



# THE SHARPSHOOTER

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

## 2009 NATIONAL IMMUNIZATION SURVEY RESULTS

The National Immunization Survey (NIS) is conducted annually by the Centers for Disease Control and Prevention (CDC) to assess immunization levels among pre-school children, 19 through 35 months of age. The survey assesses the immunization histories of 17,313 children with provider-reported vaccination records in which approximately 1,266 children in Texas aged 19-35 months were included. These children were born between January 2006 and July 2008. Previous plans to change the NIS survey were affected by the Hib shortage and subsequent suspension of the Hib booster dose. Approximately 70% of children surveyed would have been eligible for the booster dose of vaccine. As a result, previous measurements of 4:3:1:3:3:1:4 (4 DTaP, 3 IPV, 1 MMR, 3 Hepatitis B, 3 Hib, 1 Varicella, 4 PCV) were not useful for assessing changes in vaccine coverage.

Based on the new 2009 measurement of 4:3:1:0:3:1:4 (without Hib vaccine) Texas' coverage level is 71.3 percent ( $\pm 5.0$ ), slightly above the national average of 70.5 percent ( $\pm 1.2$ ) but below last year's state coverage level of 72.3 percent ( $\pm 5.3$ ).

2009 data ranks Texas 20<sup>th</sup> in the nation for coverage with the 4:3:1:0:3:1:4 series. Coverage levels are basically unchanged from 2008 NIS data. Challenges remain, with the biggest continuing to be for families to understand the importance of children receiving all doses in each vaccine series, particularly four doses of Pertussis vaccine, before turning 19 months of age. A multi-pronged approach that incorporates proven strategies must be sustained over a long period of time to increase vaccine coverage levels further. With newer vaccine products and changing recommendations, both healthcare providers and the general public need to understand the immunization schedule better, and to be aware of the specific vaccine brand that their children receive.

The Department of State Health Services (DSHS) along with healthcare providers can assist parents in ensuring that children are appropriately vaccinated by assessing data in ImmTrac at each visit, educating parents on the importance of the fourth DTaP, utilizing a reminder/recall system, and working with local public and private collaborations to improve each of the above strategies.

For more information, please see the full article, [National, State, and Local Area Vaccination Coverage Among children Aged 19-35 Months – United States, 2009](#) in CDC's Morbidity and Mortality Weekly Report.

### In This Issue...

Page 2...National Influenza Vaccination Week  
Guide for determining Influenza doses

Page 3...Use of CSL vaccine  
Pertussis Awareness  
Hepatitis B

Page 4...ImmTrac  
Flu Vaccine Locator  
Honor Roll for Patient Safety

Page 5...Events, Meetings and Resources  
ProQuad Shipping Change

Texas Immunization Stakeholders Working Group  
Questions from the field...

Page 6...Electronic Vaccine Accounting

Page 7...VIS Dates

## NATIONAL INFLUENZA VACCINATION WEEK

The Centers for Disease Control and Prevention (CDC) has announced the designation of the second week in December 2010 as National Influenza Immunization Week (NIVW). This year, National Vaccination Week will run from December 5<sup>th</sup> to December 11<sup>th</sup>. This event was established to highlight the importance of continuing influenza (flu) vaccination, as well as fostering greater use of flu vaccine after the holiday season and into January and beyond. CDC is recommending that people take this opportunity to be vaccinated and is hopeful that vaccine providers will use this time to enhance flu vaccine by scheduling additional clinics; extending clinic hours; and enabling a larger role for mass vaccination at places such as retail locations. Routine influenza is recommended for all persons aged 6 months and older unless contraindicated. This is supported by evidence that annual influenza vaccination is a safe and effective preventative health action with potential benefit in all age groups.

As in previous recommendations, all children 6 months – 8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses. In addition, for the 2010-11 influenza season, children aged 6 months-8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months-8 years for whom the previous 2009-2010 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010-11 seasonal influenza vaccine. Children 9 years and older should receive only one dose of influenza vaccine per year regardless of the number of doses in previous years.

CDC recommends a three-step approach to protect against the flu:

1. Take time to get the flu vaccine.
2. Take everyday preventative actions to stop the spread of germs (*including frequent hand washing and staying home when sick*).
3. Take flu antiviral drugs when your doctor prescribes them.

For additional influenza information visit: <http://www.cdc.gov>

### Guide for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2010-11 influenza season.

Did the child receive influenza vaccine prior to the 2009-2010 season?	How many doses did the child receive in the 2009-2010 season?		Number of doses recommended for the 2010-11 season
	H1N1 <sup>1</sup>	Seasonal	
No, yes, or unknown	0 or unknown	0, 1, 2, or unknown	2 <sup>2</sup>
No or unknown	1 or 2	0, 1, or unknown	1
No or unknown	1 or 2	2	1
Yes	1 or 2	0, 1, or 2	1

<sup>1</sup> Children who had a lab-confirmed 2009 H1N1 virus infection (e.g., reverse transcription-polymerase chain reaction or virus culture specific for H1N1 virus) are likely to be immune to this virus and can be considered to have a “1” in this column

<sup>2</sup> Give dose #2 a minimum of 4 weeks after dose #1. Children age 2 years or older can receive 2 injectable doses, 2 nasal-spray doses, or 1 of each

## **USE OF CSL SEASONAL INFLUENZA VACCINE (AFLURIA)**

Afluria (CSL Biotherapies), seasonal influenza vaccine is approved in the United States by the Food and Drug Administration for use in persons aged  $\geq 6$  months. However, on August 5, 2010, the Advisory Committee on Immunization Practices (ACIP) recommended that the 2010-2011 formulation of Afluria not be administered to children aged 6 months through 8 years because of an increased frequency of fever or febrile seizures reported among children (mostly children aged  $\leq 5$  years) who received similar vaccine in Australia in 2010. Therefore another age-appropriate, licensed seasonal influenza vaccine formulation should be used for prevention of influenza in children aged 6 months- 8 years. If no other age-appropriate, licensed seasonal influenza vaccine is available for a child aged 5-8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should discuss with the parents or caregivers the benefits and risks of Afluria before administering this vaccine to children aged 5-8 years. Afluria may be used in persons aged  $\geq 9$  years.

Additional information on Afluria is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a4.htm>

## **PERTUSSIS (Whooping Cough) AWARENESS**

On June 17, 2010, California declared a pertussis (whooping cough) epidemic, and warned that the state was on pace to suffer the most illnesses and deaths due to pertussis in 50 years. As of September 21, 2010, California reported the ninth infant death from pertussis. Infants face the greatest risk of dying from pertussis because they may be too young to receive the vaccine or too young to be fully inoculated against the disease. In addition, their initial symptoms are so mild that physicians may not suspect pertussis until it is too late to save the infants life. **Immunization experts are recommending “cocooning,” a strategy that protects infants who are too young to be immunized, by having parents, siblings, and caretakers vaccinated against the disease.**

For more information, please visit: <http://www.aap.org/immunization/illnesses/dtp/pertussis.html>

## **HEPATITIS B – ONE OF THE MOST NEGLECTED DISEASE EPIDEMICS TODAY**

There are 370 million people worldwide chronically infected with hepatitis B, the leading cause of liver cancer. The majority of those with chronic infection acquired it from mother-to-child transmission at birth or during early childhood. A million people die from this disease every year, but it is entirely preventable through vaccinations and protective shots given at birth. Children have a 90% chance of becoming chronic carriers if infected at the time of birth and a 30% chance of becoming chronic carriers if infected between 12 months and 5 years of age. If given within the first 12 hours of birth, the protective efficacy of the hepatitis B immunoglobulin (HBIG) in preventing mother-to-child transmission ranges from 80% to 95%. There is no cure for hepatitis B, but there is treatment.

HepBMoms.org has developed a 30 second video which is intended for pregnant women, Perinatal hepatitis B prevention program coordinators, healthcare providers, and anyone who is concerned about hepatitis B. The video is available at the following site: <http://www.hepbmoms.org/>



### ***Did you know?***

**Influenza vaccine and Td (or Tdap) may be given at the same time or at any time before or after a dose of pneumococcal polysaccharide vaccine. There are no minimum interval requirements between the doses of any inactivated adult or childhood vaccine.**



With over 83.2 million immunizations recorded in ImmTrac from 6.3 million children living in Texas, many records in ImmTrac are incomplete or missing data. Although Texas law states that ALL healthcare providers are required to report to ImmTrac ALL vaccines administered to children less than 18 years of age, many providers are still not reporting. Therefore, state and local health department employees are contacting parents and providers in a statewide effort to identify, locate, and document missing immunizations. The goal of this project is to bring Texas children between the ages of 19-35 months up to date with their immunizations. Additionally, this would create a more accurate and complete registry benefiting all that use it. If you have questions about ImmTrac please call your local health department or our office at (817) 264-4811 or (817) 264-4795.

### **GOOGLE LAUNCHES FLU VACCINATION LOCATION FINDER**

Flu.gov recently posted Google's Flu Vaccination Locations Finder on its home page to help the public find locations offering the influenza vaccination. Based on Google's Map feature, patients looking for a provider with a supply of influenza vaccine can search for sites close to the zip code (or city and state) they enter into the Flu Vaccination Finder. To access the Flu Vaccine Finder, go to: <http://www.flu.gov>

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### *Questions from the field...*

**When patients need multiple vaccines (e.g., influenza and pneumococcal), can we just combine them in the same syringe?**

Absolutely not. No vaccines should ever be mixed in the same syringe unless the combination has been specifically approved by the FDA. At present, only the combined DTaP and Hib vaccine (TriHIBit by sanofi) has been approved for mixing in the same syringe and only for the fourth dose.

Needletips vol. 20(5) Ask the Experts (Dr. W. Atkinson M.D, Dr. A. Kroger M.D)

### **HONOR ROLL FOR PATIENT SAFETY**

**D**oes your organization mandate employee influenza vaccination for its employees? If you answered in the affirmative, then your organization belongs on the Honor Roll for Patient Safety. The Immunization Action Coalition (IAC) is recognizing outstanding examples of influenza mandates in healthcare settings. According to bioethicist Arthur Caplan, PhD, Director of the Center for Bioethics at the University of Pennsylvania in Philadelphia, "If you can get close to 100 percent vaccination rates [among healthcare workers], you can cut patient death rates from flu by 40 percent."

To be included on the Honor Roll for Patient Safety, an organization's mandate must require influenza vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers to patients. According to the IAC, such measures might include a mask requirement, reassignment to non-patient-care duties, or dismissal of the employee.

The Garland Health Department within the Texas Department of State Health Services Health Service Region 2/3 has taken its place on the Honor Roll for Patient Safety. The department has been in the forefront of providers requiring their employees to receive an annual influenza immunization as a condition of employment. The mandate is discussed with all prospective Garland Health Department employees during the initial interview and exemption is only allowed for medical and religious reasons. The Garland Health Department is to be commended for taking this action for patient safety.

If your organization has a policy mandating influenza immunization for employees and would like to be part of the Honor Roll for Patient Safety, or would like to access articles on this topic, visit: The Immunization Action Coalition website at: <http://www.immunize.org/honor-roll/>

## **EVENTS, MEETINGS and RESOURCES**

**World Pneumonia Day is November 12, 2010.** The day will mobilize efforts to fight a neglected disease that kills more than two million children younger than the age of five worldwide each year.

For additional information please visit: [http://www.sabin.org/pace/world\\_pneumonia\\_day](http://www.sabin.org/pace/world_pneumonia_day)

**The Centers for Disease Control and Prevention (CDC) and Medscape** have collaborated to deliver CDC's authoritative guidance directly to Medscape's physicians, nurses, pharmacists, and other healthcare professionals. Experts from CDC offer video commentaries on the current topics important to practicing clinicians. The National Center for Immunization & Respiratory Diseases (NCIRD) has contributed to available commentaries on Tdap, pertussis, meningococcal disease, seasonal and H1N1 influenza/vaccines, and pneumococcal disease/PCV13. Please visit the Medscape web at: <http://www.medscape.com/medscapetoday>

**The Immunization Update broadcast on August 5, 2010 can now be viewed by webcast.** This broadcast is CDC's annual update on the most recent and significant developments in the rapidly changing field of immunization. Please visit CDC's Immunization Update webpage at: <http://www2.cdc.gov/phtn/calendar-past/2010/broadcasts.asp#Aug10>

**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 CDC's Public Health Training web page for the link at: <http://www.cdc.gov>

**Texas Vaccine Education Online.** The Department of State Health Services Immunization Branch provides short online courses on topics related to vaccines, including Texas Vaccines for Children (TVFC), ImmTrac, vaccine-preventable diseases, vaccine administration, and strategies to raise coverage levels. These courses are free and can be accessed by going to: <http://www.vaccineeducationonline.org/>



You may have noticed that we have a new feature in this edition. *Questions from the field*... This feature has been developed to address frequently asked questions from TVFC providers, school nurses, and daycare providers. Answers will be obtained from subject matter experts throughout the immunization program. If you or your staff have questions regarding immunization administration, schedules, ImmTrac, Vaccine CHOICE or any other aspect of the immunization program please email the question to Sandi Geisler at [sandi.geisler@dshs.state.tx.us](mailto:sandi.geisler@dshs.state.tx.us).

### ***TEXAS IMMUNIZATION STAKEHOLDERS WORKING GROUP***

Raising vaccine coverage levels for Texas children as well as ensuring appropriate adult immunization is one of the highest priorities for the Department of State Health Services (DSHS). The purpose of the Texas Immunization Stakeholder Working Group is to support statewide efforts to raise vaccine coverage levels.

The state immunization system is complex and requires collaboration among many public and private entities. Studies indicate that raising vaccine coverage levels will require a comprehensive, coherent, strategic approach. In accordance with legislation passed by the 78<sup>th</sup> Legislature and other recommendations for increasing partnerships DSHS developed TISWIG. A collaboration of public sector, private sector, and community groups TISWIG provides a forum for diverse partners in the state immunization system to share ideas, perspectives, best practices, and resources to more effectively target efforts to raise vaccine coverage levels in Texas. If you are interested in receiving additional information or attending an upcoming TISWIG meeting contact Vivian Harris at [vivian.harris@dshs.state.tx.us](mailto:vivian.harris@dshs.state.tx.us)



## *ELECTRONIC VACCINE ACCOUNTING*

On September 1, 2010, providers began to use the new Texas Vaccine for Children Electronic Vaccine Inventory (EVI) reporting system to report their current inventory and place regularly scheduled vaccine orders online. Training was made available online at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com), and new or existing staff may continue to access training at anytime for initial training, or to serve as a resource in the event of any questions. Training provides step-by-step instruction on the features that are currently available in the system. These features include how to electronically:

- update provider information such as address, hours of operation, and contact information;
- enter current inventory, and
- place vaccine orders

Providers should continue to fax or mail their monthly temperature recording form (C-105) and Monthly Biological Report Form (C-33) to their local health department or health service region. Over the next few months as new features are added to the system and C-33 & C-105 reporting functions are automated providers will eventually begin using EVI to meet all TVFC reporting requirements.

Once submitted provider orders are approved by local health department and/or regional staff and submitted by Austin staff to the Center for Disease Control (CDC). Providers will receive a faxed confirmation on the day that the order is sent to the distributor from the CDC. This is the same confirmation that you receive currently. (**TIP:** Prior to submitting a vaccine order staff should print the order, once submitted an order can no longer be accessed.)

### **RESOURCES**

In addition to the training discussed above, the following resources are available to providers who have questions or needs surrounding vaccine choice or EVI implementation.

#### Website

As information, tools, and training are developed, they have been added to the vaccine choice website. To access the site go to: [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)

Click on >Go to Immunization Branch Web Page

Click on Vaccine CHOICE icon

Options include:

- Communications
- Provider Information
- Training
- EVI
- Other Resources

As with any new system providers have experienced issues and we hope that ongoing updates and maintenance will eliminate those issues already identified. We encourage you to report any operational issues to the Vaccine CHOICE helpdesk at [VacCallCenter@dshs.state.tx.us](mailto:VacCallCenter@dshs.state.tx.us).

## 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 (Cervarix)	03/30/10
HPV (Gardasil)	03/30/10
Influenza (LAIV)	08/10/10
Influenza (TIV)	08/10/10
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08
PCV13	04/16/10
PPSV	10/06/09
Polio	01/01/00
Rotavirus	05/14/10
Shingles	10/06/09
Td/Tdap	11/18/08
Varicella	03/13/08

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, papillomavirus (HPV), or Varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

Automatic VIS updates are available in English and more than 30 languages. To view the website visit: <http://wwwpartnersforimmunization.org>



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

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**Contract Specialist**

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**VFC Coordinator**

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**Region 3 Public Site  
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Frederick Grimes  
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**ImmTrac Coordinator**

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