pertussis conference, a pertussis website was developed for educational purposes. The site is the home of DSHS continuing education

independent study activity called Controlling Pertussis in Texas. This site allows physicians to earn 2.5 continuing medical education credits and nurses to earn 2.5 continuing nurse education credits.

### Conclusion

Having a website devoted primarily to promote awareness about pertussis, will help in diagnosing and treating pertussis cases in the future. In years to

come, this website will play a vital role in reducing pertussis deaths and hospitalizations.

### Learning Objectives

Attendees will become knowledgeable about innovative strategies 1) to promote pertussis awareness, and 2) to involve public health professionals in promoting pertussis awareness.  
Web Page: <http://www.completecast.com/pertussis/>

<b>Training Calendar</b>			
<b>New Zealand Immunisation Service Delivery Conference</b>	<b>Date:</b> September 10-11, 2004	<b>Location:</b> Rotorua, New Zealand	<b>Contact:</b> Colleen Courtenay  <b>Phone:</b> 09 373 7599 ext 82076 <b>Fax:</b> 09 373 7030  <b>Email:</b> <a href="mailto:c.Courtenay@auckland.ac.nz">c.Courtenay@auckland.ac.nz</a>  <b>Website:</b> <a href="http://www.imac.auckland.ac.nz/">http://www.imac.auckland.ac.nz/</a>
<b>MVAF 2004 - Modern Vaccine/Adjuvant Formulation</b>	<b>Date:</b> September 15-17, 2004	<b>Location:</b> Radisson SAS Hotel, Prague, Czech Republic	<b>Contact:</b> John Herriot <b>Email:</b> <a href="mailto:jherriot@meetingsmgmt.u-net.com">jherriot@meetingsmgmt.u-net.com</a>  <b>Website:</b> <a href="http://www.meetingsmanagement.com/mvaf_2004/index.htm">http://www.meetingsmanagement.com/mvaf_2004/index.htm</a>
<b>Sixth National Conference on Immunization Coalitions</b>	<b>Date:</b> September 20-22, 2004	<b>Location:</b> Norfolk, Virginia	<b>Contact:</b> Annemarie Beardsworth  <b>Phone:</b> 401-222-5658 <b>Fax:</b> 401-222-1442  <b>Website:</b> <a href="http://www.cme.hsc.usf.edu/coph/immcoal/">http://www.cme.hsc.usf.edu/coph/immcoal/</a>
<b>National Adult Immunization Awareness Week</b>	<b>Date:</b> September 26 - October 2, 2004		<b>Website:</b> <a href="http://www.cdc.gov/nip/events/naiaw/default.htm">http://www.cdc.gov/nip/events/naiaw/default.htm</a>  <b>Phone:</b> (813) 974-6695
<b>Immunization in Canada, Science - Programmes - Collaboration</b>	<b>Date:</b> December 5-8, 2004	<b>Location:</b> Palais des congrès de Montréal, Montréal Quebec, Canada	<b>Contact:</b> Louise Pagé Project Officer <b>Phone:</b> 613-957-1339 <b>Fax:</b> 613-998-6413 <b>Website:</b> <a href="http://www.hc-sc.gc.ca/pphb-dgspsp/cnic-ccni/index.html">http://www.hc-sc.gc.ca/pphb-dgspsp/cnic-ccni/index.html</a>

### PHR 4/5N Activities

By Donna Goodnight

Regional public health clinics in several cities participated in National Infant Immunization Week (NIIW). The cities



included were: Linden, Mt. Pleasant, Sulphur Springs, Clarksville, Palestine, Athens, Nacogdoches, Carthage, Henderson and Crockett. They proudly displayed new banners proclaiming, "Vaccines: Build Your Child's Health", the new Department of State Health Services DSHS Immunization brand. These banners may be used year-after-year to promote immunizations.

The regional office in the Smith County Public Health District, Cotton Belt Building in Tyler had a display of information available for viewing. The display included brochures and copies of the current immunization schedule that were available to the public. Flyers were also available with information

about the scheduled Smith County Shots Across Texas clinics.

Smith County Public Health District held several spring clinics. On March 27, 2004, a clinic was held at the Whitehouse YMCA in celebration of National Youth Day. On April 3, 2004 the coalition provided immunizations at the Junior League of Tyler, Spring Sweep Rummage Sale at the Harvey Convention. This sale is a major fundraiser for the Junior League and is held every two years. This is the third consecutive sale for which immunizations have been provided. A third clinic was held on April 24, 2004 at the First United Methodist Church of Bullard. The three clinics provided 433 doses to 230 patients and accounted for 231 volunteer hours. A fourth spring clinic was held on May 22nd at Bethesda Clinic; a Tyler faith-based clinic for the medically indigent. We partnered with Medical Alliance; which held a bike rodeo simultaneously. We gave 177 immunizations to 93 patients. The Northeast Texas Public Health District also observed "Shots Across Texas Week" April 19-23, 2004 by providing free immunizations and offering extended immunization clinic hours.



### Nurses' Day

By Sandy Sissom  
DSHS Region 6/5 S – Houston  
Immunization Program

Nurses' Day is when everyone can celebrate nursing and the valuable role nurses play in health care and health promotion. In 1982, a joint congressional resolution designated May 6<sup>th</sup> as "National Recognition Day for Nurses."

In 1991, the celebration was expanded to National Nurses' Week (May 6<sup>th</sup> –12<sup>th</sup>) to accommodate the varied schedules of America's nurses. National Nurses' Week concluded on May 12<sup>th</sup>, the birth date of Florence Nightingale, a key figure in nursing history and still an inspiration today to many.

Nurses' Day is a day to recognize our friends and peers who took a common pledge to serve. Share this poem with your favorite nurses and don't forget to wish them Happy Nurses' Day, no matter what day it is.

The Immunization Program in Region 6/5 S recognized and honored our nurses, Marsha Edwards, R.N. and Alkarim Kanji, R.N. They are dedicated and caring people who always work in the best interest of the children of Texas. They encourage parents to make sure their children are appropriately vaccinated. They are excellent nurses, who deserve to be recognized on Nurses' Day!

*Every minute of every day, a nurse somewhere brings a smile, shares a problem, eases a pain, and makes a special difference. Thank you for being that kind of person.*

## **Being a Nurse means...**

You will never be bored.  
You will always be frustrated.  
You will be surrounded by challenges.  
So much to do and so little time.

You will carry immense responsibility  
and very little authority.

You will step into people's lives and  
you will make a difference.  
Some will bless you.  
Some will curse you.

You will see people at their worst  
and at their best.  
You will never cease to be amazed  
at people's capacity for  
love, courage and endurance.

You will see life begin and end.  
You will experience resounding triumphs  
and devastating failures.

You will cry a lot.  
You will laugh a lot.  
You will know what it is to be human  
and to be humane.

By  
Melodie Chenevert

## ImmTrac Trivia Questions

By Adriana Rhames

**Question 1:** To whom can an ImmTrac immunization record be released (Hint: there are 6 different entity categories.)

**Question 2:** The ImmTrac Registry contains immunization records for people of what age range?

**Question 3:** Before a child can participate in ImmTrac, what must be obtained?

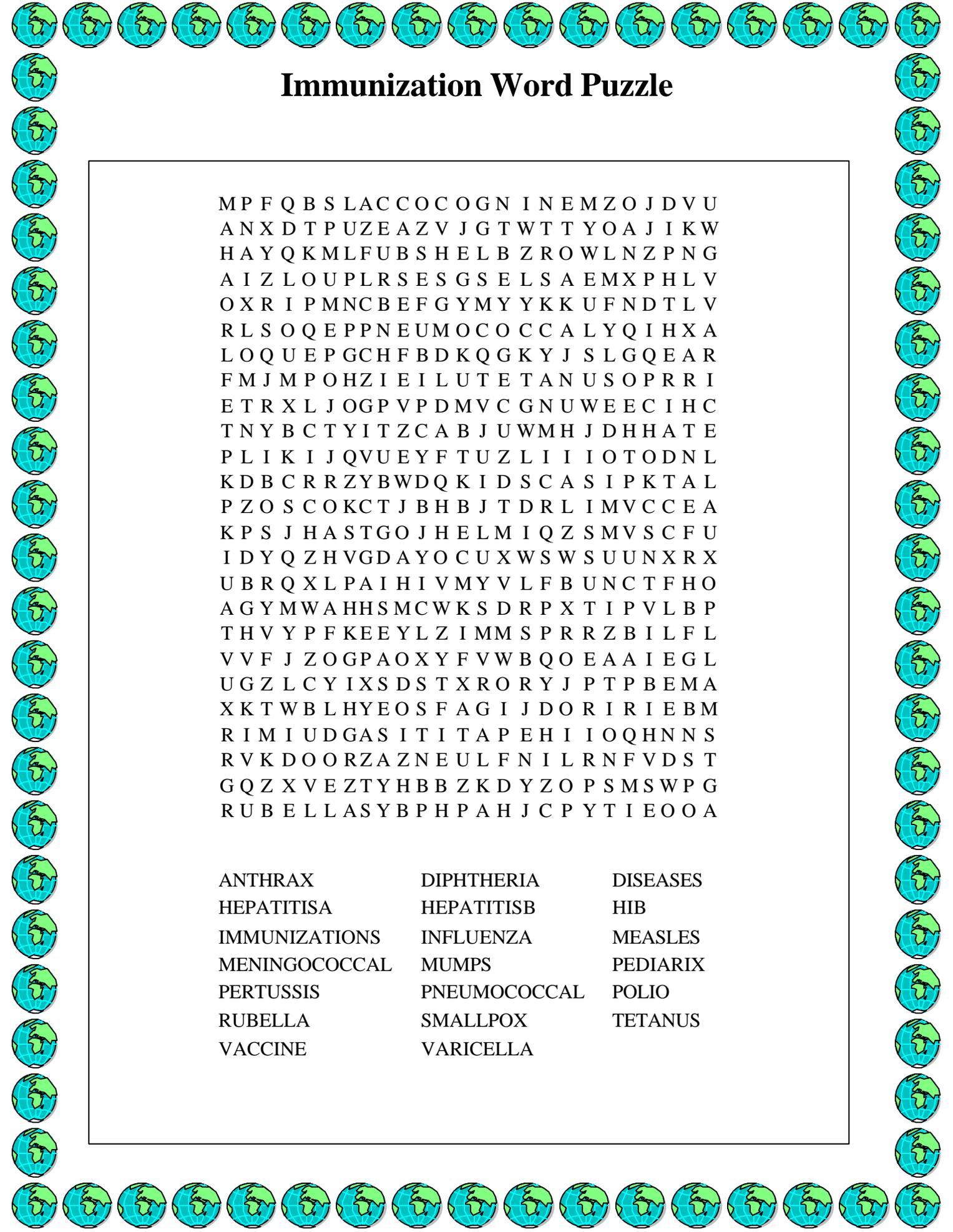
**Question 4:** How often must written parental consent for ImmTrac participation be obtained?

\*Please send answers to:

[www.feedback.imm@dshs.state.tx.us](mailto:www.feedback.imm@dshs.state.tx.us)

The deadline for answers is September 30, 2004. There will be a random drawing from everyone who answers all four questions correctly. A prize will be given to this person.



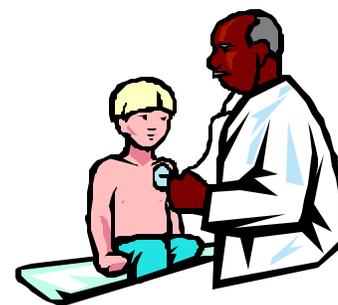


# Immunization Word Puzzle

MPFQBSLACCOCOGNINEMZOJDVU  
ANXDTPUZEAZVJGTWTTYOAJIKW  
HAYQKMLFUBSHEL BZROWLNZPNG  
AIZLOUPLRSESGSELSAEMXPHLV  
OXRIPMNCBFGYMYKKUFNDTLV  
RLSOQEPPNEUMOCOCCALYQIHXA  
LOQUEPGCHFBDKQGYJSLGQEAR  
FMJMPOHZIEILUTETANUSOPRRI  
ETRXLJOGPVPDMVCGNUWEECIHC  
TNYBCTYITZCABJUWMHJDHHATE  
PLIKIJQVUEYFTUZLI I IOTODNL  
KDBCRRZYBWDQKIDSCASIPKTAL  
PZOSCOKCTJBHBJTDRLIMVCCEA  
KPSJHASTGOJHELMIQZSMVSCFU  
IDYQZHVGDAYOCUXWSWSUUNXR  
UBRQXLP A I H I V M Y V L F B U N C T F H O  
AGYMWAAHSMCWKSDRPXTIPVLBP  
THVYPFKEEYLZIMMSPRRZBILFL  
VVFJZOGPAOXYFVWBQOEAAIEGL  
UGZLCYIXSDSTXRORYJPTPBEMA  
XKTWBLHYEOSFAGIJDORIRIEBM  
RIMIUDGASITITAPEHI IOQHNS  
RVKDOORZAZNEULFNILRNFDVST  
GQZXVEZTYHBBZKDY ZOPSM SWPG  
RUBELLASYBPHPAHJCPTYTIEOOA

ANTHRAX	DIPHThERIA	DISEASES
HEPATITISA	HEPATITISB	HIB
IMMUNIZATIONS	INFLUENZA	MEASLES
MENINGOCOCCAL	MUMPS	PEDIARIX
PERTUSSIS	PNEUMOCOCCAL	POLIO
RUBELLA	SMALLPOX	TETANUS
VACCINE	VARICELLA	

## 2003/2004 Finalized Reported Cases Vaccine-preventable Diseases



DISEASE	2003
Congenital Rubella Syndrome	0
Diphtheria	0
<i>Haemophilus influenzae type b</i>	5
Hepatitis A	N/A
Hepatitis B	965
Hepatitis B, Perinatal	1
Measles	0
Mumps	18
Pertussis (Whooping Cough)	670
Rubella	0
Tetanus	1
Varicella (Chickenpox)	5,465

DISEASE	2004*
Congenital Rubella Syndrome	0
Diphtheria	0
<i>Haemophilus influenzae type b</i>	1
Hepatitis A	N/A
Hepatitis B	12
Hepatitis B, Perinatal	0
Measles	0
Mumps	5
Pertussis (Whooping Cough)	200
Rubella	1
Tetanus	0
Varicella (Chickenpox)	1,126

\*Provisional data as of June 30, 2004



## Varicella in Texas

By Julie Townsend

Varicella is a highly contagious disease. Although chickenpox is not usually a serious illness, it sometimes leads to severe complications such as pneumonia, encephalitis, or bacterial infection. Complications are more severe in immunocompromised individuals. Prior to vaccine licensure in 1995, approximately 50 children and 50 adults in the United States died from complications of chickenpox each year and almost every one of them became infected. In 2000, a school and child care requirement for varicella vaccine was implemented in Texas. Reported varicella cases dropped from 20,484 in 1998 to 5,465 in 2003. The varicella vaccine is 95% effective in preventing moderate or severe disease. It is only 70 – 85% effective in preventing mild disease. In a recent study by Vazquez in



2004, varicella vaccine effectiveness significantly decreased after one year, but remained fairly steady in subsequent years. As vaccine coverage increases and the incidence of wild-type varicella decreases, a higher proportion of varicella cases will occur in vaccinated individuals as breakthrough disease (> 42 days after vaccination). The current estimate for breakthrough cases is 25%. Although breakthrough varicella cases may occur, the disease is often milder with a shorter duration and the risk of complications from varicella is minimal. This typically means fewer days missed from work and/or school. The following bullets summarize the differences between varicella in unvaccinated individuals and varicella in vaccinated individuals (breakthrough cases).

- Generally, varicella disease in vaccinated individuals is much milder with a shorter duration of illness.
- The rash may be maculopapular with few or no vesicles, and may resemble insect bites in some individuals.
- The same precautions should be taken with individuals with breakthrough varicella as those with wild-type varicella.
- Individuals with breakthrough varicella need to be excluded from school or childcare centers.
- Precautions should be taken to prevent exposure to immunocompromised individuals or pregnant women.
- In school settings where varicella has been reported, there should be an increased level of awareness for cases of breakthrough varicella, which may not be rapidly identified if symptoms are mild.
- Varicella is a reportable disease in Texas. Therefore, all cases of varicella should be reported to the health department.

Sources: American Academy of Pediatrics. In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003.  
 Department of State Health Services DSHS, Vaccine-Preventable Disease Surveillance Guidelines, April 10, 2002. Stock No. 6-106.  
 Vazquez, M, LaRussa, PS, Gershon, AA, Niccolai, LM, Muehlenbein, CE, Steinberg, SP, and Shapiro, ED. Effectiveness Over Time of Varicella Vaccine. *JAMA*. 291: 851 – 855, 2004.

### Typical Varicella Presentation in Unvaccinated and Vaccinated Individuals

Typical Varicella Presentation (Unvaccinated individuals)	Varicella in Vaccinated Individuals More Than 42 Days After Vaccination (Breakthrough Disease)
Typically consists of 250 to 500 lesions and other systemic symptoms	Milder with fewer than 50 skin lesions
Mild fever	Lower rate of fever
Longer rash duration: 5-7 days	Shorter rash duration: 3 days or less
Generalized, pruritic, vesicular rash	Maculopapular with few or no vesicles (may resemble insect bites)
Patients are most infectious from 1 to 2 days before to shortly after onset of the rash, but may persist until crusting of the lesions	These individuals are still considered infectious; although their infectivity may be less
Individuals should be excluded from school or child care centers for at least five days or until the lesions become dry	Individuals should be excluded from school or child care centers until the lesions become dry, fade, and no more appear (for at least three days)

#### Temperature Recording Form (C-105) Revised

By Charlotte Hunter

The Department of State Health Services DSHS Temperature Recording Form, Stock Number C-105, has been revised. It is now available on the Immunization website, [www.immunizetexas.com](http://www.immunizetexas.com), in the Literature and Forms section. Please begin using the new form immediately.

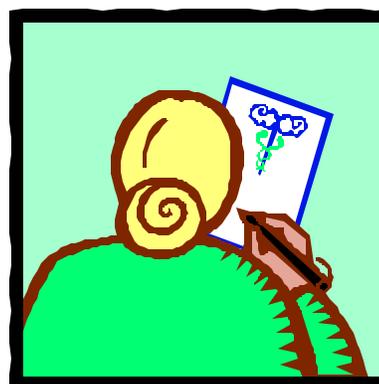
Form revisions include:

- The appropriate refrigerator ranges are now printed on the form.
- “A” and “P” are now recorded for morning (A) and afternoon (P). It is appropriate to have an “A” and “P” in the same box, if the temperature has the same reading in the morning and in the afternoon.
- When temperature is too cold or too warm, you will now write the actual temperature in the box for that day. You will also need to complete the bottom of the form, “Actions Taken When Temperature is Out of Range”.

Please check all items that apply.

Remember, the refrigerator and freezer temperatures should be recorded twice daily throughout the workweek, in the morning, upon staff arrival and again in the afternoon before staff leaves for the day.

For more information, please contact the Vaccine Services Branch at 800-252-9152.



## Influenza

By Emily Salinas

### Influenza

DSHS, Immunization Branch's Vaccines Services Group (VSG) is gearing up for another busy Influenza season. For the upcoming 2004-2005 influenza season the VSG will receive three formulations of flu vaccine, two from Aventis Pasteur and one from Chiron Corporation. Aventis Pasteur produces FluZone<sup>®</sup> (Flu PF), which is approved by the Food and Drug Administration (FDA) for persons aged  $\geq 6$  months. FluZone, which contains thimerosal as a preservative will be available in multidose vials. Preservative-free FluZone (Flu PF) is packaged as 0.25-mL unit dose syringes will be available for children 6-35 months. The Chiron Corporation produces Fluvirin<sup>™</sup>, which is approved by the Food and Drug Administration (FDA) for persons aged  $\geq 4$  years. Fluvirin comes in multidose vials. The first allotments of influenza vaccine are expected to arrive in October for distribution.

Texas Vaccines for Children (TVFC) providers should begin placing orders for influenza vaccine for TVFC eligible children 18 years of age and younger who are at high-risk for complications of influenza. TVFC providers are encouraged to consider the number of patients that expect to see monthly and order appropriately through the routine vaccine ordering process.

Providers should use the C-68 "Biological Order Form". Please indicate by separating the number of doses of Flu, and Flu PF on the request form. Who is at high-risk for influenza disease according to the current ACIP guidelines include:

- Children aged 6-23 months
- Children and adults who have chronic disorders of the pulmonary or

cardiovascular systems, including asthma

- Children and adults who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV])
- Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Women who will be pregnant during the influenza season
- Persons aged  $\geq 65$  years
- Alaskan native, Native American, African American

The VSG will continue to process influenza vaccine orders throughout the flu season (October through March). While DSHS is receiving three different formulations of influenza vaccine for the upcoming season, the VSG will examine all orders submitted, in order to minimize providers from having all three formulations of the vaccine. Influenza vaccines will be shipped directly to the clinic where it will be administered.

For further information or to submit your influenza vaccine order, please contact your Public Health Region.

### Influenza For Private Providers And Local Health Departments

If you are a private clinic or a local health department and need influenza vaccine for your private stock, contact one of the vaccine distributors through the Health Industry Distributors Association (HIDA). The HIDA has compiled a list of 17 vaccine distributors. To place an order the vaccine distributor will need to be contacted directly. The listings of distributors include the name,

contact person, phone number and e-mail address of each influenza vaccine distributor. For further information on requesting doses of Flu and Flu PF for your private stock, visit the website of the Centers for Disease Control and Prevention CDC at [www.cdc.gov/flu/](http://www.cdc.gov/flu/) or [www.hida.org/govtrelations/flulinks.asp](http://www.hida.org/govtrelations/flulinks.asp) for a listing of vaccine distributors.

## **Pneumococcal**

By Emily Salinas

### **Pneumococcal Polysaccharide Vaccine – PPV23**

Pneumococcal disease is a serious disease that causes sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. The Vaccine Services Group (VSG) recommends that Pneumococcal Polysaccharide (PPV23) be ordered year-round through the routine vaccine ordering process.

The Texas Vaccines for Children program (TVFC) provides Pneumococcal Polysaccharide (PPV23) vaccine to TVFC eligible children 2-18 years of ages who are at high-risk for complications of pneumococcal disease. The Advisory Committee on Immunization Practices (ACIP) current guidelines for who is at high-risk for pneumococcal disease include:

- Immunocompromised persons  $\geq 2$  years who are at an increased risk for illness and death associated with pneumococcal disease because of chronic illness
- persons aged greater than or equal to 2 years with functional or anatomic asplenia
- persons aged greater than or equal to 2 years living in environments in which the risk for disease is high

- immunocompromised persons aged greater than or equal to 2 years who are at high risk for infection.
- persons aged greater than or equal to 65 years
- Alaskan native, Native American, African American

### **Pneumococcal Purchase For Non-VFC Eligible Clients**

In addition to Pneumococcal Polysaccharide (PPV23) vaccine provided by the TVFC for high-risk TVFC eligible children, local health departments may purchase PPV23 at the state contract price with local funds for non-VFC eligible adults. For contract or purchasing procedures, you may contact the Texas Building and Procurement Commission (TBPC) by phone at (512) 463-3575 or by e-mail at

[Purchaser.R@tbpc.state.tx.us](mailto:Purchaser.R@tbpc.state.tx.us). Contract information and ordering instructions (for private stock) for PPV23 vaccines may be obtained through the TBPC website addresses: [http://www.tbpc.state.tx.us/cat\\_page/cat\\_27\\_0\\_a2\\_0309.html](http://www.tbpc.state.tx.us/cat_page/cat_27_0_a2_0309.html) (PPV23).

For further information or to submit your pneumococcal polysaccharide (PPV23) vaccine order, please contact your Public Health Region.

