

# THE SHARPSHOOTER

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

## RESULTS OF THE 2008 NATIONAL IMMUNIZATION SURVEY

The Centers for Disease Control and Prevention (CDC) have announced the release of the 2008 National Immunization Survey (NIS). The NIS provides vaccination coverage estimates among children aged 19–35 months for each of the 50 states and selected urban areas. The children assessed were born during January 2005–June 2007.

The national standard was based on the 4:3:1:3:3:1 (4 doses of DTaP, 3 doses of polio, 1 dose of measles-containing vaccine, 3 doses of hepatitis B, 3 doses of *Haemophilus influenzae type b*, and 1 dose of Varicella). Texas jumped to 12<sup>th</sup> in the nation for vaccination coverage in 2008, which was 77.8%. This is up from 22<sup>nd</sup> place in 2007. Nationally, the average childhood vaccination rate in 2008 is 76.1%.

State officials noted that the 77.8% does not mean the other 22.2% of young children in Texas have not received any vaccines. Rather, it means that they are missing at least one dose of the vaccines that were counted in the survey.

Sustaining high vaccine coverage levels is important because a highly vaccinated population reduces the incidence of disease and safeguards the health of Texans. The Department of State Health Services (DSHS) continues to make significant improvements in raising vaccine coverage levels and has adopted the following nationally proven strategies that are consistent with higher vaccine coverage levels:

- Promoting the Medical Home
- Promoting the Use of Statewide Immunization Registry and Disaster Preparedness Tracking and Reporting System, ImmTrac
- Promoting the Use of Reminder and Recall Systems
- Educating Providers
- Educating Public
- Partnerships



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### **NATIONAL INFLUENZA VACCINATION WEEK**

The Centers for Disease Control and Prevention (CDC) has announced the week of December 6-12, 2009, as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of December, January and beyond.

Source: <http://www.cdc.gov/flu/nivw/>

## **TEXAS NOVEL H1N1 VACCINE PROVIDER INFORMATION**

The Texas Department of State Health Services (DSHS) registration site for all health care providers in Texas who would like to vaccinate against the H1N1 influenza is, [www.texasflu.org](http://www.texasflu.org).

There are four stages associated with obtaining the novel H1N1 vaccine:

- Provider Pre-registration
- Registration
- Vaccine Ordering
- Doses Administered and ImmTrac Reporting

The following is a guide for obtaining H1N1 vaccine.

Log on to [www.texasflu.org](http://www.texasflu.org),

Select H1N1 Vaccine Provider Information.

Click on Novel H1N1 Vaccine Ordering and Reporting System (VORS) Training – This is training on how to use the web-based system to order the H1N1 vaccine.

Return to H1N1 Vaccine Provider Information.

Select Novel H1N1 Influenza Vaccine Information Statements (VIS). All providers who have completed their registration to receive H1N1 vaccine will receive an initial supply of copies. Here providers will be instructed on ordering VIS from the DSHS as well as instructions for using the VIS Addendum. Clinical instructions are also provided for Screening Questionnaires for 2009 H1N1 Influenza Vaccine, Needle Length and Injection Site for Inactivated Influenza Vaccine, Handling Instructions for 2009 H1N1 Vaccine, the C-105 – Temperature Recording Form, Daily and Weekly Tally sheet (optional), Physicians Guide to Reporting Events after Vaccination, and Clinical: Vaccine Adverse Reporting Form.

Return to H1N1 Vaccine Provider Information.

### **State 1: Provider Pre-registration:**

Select Pre-registration. Provider must complete and submit pre-registration. After pre-registration, a page will appear with a Pre-Registration ID number. This information should be printed and saved as it will be needed to order the H1N1 vaccine.

### **Stage 2: Final Registration**

Final Registration will take place at a later date and will consist of electronically signing the H1N1 Provider Agreement required by the Centers for Disease Control and Prevention (CDC). Providers will be notified by email when the final registration is available.

Providers will be able to sign the agreement electronically by entering the authorized provider's name and license number in the appropriate fields and selecting the submit button.

### **Stage 3: Vaccine Ordering**

Once vaccine becomes available for the provider, DSHS will notify the provider via email to logon to [www.texasflu.org](http://www.texasflu.org) and approve the order. At that time, providers will have the ability to adjust the number of doses ordered. Initially, providers may only be able to adjust the number of doses downward due to limitations on vaccine availability. As vaccine becomes more available, providers will be able to order any additional quantities through [www.texasflu.org](http://www.texasflu.org) that are needed to serve their patients. The type of vaccine (intranasal or injectable), allocation, and timing will be based on priority populations.

## **Stage 4: Doses Administered and ImmTrac Reporting**

Return to [H1N1 Vaccine Provider Information](#), Select [ImmTrac Reporting Processes for 2009 H1N1 Vaccine Training](#). This is a short ImmTrac Powerpoint training module for reporting the H1N1 vaccine immunizations. The CDC requires each state to report weekly on doses administered. All providers who receive novel H1N1 vaccine must agree to report doses administered information back to DSHS each week. ImmTrac, the state immunization registry and disaster preparedness and tracking system, can be used to report specific vaccination information on each person immunized regardless of age in this novel H1N1 response situation. The person immunized can then retrieve their immunization record in the future.

### **Additional Information for Providers**

A call center in Austin is available for Health Care Providers to contact with questions regarding H1N1. The call center number is 1-877-623-6274 and is staffed Monday through Friday from 8 am – 5 pm.

## **IMPORTANT LINKS TO THE LATEST ON 2009 H1N1 INFLUENZA**

CDC's main H1N1 webpage..... [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)  
Latest information from CDC..... [www.cdc.gov/h1n1flu/whatsnew.htm](http://www.cdc.gov/h1n1flu/whatsnew.htm)  
Guidance for clinicians..... [www.cdc.gov/h1n1flu/guidance](http://www.cdc.gov/h1n1flu/guidance)  
H1N1 influenza vaccination resources..... [www.cdc.gov/h1n1flu/vaccination](http://www.cdc.gov/h1n1flu/vaccination)  
General information for the public..... [www.cdc.gov/h1n1flu/general\\_info.htm](http://www.cdc.gov/h1n1flu/general_info.htm)  
Subscribe to CDC's email updates..... [www.cdc.gov/emailupdates/index.html](http://www.cdc.gov/emailupdates/index.html)

## **HEALTHY HABITS TO PROTECT YOU FROM INFLUENZA**

### **TAKE EVERYDAY ACTIONS TO STAY HEALTHY.**

- Cover your nose and mouth with a tissue when you cough or sneeze
- Wash your hands often with soap and water. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose and mouth.

### **FOLLOW PUBLIC HEALTH ADVICE.**

- The Centers for Disease Control and Prevention (CDC) recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Influenza is thought to be spread mainly person-to-person through coughing or sneezing. By practicing healthy habits every day, the chances for contracting influenza and other communicable diseases can be greatly reduced. Content source: Centers for Disease Control and Prevention at: [http:// www.cdc.gov/flu](http://www.cdc.gov/flu).



## **Welcome Amy Wong**

DSHS is very happy to welcome Amy Wong RN as the Perinatal Hepatitis B Program Coordinator for Region 2, 3 and 7. Amy has worked with the State of Texas since 2002 in Epidemiology in Arlington and as a Community Health Nurse in Granbury. She enjoys working with the public to promote health in the community. Amy and her family reside in Mansfield.

## Hepatitis B Vaccine at Birth Saves Lives!

By Deborah L Wexler, MD, Executive Director, Immunization Action Coalition

In December 2005, Centers for Disease Control and Prevention (CDC) issued updated recommendations on Hepatitis B vaccination (HepB) for infants. The recommendations strongly support (1) giving the HepB birth dose to every newborn prior to hospital discharge and (2) using standardized admission orders for administering the birth dose. In addition, it is recommended that a copy of the **original** maternal hepatitis B lab report be sent to the hospital—**not** a transcribed result. The recommendations also state that the HepB birth dose may be delayed until after hospital discharge only “in rare circumstances.” When doing so, a physician’s order to withhold the birth dose and a copy of the original lab report indicating that the mother was HBsAg negative during this pregnancy should be placed in the infant’s medical record. The latest CDC estimates indicate only 55% of newborns receive the HepB birth dose by 3 days of age. Clearly, there is much work left to do to protect newborns. Leading health organizations—Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG)—recommend that all hospitals and healthcare professionals protect newborns from hepatitis B virus (HBV) infection by administering the first dose of hepatitis B vaccine (HepB) to every baby at birth, no later than hospital discharge.

For additional information, go to: [www.cdc.gov/mmwr/pdf/rr/rr5416.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5416.pdf)

### **Rotarix and Hiberix Implementation**

Beginning October 1, 2009, two new vaccines, Rotarix and Hiberix, will be available through the Texas Vaccines for Children Program (TVFC).

**Rotarix** is a live oral vaccine that protects against rotavirus gastroenteritis in infants 8 months and younger. Scheduling and vaccine information follows:

- 2 doses in series
- Minimum age for first dose: 6 weeks
- Maximum age for first dose: 14 weeks 6 days
- Interval between doses: 4 weeks or more
- Maximum between doses: 8 months 0 days
- Vaccine must be reconstituted before administration

Rotarix is interchangeable with RotaTeq, although it is preferred that the series be completed with the vaccine the series was initiated with. If two doses of Rotarix are administered for dose 1 and 2, the series is complete. If one dose of previously administered vaccine is unknown then 3 doses are required to complete the series.

**Hiberix** is indicated as a booster dose for the prevention of invasive disease caused by *Haemophilus influenzae* type b (Hib). Scheduling and vaccine information follows:

- Only approved for children ages 15 months – 4 years of age (4<sup>th</sup> dose of Hib)
- Vaccine must be reconstituted before administration

If a dose of Hiberix is inadvertently administered during the primary series of Hib (doses 1-3), the dose is considered a valid dose and does not need to be repeated if it was administered according to the recommended schedule

**Rotarix and Hiberix Ordering Information** (Continued on next page)

### **Rotarix and Hiberix Ordering Information** (Continued from previous page)

Inventory and usage of both Rotarix and Hiberix should be submitted monthly along with other vaccines using the Monthly Biological Report (EC-33). Until you receive an updated order form (EC-68), order these vaccines by writing in the vaccines on one of the blank lines at the bottom of your order form (EC-68). A maximum stock level (NSL) will be determined after usage has been stabilized (about 3 months). Contact your Local Health Department with questions.

## **PREVENTION OF PERTUSSIS, TETANUS AND DIPHTHERIA AMONG PREGNANT AND POSTPARTUM WOMEN AND THEIR INFANTS**

In 2004 through 2006, a total of 82 deaths from pertussis were reported to the CDC. Children 3 months of age or younger accounted for 69 (84 %) of these deaths. CDC's Advisory Committee on Immunization Practices (ACIP) recommends that pregnant women (including women who are breastfeeding) who have not received a dose of Tdap previously, should receive Tdap after delivery and before discharge from the hospital or birthing center, if 2 years or more have elapsed since the most recent administration of Td.

The women should be informed of the lack of available data on safety, immunogenicity, and pregnancy outcomes for pregnant women who receive Tdap. Health-care providers should weigh the theoretical risks and benefits before choosing to administer Tdap vaccine to a pregnant woman. No serious adverse events have been attributed to Tdap.

If Tdap is administered, the second or third trimester is preferred unless protection is needed urgently, as in a community outbreak. In the first trimester, coincidental association of vaccination and spontaneous termination may occur.

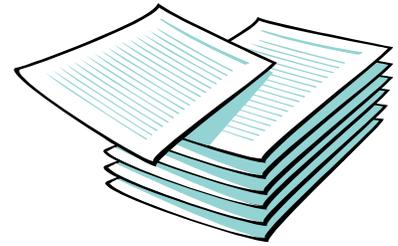
It is unknown if the administration of Tdap to pregnant women results in protection of the infant against pertussis through transplacental maternal antibodies. Maternal antibodies might interfere with the infant's immune response to infant doses of DTaP or conjugate vaccines containing tetanus toxoid or diphtheria toxoid.

Pregnant women who have not received 3 doses of a vaccine containing tetanus and diphtheria toxoids should complete a series of three vaccinations, including 2 doses of Td during pregnancy separated by 4 weeks, and 1 dose of Tdap administered 6 months after the second dose (postpartum). Shorter intervals since the last Td can be used if necessary. Ideally, Tdap should be given at least 1 month before close contact with the infant.

Providers are encouraged to report Tdap administrations regardless of trimester to the appropriate manufacturers' pregnancy registry: for ADACEL, to Sanofi Pasteur 1-800-822-2463 (1-800-VACCINE) and for BOOSTRIX to GlaxoSmithKline Biologicals 1-800-825-5249. All clinically significant adverse events, even if a causal relation to vaccination is uncertain, should be reported to CDC's Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967. Electronic reporting is encouraged at <https://secure.vaers.org/VAERSDATAENTRYintro.htm>. VAERS reporting forms and information are available at <http://www.vaers.hhs.gov>.

Centers for Disease Control, Morbidity and Mortality Weekly Report Early release May 14, 2008/Vol. 57

## Current Vaccine Information Statement (VIS) Dates



DTaP/DT/DTP	05/17/07
Hepatitis A	03/21/06
Hepatitis B	07/18/07
Hib	12/16/98
HPV	02/02/07
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 *
PCV7	12/09/08
PPSV	10/06/09

Polio	01/01/00
Rabies	10/06/09
Rotavirus	08/28/08
Shingles	10/06/09
Td/Tdap	11/18/08
Varicella	03/13/08

\*This VIS an optional alternative when two or more routine childhood vaccines (i.e., DTaP, Hepatitis B, Hib, pneumococcal, polio, or rotavirus) are administered at the same visit.

VIS updates are available at:  
<http://www.immunize.org/vis/>

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