

Spring Break Schedules and Deliveries



DSHS did not block off shipping dates for spring break. Providers must ensure facility hours are current in Syntropi. All facility closure dates must be clearly noted in the comments section of Vaccine Requests in the Vaccine Allocation and Ordering System.

Responsible Entities will continue to approve or hold orders as necessary to guarantee vaccines are delivered when facility staff is available.

Vaccine Storage Labels Now Available

The vaccine storage labels for routinely recommended vaccines are now live on the Centers for Disease Control and Prevention (CDC) website. These include new vaccines such as Mpox and Respiratory Syncytial Virus (RSV). The labels have been updated and reformatted to help easily identify vaccines.

These labels can also be found on the CDC Vaccine Storage and Handling Toolkit page along with other storage and handling resources.

If you have any questions, contact your Responsible Entity (RE).

Thank you for your participation in the TVFC/ASN program.

Flu Vaccine for Adolescents and Teens

Flu vaccine coverage among children six months to 17 years has dropped by about nine percent since January 2020, reports the <u>Centers for Disease Control and</u> <u>Prevention (CDC)</u>. People age 12 – 17 have the lowest, flu vaccination rates at 41%.



The most effective means of flu prevention is the flu vaccine. To increase vaccination:

- 1. Use encouraging, opt-out language when assessing a patient's immunization status
- 2. Provide regular reminders (e.g., electronic health record system)
- 3. Give ongoing feedback or recommendations, particularly regarding respiratory illness vaccines
- 4. Encourage parents to receive vaccinations at the same time

Resources:

- <u>Catch-up Immunization Schedule for Children, Birth-18 Years | CDC</u>
- <u>Resources to Encourage Routine Childhood Vaccinations | CDC</u>
- AAP Reminder-Recall Letter
- Vaccine Schedule for Children, 7 to 18 Years Old | CDC
- Using Standing Orders for Administering Vaccines: What You Should Know (immunize.org)

For more information on flu recommendations, visit the <u>Advisory Committee on</u> <u>Immunization Practices 2023-24 Flu Vaccine Recommendations</u>.

TVFC/ASN Program CMS Letter Requirements

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are eligible to enroll in the TVFC and ASN program. FQHCs and RHCs must have a letter from the Centers for Medicare & Medicaid (CMS) stating their status as an FQHC or RHC.

When enrolling or re-enrolling as an FQHC or RHC in the <u>Syntropi enrollment</u> <u>portal</u>, the option to upload a CMS letter will populate.

Note: If the provider does not identify themselves as an FQHC or RHC, the enrollment portal will not allow providers to upload a Centers for Medicare & Medicaid (CMS) Letter.

Providers must update their CMS letter information whenever there is a change in their facility's identifying information such as facility name, address, etc.

What is an FQHC and RHC?

FQHCs are community-based health care providers which 1.) offer primary care services in underserved areas and 2.) meet the certification criteria as directed by Centers for Medicare and Medicaid Services (CMS).

RHCs are clinics located in 1.) a non-urbanized health professional shortage area 2.) medically underserved area, or 3.) governor-designated and secretary-certified shortage area.

Both FQHCs and RHCs must administer vaccines.

What is a CMS letter and why are they important?

CMS letters are official documents designating sites as a FQHC or RHC. CMS letters are submitted for enrollment into the TVFC and ASN program(s) and must include:

- **Facility Identification:** The letter should clearly identify the designated health care facility and note: facility name, doing business as (DBA), address, or other pertinent identifying information.
- **Effective Date:** The letter should specify the date when a facility's participation in Medicare becomes effective.

Received Vaccines of Uncertain Viability

TVFC and ASN providers must ensure vaccines are viable. Vaccines may not be viable if:

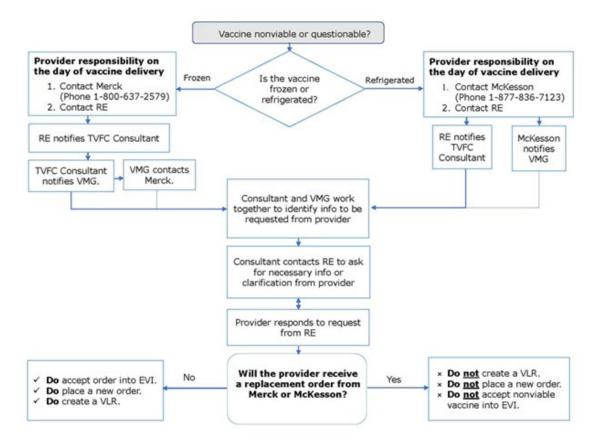
- A vaccine shipment arrives with the temperature indicator strip indicating an out-of-range temperature.
- A vaccine feels warm to the touch.
- The vaccine ice or gel packs are melted or missing.
- The vaccine is in a damaged state.

Providers cannot refuse a vaccine shipment. All vaccine shipments must be accepted and stored appropriately – even when providers have concerns about vaccine viability.

If a provider receives a questionable vaccine shipment:

- 1. Place the backup data logger probe near the vaccine.
 - 1. Replace the lid on the bottle of pure propylene glycol to obtain the current temperature.
 - 2. Conduct regular temperature checks to observe stabilization.
- 2. Place questionable vaccines in a quarantine bag and store them in the refrigerator or freezer (as applicable) until vaccine viability is determined. Do not write on the vaccine.
- Contact your Responsible Entity (RE) when questionable vaccines are received. If a RE is unavailable, contact the distributor(s) to determine if there is a shipping issue.
- 4. Inform the RE of the vaccine viability determination.
- 5. Maintain the vaccine in quarantine until your RE provides instructions about vaccine replacement or loss reporting.

This flowchart provides guidance on nonviable or questionable vaccines.



For further details on vaccine viability, contact your RE or refer to the <u>2024</u> <u>TVFC/ASN Provider Manual Chapter 3, page 49</u>.

Perinatal Hep B Summit

The Texas Department of State Health Services is hosting the <u>Texas Perinatal</u> <u>Hepatitis B Prevention Program Summit</u> on May 23 and May 24, 2024.

Attend the conference to hear experts provide updates on case management recommendations, Advisory Committee on Immunization Practices -recommended practices for hepatitis B vaccines, and updates from the Perinatal Hepatitis B Prevention program. Registrants must choose to participate in the conference either in-person or online. Not all portions of the conference may be available for virtual attendees. Attendance is free.

<u>Event</u>: Texas Perinatal Hepatitis B Prevention Program Summit <u>Date</u>: May 23 - 24, 2024 <u>Location</u>: The Royal Sonesta Houston 2222 West Loop South, Houston, TX 77027

Hotel Information:

The Royal Sonesta Houston is available for rooms at a discounted rate.

<u>Address</u>: 2222 West Loop South, Houston, TX 77027 <u>Phone</u>: (713) 627-7600 <u>Room</u> <u>Rate</u>: \$122++ per night

If you have any questions, please contact immunization.info@dshs.texas.gov

Td Temporary Guidance

The tetanus diphtheria (Td) vaccine is currently in limited supply due to MassBiologics <u>discontinuing production</u> of TdVax[™].

However, the tetanus, diphtheria, and pertussis (Tdap) vaccine remains available. The CDC recommends providers transition to the Tdap vaccine in lieu of the Td vaccine whenever possible.

DSHS will monitor orders of the following Td vaccines while supplies are limited:

Vaccine Name	NDC	Target Age	Vaccine Program
TDVAX SDV 1 Pack; Ped	13533-0131-01	PED	TVFC
Tenivac SDV 1 Pack; Ped	49281-0215-10	PED	TVFC
Tenivac PFS 1 Pack; Ped	49281-0215-15	PED	TVFC
TDVAX SDV 1 Pack; Adu	13533-0131-01	ADU	ASN
Tenivac SDV 1 Pack; Adu	49281-0215-10	ADU	ASN
Tenivac PFS 1 Pack; Adu	49281-0215-15	ADU	ASN

The Texas Department of State Health Services (DSHS) Immunization program will continue to monitor Td vaccine availability and orders, and DSHS will communicate any updates or changes.

For questions, contact <u>TXVaccineOrders@dshs.texas.gov</u>.

March Webinars

Date	Time	Webinar Title and Time	Audience	Registration Link
3/19/24	12:00 p.m. – 1:00 p.m.	IAMOnline Identify and Access Management	ImmTrac2 and VAOS users	<u>GTW LINK</u>
3/21/24	11 a.m noon	Penbraya Webinars with Texas DSHS	REs,TVFC and ASN Providers	<u>GTW LINK</u>
3/28/24	11 a.m noon	Penbraya Webinars with Texas DSHS	REs,TVFC and ASN Providers	<u>GTW LINK</u>