Don’t Procrastinate. Vaccinate!
By Riley Rainosek — Assessment, Compliance & Evaluation Group

As the new school year approaches, it is important for parents to be aware that state law requires children enrolled in or entering into childcare facilities in Texas be vaccinated against 14 serious vaccine-preventable diseases. Texas Administrative Code Rule §97.63 is available to view at the TAC website.

Because infants and toddlers are particularly susceptible to infectious diseases, it is extremely important that they are protected through immunization. Keeping children current on immunizations is one of the most important things a parent can do to protect the health of their children. The minimum state vaccine requirements for childcare facilities can be viewed at: http://www.dshs.state.tx.us/immunize/docs/school/6-15_2012-2013_bilingual.pdf.

The back to school rush can be stressful for parents, and doctors’ office schedules always fill up quickly during this time. One easy way to decrease this stress is for parents to make an appointment with their medical home or physician as soon as possible to ensure their children have all the required vaccines before school starts.

Childcare requirements are based on the Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule. Most children are vaccinated according to the recommended schedule; therefore they are in compliance with the childcare requirements. So don’t procrastinate. Vaccinate!

Any questions can be directed to the Immunization Branch customer service number: (800) 252-9152 or visit the Department of State Health Services website at ImmunizeTexas.com.

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Back to School Update
By Laberne Thomas—Assessment, Compliance & Evaluation Group

It is said that if we fail to prepare, we are preparing to fail. As parents and educators, preparation takes on greater meaning when our children are involved. As the new school year approaches, much preparation is needed to make sure that students meet vaccine requirements for school entry. It is important to ensure students are appropriately vaccinated for the upcoming school year, and it should begin as soon as possible.

As a reminder, recent fiscal reductions to both state and federal budgets necessitated changes in policy to the Texas Vaccines for Children (TVFC) program. In the past, children were allowed to receive vaccinations through a public health department clinic; but now if a child has private or commercial insurance which covers vaccines, they will no longer be able to receive vaccinations through a public health department clinic. They will be directed to their medical home or physician.

Continued on page 2 (SCHOOL)
Preparing now for the new school year will allow sufficient time to make necessary adjustments to meet vaccine requirements and decrease the stress parents and school nurses typically encounter during this time.

To help parents, school nurses sent home reminders of state vaccine requirements. Because doctors’ office schedules fill up quickly during the back to school rush, it remains imperative that parents make appointments as soon as possible to ensure that their children have all the required vaccines before school starts.

There were no new requirements added to the 2012-2013 school vaccine schedule, though phasing in of grade levels from the 2009 rule changes continues. The school requirements document can be downloaded using the link provided to the right.

Please be aware that students without proper documentation of required vaccines, or an official exemption, will not be allowed to attend school.

If you have questions or need additional information, you may also call the Immunization Branch customer service number: (800) 252-9152.

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Response to Meningococcal Requirement in Institutions of Higher Education

By Luis Valenzuela—Assessment, Compliance & Evaluation Group

The 82nd Texas Legislature adopted SB 1107. Per the bill, as of January 1, 2012, all entering college and university students are required to show proof of an initial meningococcal vaccination or a booster dose during the five-year period before enrolling. They must get the vaccine at least 10 days before the semester begins. (Chapter 21, Subchapter T, Sections 21.610 through 21.614) The law does not apply to students enrolled in online/distance education courses, nor to students 30 years of age or older. There is also an exemption for students who file an affidavit declining the vaccination for reasons of conscience.

In response to the new meningococcal vaccine requirement, the Texas Department of State Health Services (DSHS) Immunization Branch developed an action plan with two main objectives. The first was to ensure entering college students ages 19 to 29 receive an MCV4 vaccine within 5 years before enrolling in college. The second was to ensure 16 to 18 year olds receive a booster dose of meningococcal vaccine, as is medically recommended by the CDC and ACIP.

Continued on page 6 (MCV4)
ImmTrac Overview Course Available Now
By Shirin Metayer—ImmTrac Group

ImmTrac, the Texas Immunization Registry, is a no-cost service offered by the Department of State Health Services.

ImmTrac-authorized health-care providers, once enrolled, receive complete access to ImmTrac. That’s right, full access to the database with over 100 million immunization records. A provider will be able to conduct client searches, access client immunization records, and add clients to the system. ImmTrac can also be used as a tracking tool for your patient records.

The ImmTrac group recently developed an online training module about the registry as an educational resource for health-care providers. The online training module will serve as an information resource for potential and existing ImmTrac-authorized health-care providers to educate their adult clients about ImmTrac. Health-care providers that access the training will learn about the benefits of adding adult clients to the registry, how to add adult clients in the ImmTrac application, and how to enroll as an ImmTrac user.

Legislative mandates from Senate Bill 346 (81st Legislature) established ImmTrac as a lifetime registry, allowing adults to be part of the service. This training will further educate health-care providers about the new law and the importance of the registry, which now stores immunization records for Texans of ALL ages from birth to death. Currently, ImmTrac has more than 90,000 adult clients participating in the registry and more are expected. ImmTrac is actively educating the adult client population about the importance of participating in the registry and how it can aid in the reduction of vaccine preventable diseases.

The course will be accessible through the Vaccine Education Online (VEO) website (VaccineEducationOnline.org) or through the ImmTrac website (ImmTrac.com). Potential and existing ImmTrac-authorized health-care providers will view a series of engaging learning activities related to ImmTrac with a major focus on the adult client population. At the end of the course, the participants will receive a certificate of completion. The ImmTrac is for Everyone - A Lifetime Registry Overview course launched earlier this summer. Now, are you ready to take the course?

Please visit ImmTrac.com or contact us at (800) 252-9152 for additional questions or for further information on the availability of the course.

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ImmTrac & New Higher Education Vaccine Requirements
By Sarah Murphy—ImmTrac Group

The 82nd Texas legislature added meningococcal vaccination requirements for higher education students. As of January 1, 2012, all entering college and university students are required to show proof of an initial meningococcal vaccination or a booster dose during the five-year period before enrolling. They must get the vaccine at least 10 days before the semester begins (Chapter 21, Subchapter T, Sections 21.610 through 21.614). The ImmTrac Group has been gearing up for the meningococcal requirements.

The ImmTrac group has been working diligently to inform providers about the new changes to the law. At the end of the 2012 school year, a broadcast message was placed on the ImmTrac application system. The message contained important information for providers about the new meningococcal vaccine requirement and reminded providers to encourage their clients to sign the adult consent form. Also, ImmTrac is working with The Texas Higher Education Coordinating Board (THECB) to send out ImmTrac consent forms to all Texans enrolled in a higher education program. Lastly, there are plans to partner with the medical associations in Texas to further educate and inform providers about the new meningococcal requirements.

Continued on page 6 (IMMTRAC)
Resources Within Reach
By Clara Taylor, PIET Group

The following publications are new or revised as of July 1, 2012. To order or download these publications or any of the Texas Department of State Health Services, Immunization Branch materials, please visit our web page at:


- “Vaccines Provide Protection When Your Baby Needs It Most Brochure” (Bilingual) stock no. 11-11117 revised April 2012
- “Halt HPV Brochure” (English) stock no. 11-13711 revised April 2012
- “Halt HPV Brochure” (Spanish) stock no. 11-13711A revised April 2012
- "ImmTrac - Immunization Registry Consent Form" (Bilingual) stock no. C-7 revised May 2012

If you have questions or concerns call Jack Shaw at (800) 252-9152 ext 6516.

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“Protect 2 From the Flu” Launches Fall 2012 with New Ads

By Alma Lydia Thompson—PIET Group

The 2012 “Protect 2 from the Flu” campaign launched on August 1, 2012.

The campaign targets pregnant women in the state and encourages them to visit the Protect2.org and Protege2.org websites for information and ask their doctor for the flu vaccine. Secondary audiences include OB/GYNs and other stakeholders who will help educate pregnant women about the importance of getting the flu vaccine while they are expecting.

A new TV ad will run primarily on cable in the Dallas/Ft. Worth, El Paso, Houston, and San Antonio viewing areas. It will also be sent as a public service announcement to the major TV stations in Texas along with a letter to request the spots be played at no charge with no end date. This way, the ad remains in rotation as a PSA indefinitely. The TV ad will also be posted as video on the Protect2.org and Protege2.com websites and on the corresponding mobile-ready platforms.

New campaign items include a blogger outreach effort. An email was sent to the top mommy bloggers and Spanish-speaking mommy blogueras who are ranked as the top influencers in the blogosphere. They received an email with flu/pregnancy facts, additional text, and blogger graphics for their blogs and a ready-to-pin Pinterest graphic for their Pinterest accounts. DSHS is in its second-year of establishing a relationship with the top mommy, parent, and family bloggers in the state.

Other current media statewide includes:

- radio ad reads
- online ads
- web banner ads
- mobile phone ads
- Facebook ads

The campaign websites, including the mobile-ready platforms, have been revised to accommodate the new videos and additional stakeholder and blogger outreach materials. The websites were re-launched in late July with the new additions. The existing interactive tools (the web video, the frequently asked questions, the e-cards, and accessible share tools) remain on the websites.

Continued on page 7 (PROTECT2)
The goal of the first objective was to get timely information out to entering college students as soon as possible before the usual back to school rush. The goal of the second objective was to stress the medical recommendation for a booster dose of meningococcal vaccine between the ages of 16 and 18 years. Receiving the recommended booster dose at ages 16-18 instead of 19 through 29 would help prevent a lapse in immunity against meningococcal disease. It also makes getting the vaccine more accessible because of VFC age eligibility requirements for the uninsured. The recipients aged 16-18 years would still be within 5 years of enrolling in college, thereby satisfying the new meningococcal vaccine requirement.

The action plan was developed by the Immunization Branch with input from the Texas Immunization Stakeholders Working Group (TISWG). The branch presented the proposed plan during the group’s March 2012 meeting. During the meeting, participating stakeholders analyzed the proposed plan, provided feedback and suggested methods for executing the plan. Furthermore, individual TISWG members committed to take back the message of vaccination against meningococcal disease to their respective field of work. The Immunization Branch maintained contact with these leaders and confirmed the successful completion of the individual commitments.

In addition to the action plan, the Immunization Branch developed a microsite addressing meningococcal disease and the new requirement, plus an informative one-page flyer for medical providers and students. The brochures are available via the branch’s online ordering system (ImmunizeTexasOrderForm.com).

The URL for the microsite, CollegeVaccineRequirements.com, and fliers were distributed to key stakeholder groups for disseminating, to professional medical societies, school nurse networks, the Texas Education Agency, colleges and universities, and even directly to all TVFC providers via direct email blast through the Electronic Vaccine Inventory (EVI) system. The microsite has been instrumental in informing the public about the meningococcal vaccine requirement for college enrollment as well as providing information about resources related to receiving the vaccine and disease information. The website has received almost 12,000 visitors since going live in late May 2012.

When clients come in to get their meningococcal vaccine providers should tell them that ImmTrac is a no cost service and a secure way to electronically store their vaccination history. With ImmTrac, clients can easily obtain the proof of vaccination they need to enroll in an institution of higher learning. Because ImmTrac is now a lifetime registry, the information will be stored for life and is easily accessible for future job or travel requirements.

Most importantly, when adolescent ImmTrac clients turn 18 years of age, an adult consent form must be signed before their 19th birthday or their records will be purged from the ImmTrac system, as per Texas state law. Providers should counsel their 18-year-old clients on the importance of signing an adult consent form when they come in for their meningococcal vaccine. Let them know their meningococcal vaccination can be added to their ImmTrac record.

If you want to learn more about ImmTrac or the new meningococcal requirement, please visit ImmTracForEveryone.com or CollegeVaccineRequirements.com. To speak to a live person, contact the Immunization Branch hotline at (800) 252-9152.
PROTECT2, continued from p.5

Media and website performance monitoring is being done on a weekly basis. The Immunization Branch staff will complete a metrics analysis at the end of the campaign. The metrics analysis will be used to determine trend and performance data for future campaign plans and website improvements.

For more information, contact Alma Lydia Thompson at Alma.Thompson@dshs.state.tx.us or 512-776-6090.

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Got an idea for The Upshot?
Send an e-mail to the editor!

justin.kerr@dshs.state.tx.us
Licensure of 13-Valent Pneumococcal Conjugate Vaccine for Adults Aged 50 Years and Older:
In 2010, 13-valent pneumococcal conjugate vaccine (PCV13 [Prevnar 13, Wyeth Pharmaceuticals, Inc., a subsidiary of Pfizer, Inc.]) was licensed by the Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP) for children aged 6 weeks through 71 months for the prevention of invasive pneumococcal disease (IPD) caused by the 13 pneumococcal serotypes included in the vaccine. PCV13 currently is recommended as a 4-dose series for children starting at age 2 months. On December 30, 2011, FDA approved PCV13 for prevention of pneumonia and invasive disease caused by PCV13 serotypes among adults aged 50 years and older. The June 1, 2012 MMWR summarizes data on the immunogenicity and safety of PCV13 in adults and outlines key additional evidence requested by ACIP to formulate recommendations for its use.

Influenza Information

Stay Informed! Influenza information is updated frequently. Please visit the Flu website for the latest updates.

Influenza Activity Update for the 2011-12 Season in the United States and Composition of the 2012-13 Influenza Vaccine: During the 2011–12 influenza season in the United States, influenza activity occurred at low levels during October through December and increased in January and February before peaking in mid-March. Influenza A (H3N2) viruses predominated overall, but influenza A (H1N1)pdm09 (pH1N1) and influenza B viruses also circulated widely. This influenza season was mild compared with recent years, with a lower percentage of outpatient visits for influenza-like illness (ILI), lower rates of hospitalizations, and fewer deaths attributed to pneumonia and influenza. The June 8, 2012 MMWR summarizes influenza activity in the United States during the 2011–12 influenza season (October 2, 2011–
May 19, 2012) and reports the recommendations for the components of the 2012–13 Northern Hemisphere influenza vaccine.

**Meetings, Conferences, and Resources**

**Resources from the Vaccines for Preteens and Teens Campaign:** In the new 30-second Spanish language television PSA, a busy Hispanic mother receives a call from her doctor reminding her to get her adolescent son and daughter caught up on their shots. Please visit the [Preteen and Teen Campaign webpage](#) to view this PSA and the accompanying English PSA.

New plain-language fact sheets provide detailed information about each of the routinely recommended adolescent vaccines, including Tdap, meningococcal vaccine, the HPV vaccine, and the seasonal influenza vaccine. There is also a new fact sheet summarizing all of the vaccine recommendations for adolescents. Spanish versions will be coming soon, so please check back with the website.

Health-care providers will find this new fact sheet full of useful information about adolescent vaccine recommendations, side effects, and contraindications. The fact sheet also includes tips for ensuring that their adolescent patients are fully vaccinated. CDC has also created a new reminder/recall e-card that providers can send to parents of adolescents.

An updated matte article explains the latest HPV vaccine recommendations for girls and boys. It is approximately 450 words, and can be placed directly into your newsletter or posted on your website.

**Pneumonia Podcast:** A newly available pneumonia podcast explains what pneumonia is, its symptoms, and how to prevent it. This podcast was recorded by Kathleen Dooling and created by multiple divisions across NCIRD, including DBD, DVD, and ID.

**Meningococcal Podcast:** As part of the Emerging Infectious Diseases series, Leonard Mayer (DBD/MVPDB) recorded a meningococcal podcast discussing invasive meningococcal disease.

**Pneumococcal Podcast:** George Nelson, a former EIS Officer with DBD/RDB, recorded the Emerging Infectious Diseases series pneumococcal podcast discussing the relationship between pneumococcal pneumonia and Pandemic H1N1.

**Pertussis Continuing Education Course:** Coughing up the Facts on Pertussis – Emerging Trends and Vaccine Recommendations was offered on May 30, 2012 as a Current Issues in Immunization NetConference. Stacey Martin (DBD/MVPDB) was the speaker and Andrew Kroger (ISD/EIPB) was the moderator.

**World Meningitis Day Twitter Chat:** On April 24, NCIRD joined ABC News’ senior health and medical editor Dr. Rich Besser for a live Twitter chat. During the chat – which coincided with World Meningitis Day – DBD answered questions about meningitis and meningococcal vaccine hot topics. Many partners joined in this conversation, which typically results in more than 4.5 million impressions.

**New Meningococcal Disease and Meningitis Websites:** New websites have been launched for meningococcal disease and meningitis. These user-friendly websites provide a better experience for those seeking information about either topic.

**ACIP Meeting:** The ACIP meeting was just held on June 20-21, 2012, in Atlanta, Georgia and updates are
not yet available. Please visit the ACIP meeting web page for archived presentation slides, meeting minutes, and additional information.

**Epidemiology and Prevention of Vaccine-Preventable Diseases 2012, Eleven-Session Series:** This comprehensive immunization course provides the most current information in the constantly changing field of immunization. The course is updated annually to provide the latest recommendations from the ACIP. The course is now available in web-on-demand format and the DVD format will be available in July. Each of the 11 sessions are 60 to 90 minutes in length and includes case studies and a discussion of frequently-asked questions on each topic.

**Surveillance of Vaccine-Preventable Diseases Course:** This self-study program provides information on case investigation, outbreak control, disease reporting, and case notification for vaccine-preventable diseases. The course discusses the epidemiologically important data that should be collected during case investigations and presents methods for enhancing surveillance. The course provides current surveillance guidance for HPV, measles, rotavirus, mumps, varicella, hepatitis B, pneumococcal disease, Haemophilus influenzae, pertussis, and meningococcal disease. The course is now available in web-on-demand format and DVD format. The DVD can be ordered on the NCIRD publication ordering form.

**Vaccine Storage and Handling Guide:** NCIRD has released the updated Vaccine Storage and Handling Guide (formerly Vaccine Management). It is a comprehensive and authoritative document on storage and handling guidelines for specific vaccines (including combination vaccines). Available in this document are guidelines on vaccine-specific shipping requirements, arrival conditions, storage requirements, and information on shelf life, preparation, and special instructions.

**CDC and Medscape Videos:** This special series of commentaries is part of a collaboration between CDC and Medscape and is designed to deliver CDC’s authoritative guidance directly to Medscape’s physicians, nurses, pharmacists, and other health-care professionals. In this series, experts from CDC offer video commentaries on the current topics important to practicing clinicians. NCIRD has contributed to a variety of commentaries.

**Immunization Publications:** Please visit the NCIRD publications order form for the latest immunization publications. Copies of the 2012 Immunization Works DVD, 2012 adult immunization schedules and childhood/adolescent schedules, Surveillance of Vaccine-Preventable Diseases DVD, the Parents Guide to Childhood Immunizations, and various campaign materials are available for ordering.

**Updated Pink Book Now Available to Order or Download:** The 12th edition (2nd printing) of Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book) is now available for purchase or download. The book provides health-care professionals with comprehensive information on vaccine-preventable diseases. The Pink Book can be downloaded for free from the NCIRD Vaccines and Immunizations web page or it can be purchased from the Public Health Foundation. The Pink Book is also available in E-reader format from Amazon.com, Google E-books, and Barnes and Noble.

**CDC Job Openings:** CDC is committed to recruiting and hiring qualified candidates for a wide range of immunization and other positions. Researchers, Medical Officers, Epidemiologists, and other specialists are often needed to fill positions within CDC. For a current listing, including international opportunities, please visit CDC’s employment web page.

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To submit your comments and suggestions or to be notified by e-mail when the next issue is posted, please contact:

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