

Texas Department of State Health Services

Texas First Responder Immunization Toolkit

Texas Department of State Health Services

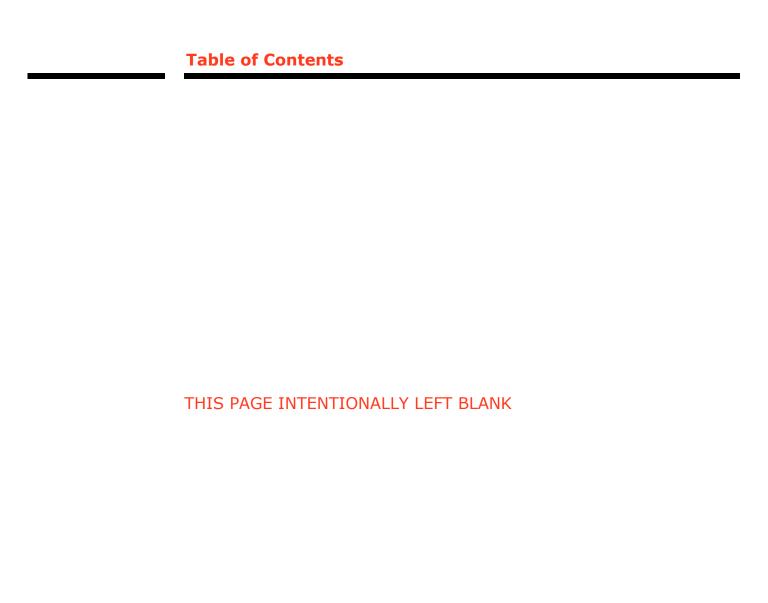


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Purpose: To consolidate information into a comprehensive document for first responder organizations to minimize risks posed by exposure to vaccinepreventable diseases when responding to emergency situations by ensuring each individual has all recommended vaccines.

Introduction to the Texas First Responder Immunization Toolkit

I. First Responder Information

The Texas Department of State Health Services (DSHS),
Immunization Unit, has prepared the Texas First Responder
Immunization Toolkit to consolidate information into a
comprehensive document for first responder organizations to
minimize risks posed by exposure to vaccine preventable-diseases
when responding to emergency situations by ensuring each
individual has all recommended vaccines.

Being up-to-date with all adult recommended immunizations prepares you for emergencies.

II. Vision and Mission of the DSHS Immunization Unit

Vision

A Texas free of vaccine-preventable diseases

Mission

To provide leadership to increase vaccine coverage levels and reduce the burden of vaccine-preventable diseases for all Texans.

III. Goals of the Texas First Responder Immunization Toolkit

- Promote the implementation of CDC Adult Immunization
 Standards across first responder facilities;
- Improve and sustain vaccine coverage levels for first responders;
- Maintain and improve public health preparedness; and
- Promote the use of the Texas Immunization Registry.

In many instances, first responders do not receive recommended vaccines until preparing for deployment or when they arrive at the disaster site.

SECTION ONE: Adult Immunizations

Every year there are thousands of adults in the U.S. that become seriously ill and are hospitalized because of diseases that are prevented by vaccines. These diseases may even cause death to some of those affected. By getting vaccinated, you not only help protect yourself from these preventable diseases, you also prepare yourself for the future.

Protect Yourself and Your Loved Ones

It is critical to increase vaccinations among first responders prior to deployment to a disaster area. In preparation to respond to an emergency or a disaster area, it is important for first responders to be up-to-date with all of the Advisory Committee on Immunization Practice (ACIP) recommended adult immunizations.

In many instances, first responders do not receive recommended vaccines until preparing for deployment or when they arrive at the disaster site. Since vaccinations do not provide immediate protection, this delay puts first responders at risk of acquiring these infections and elevates the potential to spread vaccine-preventable diseases upon return to their home community, especially among their immediate family members.

Having complete immunization records in the Texas Immunization Registry of all vaccines that have been received helps in the evaluation of needed vaccines and avoids the need for revaccination.

Adult Immunization Recommendations

The ACIP Adult Immunization Schedule (figures 1 and 2) summarizes vaccine recommendations and includes a table of contraindications and precautions (figure 3). The schedule is used by health care personnel to implement the current ACIP recommendations for vaccinating adults.

The adult immunization schedule contains the following information:

- General immunization recommendations,
- A chart listing medical conditions with recommended vaccines for each condition,
- Footnotes that provide additional explanation in instances of spacing of vaccines,
- Contraindications and precautions, and
- Information to report adverse events

The complete Adult Immunization Schedule is available at the Centers for Disease Control and Prevention (CDC) <u>website</u>.

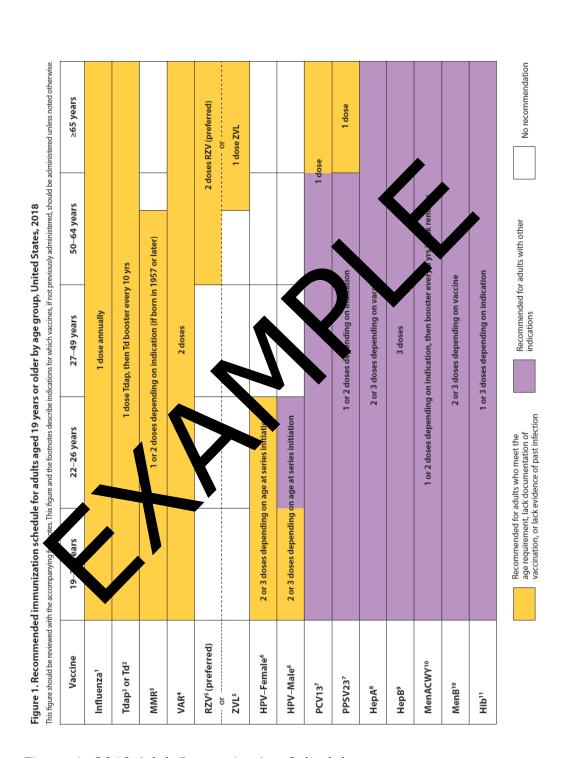


Figure 1. 2018 Adult Immunization Schedule

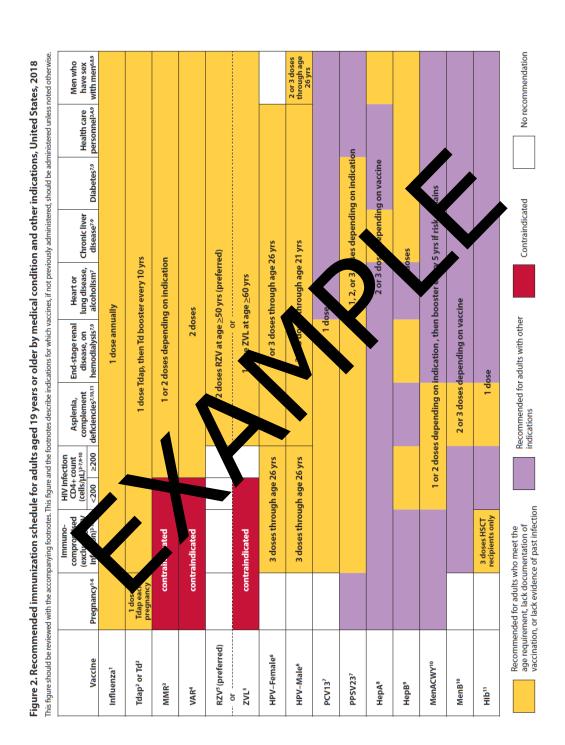


Figure 2. 2018 Adult Immunization Schedule, by Medical Condition

Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older st

The Advisory Committee on Immunization Plactices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions to make a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine redailures.

Contraindications and p	contraindications and precautions for vaccines routhely recommended for adults Varcine (s	adults	Precautions	
All vaccines routinely recommended for adults	Severe reaction, e.g., a ylaxis, a previous dose or	Most previous dose or to a vaccine component	Moderate or severe acute illness with or without fever	
Additional contraindications and preca	itions and preceding to commended for adults adults and preceding to adults adults adults and cations.	nended for adults	Additional Precautions	recautions
IIV!			 History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, or recurrent emests, or required epinephinine or another emergency medical intervention IIV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provide who is able to recognize and manage severe allergic conditions) 	is after previous influenza vaccination espiratory distress, lightheadedness, or recurrent gency medical infervention (IV) may be al setting and under the supervision of a health ge severe allegic conditions)
RIV			History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination	s after previous influenza vaccination
Tdap, Td	For pertussis-containing vac. Propertussis-containing vac. prolonged seizures, not attributable to an pri fleintfia administration of a previous dose of a vacci ontaining pertussis	hy, e.g., coma, decreased level of consciousness, ar identifiable cause within 7 days of ontaining tetanus or dipar toxoid or acellular		Guillain-Barné syndrome within 6 weeks after a previous dose of tetanus toxoid-containing corror fertour corror fertour per hypersensitivity reactions after a previous dose of tetanus or diphtheria History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine, progressive or unstable neurologic disorder, uncontrolled Por pretuzes-containing vaccine, progressive or unstable neurologic disorder, uncontrolled per perusse-containing vaccine, progressive or unstable neurologic disorder, uncontrolled perussives or progressive encephalopathy (until a treatment regimen has been established and the condition has active.
MMR ²	 Severe immunodeficiency, e.g., hematologic and solid tumors, ch immunodeficiency or long-term immunosuppressive therapy¹, huf (HIV) infection with severe immunocompromise 	ors, ch apy², hun nmunodefic	Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) History of thrombocytopenia or thrombocytopenic purpura Need for tuberculin skin resting*	ontaining blood product (specific interval nic purpura
VAR ²	 Severe immunodeficiency, e.g., hematologic and solid tumors, c. oth immunodeficiency or long-term immunosuppressive therapy, HIV infe- immunocompromise Premancy 	ors, ch. otherap. Agenit. apy ² , HV infect ² . /th sever	Bean (within 11 months) receipt of antibody-containing blood product (specific interval on product) Not specific antivital drugs (syclovir, famcidovir, or valacybovir) 24 hours before in antivital drugs for these antivital drugs for these antivital drugs for these antivital drugs for 14 days after vaccination).	ontaining blood product (specific interval iclovir, or valacyclovir) 24 hours before 14 daws after vaccination)
ZVL²	 Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenifal immunodeficiency or long-term immunosuppressive therapy², HIV infection with severe immunocompromise Pregnarcy 	ors, chemotherapy, congenital apy ² , HIV infection with severe	receipt of sy nitivial drugs (acyclovir, famc vaccination on of these antiviral drugs for	nitiviral drugs (acyclovir, famciclovir, or valacyclovin) 24 hours before of these antiviral drugs for 14 days after vaccination)
HPV vaccine			Ψ.	
PCV13	Severe allergic reaction to any vaccine containing diphtheria toxoid	ia toxoid		
1. For additional information on use of in Practices – United States, 2016-17 infl. 2. MMR may be administered together wil. 3. Immunosuppressive steroid dose is con immunosuppressive steroid therapy. Plannosuppressive steroid therapy. Plannosuppressive steroid therapy. Plannosuppressive steroid therapy. Accine should be deferred for the approximation of the appr	To additional information on use of influenza vaccines among persons with egg allegy, see: CDC Pereention and control. Grotal influes Practices—United States, 2016-17 influenza season MAMPA. 2016;55(RP-5):1–54. Available at www.cdc.gov/mmwr/volumes/05/r/inf650Sa1.htm. 2. MMR may be administered together with VAR or 72L or the same day. Introl administered on the same day, spanie live vaccine by at least 28 days. 3. Immunosuppressive second dose is considered to be cally receipt of 20 mg or more predictione or equivalent for a week. Vaccination should; immunosuppressive steered themps, Providers should consult ACP recommendations for complete information on the use of specific live vaccines suppression because of the reasons. 4. Vaccine should be addered for the appropriate interval if replacement immune globulin products are being administered. See: Best practices, www.cdc.gov/vaccines/for part personal suppress tube scientime eachily. Measles-containing vaccine may be administered on the same day as tubercular shared from TCP Table 6. Containing and proporties informations and present live and present live and present live in the same day as tubercular.	yy, see: CDC Prevention and control liable at www.cdc.gov/mmwr/volun ered on the same day, separate liver redatisone or equivalent for 2 or moi s for complete information on the us fin products are being administered ing vaccine may be administered on mg vaccine may be administered on	vaccines; n. glerred for gersons of the Advisor in testing, or getting, or get	nes, funendations of the Advisory Committee on immunization flerred for at least 1 month after discontinuation of the Advisory Committee on The Advi
Aughten non: COC. adule o. Contramidications and 2011;60(No. RR-2):40–1 and from: Hamborsky J, Kro www.cdc.gov/vaccines/pubs/pinkbook/index.html	endopteu mon. Cuc, talen de cumanimonio ani predations to commonly bed factnes, cenera recommendation of minimulation; recommendation of vaccine preventable diseases. 13th ed. www.cdc.gov/vaccines/pubs/pinkbook/index.html.	demiology and prevention of vaccin		₽
Abbreviations of vaccines	ccines			•
IIV inactivated RIV recombina Tdap tetanus tox acellular pe Td tetanus an MMR messles, m	inactivated influenza vaccine VAR recombinant influenza vaccine RZV retanus toxod, reduced diphtheria toxoid, and ZVL acellular pertussis vaccine HPV vaccine PERATAN 2001 diphtheria toxoids PCV/13 resales, mumos, and rubella vaccine PPSV/23	varicella vaccine recondribant zoster vaccine zoster vaccine live ccine human papillomavirus vaccine 11-valent pneumococal onligate vaccine 13-valent pneumococcal oplysaccharide vaccine	HepA HepA-HepB HepB HepB MenACWY MenB MenB MenB MenB	haptitis A avacrine putis A and hepatitis B vaccines putis A avacrine pagatis B vaccine serogroups A, C, W, and Y meningococcal vaccine serogroup in Breiningococcal vaccine Hearnophilus influenzae type b vaccine

Figure 3. Adult Immunization Schedule, Table of Contraindications

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Immunizations should be a priority for first responder facilities to ensure staff are protected before responding to an emergency.

SECTION TWO: Prepare your People

The DSHS Immunization Unit works to implement the adult immunization standards, developed by the CDC to improve the immunization rates of adults.

Immunizations should be a priority for first responder facilities.

According to the <u>2012 Texas DSHS Feasibility Study of Providing</u> Vaccines to First Responders:

- 93.27% of first responders in Texas were covered by health insurance. The percentage of first responders with health insurance ranged from 85.1% for the Texas State Guard to 98.7% for Public Health.
- Most first responders have health insurance, but do not know if their coverage includes vaccinations.
- The percentage of first responders protected with at least one dose of a tetanus-containing vaccine ranged from 79.3% for the Texas State Guard to 92.3% for Emergency Medical Services.
- The percentage of first responders protected with 3 doses of Hepatitis B vaccines ranged from 19.3% for the Texas State Guard to 40.4% for Emergency Medical Services and 43.5% for Public Health.

In addition, the CDC's Adult Immunization Standards suggest that:

According to the CDC, only 44% of adults received a flu vaccine during the 2014-2015 flu season.

- Adult vaccination rates are extremely low in the United States even though most private insurance plans cover the cost of vaccines.
- First responders are likely not aware that they need vaccines.
 Most adults believe vaccines are important but many don't know which are recommended throughout their lives.
- Facilities can play a critical role in ensuring first responders are fully immunized before responding to a disaster.
 DSHS is confident that facilities that implement a monitoring system of first responder vaccines will allow staff to be informed, vaccinated, and ready to respond.

The following are facts about U.S. adult vaccination rates in 2014.

- Only 20% of adults had received Tdap vaccine. More than 18,000 cases of whooping cough (pertussis) were reported in 2015. About five in 100 adults with pertussis were hospitalized. Adults can spread pertussis to infants, who are at most risk for severe illness and death from this disease.
- Only 28% of adults 60 years and older received the shingles vaccine. Nearly 1 million Americans experience the condition each year, and about half of all cases occur in adults 60 years and older. Older adults are most likely to experience severe pain from the disease. In 2018, the recommendation for the shingles vaccine was lowered to 50 years of age.

Protection from vaccines received during childhood may have worn off and some require booster doses.

- Only 20% of adults 19 to 64 at high risk had received the pneumococcal vaccine. Coverage of adults 65 years and older is much better. About 67 million adults at increased risk for pneumococcal disease remain unvaccinated. See the adult immunization schedule for the list of high risk conditions for the pneumococcal vaccine.
- Only 44% of adults received a flu vaccine during the 2014-2015 flu season (the latest information available). On average, more than 200,000 people are hospitalized each year from influenzarelated complications.

Common questions about adult vaccinations include the following.

Do I really need vaccines?

- All adults need vaccines to help protect against serious diseases that could result in poor health, missed work, medical bills and not able to care for their families.
- Adults may not have received all vaccines during childhood.
 Some childhood vaccines do not offer protection into adulthood and a booster may be needed. Some vaccines are recommended based on age, job, lifestyle, or health condition.
- Getting vaccinated lowers the risk of getting sick and lowers the chance of spreading a serious disease to others including those that are most vulnerable to serve illness such as infants, older adults, and those with chronic health conditions or weakened immune systems.

How well do adult vaccines work?

- Vaccines work with the body's natural defenses to reduce the chances of getting certain diseases and suffering from complications.
- The amount of protection varies by vaccine and other factors such as age and health but immunizations are the best defense against many serious, sometimes deadly, diseases.
- The greatest risk of vaccine-preventable diseases occurs among those that are not vaccinated.

Are adult vaccines safe?

- Vaccines are one of the safest ways to protect health.
- Vaccines go through years of testing before they are licensed by the Food and Drug Administration (FDA). Once licensed, research is reviewed by experts to make recommendations on whom to vaccinate. Even after licensure, the CDC and FDA continue to monitor vaccine safety.
- Vaccines can be received even if individuals are taking prescription medicines. However, live vaccines including MMR and varicella vaccines may not be administered to those who have a suppressed immune system.

What are the possible risks?

- Side effects are usually minor, such as feeling sore where the vaccine was administered or a slight fever. These go away within a few days.
- Some individuals may have an allergic reaction to a vaccine but serious or long-term effects are rare.

What if employees refuse vaccine?

- The employee should have a discussion with their primary care physician regarding their concerns.
- As a facility, your policy should address what to do in this instance.
- DSHS recommends implementing a "declination" form when employees refuse vaccine. A declination form can be found at http://www.immunize.org/catg.d/p4059.pdf or
 http://www.immunize.org/catg.d/p4068.pdf (these forms may require changes for your facility).

SECTION THREE: Adult Immunization Standards

The Standards for Adult Immunization Practices are detailed in Sections Four, Five, Six, and Seven.

- ASSESS
- RECOMMEND
- REFER
- DOCUMENT

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DSHS
recommends the
implementation
of a system that
collects
information on
current and new
staff at first
responder
facilities to
monitor
immunization
status.

SECTION FOUR: Adult Standard 1. Assess

ASSESS immunization needs of first responders.

DSHS recommends the implementation of a system that collects information on current and new staff at first responder facilities to monitor immunization status. Stay informed about the latest CDC recommendations for immunizations for adults. Implement protocols to ensure the first responder vaccine needs are routinely reviewed and send reminders about needed vaccines. Implementing an immunization policy allows facilities to immediately know which employees are up-to-date and identify those that need additional vaccines. Since vaccine recommendations change, an annual review allows for identification of first responders who have had a lifestyle, health or occupational change that may prompt the need for additional vaccines.

<u>Figure 10 in Section Nine</u> is a comprehensive form to collect information about individuals and allows for assessment of recommended vaccines.

We believe that getting vaccinated is a critical step in protecting your staff's health. Vaccines can help prevent common diseases that can be serious and costly for your staff and their loved ones. Each year, thousands of adults in America suffer serious health problems (and some even die) from diseases they could be vaccinated against like whooping cough, hepatitis A and B, flu and pneumococcal diseases, and shingles.

Together, let's take an active role in helping your staff stay healthy. To learn more about vaccines for adults, visit www.cdc.gov/vaccines/adults. You or your staff can take a quick vaccine quiz at www.cdc.gov/vaccines/adultquiz.

Figure 4 is a list of vaccines that all adults should receive.

Implementing an immunization policy in your facility should consist of the information listed in Figure 4. This chart shows immunizations of the hepatitis B series, 2 doses of MMR, Tdap/Td, and 2 doses of varicella.

Most first responder sites have already implemented a requirement of the hepatitis B series for their staff.

Measles is a highly contagious disease and there have been cases reported in the U.S. in recent years. It is important to ensure your staff are protected to stop the spread of the disease in the event they come in contact with someone who has measles. Measles is prevented by the MMR vaccine.

Tdap vaccine protects against tetanus (which is not communicable from person to person), diphtheria (there have been no cases in the

U.S. in many years), and pertussis (also known as whooping cough).

There have been cases of tetanus reported in the U.S. in recent years.

There have been many cases of pertussis in the U.S. in recent years. The most vulnerable to pertussis include infants that are too young to be vaccinated. Sometimes when adults have pertussis, they do not recognize that's what they have and they may not seek care. But adults, including parents, grandparents, daycare workers, other close relatives, may transmit the disease to an infant.

Of all the diseases, varicella (or chickenpox) is familiar to most people. With the introduction of the varicella vaccine, the number of chickenpox cases has declined dramatically. It is important to ensure your staff are protected to stop the spread of the disease in the event they come in contact with someone who has chickenpox.

Facilities can use Figure 4 as a guide when writing an employee immunization policy and can make changes as deemed necessary or appropriate.

Facility Immunization Requirements and Recommendations

Vaccine	Employees	
Vaccine	Required	Recommended
Hepatitis A		A complete series for all employees.
Hepatitis B	A complete series for those who perform tasks that may involve exposure to blood or body fluids and those that respond to disaster areas.	A complete series for all employees.
Human papillomavirus (HPV)		Series for female employees 26 years and younger or male employees 21 years and younger.
Influenza		Annually, for all employees.
MMR	Two doses for those who have exposure to patients and were born in 1957 or later without serologic evidence of immunity or proof of prior vaccination.	Two doses for all employees born in 1957 or later without serologic evidence of immunity or proof of prior vaccination.

Pneumococcal (PCV & PPSV)		One dose each of conjugate and polysaccharide for employees 19-64 years with high risk conditions or employees 65 years and older.
Tdap/Td	One dose of Tdap to all employees who have exposure to patients and those that respond to disaster areas. A Td booster should be received every 10 years thereafter.	One dose of Tdap for all employees. Pregnant employees should receive a dose of Tdap during each pregnancy. A Td booster should be received every 10 years thereafter.
Varicella (chickenpox)	Two doses for those who have exposure to patients and have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.	Two doses for all employees who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.
Zoster (shingles)		Two doses for all employees who are 50 years and older.

Figure 4. Vaccines required/recommended in first responder facilities.

According to the CDC, there is no indication for the following vaccines when responding to disasters in the continental U.S.

- Hepatitis A
- Typhoid
- Cholera
- Meningococcal
- Rabies

According to the CDC, the immunizations required for those that respond to disasters include the following.

- Tetanus: In accordance with the current CDC guidelines, responders should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used; getting a Tdap for one tetanus booster during adulthood is recommended to maintain protection against pertussis. While documentation of vaccination is preferred, it should not be a prerequisite to work.
- Hepatitis B: Hepatitis B vaccine series for persons who will be performing direct patient care or otherwise expected to have contact with blood or bodily fluids.

There is <u>no</u> indication for the following vaccines when responding to disasters within the continental United States and therefore, DSHS does not recommend adding these vaccines as requirements for your staff.

- Hepatitis A vaccine. There is a low probability of exposure.
 Vaccine takes one to two weeks to provide substantial immunity.
- Typhoid vaccine. There is a low probability of exposure.
- Cholera vaccine. There is a low probability of exposure and there is no licensed cholera vaccine available in the U.S.
- Meningococcal vaccine. There is no expectation of increased risk of meningococcal disease among emergency responders.

Rabies vaccine. The full series is required for protection. Persons
who are exposed to potentially rabid animals should be evaluated
and receive standard post-exposure prophylaxis, as clinically
appropriate.

If your staff respond to a disaster outside of the continental United States, check <u>Traveler's Health</u> for current vaccine recommendations.

An employee immunization policy should be implemented for current and new staff. To implement an employee immunization policy in your facility, it is important to select a staff member who will be in charge of collecting and documenting the vaccines and who will communicate with staff regarding which vaccines are required or recommended. This staff member (Emergency Response Immunization Coordinator aka ERIC) will be responsible for providing reminders to staff when vaccines are due.

To begin the implementation of an immunization policy, it is important to communicate this new policy with all current staff. Allow a sufficient amount of time for each employee to gather a copy of their personal immunization record. At the appropriate time, request from each employee a copy of their record, and using the developed policy, review each. Using the Texas Immunization Registry, develop a roster of all employees and document all vaccines listed on the personal immunization

Some health plans require employers to pay for required vaccines so it is important for employees to know which vaccines are required as part of their employment and which vaccines are recommended as part of routine adult immunizations.

record into the registry. Comparing each personal immunization record with the implemented policy, provide information to employees on which vaccines are not documented on their record and are required or recommended.

NOTE: Some health plans require employers to pay for required vaccines so it is important for employees to know which vaccines are required as part of their employment and which vaccines are recommended as part of routine adult immunizations.

When new staff are selected to fill a position at your facility, a request should be made to have the employee provide an up-to-date immunization record. Immunization records should be reviewed and suggestions made during onboarding activities at the same time when other human resource procedures are discussed with the new employee.

When new staff are selected to fill a position at your facility, a request should be made to have the employee provide an up-to-date immunization record.

Given that most emergency responders are covered by health insurance, an important activity for each ERIC is to develop close relationships with adult immunizers in their community such as pharmacies. Identifying the closest immunizing pharmacy and meeting with the pharmacy staff can allow each ERIC to develop strong relationships that will be helpful when an individual is identified as needing one or more vaccines. These relationships will be critical for the implementation of your employee immunization policy.

Immunization records should be reviewed and suggestions made during onboarding activities at the same time when other human resource procedures are discussed with the new employee.

The Texas Immunization Registry also provides a reminder system in which notices can be printed and provided to staff members to remind them that it is time for another dose of vaccine.

Providing employees with immunization information is important in their decision-making process. Section Ten of this manual contains a list of websites that offer information on adult immunizations.

Employees may refuse to receive vaccines. The employee should have a discussion with their primary care physician regarding their concerns. As a facility, your policy should address what to do in this instance.

DSHS recommends implementing a "declination" form when employees refuse vaccine. A declination form can be found at http://www.immunize.org/catg.d/p4059.pdf or http://www.immunize.org/catg.d/p4068.pdf (these forms may require changes for your facility).

People who receive reminders about needed vaccines are more likely to follow through.

SECTION FIVE: Adult Standard 2. Recommend

RECOMMEND all vaccines to first responders by explaining the benefits of vaccines and potential costs of getting the disease they protect against.

Provide materials and highlight positive experiences with vaccination to reinforce the benefits and strengthen confidence in vaccinations. Implement strategies to send first responders reminders about missed vaccines or vaccines that are due soon.

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Most private health insurance plans cover the cost of vaccines.

SECTION SIX: Adult Standard 3. Refer

REFER first responders to community vaccinators or their medical home for immunization services.

Most private insurance plans cover the cost of vaccines. A referral to a local adult immunizer such as a pharmacy will minimize any out of pocket costs associated with vaccinations.

Facilities can eliminate common objections to vaccination (time and access) by coordinating with community vaccinators to offer onsite vaccination services. With onsite vaccination services, facility personnel do not have to travel to another location and take time away from work or home. Incorporating vaccination services into onboarding activities or regular meetings can help to increase immunization coverage levels among your first responders.

The DSHS Immunization Unit operates an Adult Safety Net (ASN) Program that provides vaccines for UNinsured adults through a network of support with Federally Qualified Health Centers, Rural Health Clinics, DSHS Public Health Region Clinics and Local Health Department Clinics. The ASN Program provides vaccine to enrolled sites to immunize UNinsured adults. For a list of sites that participate in the ASN Program, see immunizetexas.com.

Individuals with medical insurance (including Medicare or Medicaid) and those who are UNDERinsured (insurance that does not cover immunizations) are not eligible for the ASN Program.

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The Texas
Immunization
Registry
consolidates
immunization
records and
offers a personal
immunization
record.

SECTION SEVEN: Adult Standard 4. Document

DOCUMENT immunization histories using the Texas Immunization Registry to help first responders, their employers' and their health care professional know which vaccines they have received.

A proven strategy to increase immunization rates is to use the roster portion of the Texas Immunization Registry that supports vaccination status assessment and reminder and recall interventions via notification when first responders are due for vaccines. The Texas Immunization Registry consolidates vaccination records, ensures first responders have completed necessary vaccine series, reduces chances for unnecessary doses of vaccines or missed opportunities, facilitates the use of a remind and recall notification, and makes calculating immunization coverage rates easier. The Texas Immunization Registry also provides a personal immunization record of vaccines received for first responders for their records.

The Texas Immunization Registry (ImmTrac2) User Instructions

If you are not registered with the Texas Immunization Registy please visit www.ImmTrac.com or call 1-800-348-9158.

Only registered Texas Immunization Registry users have access to ImmTrac2.

In the Texas Immunization Registry you will have the ability to add employees and run reports to determine what vaccines are needed and recommended.

Following are step-by-step instructions for accessing ImmTrac2, adding employees, creating a list, adding historical and new immunizations, and running selected reports.

Request access

Details for requesting access to ImmTrac2 can be found by visiting the Providers Page at www.immtrac.com.



Register as an authorized organization and find resources to share with patients.

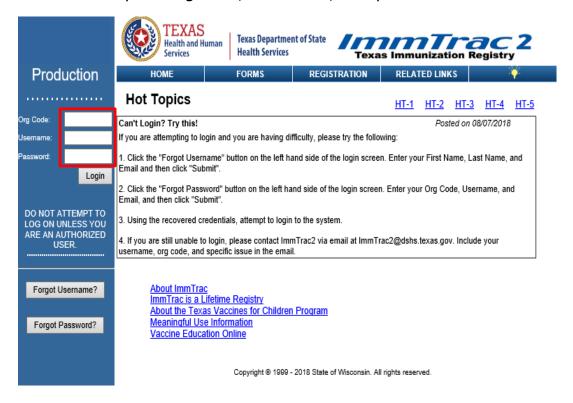
Access requests for new users must be requested by the Organization's Point of Contact (POC). The POC serves as the main contact for the Texas Immunization Registry related matters and can contact the Texas Immunization Registry

Customer Support at (800) 348-9158 or email ImmTrac2@dshs.texas.gov.

If you require assistance in identifying the POC, or designating a new POC, please contact the Texas Immunization Registry Customer Support.

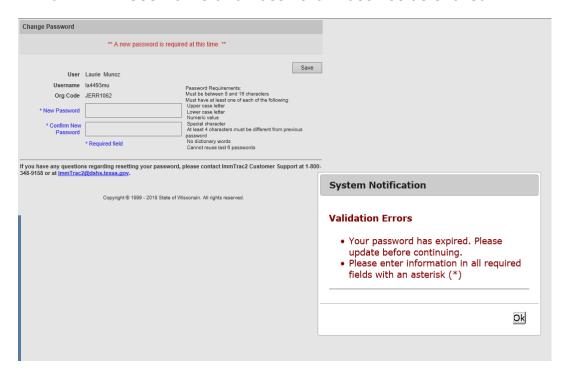
Login

Go to immunizetexas.com, select ImmTrac2 Registry on the left menu. Enter your Org code, username, and password.



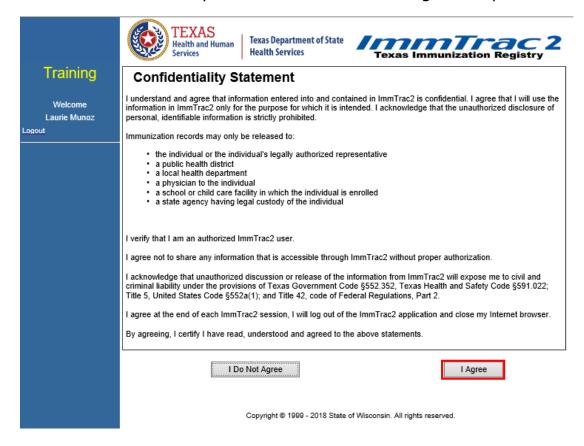
Registered users are sent two emails once the Texas Immunization Registry application is processed and approved. One email will contain the Org Code and User ID. The second email will contain a temporary password to use the first time you login to the Texas Immunization Registry. You will be prompted to change your password.

IMPORTANT: Username and Password must not be shared.



After a new password has been set up, a new screen will appear.

Read the confidentiality statement and select "I Agree" to proceed.



If you have access to more than one registered organization, all of them will appear on the screen as shown below.

Select "ImmTrac2" to access your organization.

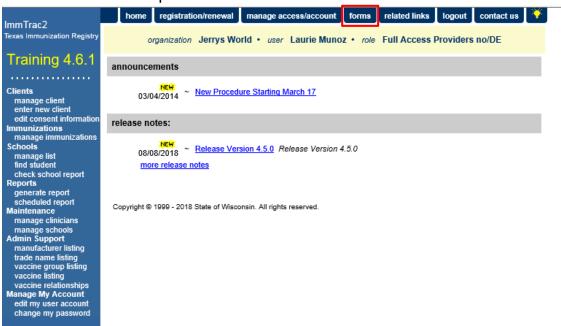


The Texas Immunization Registry Consent Process

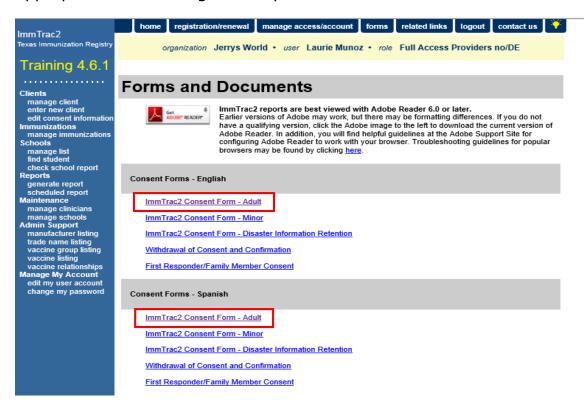
All adults must complete a form to consent to be enrolled in the Texas Immunization Registry. An adult that was previously in the Texas Immunization Registry as a child must sign an adult consent form after they turn 18 years old in order to have the record maintained in the Texas Immunization Registry. In this instance, it is important that an adult consent be submitted prior to the 26th birthday as, according to legislative rules, ImmTrac2 must delete all records on the 26th birthday if a consent has not been received. Thousands of records are deleted from the Texas Immunization Registry annually due to non-receipt of a consent form after a person turns 18 years old to continue the record in the Texas Immunization Registry.

The Texas Immunization Registry Consent Forms

To access a Texas Immunization Registry consent forms, select the Forms tab at the top menu.



Another new screen will open allowing you to choose the appropriate form in English or Spanish.

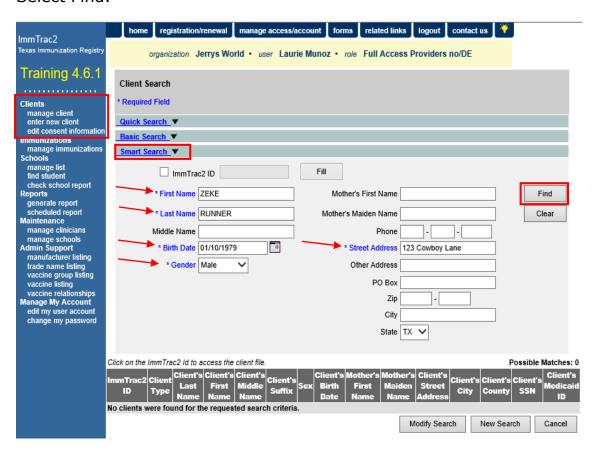


IMPORTANT: Only individuals that have signed a consent form are to be entered into the Texas Immunization Registry.

Entering A New Employee in ImmTrac2

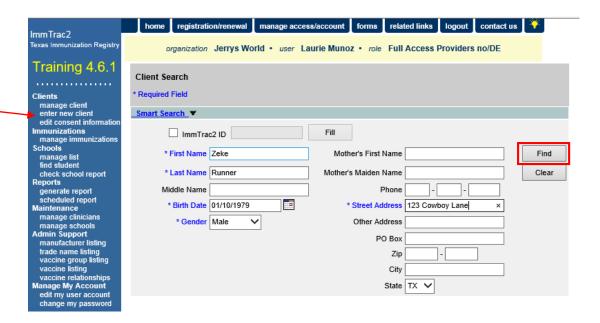
Once the employee has granted consent to participate in the registry and with consent form in hand, enter the information from the consent form in the Texas Immunization Registry.

Important: The Texas Immunization Registry Consent forms must be retained by your facility for the patient's lifespan (legislative rule). Under the Clients section on the left menu, select Manage Client. Once the Client Search screen appears, select Smart Search and complete the required information to ensure the employee is not currently in ImmTrac2. All fields with an asterisk are required fields. Select Find.

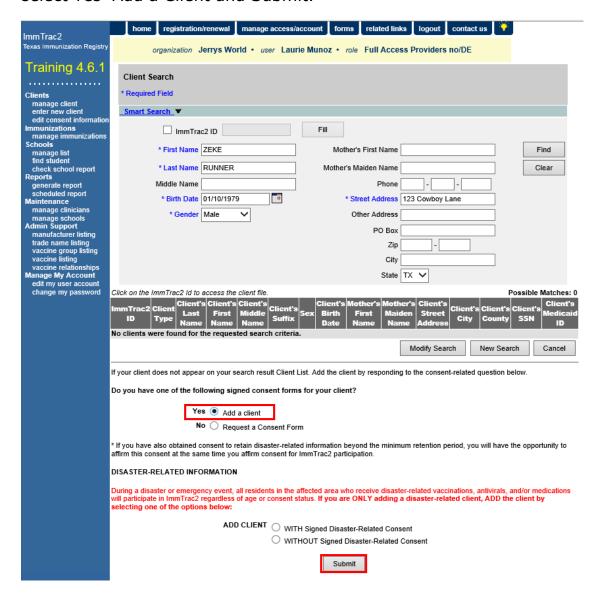


If the Smart Search does not find a match, the employee can be entered.

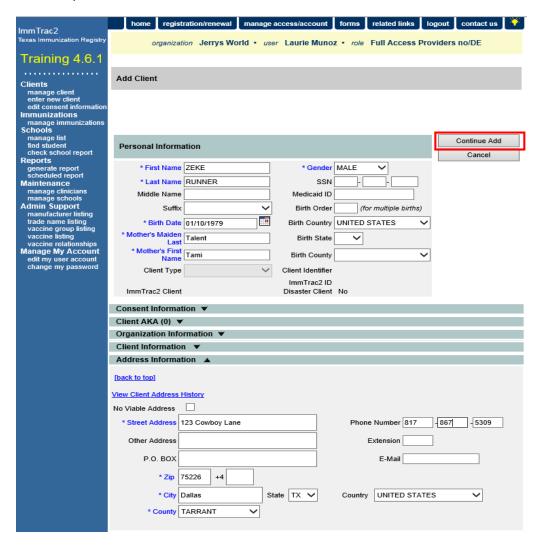
To enter a new employee in the Texas Immunization Registry, select Enter New Client on the left bar. Using the consent form, enter the information. Select Find.



If the employee's information does not appear as shown below, select Yes Add a Client and Submit.

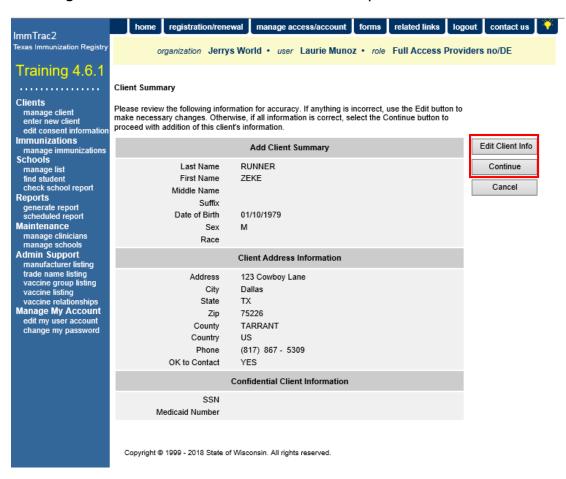


Verify all required Personal Information is entered and correct in the required fields. In the Address Information section, complete the required fields. Once the required fields are complete and correct, click Continue Add.

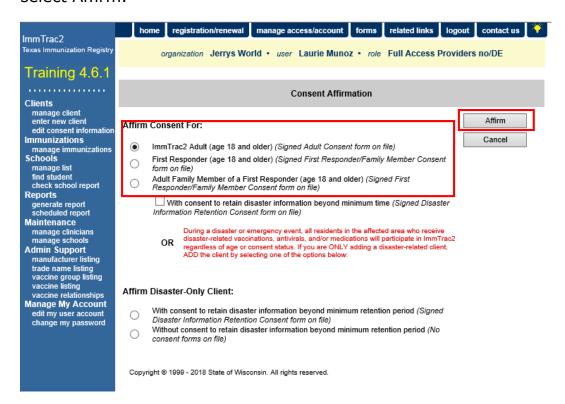


You must enter the address information or cannot proceed. Contact the Texas Immunization Registry at 1-800-348-9158 to discuss your role assigned for ImmTrac2.

Ensure demographic information is correct. You can Edit Client Info if changes are needed or select Continue to proceed.



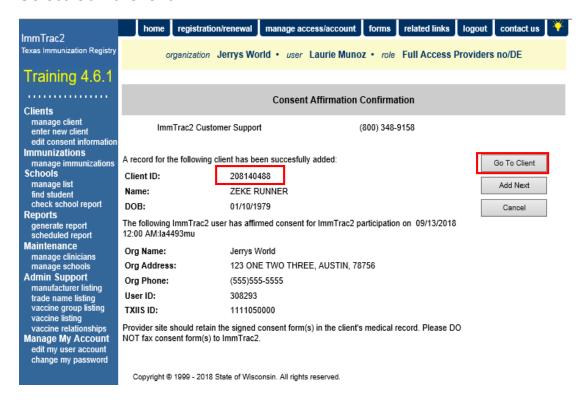
Select the appropriate choice regarding the employee consent and select Affirm.



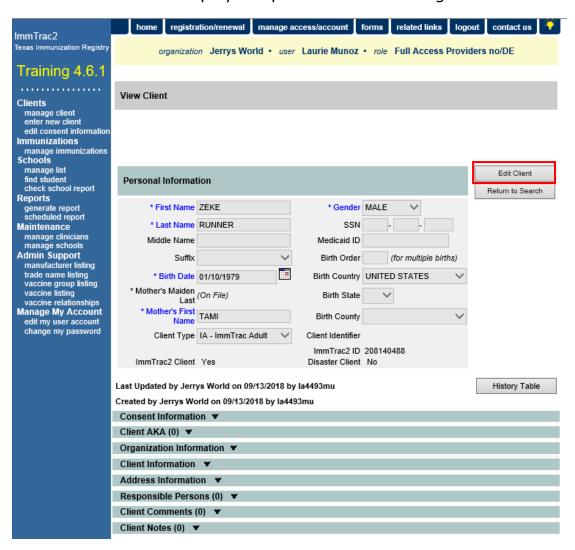
The ImmTrac2 Client ID number will display when you've successfully added the employee.

Enter Immunization History

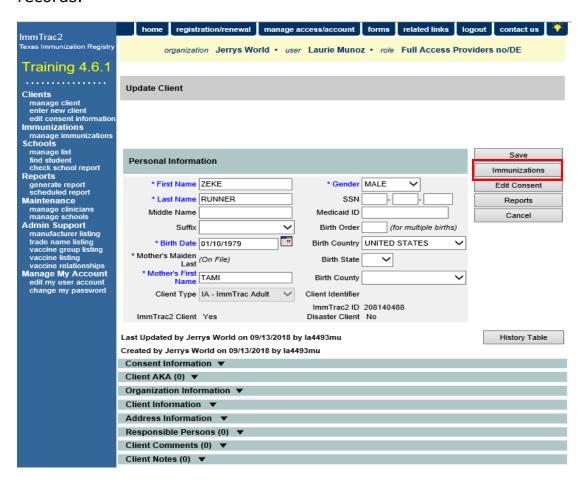
Select Go To Client.



Go To Client will bring you to the screen shown below. Select Edit Client to access the employee's profile to enter changes.

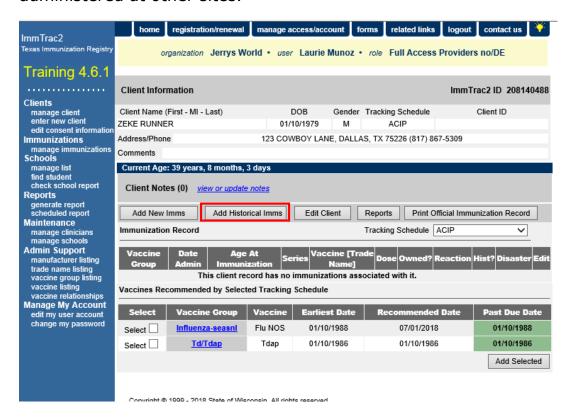


Select Immunizations to access the employee's immunization records.



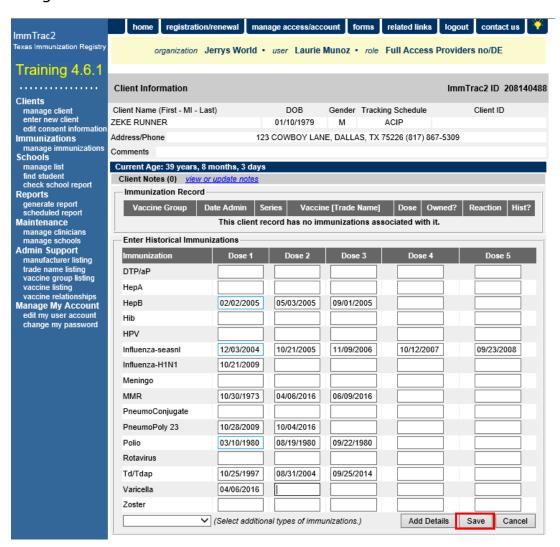
IMPORTANT: Only immunizations that are validated are to be entered in the Texas Immunization Registry. Validated records are those from pharmacists, other employers, public health clinics, primary care physicians, military, immunization registries, etc that contain the month, day and year that a vaccine was administered. A validated record contains a stamp or signature from the facility which administered the vaccine.

Select Add Historical Imms to add immunizations that were administered at other sites.



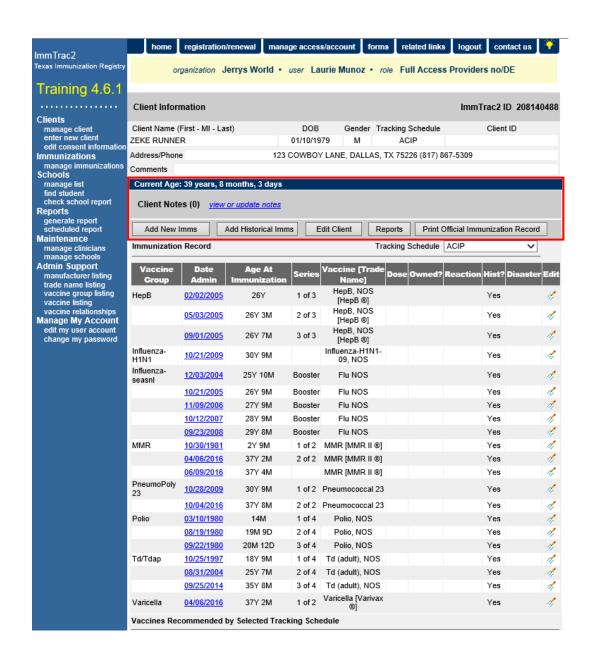
Note: Select Add New Imms to enter the immunization information that was administered at your facility (if applicable) in the required fields.

Enter validated historical vaccine information in the appropriate antigen field.



Once the historical vaccine information has been entered, select Save.

Vaccines entered will appear as shown below. You will have the option to select Add New Imms, Add Historical Imms, Edit Client, Reports or Print Official Immunization Record from this screen.

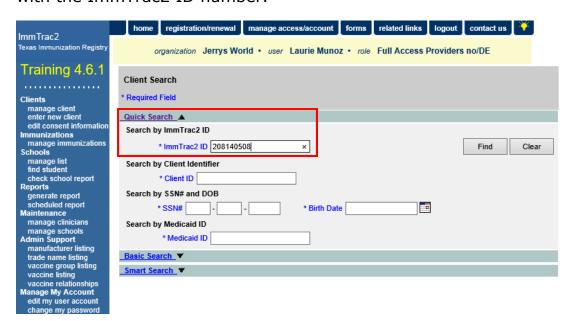


Entering New Vaccines

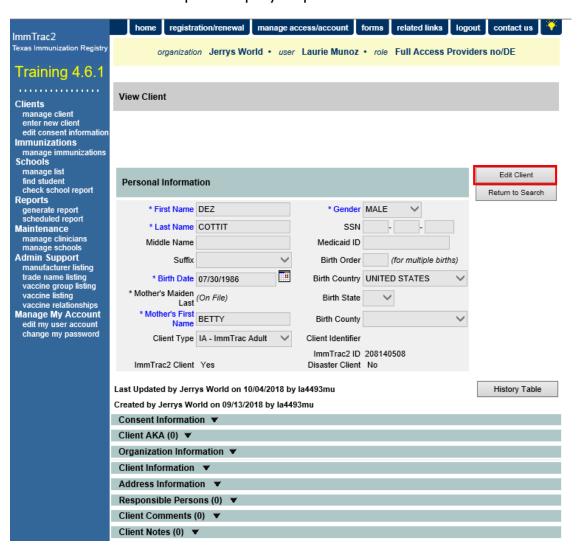
To enter a new vaccine administered by your facility use Quick Search, Basic Search or Smart Search.



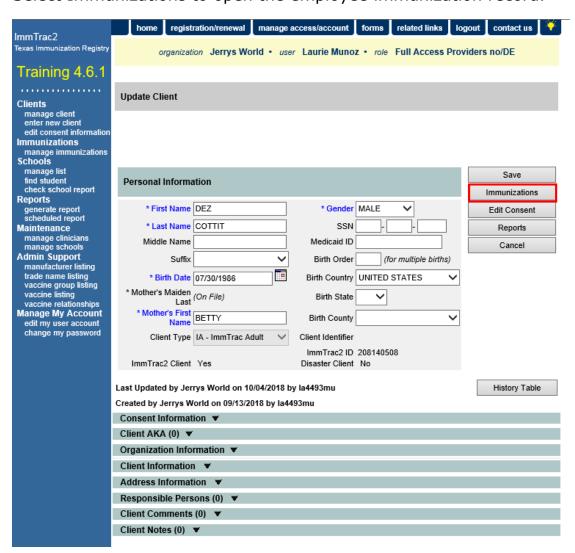
In this example, a Quick Search was used to locate the employee with the ImmTrac2 ID number.



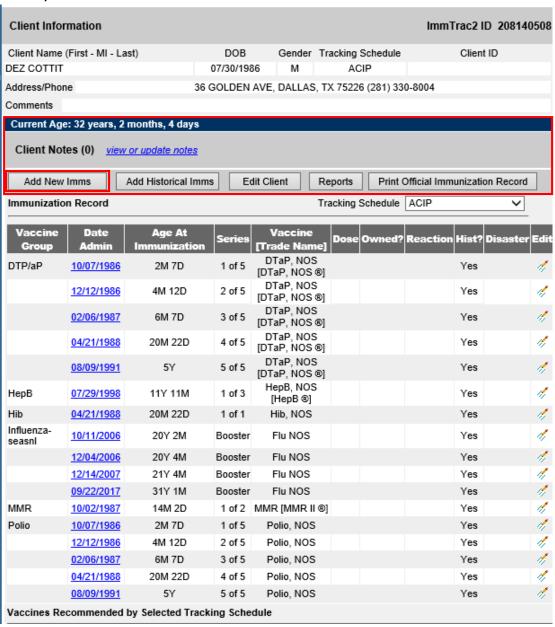
Select Edit Client to open employee profile.



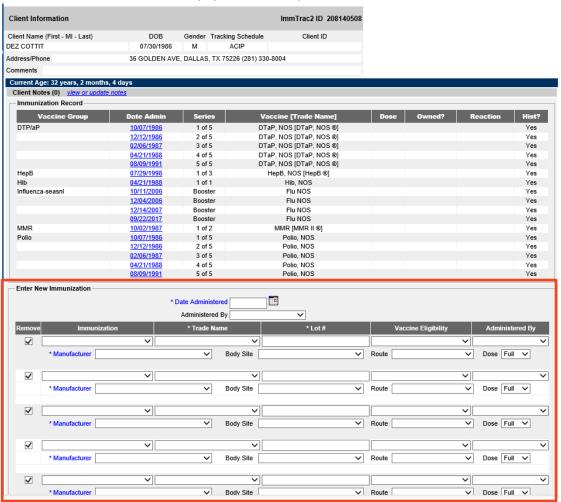
Select Immunizations to open the employee immunization record.



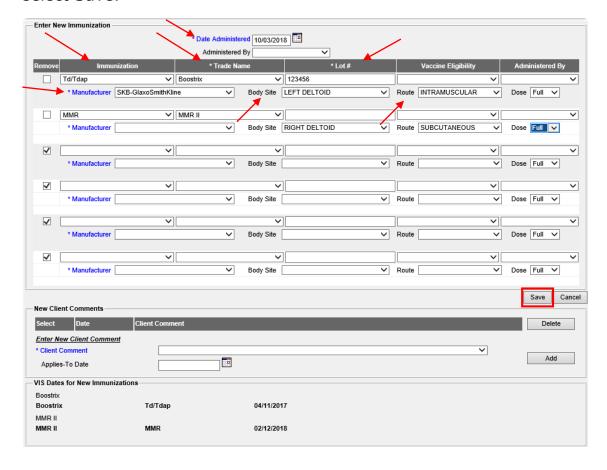
Select Add New Imms to enter vaccines administered by your facility.



A new screen will appear. Scroll to Enter New Immunization to enter vaccines administered by your facility.

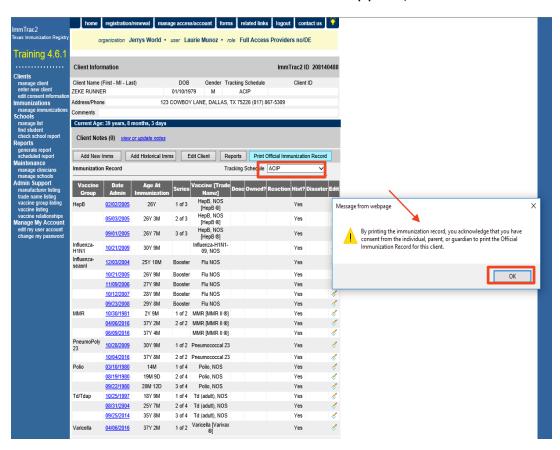


In the Enter New Immunization screen, enter the date the vaccine was administered, the Immunization administered, the Trade Name of the vaccine, the Lot Number, the Manufacturer, the Body Site, and the Route. Fields with asterisks are required. VIS dates will populate when vaccine is entered. Once information is entered, select Save.



Printing and Releasing Immunization Record from the Texas Immunization Registry

An Authorization To Release Official Immunization History form must be obtained prior to releasing immunization records from ImmTrac2. This form is available at www.immtrac.com under Forms and Literature. Follow the instructions to access an employee record. Once on the employee record page, select Print Official Immunization Record. A new window will appear, select Ok.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Official Immunization and Disaster-Related Information Record



Texas Department of State Health Services

 ImmTrac ID:
 208140488
 Gender:
 M

 Client Name (L, F, M):
 RUNNER, ZEKE
 DOB:
 01/10/1979

Client Type: ImmTrac Adult (IA) Client Age: 39 years, 8 months, 3 days

Schedule: ACIP Report Date: 09/13/2018

NOTICE: By Texas law, the Texas Immunization Registry holds children's immunization records only for a limited time. After a child turns 18 years old, that person must sign an adult consent form to maintain his or her immunization history for a lifetime. If adult consent is not signed, the childhood history will be purged on the person's 26th birthday. Learn more at www.immtrac.com

Any combination vaccines (e.g. DTaP-HepB-IPV, HepB-Hib) administered are listed within each appropriate vaccine family.

IMMUNIZATION HISTORY

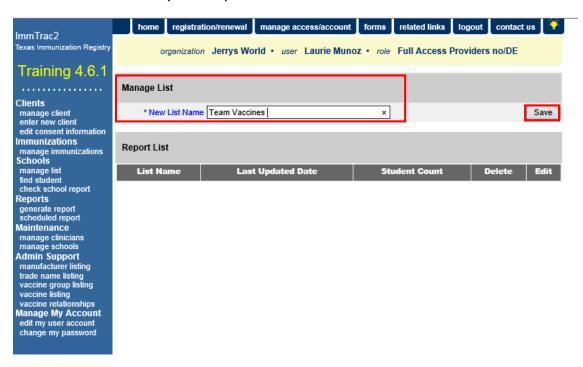
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Manufacturer	Lot#
НерВ	02/02/2005	1 of 3	HepB, NOS [HepB]		
	05/03/2005 2 of 3		HepB, NOS [HepB]		
	09/01/2005	3 of 3	HepB, NOS [HepB]		
Influenza-H1N1	10/21/2009		Influenza-H1N1-09, NOS		
Influenza-seasni	12/03/2004	Booster	Flu NOS		
	10/21/2005	Booster	Flu NOS		
	11/09/2006	Booster	Flu NOS		
	10/12/2007	Booster	Flu NOS		
	09/23/2008	Booster	Flu NOS		
MMR	10/30/1981	1 of 2	MMR [MMR II]		
	04/06/2016	2 of 2	MMR [MMR II]		
	06/09/2016		MMR [MMR II]		
PneumoPoly 23	10/28/2009	1 of 2	Pneumococcal 23		
1/6	10/04/2016	2 of 2	Pneumococcal 23		
Pollo	03/10/1980	1 of 4	Pollo, NOS Taxas Do	partment of S	tate
	08/19/1980	2 of 4	Pollo, NOS		
	09/22/1980	3 of 4	Pollo, NOS TEGLICA 3	ervices	
Td/Tdap	10/25/1997	1 of 4	Td (adult), NOS		
	08/31/2004	2 of 4	Td (adult), NOS		
	09/25/2014	3 of 4	Td (adult), NOS		
Varicella	04/06/2016	1 of 2	Varicella [Varivax]		

Client Comments:	Start Date: End Date:
No Records Found.	
Signature of Issuing Entity:	/ TXIIS ID:1111050000 Date:09/13/2018
Clinician Record	Discialmer: The registry may not contain complete immunization histor
	Page 1 of 1

Figure 4. Example of Official Immunization and Disaster-Related Information Record

Creating a Roster List of Employees

Create a name for your report and select Save.



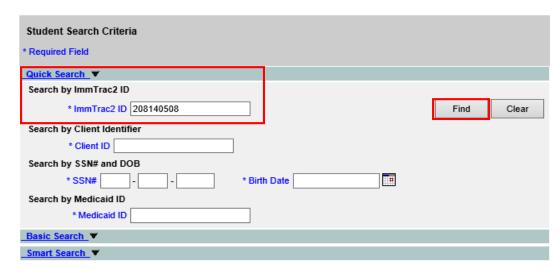
Adding employees to your Client List

To add employees to your report, under the Schools section, select Find Student.



Enter the ImmTrac2 Client ID number or perform a Basic Search to find employees to add to your report. See examples below.

Quick Search: Enter ImmTrac2 ID number and select Find.

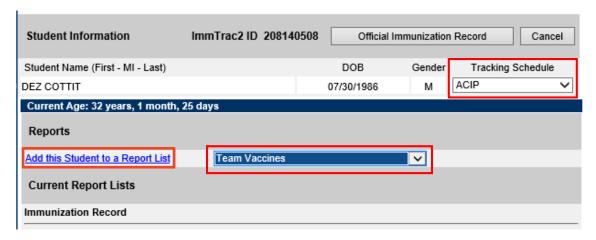


Basic Search: Enter First Name, Last Name, Birthdate and Gender then select Find.



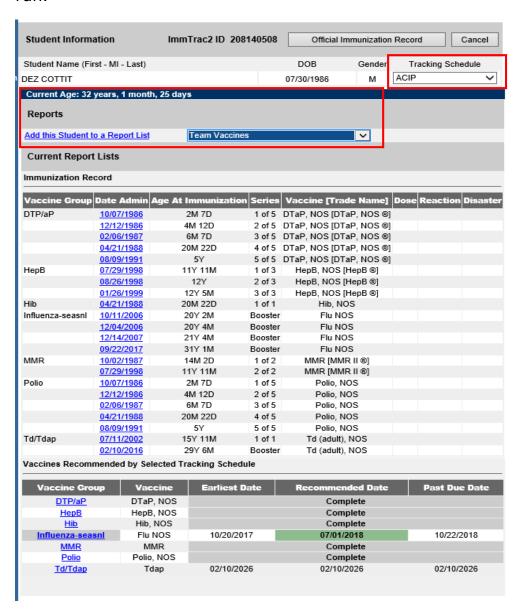
Once the employee record has been located, select the report list name you created previously from drop down list as shown in the example below. Select Add this Student to a Report List. The employee is now tied to the report you created.

Note: The Tracking Schedule defaults to the ACIP recommended immunization schedule. Do not change this field.



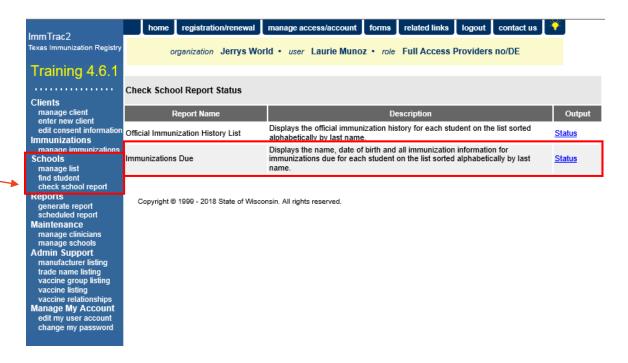
Once the employee has been added to the report, a new window will appear showing the immunization history. See example below.

Continue the previous steps to add the desired employees to your report. Once you have entered all employeess your report can be run.

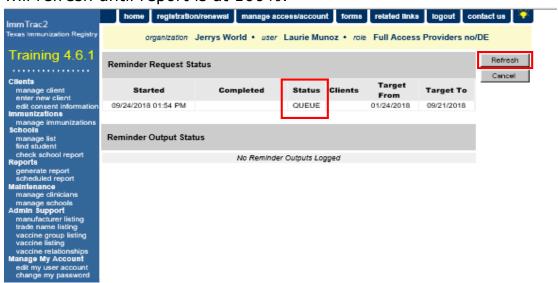


Running an Immunization Due Report

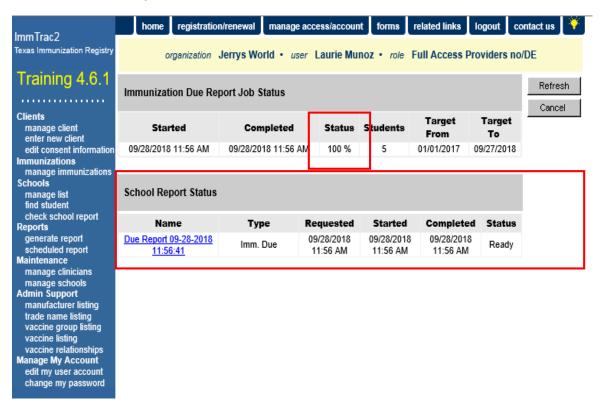
Under the Schools section, select Check School Report then select Status on the Immunizations Due row.



The Report will initially show Queue in the status field. As the report is compiled, the percentage will show percentage progression until it reaches 100%. Selecting the Refresh button will refresh until report is at 100%.



Once the Immunizations Due Report Job Status is 100%, your report will be listed below under School Report Status. Click on the hyperlink under Name to access the report. This will open up a new window displaying the employees and the immunizations recommended by the ACIP.



Example of Student/Client Due List

Report run on: 09/28/2018 Student Immunization Due List

Student Name (L, F, M):

KOHL BEASTLEY - 10/13/1995

Tracking Schedule: ACIP

Vaccine	Immunizations Due	Immunization Dates
DTP/aP	Complete	1) 11/30/1995 2) 01/30/1996 3)
НерА	11/01/2008	1) 05/01/2008
HepB	04/13/1996	1) 10/14/1995 2) 11/30/1995
Hib	Max Age Exceeded	1) 11/30/1995 2) 01/30/1996 3)
HPV	02/03/2016	1) 01/06/2016
Influenza-seasni	07/01/2018	1) 11/10/2005 2) 09/17/2009 3)
Meningo	Complete	1) 06/11/2014
Polio	Complete	1) 11/30/1995 2) 01/30/1996 3)
Td/Tdap	10/13/2006	
Varicella	10/13/1999	1) 09/16/1998

DEZ COTTIT - 07/30/1986

Tracking Schedule: ACIP

Vaccine	Immunizations Due	Immunization Dates
DTP/aP	Complete	1) 10/07/1986 2) 12/12/1986 3)
HepB	08/26/1998	1) 07/29/1998
Hib	Complete	1) 04/21/1988
Influenza-seasnl	07/01/2018	1) 10/11/2008 2) 12/04/2008 3)
MMR	07/30/1990	1) 10/02/1987
Polio	Complete	1) 10/07/1986 2) 12/12/1986 3)
Td/Tdap	07/30/1997	

ZEKE EATES - 07/17/1987

Tracking Schedule: ACIP

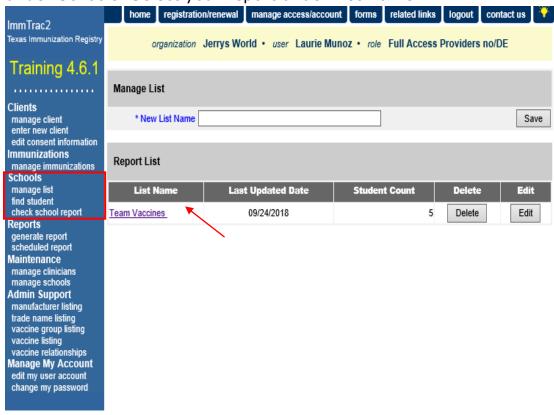
Vaccine	Immunizations Due	Immunization Dates
HepB	08/28/2005	1) 02/02/2005 2) 05/03/2005
HPV	Max Age Exceeded	1) 11/06/2012
Influenza-seasnI	07/01/2018	1) 09/15/2009 2) 10/07/2010 3)
MMR	05/06/2016	1) 04/06/2016
PneumoPoly 23	07/17/2052	1) 10/29/2009
Polio	07/17/1991	1) 09/20/1987 2) 11/22/1987 3)
Td/Tdap	07/17/1994	

ImmTrac2 Immunization Forecaster will show:

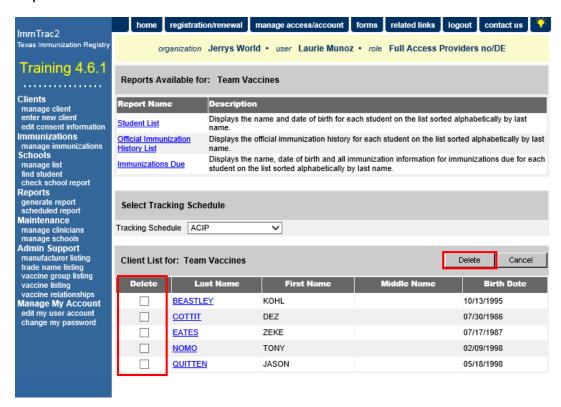
- Maximum Age Exceeded Age at which the vaccine is no longer recommended.
- Complete Vaccine series was complete.
- Overdue Vaccine is recommended.
- Recommended dates for vaccines Minimum interval at which the vaccines can be recommended and administered.

Managing List of Employees

To manage or delete employees from your list, select Manage List under Schools. Select your report under List Name.



Selecting your report under List Name will display the employees currently on your list. Check the box of the employee to be removed, then select Delete to remove a employee from your report.



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SECTION EIGHT: Abbreviations

CDC: Centers for Disease Control and Prevention

DSHS: Texas Department of State Health Services

HPV: Human Papillomavirus

MMR: Measles, mumps, and rubella vaccine

PCV: Pneumococcal Conjugate vaccine

PPSV: Pneumococcal Polysaccharide vaccine

Td: Tetanus and diphtheria toxoid

Tdap: Tetanus, diphtheria and acellular pertussis

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SECTION NINE: Forms and Resources

- Texas DSHS website www.immunizetexas.com
- DSHS Immunization Literature & Forms –

https://secure.immunizetexasorderform.com/default.asp

- ImmTrac2 First Responder Brochure (11-13079)
- ImmTrac2 First Responder Poster (11-13080P)
- First Responders Get Vaccinated Brochure (11-14106)
- First Responders Get Vaccinated Poster (11-14106P)
- <u>Texas Immunization Registry Adult Consent Form</u> www.dshs.texas.gov/immunize/immtrac/forms.shtm#For General Public
- The Texas Immunization Registry online enrollment manual www.dshs.texas.gov/immunize/immtrac/forms.shtm#Providers and Organizations
- Recommended Adult Immunization Schedule www.cdc.gov/vaccines/schedules/easy-toread/adult.html#schedule
- Quiz to see which vaccines are needed www2.cdc.gov/nip/adultimmsched/default.asp

- Summary of recommendations for adult vaccines www.immunize.org/catg.d/p2011.pdf
- Immunizations after a natural disaster –
 www.cdc.gov/disasters/immunizations.html
- Immunization recommendations for disaster responders www.cdc.gov/disasters/disease/responderimmun.html
- <u>Vaccine information</u> <u>www.cdc.gov/vaccines</u>
- <u>Tetanus Prevention</u> –
 www.cdc.gov/vaccines/vpd/tetanus/index.html
- Guidance for Developing a Mandatory Influenza Vaccination
 Program http://immunize.org/honor-roll/cha_guidance_mandatory_influenza_policy_hcp.pdf
- Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities https://www.cdc.gov/flu/professionals/infectioncontrol/ltcfacility-guidance.htm
- Influenza Vaccination of the Health Care Workforce https://publichealth.gwu.edu/departments/healthpolicy/influenza /MODEL%20LAW%20REPORT.pdf

- Sample Vaccine Policy Statement http://www.immunize.org/catg.d/p2067.pdf

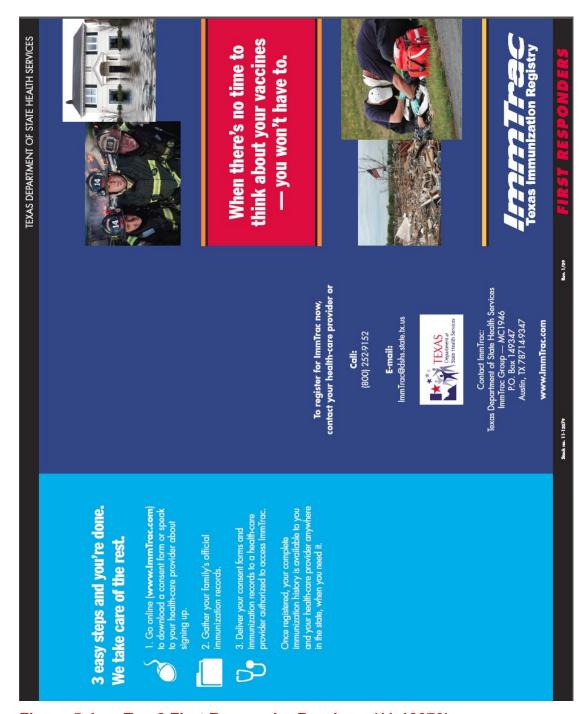


Figure 5. ImmTrac2 First Responder Brochure (11-13079)

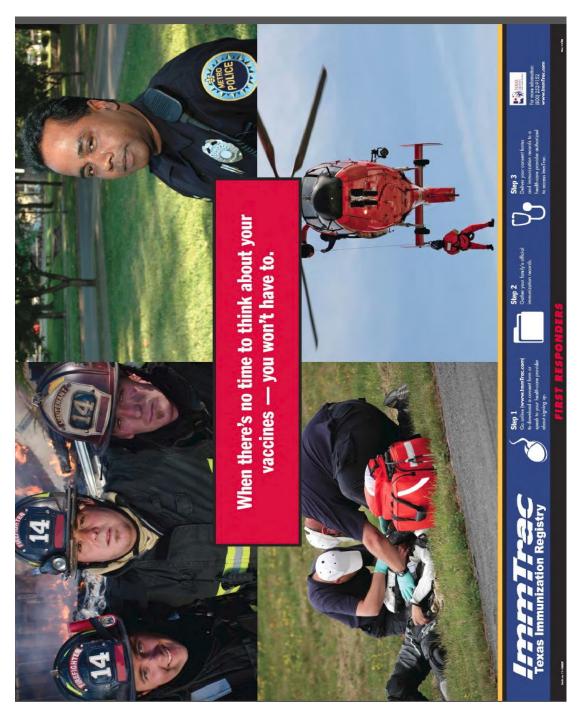


Figure 6. ImmTrac2 First Responder Poster (11-13080P)



Figure 7. First Responders – Get Vaccinated Brochure (11-14106)



Figure 8. First Responders – Get Vaccinated Poster (11-14106P)

Texas Department of State	ZATION REGISTRY (ImmTrac2) DULT CONSENT FORM	
	<u> </u>	
Last Name		
First Name	Middle Name	
	Gender: Male Female	
Date of Birth		
Address	Apartment # Telephone	
City	State Zip Code County	
Mother's First Name	Mother's Maiden Name	
(e.g., giving all doctors treating a patient a central place to see that patient's immunization records). With your consent, your immunization information will be included in ImmTrac2. For a family member younger than 18 years of age, a parent, legal guardian, or managing conservator may grant consent for participation for that minor by completing the ImmTrac2 Minor Consent Form (# C-7). The ImmTrac2 Minor Consent Form (# C-7) can be downloaded by visiting www.ImmTrac.com. The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry. Consent for Registration and Release of Immunization Records to Authorized Persons / Entities I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry, ImmTrac2. Once in ImmTrac2, my immunization information may by law be accessed by: • a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient; • a Texas school in which the individual is enrolled; • a Texas public health district or local health department, for public health purposes within their areas of jurisdiction; • a state agency having legal custody of the individual; • a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy. I understand that I may withdraw this consent at any time.		
By my signature below, I <u>GRANT</u> consent for registration. I wish to <u>INCLUDE</u> my information in the Texas immunization registry. Individual (or individual's legally authorized Printed Name		
Date	Signature	
Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right o ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)		
Questions? (800) 252-9152 • (512) 776-7284 •	Fax: (866) 624-0180 • www.ImmTrac.com	
Texas Department of State Health Services • ImmTrac Group - MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347		
PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in ImmTrac2 and affirm that consent has been granted. DO NOT fax to ImmTrac2. Retain this form in your client's record.		
C4l-N- E11 12266	B	

Figure 9. Texas Immunization Registry Adult Consent Form (F11-133366)

Figure 10. Self-Assessment to Identify Needed Immunizations

Employees may fill out the questionnaire below to help determine which vaccines may be recommended based on specific health status, age, and lifestyle. Please check all that apply as each individual category may not be inclusive of all needed vaccines.

Check all that apply to you	Recommended vaccines
O I am 19 years or older	 Seasonal flu vaccine annually Tetanus (Td) vaccine every 10 years One-time dose of whooping cough (Tdap) vaccine for all adults who have never received Tdap vaccine
	Pregnant women should get a Tdap vaccine during EACH pregnancy
O I am 50 years or older	Shingles (zoster) vaccine
O I am 65 years or older	 Both types of pneumococcal vaccines (one dose of conjugate first, then a dose of polysaccharide 6-12 months later)
O I didn't receive the Human papillomavirus (HPV) vaccine series as a child	 HPV vaccine series (2 or 3 doses) Females age 26 or younger Males age 21 or younger Males age 22-26 who has sex with men, who have a weakened immune system, or who has HIV
O I was born in the US in 1957 or after and don't have immunity against measles, mumps and rubella	 Measles, mumps, rubella (MMR) vaccine (two doses)*

	•
O I was born in the US in 1980 or after and don't have immunity against chickenpox	Varicella (chickenpox) vaccine*
O I am a healthcare worker	 Hepatitis B vaccine series Measles, mumps, rubella (MMR) vaccine* Varicella (chickenpox) vaccine*
O I have heart disease, asthma or chronic lung disease	Pneumococcal polysaccharide vaccine
O I have type 1 or type 2 diabetes	Hepatitis B vaccine seriesPneumococcal polysaccharide vaccine
O I have a weakened immune system	 Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide >8 weeks later) HPV vaccine series if 26 years of age or younger and not previously vaccinated Hib vaccine (post-hematopoietic stem cell transplant only)
O I have HIV	 Hepatitis B vaccine series Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide ≥8 weeks later) HPV vaccine series if 26 years of age or younger and not previously vaccinated

O I have chronic liver disease	Hepatitis A vaccine seriesHepatitis B vaccine seriesPneumococcal polysaccharide vaccine
O I do not have a spleen or my spleen does not work well	 Hib vaccine Meningococcal vaccine Both types of pneumococcal vaccine (one dose of conjugate first, then one dose of polysaccharide >8 weeks later)
O I am a man who has sex with men	 Hepatitis A vaccine series Hepatitis B vaccine series HPV vaccine series if 26 years of age or younger and not previously vaccinated
O I am a laboratory worker and may be routinely exposed to isolates of Neisseria meningitidis, or specimens potentially containing hepatitis A or hepatitis B virus	Hepatitis A vaccine seriesHepatitis B vaccine seriesMeningococcal vaccine
O I am a college freshman living in a residence hall	 Meningococcal vaccine Measles, mumps, rubella (MMR) vaccine*
O I am planning to travel out of the U.S.	 Talk to your healthcare professional to learn which vaccines you may need based on locations of travel.

^{*}This is a live vaccine and should not be given to those who have a very weakened immune system, including those with a CD4 count less than 200, or to pregnant women.

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