

# THE SHARPSHOOTER

April 2010

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

## National Infant Immunization Week

April 24 – May 1, 2010

### Vaccination: an act of love

National Infant Immunization Week (NIIW) highlights the importance of protecting infants from vaccine-preventable diseases and celebrates the achievements of immunization programs and their partners in promoting healthy communities.



For 2010, The World Health Organization's Eastern Region (EMRO) joins the European Region (EURO), United States partners, and many other countries in a call to action to ensure that infants around the world are fully immunized.

Outstanding progress has been made in immunization rates for children younger than two years old. Immunization coverage rates in the United States for vaccines routinely recommended for infants and young children remain at or near record highs. For example, rates for measles, rubella, and three doses of Haemophilus influenzae type b (Hib) and Hepatitis B are greater than 90 percent. However, there is still much work to be done.

Over one million children in the United States are not adequately immunized and each day nearly 12,000 children are born and each in need of protection from diseases. Thousands of lives are in jeopardy from vaccine-preventable diseases, and hundreds of thousands of dollars are being spent on the care of disease stricken children whose illnesses could have been avoided. National and community organizations and health departments can play an important role in ensuring that all our children are appropriately immunized by the age of two. Healthcare providers need to actively communicate with parents and caregivers about immunizations, especially when improvements in vaccines result in changes to the immunization schedule.

Parents and caregivers need to know that their children can and will be protected against many childhood diseases. During National Infant Immunization Week and Vaccination Week in the Americas (VWA), efforts are made in hundreds of communities around the United States and throughout the Western Hemisphere to increase awareness of the importance of immunization and to achieve immunization goals. What an excellent opportunity to highlight the positive impact of immunization. If you are planning an NIIW 2010 activity, please share your plans at <http://www.cdc.gov/vaccines/events/view/2010activities.htm>.

## Welcome Kari Paulson

We would like to welcome Kari Paulson to the Immunization program as the Population Assessment Auditor for HSR 2/3. Kari's responsibilities include conducting immunization record audits for licensed daycares and public/private schools. She has been working with daycare staff and school nurses to assure that immunization requirements for attendance are met. Prior to accepting her new position, Kari worked for Community Health Services and Quality Assurance.

### In This Issue.....

Page 2 - Salk Polio Vaccine Anniversary.  
Reporting PCV13 in ImmTrac

Page 3 - Biological Order Form (EC-68)

Page 4 - Meetings, Conferences & Resources  
Adults and Immunizations

Page 5 - Prevnar 13 Recommendations

Page 7 News & Updates in Immunizations

Page 8 Vaccine Information Statements

## 55<sup>th</sup> Anniversary of the Salk Polio Vaccine: Remembering a Medical Breakthrough

April 12, 1955, was a unique moment in our contemporary culture. That date culminated more than 17 years of research that led to the licensure of the first poliovirus vaccine. The vaccine breakthrough was driven by Jonas Salk and his team of scientists at the University of Pittsburg and the pioneering field trials led by Thomas Francis Jr. at the University of Michigan. The research was funded by the National Foundation for Infantile Paralysis, today known as the March of Dimes.

The fight against polio brought together communities in a national collaboration that at the time was the largest human cooperative effort in history. In the days leading up to the vaccine's approval, children in communities across the United States participated in the field trials as America's "Polio Pioneers." The University of Michigan analyzed the results of the field trials to help ascertain the safety, effectiveness, and potency of the vaccine.

Thousands of health-care workers and lay people volunteered their time to assist with the vaccine field trials, the largest ever in the United States history. Millions of Americans participated by raising funds in their communities to support the larger research effort and a single goal: victory over polio.

Although polio was eliminated from the Americas in 1994, the disease still circulated in Asia and Africa, paralyzing the world's most vulnerable children. Polio cases have decreased by over 99% since 1988, from an estimated 350,000 cases then, to 1997 reported cases in 2006. Between 2003 and 2005, 25 previously polio-free countries were re-infected due to imports of the virus. In 2008, only four countries in the world remain polio-endemic, down from 125 in 1998. Persistent pockets of polio transmission in northern India, northern Nigeria and the border between Afghanistan and Pakistan are the current focus of the polio eradication initiative.

April 12, 2010, marks the 55<sup>th</sup> anniversary of the first polio vaccine. Since the introduction of the vaccine, great strides have been made significantly reducing the health impact of vaccine-preventable diseases on children and adults worldwide. Polio was eliminated in the United States because protecting the public's health was perceived as a simple necessity, and every effort was made to see that the vaccine would be freely distributed and polio would be eradicated. Since this effort 55 years ago, we can now protect children from more than 12 vaccine preventable diseases and disease rates have been reduced in the United States. Yet, without diligent efforts to maintain immunizations programs here and strengthen them worldwide, the diseases seen 55 years ago remain a threat to our children.

Source:

<http://www.who.int/mediacentre/factsheets/fs114/en/print.html>.

### Reporting the Administration of PCV13

On February 24, 2010, the Advisory Committee on Immunization Practices (ACIP) voted on recommendations of the new 13-valent pneumococcal conjugate vaccine (PCV13). Texas Vaccine for Children (TVFC) providers have recently begun receiving PCV13 vaccine shipments. Providers will be able to record the administration of PCV13 vaccine using the ImmTrac application the week of April 19, 2010 using the CPT code 90670 and CVX code 133. The ImmTrac immunization scheduler will generate recommendations for the next PCV13 vaccine dose.

Providers are asked to manually track PCV13 vaccine administered and only add them to ImmTrac once the appropriate code is available. Providers using clinical software (or EMRs) to report electronically to ImmTrac should not report the administration of PCV13 until the appropriate code is available.

If you have additional questions, please contact your Local Health Department of Health Service Region 2/3.

## **Biological Order Form (EC-68)**

To ensure that vaccine orders are processed correctly, please note the following reminders:

- ▶ Submit the current Biological Order Form -EC-68 (date stamped on the bottom of the EC-68)
- ▶ Check your “Tiered Ordering Frequency” schedule (compare your TIO with the chart below)
- ▶ Ensure your pin#, contact information, clinic name, and address are correct
- ▶ Complete the clinic days and hours of operation - holidays – closings
- ▶ List all vaccine amounts on hand (amounts are in column H of the Monthly Biological Report C-33)
- ▶ Order maximum stock levels
- ▶ If ordering other than maximum stock, justification must be written in the comment section
- ▶ Order amounts in increments of 10 (exceptions; DT, PCV23 and Td)
- ▶ Rounding up/down – Less than or equal to 4; round down
  - More than or equal to 5; round up
- ▶ The date and authorized signature must complete the order

## **Tiered Ordering Frequency Chart**

**Monthly orders** - Every month

**B1 orders** – January, March, May, July, September, and November

**B2 orders** – February, April, June, August, October, and December

**Q1 orders** – March, June, September, and December

**Q2 orders** – January, April, July, and October

**Q3 orders** – February, May, August, and November

When placing an order for your designated ordering month, the information for vaccine amounts on hand should come from the previous months Monthly Biological Report C-33, Column H – the ending monthly inventory on hand.

To ensure that Texas Vaccines for Children (TVFC) providers have an adequate supply of vaccines, while reducing the potential for vaccine waste, maximum vaccine stock levels will be adjusted twice a year. Anytime a new Biological Order Form EC-68 is received, older versions should be discarded.

If you have any questions, please call your Local Health Department or Health Service Region 2/3.



## Meetings, Conferences & Resources

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

**Texas Vaccine Education Online:** Developed by the Department of State Health Services (DSHS), these short online courses provide topics related to vaccines, including Texas Vaccines for Children (TVFC), ImmTrac, vaccine-preventable diseases, vaccine administration, and strategies to raise coverage levels. Each course is designed for a specific audience, such as health care providers, school personnel, parents, and local health departments. These courses are free and can be accessed at: <http://www.vaccineeducationonline.org/>.

**The Immunization Action Coalition's (IAC) Vaccine Information Statement (VIS) web section's** main page has been redesigned. The Vaccine Index lists all 26 VISs used in the United States as well as a list of the 48 languages that IAC makes VISs available. Another useful feature is the chart titled Current VIS Dates. Use it to make sure all your VISs are up-to-date. To access the web site go to: <http://www.immunize.org/vis/>.

**The Centers for Disease Control and Prevention (CDC)** offers many training opportunities in infectious diseases, including international opportunities. For a current listing of CDC training opportunities, please visit the CDC's Public Health Training web site at: <http://www2.cdc.gov/PHTN/>.

**The Immunization Action Coalition (IAC)** recently revised the parent brochure "*Hepatitis B shots are recommended for all new babies*" to place more emphasis on the importance of giving newborns the hepatitis B birth dose before they leave the hospital. Several translations will be available in the weeks ahead. To access the ready to print (PDF) brochure, go to: <http://www.immunize.org/catg.d/p4110.pdf>.

**2010 Child, & Adolescent Immunization Schedules** for persons aged 0-6 years, 7-18 years, and "catch-up schedule" along with the most recent changes in the schedule can be accessed by going to: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>.

**2010 Adult Immunization Schedule** and recent changes in the schedule for anyone over 18 years old can be accessed at: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>.



## Why Adults Need Immunizations

Adults are often surprised to hear that they need immunizations, and there are a few reasons as to why they do:

- Protection is not long lasting - In some cases the protection offered by vaccines does not last throughout life. Examples include diphtheria, tetanus, and pertussis vaccines.
- The virus changed – Sometimes the virus changes enough that existing immune cells will not protect against disease. Influenza is a dramatic example since the vaccine has to be updated annually
- Disease susceptibility changes – People are more likely to get some diseases at different points throughout their lives. Often as people age, their immune systems weaken and they become more susceptible to diseases such as shingles and pneumococcus.
- People often do not realize they are at increased risk of disease when they are pregnant, if they smoke, if they are traveling, or if they are working with children.
- Adults who work in healthcare also require vaccines because they are at increased risk of coming into contact with some diseases. In addition, infected healthcare workers can pass some vaccine-preventable diseases to their-risk patients.

Source: The Children's Hospital of Philadelphia at: <http://www.chop.edu>.

## Prevnar 13 Licensed and Recommended

On February 24, 2010 the Advisory on Immunization Practices voted on Recommendations for the new 13-valent pneumococcal conjugate vaccine (PCV13) among infants and children. CDC has announced plans to immediately replace the 7-valent product (PCV7) with PCV 13 for the Vaccines for Children (VFC) program.

Vaccine shipments should be received beginning March 24, 2010. Table 1 below outlines ACIP/CDC recommended PCV schedule and dosage intervals. Please note that recommendations include all children 2 through 59 months of age, and include several notable enhancements to past VFC guidelines. These included recommendations for children 60-71 months of age who have underlying medical conditions that increase their risk of pneumococcal disease or complications, a single supplemental dose of PCV 13 for all children 14-59 months of age who have received four doses of PCV7, a single supplemental PCV 13 doses for children who have underlying medical conditions through 71 months of age, including children who have previously received the 23-valent pneumococcal polysaccharide vaccine (PPSV 23)

Underlying medical conditions include: Immunocompetent children diagnosed with the following chronic conditions: heart disease, lung disease, Diabetes mellitus, and Cerebrospinal fluid leaks. Children diagnosed with functional or anatomic asplenia which includes Sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction. Children with immunocompromised systems affected by HIV, Chronic renal failure and nephritic syndrome, diseases associated with immunosuppressive chemotherapy, or radiation therapy including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, and Congenital immunodeficiency. For complete listings please refer to the provisional recommendations.

Age at examination (mos)	Vaccination history: total number of PCV7 and/or PCV13 doses received previously	Recommended PCV13 Regimen <sup>1</sup>
<b>2 through 6 mos</b>	0 doses	3 doses, 8 weeks apart: fourth dose at age 12-15 months
	1 dose	2 doses, 8 weeks apart, fourth dose at age 12-15 months
	2 doses	1 doses, 8 weeks after the most recent dose, fourth dose at age 12-15 months
<b>7 through 11 mos</b>	0 doses	2 doses, 8 weeks apart, third dose at 12-15 months
	1 or 2 doses before age 7 months	1 dose at age 7-11 months, with a second dose at 12-15 months $\geq$ 8 weeks later
<b>12 through 23 mos</b>	0 doses	2 doses > 8 weeks apart
	1 dose before age 12 months	2 doses > 8 weeks apart
	1 doses $\geq$ 12 months	1 doses > 8 weeks after the most recent dose <sup>2</sup>
	2 or 3 doses before age 12 months	1 doses > 8 weeks after the most recent dose <sup>2</sup>
	4 doses of PCV7 or other age-appropriate, complete PCV7 schedule	1 supplemental dose > 8 weeks after the most recent dose*

1) Minimum interval between doses is 8 weeks except for children vaccinated at age <1 year, for whom minimum interval between doses is 4 weeks. 2) No additional PCV13 doses are indicated for children 12 through 23 months of age who have received 2 or 3 doses of PCV7 before age 12 months and at least 1 dose of PCV13 at age 12 months or older. 3) For children who have underlying medical conditions, PCV13 dose is indicated through 71 months of age. \*A single supplemental dose of PCV13 given at least 8 weeks after the last dose of PCV7 is recommended for all children 14 through 59 months of age who have received 4 doses of PCV7 or other age-appropriate, complete PCV7 schedule (fully vaccinated with PCV7). For children who have underlying medical conditions, a supplemental dose is recommended through 71 months of age.

<b>Healthy children 24 through 59 mos</b>	Unvaccinated or any incomplete schedule	1 dose > 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate, complete PCV7 schedule	1 supplemental dose > 8 weeks after the most recent dose*
<b>Children 24 through 71 mos with underlying medical conditions (See conditions chart)</b>	Unvaccinated or any incomplete schedule of <3 doses	2 doses, one > 8 weeks after the most recent dose and another doses > 8 weeks later
	Any incomplete schedule of 3 doses	1 doses > 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule`	1 supplemental dose, > 8 weeks after the most recent dose*

**Children 6 through 18 years of age:**

A single dose of PCV13 may be administered for children 6 through 18 years of age who are at increased risk for invasive pneumococcal disease (see conditions chart), regardless of whether they have previously received PCV7 or PPSV23.

For complete ACIP provisional recommendations go online to:  
<http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-mar-2010-508.pdf>

For the updated VFC Resolution go online  
to:<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0210-pneumo-508.pdf>

**Return of Unused PCV7 Vaccine:**

Unused PCV7 vaccine should be returned to McKesson after adequate doses of PCV13 are received. Please use the following steps for return of PCV7:

- 1) Please return vaccine as soon as adequate doses are received in inventory.
- 2) Contact your local health department or DSHS regional contact for return labels.
- 3) Include a completed Texas Vaccine for Children Vaccine Loss report (C-69) in the container.
- 4) Doses do not need to be shipped on ice, but should be packed securely to prevent breakage.
- 5) Only TVFC vaccine doses should be returned to McKesson. Privately purchased PCV7 vaccine should be returned to Pfizer

For any questions about PCV13 or PCV7 return processes, please contact your LHD or HSR 2/3 representative.



## NEWS & UPDATES IN IMMUNIZATIONS

**Suspension of GSK Rotarix (Rotavirus) Vaccine:** The U.S. Food & Drug Administration has learned that DNA from porcine circovirus type 1 (PCV1), a virus not known to cause disease in humans, is present in the Rotarix vaccine. Evidence indicates that there has been no increased risk to patients; Rotarix has been extensively studied and found to have an excellent safety record. However, the FDA is recommending a temporary suspension of all lots of Rotarix vaccine. Rotateq vaccine is available for rotavirus immunizations during this period. For children who have received one dose of Rotarix, CDC advises that the series be completed with Rotateq for the next two doses. Providers are requested to report any adverse events following Rotarix vaccination to the Vaccine Adverse Events Reporting Systems (VAERS) via telephone 800-822-78967 or on-line: <http://vaers.hhs.gov>.

**Menveo Licensed:** FDA licensed a second meningococcal conjugate vaccine, Menveo, on February 19, 2010. Menveo will follow the same ACIP recommendations as Menactra. For further information and the full summary please visit the [CDC MMWR](#).

**MMWR Publishes Use of a Reduced (4-Dose) Vaccine Schedule for Post-exposure Prophylaxis to Prevent Human Rabies - Recommendations of the Advisory Committee on Immunization Practices (ACIP):** This [MMWR ACIP](#) summarizes new recommendations and updates previous recommendations of the ACIP for post-exposure prophylaxis (PEP) to prevent human rabies. Previously, ACIP recommended a 5-dose rabies vaccination regimen with human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV). These new recommendations reduce the number of vaccine doses to four. ACIP recommendations for the use of rabies immune globulin (RIG) remain unchanged. For persons who previously received a complete vaccination series (pre- or post-exposure prophylaxis) with a cell-culture vaccine or who previously had a documented adequate rabies virus-neutralizing antibody titer following vaccination with noncell-culture vaccine, the recommendation for a 2-dose PEP vaccination series has not changed. Similarly, the number of doses recommended for persons with altered immunocompetence has not changed; for such persons, PEP should continue to comprise a 5-dose vaccination regimen with 1 dose of RIG. Recommendations for pre-exposure prophylaxis also remain unchanged, with 3 doses of vaccine administered on days 0, 7, and 21 or 28. Prompt rabies PEP combining wound care, infiltration of RIG into and around the wound, and multiple doses of rabies cell culture vaccine continue to be highly effective in preventing human rabies.

**NEW Interim VIS statements issued:** Separate vaccine information statements have been developed and are now available for the HPV vaccines Gardasil and Cervarix.

**CDC's Advisory Committee on Immunization Practices (ACIP) Recommends Universal Annual Influenza Vaccination:** On February 24, 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine next season. CDC's ACIP voted for "universal" flu vaccination in the United States to expand protection against the flu to more people. There are usually three strains in the vaccine and next season's vaccine will protect against the 2009 H1N1 pandemic virus and 2 other flu viruses.

**Flu Activity:** FluView reports that for the week of February 28-March 6, 2010, flu activity in the United States was relatively low, with most flu continuing to be caused by 2009 H1N1. Flu activity, caused by either 2009 H1N1 or seasonal flu viruses, may rise and fall, but is expected to continue for weeks. It is possible that the United States could experience another wave of flu activity caused by either 2009 H1N1 or seasonal influenza.

## CURRENT VACCINE INFORMATION STATEMENT (VIS) DATES

DTaP/DT	05/17/07
Hepatitis A	03/21/06
Hep B	07/18/07
Hib	12/16/98
HPV	02/02/07
<b>Cervarix</b>	<b>03/30/10</b>
<b>Gardasil</b>	<b>03/30/10</b>
H1N1 (Inactivated)	10/02/09
H1N1 (LAIV)	10/02/09
Influenza (LAIV)	08/11/09
Influenza (TIV)	08/11/09
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08
PCV	12/09/08
PPSV	10/06/09
Polio	01/01/00
Rotavirus	08/28/08
Shingles	10/06/09
Td & Tdap	11/18/08
Varicella	03/13/08

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

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



### **Use of the VIS is mandatory!**

Before a National Childhood Vaccine Injury Act-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give the patient time to read the VIS prior to the administration of the vaccine.

You must record in your patient's chart the date the VIS was given. You must also record on the patient's chart the date the VIS was given.

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

## IMMUNIZATION STAFF

Please direct your immunization questions to your Health Service Region 2/3  
Immunization Staff

**Program Manager**

Sonna Sanders  
(817) 264-4791

**Contract Specialist**

Cheryl Millican  
(817) 264-4795

**Population Assessment Auditor**

Kari Paulson  
(817) 264-4768

**Region 2 Public Site Visit Coordinator**

Ronda Meyer  
(325) 795-5873

**VFC Coordinator**

Cindy Grier  
(817) 264-4793

**Perinatal Hep B Coordinator**

Amy Wong  
(817) 264-4769

**Region 3 Public Site Visit Coordinator**

Frederick Grimes  
(817) 264-4796

**Electronic Data Management Coordinator**

Matthew Honza  
(817) 264-4891

**ImmTrac Coordinator**

Sandi Geisler  
(817) 264-4811

**Vaccine Account Representative**

Pam Benavidez  
(817) 264-4790

**Adult/Adolescent Coordinator**

Vacant

**Vaccine Account Representative**

Arma Carter  
(817) 264-4794

**Vaccine Account Representative**

Sue Crockett  
(817) 264-4797

**Vaccine Account Representative**

Elena Valencia  
(817) 264-4792