

# Up Shot Online

A publication of the Department of State Health Services Immunization Branch

## Texas Increases Immunization Rate 11% in National Survey

**Texas Department of State Health Services  
News Release, September 14, 2006**

The immunization rate for Texas children increased 11 percent in 2005, moving the state up in the national rankings to number 24, according to statistics released today by the Centers for Disease Control and Prevention (CDC).

“Thousands of young Texans are healthier because of an aggressive immunization outreach effort by state officials,” Gov. Rick Perry said. “This is the kind of progress I envisioned when I issued an executive order to improve our immunization program.”

In 2003, Gov. Perry signed an executive order directing the Texas Department of Health (now the Department of State Health Services) to implement a comprehensive plan to increase immunization rates statewide.

The CDC’s National Immunization Survey, which tracks immunization rates among preschool children, found that the Texas rate for a key vaccine series was 76.8 percent in 2005. That is an 11 percent increase over the state’s 2004 rate of 69.3 percent, and it’s the first time since the survey’s inception

*Texas increases immunization rates, continued on page 2*

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## Texas Increases Key Immunization Rate 11% (continued from front page)

in 1995 that Texas ranked above the national average. Texas now ranks 24th in the nation for immunization rates, up from 41st in 2004.

“This is excellent news, and it reflects a steadfast focus on improving our immunization rates,” said Dr. Eduardo Sanchez, commissioner of the Texas Department of State Health Services. “Because the National Immunization Survey measures how many children receive a complete vaccination series, a state can’t change this rate overnight. It takes a couple of years of sustained effort to see significant improvement, and we’ve certainly been doing that in Texas.”

He stressed that continued effort is needed for continued improvement.

The national survey also examined immunization rates in four Texas metropolitan areas:

☞ The Houston rate increased 24 percent to 76.6 percent from 61.7 percent.

☞ The El Paso County rate increased 9 percent to 69.2 percent from 63.5 percent.

☞ The Dallas County rate increased 8 percent to 72.8 percent from 67.1 percent.

☞ The Bexar County rate decreased 3 percent to 71.3 percent from 73.3 percent.

The National Immunization Survey provides vaccination coverage estimates for children 19 through 35 months of age. State rankings are based on the percentage of children completing the 4:3:1:3:3:1 series of immunizations. That series includes four doses of diphtheria, tetanus and pertussis (DTaP), three doses of polio vaccine, one dose of measles-containing vaccine, three doses of Hib vaccine, three doses of hepatitis B vaccine, and one dose of varicella vaccine. ☞

### About the National Immunization Survey

The National Immunization Survey (NIS) is sponsored by the National Center for Immunization and Respiratory Diseases (NCIRD) and conducted jointly by NCIRD and the Centers for Disease Control and Prevention. The NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children’s immunization providers to monitor childhood immunization coverage between the ages of 19 and 35 months. Data from the NIS are used to produce timely estimates of vaccination coverage levels for childhood vaccinations recommended by the Advisory Committee on Immunization Practices. Estimates are produced for the nation and for each of the 50 states, the District of Columbia, and 27 large urban areas. The official estimates of vaccination coverage levels can be found at <http://www.cdc.gov/nip/coverage/default.htm>.

# Perinatal Hepatitis B Prevention Program

By Carole Donsbach, RN, Infectious Disease Control Unit



The goal of the Texas Department of State Health Services Perinatal Hepatitis B Prevention Program (PHBPP) is to eliminate hepatitis B infections in Texas. The Perinatal Hepatitis B function is to identify hepatitis B surface antigen (HBsAg)-positive pregnant women. The program ensures that the infants of any HBsAg-positive pregnant women receive hepatitis B immune

globulin (HBIG) and the hepatitis B vaccine at birth, and, subsequently, complete the hepatitis B vaccine series and serological testing. Finally, the program identifies the mother's contacts and household members to provide immunization, serological testing, and educational services, as needed.

Texas Law requires:

- ☞ Providers and hospitals to screen all pregnant women for HBsAg at their first prenatal visit and at delivery (Texas Administrative Code Title 25, Part 1 Chapter 97, subchapter A § 97.135)
- ☞ Perinatal hepatitis B and all positive HBsAg mothers to be reported to DSHS (Texas Administrative Code Title 25, Part 1 Chapter 97, subchapter A, §97.3)

Perinatal hepatitis B is highly preventable by:

- ☞ Screening pregnant woman at the first prenatal visit and at delivery
- ☞ Giving birth dose of hepatitis B vaccine and HBIG to babies born to HBsAg- positive women
- ☞ Giving birth dose to all babies before hospital discharge

In Texas, up to 1,200 children are born to HBsAg-positive women every year. In 2004, only 455 cases were reported. Up to 90% of infants born to HBsAg-positive women will become infected if they do not receive hepatitis B vaccine and HBIG within 12 hours of delivery. If not treated at birth, 25 percent of these infants will die from liver-related diseases such as cirrhosis, liver failure, and hepatocellular carcinoma. For more information, visit our website at [http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis%5Fb/perinatal/fact\\_sheet/](http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis%5Fb/perinatal/fact_sheet/) , or contact Carole Donsbach, RN, MPH, Perinatal Hepatitis B Prevention Program Coordinator, at [carole.donsbach@dshs.state.tx.us](mailto:carole.donsbach@dshs.state.tx.us) or at (512)-458-7111 ext 6535.

## Coming Soon! The Pharmacy Inventory Control System (PICS)

By Charlotte Hunter, Vaccine Services Group



The Texas Department of State Health Services (DSHS) Pharmacy Inventory Control System (PICS) is coming soon! PICS is a free, internet-based electronic

system designed to generate vaccine orders, maintain vaccine inventory, and receive, track, and transfer vaccines purchased through the Texas Vaccines for Children (TVFC) program.

The new system:

- ☞ Reduces paperwork and workload in vaccine accounting activities
- ☞ Requires minimal technology
- ☞ Provides training

### Reduces paperwork and workload in vaccine accounting activities

The goal of PICS is to enable providers to generate and receive orders, record usage, determine inventory needs, and maintain inventory data. There are many benefits to this automated system including workload reduction, job quality improvements, and management tools.

### Requires minimal technology

PICS requires only the minimal technology of an IBM Compatible Personal Computer (PC); however, because the application is accessed through a web browser, it is recommended that Microsoft Internet Explorer (IE) version 5.5 or higher is used.

### Provides training

Training for PICS will be offered through multiple venues ranging from 'hands-on' to web-based training. Additional support is available through subject matter experts in each DSHS health service region, local health department or district, or DSHS Immunization or Pharmacy state offices.

For more information, contact your local immunization program. ☞

## Updates on Availability of Literature and Forms from the Immunization Branch

By Clara Taylor, Public Information, Education, and Training Group

As of May 1, 2006, the Texas Department of State Health Services (DSHS) Immunization Branch no longer prints or reproduces for distribution the Centers for Disease Control and Prevention (CDC) Interim Vaccine Information Statement (VIS) publications for Human Papillomavirus Vaccine (HPV), Meningococcal Vaccine, Rotavirus Vaccine, Shingles (Zoster) Vaccine, and Tetanus/Diphtheria/Pertussis (Tdap) Vaccine. The Interim VIS and corresponding DSHS



addendums are available as Portable Document Format (PDF) files for downloading from our web page at <http://www.dshs.state.tx.us/immunize/vischart.shtm>. Once CDC produces a final version of a VIS, the Immunization Branch will print the VIS and the corresponding addendum for distribution. Contact Clara Taylor, Publications Coordinator at [clara.taylor@dshs.state.tx.us](mailto:clara.taylor@dshs.state.tx.us) or via telephone at (800) 252-9152, extension 6516 if you have any questions.

The following immunization literature and VIS have recently been revised and are available for distribution:

- 6-27P *How to Administer Injections* Poster, revised 06/2006
- 6-67 *Story of Shots* -Booklet (English), revised 03/2006
- 6-67A *Story of Shots* -Booklet (Spanish), revised 03/2006
- 11-11424 *Pertussis (Whooping Cough) Fact Sheet* (Bilingual), revised 02/2006
- 11-11530 *Is it Just a Cough? Or is it Pertussis/Whooping Cough?* -Brochure (English), revised 02/2006
- 11-11530A *Is it Just a Cough? Or is it Pertussis/Whooping Cough?* - Brochure (Spanish), revised 02/2006

*Forms and literature updates, continued on page 23*

## ImmTrac Again Plays a Key Role in Back to School Enrollment Rush

**By Karen Gray and Adriana Rhames, ImmTrac Group**

For the second year in a row, statistics demonstrate that ImmTrac, the Texas immunization registry, plays a significant role in the back-to-school student enrollment rush across the state. Realizing the benefits offered by ImmTrac, school nurses, physicians, and other healthcare providers again relied heavily on the Registry for access to and generation of students' immunization records during the 2006 school enrollment period. The new all-time record number of immunization histories generated from ImmTrac during the month of August topped the charts at 63,892. This figure reflects an increase of 87 percent in comparison to the number of ImmTrac-generated histories in August 2005, when the record was set at over 34,000. In comparison to August 2004, this year's back-to-school rush usage statistics reflect an increase of 320 percent.

Currently, ImmTrac stores over 54 million immunization records for more than 5.2 million Texas children. Two

million ImmTrac-participating children are under the age of six years. Statistics indicate ImmTrac users are generating an average of 27,000 immunization history reports per month. Such increases in client participation and usage support the need for a statewide immunization registry and demonstrate that healthcare providers and schools recognize the benefits that ImmTrac

delivers to them and participating Texas families.

"The significant growth in immunization histories generated from ImmTrac is an impressive indicator that ImmTrac users are finding value

**"The significant growth in immunization histories generated from ImmTrac is an impressive indicator that ImmTrac users are finding value in accessing Registry data."**

in accessing Registry data," stated Claude Longoria, Manager of the ImmTrac Group at the Texas Department of State Health Services (DSHS) Immunization Branch.

"Approximately 50 percent of ImmTrac user sites are schools or child-care facilities. ImmTrac offers a great resource for school nurses who are trying to verify their students' immunization status," added Mr. Longoria.

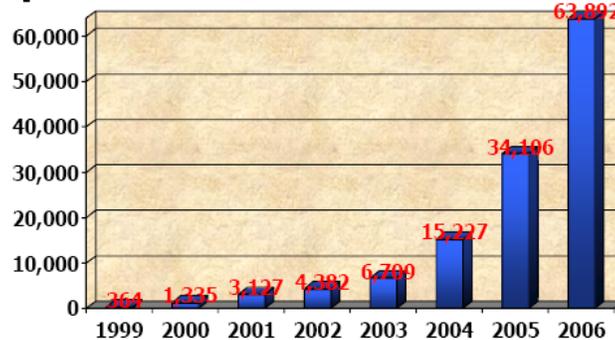
The ImmTrac Registry is designed to consolidate and store immunization records from multiple providers and

## ImmTrac Updates (continued)

other sources for participating children in one central electronic system. A secure and confidential registry, ImmTrac is offered, at no charge by DSHS, to families, healthcare providers, schools, licensed child-care facilities, and other entities specified by Texas law. State law also requires written parental consent for a child's participation in ImmTrac. Consent is required only once

and is valid until the child reaches the age of 18 years or until withdrawn by the parent.

### ImmTrac Back-To-School Rush Immunization Histories Generated Online (August)



ImmTrac offers fast, easy Internet access to clients' immunization histories, enabling physicians and other healthcare providers (licensed to administer vaccines to children) registered to use ImmTrac to

access and assess a child's immunization record prior to administering vaccines. Such authorized users can also generate reminder and recall notices to send to parents informing them of vaccines that are due or overdue.

All healthcare providers who administer vaccines to children are required to report to ImmTrac all vaccines administered to a child within 30 days of administration of the vaccine. "Increasingly, physicians are realizing the benefits of reporting their patients' immunizations to the Registry," said Longoria. "ImmTrac immediately makes the immunization data available to schools and child-care facilities, thus saving time and improving efficiency for everyone."

Health plans and payors are also required report to ImmTrac all immunizations for which a claim has been paid within 30 days of receiving claim information from providers.

For additional information regarding the Texas immunization registry, please visit [www.ImmTrac.com](http://www.ImmTrac.com), or call ImmTrac Customer Support at (800) 348-9158.

## Texas Immunization Stakeholder Working Group Observes Second Year

By Vivian Harris, Service Data and Coordination Group

The Texas Immunization Stakeholder Working Group (TISWG) celebrated its second anniversary on August 17, 2006, in Austin, Texas. Dr. Eduardo Sanchez, Commissioner of Health for the Department of State Health Services (DSHS), addressed the working group and commended them for their diligence and commitment to improving the health status of Texans.

TISWG was formulated in 2004 as a recommendation of various studies and legislation passed by the 78<sup>th</sup> Legislature to increase partnerships across the state to raise vaccine coverage levels and to improve immunization practices for all Texans. Representation from the public, private, and community sectors make up a fraction of the Texas Immunization system, a complex collaboration working to put a comprehensive strategic approach in place. The TISWG has worked tirelessly to explore the challenges and gaps hindering the best delivery of immunization service for Texans. In addition, TISWG has identified some of the underlying root causes of low rates and has offered strategies to the Immunization Branch of the Texas Department of State Health Services to improve coverage levels across the state.

During this past year, TISWG recommendations contributed to the Immunization Branch 2006 strategic plan and recommendations are pending for 2007. The working group has divided into smaller groups to target specific goals identified for immunization delivery improvements. The latest TISWG recommendations tie into the best practices known nationally to raise vaccine coverage levels for both children and adults. They are: to increase partnerships; to promote the use of a medical home for all

### TISWG member organizations include:

- Department of Assistive and Rehabilitative Services, Division of Early Childhood Intervention
- Department State Health Services Family and Community Service Programs
- Health and Human Services Commission - Medicaid
- Health and Human Services Commission - Office of Early Childhood
- National Medical Association Texas Lone Star Chapter
- Parents Requesting Open Vaccine Education (PROVE)
- Texas Association of Local Health Officials
- Texas Hospital Association
- Texas Nurses' Association
- Texas Parent Teacher Association
- Texas Pharmacy Association
- Retired Senior Volunteers
- Invited Subject Matter Experts
- Texas Academy of Family Physicians
- Texas Association Community Health Centers
- Texas Association Obstetricians and Gynecologists
- Texas Association of Health Plans
- Texas Education Agency
- Texas Medical Association
- Texas Osteopathic Medical Association
- Texas Pediatric Society
- Vaccine Manufacturers

## TISWG Observes Second Year (continued)



Participants in the August 17, 2006, TISWG meeting include: **Back row** (left to right): Kurt Stembridge, David Scott, Kyle Ward, Jack Sims, Robin Scott, Jason V. Terk, MD, Barry Lachman, MD, R. Moss Hampton, MD, Neil S. Levy, DO, Claude Longoria, Karen Hess, Tommy Cowen, Sharon Slater, Vivian Harris. **Middle Row:** Dan Walters, Facilitator, Angela Hobbs-Lopez, DO, Kathy Dryer, Anita Freeman, Kathy Griffis-Bailey, Judy Willgren, Kandis Ream, Mary Vinklerek, Susan Griffin, Tim Hawkins, Frankie Milley, Jennifer Banda, Lupe Mandujano Garcia. **Seated:** Marissa Rathbone, Pat Feagin Czepiel, “Berry Bear” Lacey Lewis, Christine Contreras, Stephanie Tabone, Adriana Rhames. **Participants not photographed:** Eduardo Sanchez, MD, Commissioner, Carole Donsbach, María Maldonado, Rob Ripperda, Kim Roberson, Nicole Strawn, Ed Kothera, Clifford Pumphrey, Andria Stricklin.

comprehensive care, including immunizations; the use of reminder recall systems to draw patients back to their physicians to complete each series of recommended childhood vaccinations; the use of immunization registries such as ImmTrac, the statewide registry; and, lastly, to improve parent, public and provider education to keep citizens abreast of new vaccine information. “The commitment of the stakeholders has been tremendous,” says Jack Sims, Immunization Branch manager. They offer the public and parent perspectives on immunization issues, assist with rapid dissemination of information to their constituents and

colleagues, and have developed credible solutions to some of the barriers we have faced in the past. We honor their dedication.

Members of TISWG include representatives from DSHS and other state agencies such as the Department of Assistive and Rehabilitative Services and the Texas Education Agency. Numerous health associations, organizations, and community groups are also represented.

Following a group photo session and a working lunch, the members were each presented with a framed certificate of appreciation. Dr. Sanchez was also presented with a certificate of appreciation for his continued support as a friend to immunizations for the past five years. For more information visit us on-line at: <http://www.dshs.state.tx.us/immunize/partners/tiswg.shtm>. 

# North Texas Partners Join for Immunization Campaign: Immunize for Healthy Lives 2006

Information contributed by Sonna Sanders, Health Service Region 2/3, Marilyn Self, Immunize Kids! Dallas Area Partnerships, and Beltera Atwaters, Moroch

**Immunize for Healthy Lives**  
**Vacúnalos para Una Vida Sana**

Birth	2 Months	4 Months	6 Months	12 Months	2 Years	4-6 Years
DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
Polio	Polio	Polio	Polio	Polio	Polio	Polio
MM	MM	MM	MM	MM	MM	MM
MM2	MM2	MM2	MM2	MM2	MM2	MM2
MM3	MM3	MM3	MM3	MM3	MM3	MM3
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**National Infant Immunization Week**  
April 22 - 29, 2006

For more information, contact your healthcare provider or your local health department.

Collin County Health Care: 972.993.8132  
Dallas County Health and Human Services: 214.804.4001  
Denton County Health Department: 940.385.2900  
Tarrant County Health Department: 817.335.4449

**Protect your "small fries"...**  
**Immunize for Healthy Lives.**

School's just around the corner so stay on schedule and be sure don't forget to have your child immunized! Proper and timely immunizations are the best way to protect children against serious childhood diseases. Check with your healthcare provider or local health department for more information on the proper immunization schedule.

Las clases están a la vuelta de la esquina. Así que sigue tu itinerario de inmunización y sé puntual para evitar vacunar a tu niño. La mejor manera de proteger a tu niño de enfermedades de la niñez sería su posibilidad de vacunas correspondientes en el momento justo. Consulta con tu proveedor de servicios de salud o tu departamento de salud local para más información sobre los itinerarios de inmunización correspondientes.

Birth	2 Months	4 Months	6 Months	12 Months	4-6 Years
DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
Polio	Polio	Polio	Polio	Polio	Polio
MM	MM	MM	MM	MM	MM
MM2	MM2	MM2	MM2	MM2	MM2
MM3	MM3	MM3	MM3	MM3	MM3
MM4	MM4	MM4	MM4	MM4	MM4
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MM11	MM11	MM11	MM11	MM11	MM11
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MM49	MM49	MM49	MM49	MM49	MM49
MM50	MM50	MM50	MM50	MM50	MM50

**Dallas County Health and Human Services: 214-819-2183**  
Web Sites: [www.dallascounty.org](http://www.dallascounty.org)  
[www.ccd.org/immunize.htm](http://www.ccd.org/immunize.htm)  
For additional information: Call 2-1-1

Each year, many children miss the first day of school because they do not have the immunizations needed to enter a particular grade. That's why the local McDonald's franchises initiated this effort to remind parents to immunize their children on schedule as the best protection against dangerous childhood diseases through the "Immunize for Healthy Lives" program. The goal of the campaign is to increase the rates of childhood immunizations to fight vaccine preventable diseases.

"Immunize for Healthy Lives" is an immunization education program designed to educate parents on the importance of timely and proper vaccinations for children. This is a program of Ronald McDonald House Charities (RMHC) in partnership

with the American Academy of Pediatrics (AAP). This year marks the second year the campaign has been conducted in North Texas by Ronald McDonald House Charities of Greater North Texas.

Local campaign partners are North Texas area McDonald's restaurants and local health partners, including four local North Texas county health departments – Collin County, Dallas County, Denton County and Tarrant County and two local immunization organizations – the Immunize Kids! Dallas Area Partnership and the Immunization Collaboration of Tarrant County.

*Immunize for Healthy Lives campaign, continued on page 17*

## 2006 Pertussis Campaign in Full Swing

**By: Alma Lydia Thompson, Public Information, Education, and Training Group**

In August, the Department of State Health Services (DSHS) Immunization Branch launched an aggressive pertussis awareness and prevention campaign to combat the rising number of pertussis cases in Texas.

DSHS reported more than 2,000 pertussis cases in the state in 2005, including nine deaths. Eight of those who died were infants younger than three months. DSHS designed the campaign to educate persons, primarily mothers, on how to prevent pertussis, especially for infants who are most vulnerable since they are too young to be fully vaccinated.

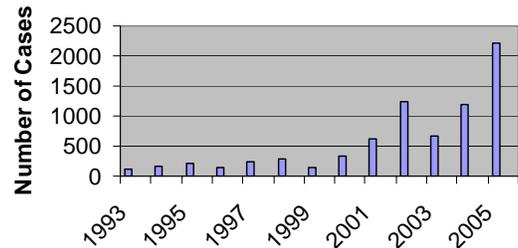
The campaign reminded parents of the critical importance of having their children complete the diphtheria, tetanus, acellular pertussis (DTaP) vaccine series at the recommended ages, starting at two months. The campaign also stressed the new tetanus, diphtheria, and acellular pertussis (Tdap) vaccine for older children, teens, and adults, ages 10-64, which was licensed in 2005. DSHS contracted with Sherry Matthews Advocacy Marketing to develop the campaign's creative strategy to deliver the message effectively.



Still frame from creative television advertisement, "Pass it On"

media markets. DSHS staff strategically chose these markets, based on epidemiological surveillance reports, due to the high number of cases in

**Pertussis Trends 1993-2006**



(Source: DSHS Infectious Disease Control Unit)

children, teens, and adults, ages 10-64, which was licensed in 2005. DSHS contracted with Sherry Matthews Advocacy Marketing to develop the campaign's creative strategy to deliver the message effectively.

### Paid advertisements

The campaign included English- and Spanish-language TV and radio ads, which aired August 21 – October 1 in the Austin, Amarillo, Dallas/Ft. Worth, El Paso, Houston, San Antonio, Rio Grande Valley, and Waco/Killeen

## Pertussis Media Campaign (continued)

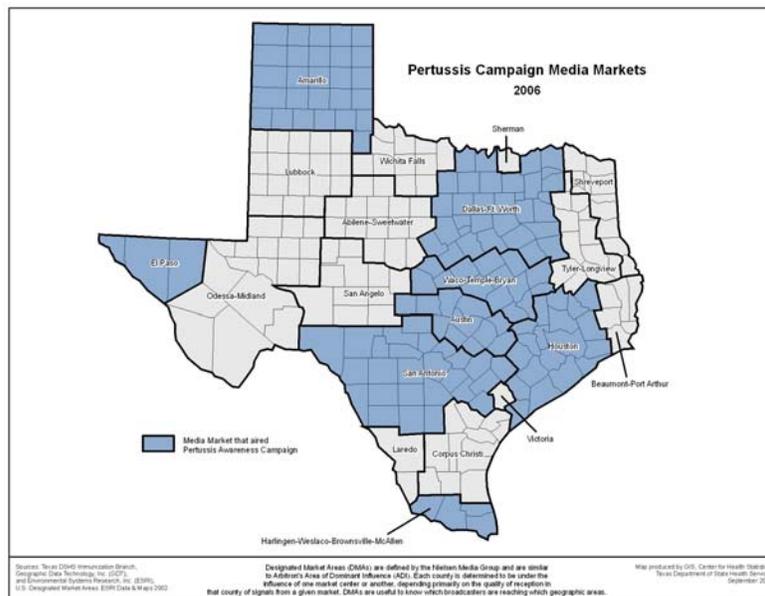
these areas. TV and radio programming was selected to target women, ages 18-34, with infants.

As part of the overall pertussis campaign, advertisements were placed in professional magazines for

state and to raise awareness of the disease.

The Associated Press (AP) Wire Service picked up the news release, which resulted in more than 28 media outlets providing news reports about

the DSHS pertussis campaign, including the *Austin American-Statesman*, KEYE-TV in Austin, KXAN-TV in Austin, KUT-radio in Austin, News8 in Austin, *Univision* in Austin, the *Dallas Morning News*, *Univision* in Dallas, WOAI-



physicians, urging vaccinations against pertussis for all patients and office staff. Paid advertisements also will appear this fall in several family and parenting magazines in Austin, Dallas, and Houston.

### Media and publicity

The DSHS staff also worked closely with the media to deliver this important health message to families. DSHS issued a press release on August 21 to announce the rise of pertussis cases in the

TV in San Antonio, KENS-TV in San Antonio, the *San Antonio Express News*, and the *Waco Tribune-Herald*. These news outlets included Web coverage for several days as well. DSHS also received more than 26 radio talk show and local TV network affiliate talk show requests across the state.

Added value opportunities with radio stations included live station reads on all radio stations as available, distribution of educational literature at appropriate station remotes, special

## Pertussis Media Campaign (continued)

events promotions, and Web banner links to the DSHS Immunization Branch Web site.

### Grassroots outreach

DSHS distributed an English- and Spanish-language flyer to families through the public high schools and middle schools, encouraging parents to have their families vaccinated.

These fliers also were distributed in the 3,500

conference bags at the Texas

Benefits Event at the Austin Convention Center held August 26.

DSHS also designed and distributed an English-

and a Spanish-language poster to all licensed daycare centers, a distribution of approximately 17,000. The poster, targeted at parents, urged pertussis prevention efforts to protect infants, including getting the entire family vaccinated, keeping children from coughing persons, and avoiding crowded areas with their babies.

Other grassroots publicity and outreach were done as collaborations with various healthcare-related associations,

including e-mail notices, Web links from their Web sites to the DSHS Immunization Branch Web site, and articles in their fall newsletters.

### Campaign evaluation

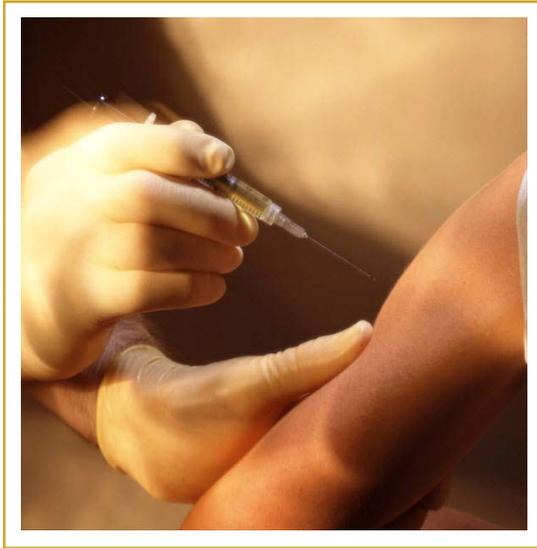
DSHS Immunizations Branch contracted with SUMA/Orchard Social Marketing to conduct a random-digit-dial pre- and post-wave survey of 1,600 households in

two markets, Central Texas and the Rio Grande Valley. The survey will be used to determine a change in pertussis awareness levels and an understanding

of the importance of immunizations for pertussis before and after the campaign in those areas. DSHS expects to receive a survey report detailing the campaign effectiveness in these markets in mid-November.

For more information about the media campaign, contact Alma Thompson at 800-252-9152. For more information about the pertussis disease, contact Rita Espinoza at the Infectious Disease Control Unit at 512-458-7676, extension 6335. 





MMWR. September 22, 2006.

### **Inadvertent Misadministration of Meningococcal Conjugate Vaccine-United States, June-August 2005**

During June-August 2005, Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration were notified of seven clusters of inadvertent subcutaneous (SC) misadministration of the new meningococcal conjugate vaccine (MCV4, Menactra®), which is licensed for intramuscular (IM) administration only. A total of 101

persons in seven states were reported to have received MCV4 by the SC route. Of these, 100 were contacted by their healthcare providers and advised of the administration error. CDC conducted an investigation to determine whether SC administration of MCV4 resulted in a protective immunologic response. This report describes the results of that investigation, which indicated that, despite the misadministration, persons vaccinated by the SC route were sufficiently protected and that revaccination was not necessary. To access the online version of the article, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5537a2.htm>. 

Public Library of Science. October 2006.

### **Empirical Evidence for the Effect of Airline Travel on Inter-Regional Influenza Spread in the United States**

The influence of air travel on influenza spread has been the subject of numerous investigations using simulation, but very little empirical evidence has been provided. Understanding the role of airline travel in large-scale influenza spread is especially important given the mounting threat of an influenza pandemic. Several recent simulation studies have concluded that air travel restrictions may not have a significant impact on the course of a

## Immunization News Briefs (continued)

pandemic. Here, the authors assessed with empirical data the role of airline volume on the yearly inter-regional spread of influenza in the United States.

The authors provided the first empirical evidence for the role of airline travel in long-range dissemination of influenza. The results suggest an important influence of international air travel on the timing of influenza introduction, as well as an influence of domestic air travel on the rate of inter-regional influenza spread in the United States. Pandemic preparedness strategies should account for a possible benefit of airline travel restrictions on influenza spread. To view the article online, go to: <<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030401>>

*Immunize Healthy Lives campaign, continued from page 10*

The two campaign timeframes included April 2006 (National Infant Immunization Month) and July 15 – August 15, 2006 (back to school).

The North Texas outreach effort included distributing printed materials in more than 200 McDonald's restaurants. A total of 700,000 tray liners were distributed between July 15 and August 15th. The tray liners provided the 2006 immunization schedule and contact information to help promote each of the six participating health organizations' back-to-school immunization efforts. In addition, healthcare partners also distributed McDonald's coupons for free a reduced-fat cone and campaign fliers to children who received immunizations at various community immunization events and clinics.

McDonald's also provided radio remotes by popular radio stations at select immunization events. Television Public Service Announcements (PSA) were produced by McDonald's and logo media partners NBC5 and Telemundo. PSA were also produced by Dallas/Fort Worth radio media partners, which included MIX 102.9 FM, KISS 106.1 FM, 99.5 The Wolf, and Univision 1270 AM.

For more information, contact Marilyn Self, *Immunize Kids!* Dallas Area Partnership, at 214-954-421, or Sonna Sanders, DSHS, at 806-767-0417.

# Behavioral Risk Factor Surveillance System

## 2005 Results for Immunization Rates Among Texas Seniors

**By Sharon Slater, CDC Advisor**

The Behavioral Risk Factor Surveillance System (BRFSS) has released the new, 2005 immunization rates for influenza and pneumococcal vaccination among older adults. Among Texans 65 years of age and older, 62 percent reported having had a flu shot within the past year, and 62 percent also reported ever having had pneumococcal vaccination.

The world's largest, on-going telephone health survey, the BRFSS is conducted by state health departments, with support from the Centers for Disease Control and Prevention, and provides state-specific information about top health concerns such as asthma, diabetes, hypertension, obesity, nutrition and immunization. Health officials and researchers use this information to track health risks, identify emerging problems, prevent disease, and improve treatment.

Texas' rates for influenza and pneumococcal immunization improved dramatically after 2001 and have remained level for the last several years, as the following chart illustrates:

### 1998 – 2005 Influenza and Pneumococcal Immunization Rates, Age 65+

	1998	1999	2000	2001	2002	2003	2004	2005
Influenza <sup>1</sup>	31%	31%	ND	30%	61%	68%	67%	62%
Pneumococcal <sup>2</sup>	17%	17%	ND	21%	57%	62%	61%	62%

<sup>1</sup>Adults aged 65+ who "have had a flu shot within the past year"

<sup>2</sup>Adults aged 65+ who "have ever had a pneumonia vaccination"

Reference: CDC BRFSS Website <http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2005&state=TX#XX>

Gains made in 2002 and 2003 were largely maintained during the flu vaccine shortages in 2004 and 2005, a reflection of the medical community's collective effort to make certain that those at high-risk were vaccinated first, including seniors. This suggests that if the 2006 season supply remains undisrupted, then higher coverage rates may be possible this year. Although the 2005 influenza rate appears to have fallen slightly from 2004, because BRFSS rates are accurate plus or minus five percent, and the range of the two rates overlap, the apparent drop may be a function of the statistical methodology used.

Data on seniors is also available for four metropolitan areas, detailed below. San Antonio had exceptionally high coverage rates for influenza immunization coverage this year.

## BRFSS (continued)

### 2005 Influenza and Pneumococcal Immunization Rates, Age 65+ By Metropolitan Statistical Area

Metropolitan Statistical Area	Influenza <sup>1</sup>	Pneumococcal <sup>2</sup>
San Antonio	69%	65%
Houston-Sugarland-Baytown	64%	62%
El Paso	60%	60%
Dallas-Plano-Irving	58%	ND

<sup>1</sup>Adults aged 65+ who "have had a flu shot within the past year"

<sup>2</sup>Adults aged 65+ who "have ever had a pneumonia vaccination"

Reference: BRFSS SMART Website <http://www.cdc.gov/brfss/smart/faqs.htm>

A detailed breakout is provided below that compares rates in Texas to the national rates by gender, subgroups by age, ethnicity, income, and education. The data shows that in Texas, as in the nation, disparities remained. While Texas is very similar to the national profile on most parameters, the rates for those earning less than \$15,000 per year and with less than high school education were significantly lower in Texas than the nation as a whole.

### 2005 Influenza and Pneumococcal Immunization Rates- Detailed Breakout

	Influenza <sup>1</sup>		Pneumococcal <sup>2</sup>	
	Texas	US	Texas	US
Total				
Adults Age 65+	62	66	62	66
Gender				
Male	61	66	58	64
Female	62	64	65	67
Age				
65-74	54	59	55	59
75+	71	72	70	74
Ethnicity				
White	66	68	68	68
Hispanic	50	47	41	42
Income				
Less than \$15,000	54	61	51	64
\$15,000 – 24,999	65	65	67	67
\$25,000 – 34,999	63	69	69	70
\$35,000 – 49,999	66	70	73	69
\$50,000+	64	68	60	65
Education				
Less than high school	52	62	49	62
HS or GED	61	65	64	66
Some post HS	64	67	70	69
College graduate	70	70	65	67

More information on data collection methodology and the nature of the survey is available on the BRFSS website, <http://www.cdc.gov/brfss>.<sup>3</sup>

## Online Resources for Providers and Clients

Here is a listing of some of the many useful websites that provide information about vaccines and other related health topics.

### ☞ Hepatitis information:

#### **Ask the Experts: Hepatitis B.**

Read the recently revised, updated, and reformatted questions on hepatitis B available in the Immunization Action Coalition website at <http://www.immunize.org/catg.d/p2021b.htm>. The information in this revised section has been reviewed by the Centers for Disease Control and Prevention for accuracy and will be reviewed and updated every six months.

**Medscape's Hepatitis C Resource Center** is a collection of the latest medical news and clinical information on this disease entity, with an emphasis on approach to management. <http://www.medscape.com/resource/hepc>.

### ☞ Cultural and Ethnic Diversity in Health:

**Medscape's Diversity Resource Center** examines the ways in which sex and gender, race and ethnicity, culture and religion, socioeconomic status, and physical or mental disability affect health and illness and the access to and delivery of healthcare and its quality. <http://www.medscape.com/resource/healthdiverse>.

**Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services.** This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic cultural competence in health, mental health, and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values, and practices which foster cultural and linguistic competence at the individual or practitioner level. [http://www.qualitytools.ahrq.gov/summary/summary.aspx?view\\_id=1&doc\\_id=9412](http://www.qualitytools.ahrq.gov/summary/summary.aspx?view_id=1&doc_id=9412).



## Online Resources (continued)

### 🌀 Women and Adult Immunization Issues:

The August 2006 issue of **Vaccinate Women** is now available on the Immunization Action Coalition website. This publication is filled with reliable, practical information intended to assist obstetricians and gynecologists in providing immunization services in their healthcare settings.

It includes a section with frequently asked questions answered by experts from the Centers for Disease Control and Prevention.

A “Summary of Recommendations for Adult Immunization” condenses recommendations into a three-page chart. It was revised in July to add information about the new vaccines to protect against human papillomavirus (HPV) and herpes zoster.

Revised in July, the two-page checklist “Screening Questionnaire for Adult Immunization” now has updated information on the following vaccines: MMR, varicella, nasal-spray influenza (LAIV), and Tdap.

A one-page piece “How to Administer IM and SC Injections to Adults” was revised in July to add information about administering the new vaccines to protect against human papillomavirus (HPV) and herpes zoster (shingles).

To view the complete table of contents with links to individual articles, go to: <http://www.immunize.org/vw>.

### 🌀 Department of State Health Services Immunization Branch:

**For the Record...** is the newsletter for users of ImmTrac, the Texas immunization registry. The newsletter is available at [http://www.dshs.state.tx.us/immunize/docs/ptr\\_current.pdf](http://www.dshs.state.tx.us/immunize/docs/ptr_current.pdf).

### 🌀 Influenza immunization in the work place:

The **2006 Massachusetts Medical Society Employee Flu Immunization Campaign Kit** is designed to help hospitals, nursing homes, and other health care settings protect staff and patients from influenza by increasing health care worker immunization rates. Go to the website, go to: <http://www.massmed.org/AM/Template.cfm?Section=Flu&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=11884>

The **National Influenza Vaccine Summit Health Care Worker Influenza Immunization Home Page**. This web site provides a one-stop location for links to different tools that have been created to help facilitate influenza immunization of health care workers. To access the home page, go to: <http://www.ama-assn.org/ama/pub/category/16633.html>

# Status of Licensure and Recommendations for New Vaccines

Vaccine	Manufacturer	BLA submitted to FDA	BLA age indications*	FDA licensure	Status of AAP/CDC recommendations***
MCV4 (Menactra®)	sanofi pasteur	Dec-2003	11-55 years of age	Licensed 14-Jan-05	<a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;116/2/496">AAP:</a> <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm</a>
		Supplement to original BLA March 2005	2-10 years of age	To be reviewed	Pending FDA licensure
Varicella virus second dose (Varivax®)	Merck	Supplement to original BLA: second dose	children 12 months to 12 years of age (3 month minimum interval)	Licensed 5-Apr-05	<a href="http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf">ACIP: www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf</a> AAP Recommendation: Pending
Tdap (BOOSTRIX®)	GlaxoSmithKline (GSK)	Jul-2004	10-18 years of age	Licensed 3-May-05	<a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;117/3/965">AAP:</a> <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm</a>
Tdap (ADACEL™)	sanofi pasteur	Aug-2004	11-64 years of age	Licensed 10-Jun-05	<a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;117/3/965">AAP:</a> <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm">CDC Adolescent: www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm</a> <a href="http://www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf">ACIP Adult: www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf</a> <a href="http://www.cdc.gov/nip/recs/provisional_recs/tdap-preg.pdf">ACIP in Pregnancy: cdc.gov/nip/recs/provisional_recs/tdap-preg.pdf</a>
MMRV (ProQuad®)	Merck	Aug-2004	Same as for MMR dose 1 or dose 2; 12 months to 12 years	Licensed 6-Sep-05	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5447a4.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/mm5447a4.htm</a>
Hepatitis A (VAQTA®)	Merck	Supplement to original BLA	greater than or equal to 12 months	Licensed 15-Aug-05	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm</a> AAP Recommendation: Pending
Hepatitis A (HAVRIX®)	GlaxoSmithKline (GSK)	Supplement to original BLA	greater than or equal to 12 months	Licensed 18-Oct-05	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm</a> AAP Recommendation: Pending
Rotavirus (ROTATEQ®)	Merck	Apr-2005	2, 4, and 6 months of age	Licensed 3-Feb-06	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm">CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm</a> AAP Recommendation: Pending
Herpes zoster vaccine (ZOSTAVAX®)	Merck	Apr-2005	Greater than or equal to 60 years	Licensed 25-May-06	ACIP Recommendation: Pending
Influenza (FLUARIX™)	GlaxoSmithKline (GSK)	May-2005	18 years of age and older	Licensed 31-Aug-05	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm">ACIP: www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm</a>
Influenza (FluLaval™)	GlaxoSmithKline (GSK)	Mar-2006	18 years of age and older	Licensed 5-Oct-06	Pending review
HPV (GARDASIL®)	Merck	Dec-2005	9-26 years of age (3 doses)	Licensed 8-Jun-06	<a href="http://www.cdc.gov/nip/recs/provisional_recs/hpv.pdf">ACIP: cdc.gov/nip/recs/provisional_recs/hpv.pdf</a> AAP Recommendations: Pending
HPV (Cervarix™)	GlaxoSmithKline (GSK)	Last quarter 2006	Pending submission	Pending BLA submission	Pending FDA licensure
Hib/DTaP/IPV (PENTACEL™)	sanofi pasteur	Jul-2005	2, 4, 6, and 15 to 18 months	To be reviewed	Pending FDA licensure

Table updated 10/17/06. For an updated list, go to: <http://aapredbook.aapublications.org/news/yaccstatus.shtml>

BLA = biologics license application, VRBPAC = Vaccines and Related Biological Products Advisory Committee, FDA = Food and Drug Administration  
 AAP = American Academy of Pediatrics, ACIP = Advisory Committee on Immunization Practices, MCV4 = Meningococcal conjugate vaccine  
 MMRV = measles, mumps, rubella, varicella, Tdap = Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, adsorbed  
 HPV = human papillomavirus vaccine, Hib = Haemophilus influenzae b, DTaP = Diphtheria, Tetanus and Pertussis, IPV = Inactivated Poliovirus Vaccine,  
 CAIV-T = Cold adapted influenza vaccine-trivalent

\* information from vaccine manufacturers, from ACIP meetings and from AAP

\*\* age licensure can change following FDA review; not final until package insert approved

\*\*\* ACIP recommendations do not become official until approved by the CDC Director and Department of HHS and publication in MMWR

## Literature and Forms Updates (continued from page 5)

- 11-11531P *Is it just a cough? Or is it pertussis/whooping cough?* -Poster (Bilingual), revised 02/2006
- 11-11699P *Anyone Can Get Pertussis*-Poster (Bilingual), revised 02/2006
- 11-11700 *Anyone Can Get Pertussis* -Brochure (English), revised 02/2006
- 11-11700A *Anyone Can Get Pertussis*-Brochure (Spanish), revised 02/2006
- C-7 *ImmTrac-Immunization Registry Consent Form*, revised 06/15/2006
- C-9 *Documenting History of Illness:Varicella (Chickenpox)*, revised 04/2006
- C-10 *Texas VFC-Patient Eligibility Screening Form* (Bilingual) revised 04/2006
- C-11 *School/Daycare Immunization Record Card*, revised 04/2006
- C-63 *Clinic Delinquent Reminder Card* (Non Postage) (Bilingual), revised 06/2006
- C-76 *Vaccine Adverse Event Reporting System (VAERS)* form, revised 06/2006
- C-100 *Vaccine Information Documentation Form*, revised 02/2006
- C-102 *Personal Immunization Record Card*, revised 02/2006
- C-95 *Hepatitis A Vaccine-What you need to know* VIS in English, revised 03/21/2006
- C-93 *Inactivated Influenza Vaccine-What you need to know* VIS in English, revised 06/30/2006
- C-87 *Live, Intranasal Influenza Vaccine-What you need to know* VIS in English, revised 06/30/2006

These can be order through the Immunization Branch website by going to: <http://www.dshs.state.tx.us/immunize/literature/litlist.shtm> or by calling (512) 458-7111, extension 6530. 

### **New Influenza Supply Q&As:**

CDC has developed two sets of influenza questions and answers (Q&As) to assist healthcare professionals and consumers with planning for the upcoming influenza season. The first set of Q&As provides information about vaccine supply for the 2006-07 influenza season and can be found at [www.cdc.gov/flu/about/qa/vaxprioritygroups.htm](http://www.cdc.gov/flu/about/qa/vaxprioritygroups.htm). The second set of Q&As provides general information about influenza vaccine production, supply, and distribution in the United States and can be found at [www.cdc.gov/flu/about/qa/vaxsupply.htm](http://www.cdc.gov/flu/about/qa/vaxsupply.htm).

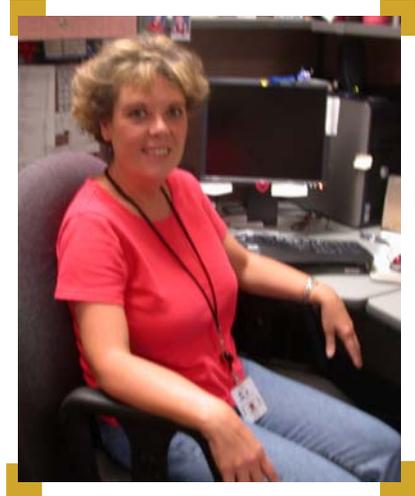
## New Employee Corner

**Diane Garza,**  
Pharmacy

Diane Garza joined DSHS as a Pharmacy Technician. She tells us: “We handle and process medications, biologicals, and medical supplies for over 4,500 clinics and public health locations statewide.

I have worked for a private pharmacy as a certified technician for 11 years.

I have two boys and love spending time with my granddaughter. I am learning the Vietnamese language. I like to read and learn new things. I love the beach and go as often as I can.”



**Elveta Wright,**  
Pharmacy

Elveta Wright tells us: “I work in the pharmacy warehouse in a fast-paced environment, receiving, storing, packaging, and shipping medications and supplies for clinics and public health locations statewide.

I have been married for 33 years and have two daughters and two grand kids. I retired from State service in 2003, after 30 years of service. I then worked for the Pharmacy warehouse temporarily for a year and became a permanent employee in June of this year. My hobbies are reading, sewing, traveling, and learning something new every day.”



## New Employee Corner (continued)

**Angie Hawkins,**  
Disease Prevention and Intervention



Hello! My name is Angie Hawkins and I'm the Administrative Assistant and travel coordinator for Disease Prevention and Intervention. I was in the US Navy and am a graduate from Louisiana State University with a BA in Anthropology, married, and have two cats and a puppy. We moved from Baton Rouge and we have lived in Austin for a little over a year and we really love it as our new home. It's a pleasure to work for DSHS and I look forward to meeting new people here.

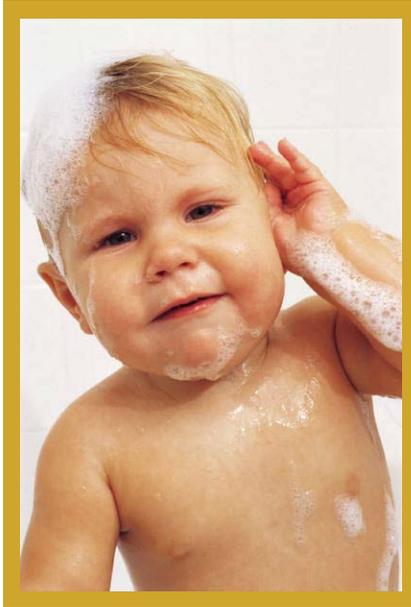
**Christine Robinson,**  
ImmTrac

My name is Christine Robinson, although most people call me Chris. I am a Public Health Technician for the Records Management Team of the ImmTrac.



I began working with the ImmTrac Group on February 1, 2006, on a temporary assignment. I gained valuable work experience during that time and later applied for a vacant position and was hired, beginning August 1, 2006. My job duties include screening and processing of ImmTrac consent forms for Registry participation, responding to immunization history requests for "walk-in clients," and performing other records management duties as needed.

I grew up in Maryland but Texas is now my home. I love living here in Austin, and I do not plan on leaving. I have two children who are both beautiful and smart. Veronica, age 8, and Robert, age 5. I have shared the past two years of my life with my husband, Frank, and my new kitten, Black Beard. I really do enjoy my work and I am thankful for the opportunity to work with the wonderful people of the ImmTrac Group.



## We are listening.

Send us your comments, topic requests, and suggestions. We want to make the *UpShot Online* your practical, useful resource for immunization information and news. See below for our contact information.

The *UpShot Online* is published quarterly by the Texas Department of State Health Services Immunization Branch. To submit your comments and suggestions or to be notified by e-mail when the next issue is posted, please contact [Maria.Maldonado@dshs.state.tx.us](mailto:Maria.Maldonado@dshs.state.tx.us). For instructions on how to submit articles, please call (512) 458-7111, extension 2194.



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