



## RESULTS OF THE 2010 NATIONAL IMMUNIZATION SURVEY

The 2010 National Immunization Survey of more than 17,000 households looked at children born between January 2007 and July 2009. Compared with the previous year, vaccine coverage increased for many vaccine-preventable diseases, including measles, mumps and rubella, rotavirus, pneumococcal disease, and hepatitis A.

Immunization with the primary series of *Haemophilus influenzae* type B (HIB) vaccine remained stable at 92.2%, indicating that during the shortage of Hib vaccine, providers were able to comply with the interim recommendations to defer the booster dose but continue to vaccinate children with the primary series. Results from the survey also indicated that vaccination coverage rates against poliovirus, Varicella (chickenpox) and the full series of hepatitis B remained stable at or above 90 percent.

For the complete coverage of the NIS results, please go to:  
<http://www.cdc.gov/mmwr/>

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## NATIONAL INFLUENZA VACCINATION WEEK

The week of December 4-10, 2011 has been set aside as National Influenza Vaccination (NIVW) Week. NIVW has been established to highlight the importance of continuing influenza (flu) vaccination after the holiday season into January 2012 and beyond.

Source: <http://www.cdc.gov/flu/NIVW/index.htm>





## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

### REGION 2/3 ARLINGTON

#### **DIRECTLY OBSERVED THERAPY (DOT) PROGRAM NEEDS YOU!**

**I**n the State of Texas, patients with active tuberculosis (TB) disease are administered tuberculosis medications per the Texas Department of State Health Services recommended method of Directly Observed Therapy or DOT.

This process is carried out by an individual DOT Provider who pre-arranges with the patient an appointed time and place to administer/take prescribed medications. This may include the patient's home, work or other designated location. DOT is important to prevent the development of drug resistant tuberculosis.

DOT services can be provided by anyone who has been properly trained, observed, and documented as having a clear understanding of the DOT process. No experience is necessary; however, a high school diploma or GED is required.

DOT providers are paid monthly at a rate of \$20.00-\$40.00 per successful DOT visit.

If you would like to join a team of doctors, nurses, and other public health workers, working to control and eliminate tuberculosis in your community, or if you would just like more information on the program, please call Beth Portillo in the regional TB Program at 817-264-4892.

For application materials, go to: [http://esbd.cpa.state.tx.us/bid\\_show.cfm?bidid=93361](http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=93361).



For more information of what DOT is, go to:

<http://www.cdc.gov/tb/education/ssmodules/module9/ss9reading2.htm>.



# Hepatitis B Claims A Million Lives Every Year

There are 370 million people worldwide chronically infected with Hepatitis B, the leading cause of liver disease. The majority of those with chronic infection acquired it from mother-to-child transmission at birth or during early childhood. A million people die from this disease every year, but it is entirely preventable through vaccinations and protective shots given at birth. Children have a 90% chance of

becoming chronic carriers if infected at the time of birth and a 30% chance of becoming chronic carriers if infected between 12 months and 5 years of age. If given within the first 12 hours of birth, the protective efficacy of the Hepatitis B immunoglobulin (HGBIG) in preventing mother-to-child transmission ranges from 80% to 95%. There is no cure for Hepatitis B, but there is treatment.

The Hepatitis B Moms Organization has developed a 30 second video which is intended for pregnant women, healthcare providers and everyone who is concerned about Hepatitis B. To watch the video or learn more about Hepatitis B go to: <http://www.hepbmoms.org/>



## IMMUNIZATION INFORMATION AND RESOURCES

**Standing Orders for Administering Vaccines to Children, Teens, and Adults** are free and easily accessible for downloading from the Immunization Action Coalition at: [www.immunize.org](http://www.immunize.org).

**Epidemiology & Prevention of Vaccine-Preventable Diseases** is a comprehensive overview of the principles of vaccination, general recommendations, and immunization strategies for providers, and specific information about vaccine-preventable diseases and the vaccines that prevent them. A DVD is available to order free of charge at: <http://wwwn.cdc.gov/pubs/ncird.aspx>.

**Texas Vaccine Education Online**, developed by the Immunization Branch of the Department of State Health Services, provides short online courses on topics related to vaccines. Each course is designed for a specific audience, such as health care providers, school personnel, parents, and local health departments. These courses are free and can be accessed at: <http://www.vaccineeducationonline.org/>

**Cocooning Infants: The Role of the Pediatric Office in Pertussis Prevention**, is a program which will provide a step-by-step guide to implementing cocooning programs in pediatric office settings and will be directed to physicians, nurses, and the entire staff. This webcast focuses on cocooning as it relates to pertussis and the role that pediatric caregivers can play in efforts to protect infants from that disease. For additional details about this program please visit: <http://cocooning.oct2011.prihcs.com>

**Cocooning Kit:** A free kit for physicians is now available free from the Texas Department of State Health Services. To order, go to <https://secure.immunizetexasorderform.com/default.asp>





## QUESTIONS FROM THE FIELD

**What are the recommendations for use of Tdap, including those issued by the Advisory Committee on Immunization Practices (ACIP) at its October 2010 and February 2011 meetings?**

In response to an increased incidence of pertussis in the United States, ACIP voted on several new recommendations for the use of Tdap vaccine. The complete recommendations follow.

- Tdap can be given regardless of the interval since the last Td was given. There is NO need to wait 2-5 years to administer Tdap following a dose of Td.
- Adolescents should receive a one-time dose of Tdap (instead of the Td) at the 11-12 year-old visit.
- Adolescents and adults younger than age 65 years who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible. (As stated above, Tdap can be administered regardless of interval since the previous Td dose).
- Adults age 65 years and older who have not previously received a dose of Tdap, and who have or anticipate having close contact with children younger than 12 months (e.g. grandparents, other relatives, child care providers), should receive a one-time dose to protect infants. (As stated above, Tdap can be administered regardless of interval since the previous Td dose).
- Other adults 65 years and older who are not in contact with an infant, and who have not previously received a dose of Tdap, may receive a single dose of Tdap in place of Td
- Children ages 7-10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their seventh birthday) should receive a one time dose of Tdap.
- All healthcare workers, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since the last dose of Td.

Source: [http://www.immunize.org/askexperts/experts\\_tet.asp](http://www.immunize.org/askexperts/experts_tet.asp)



### CURRENT VACCINE INFORMATION STATEMENT (VIS) DATES

<b>DTaP/DT</b>	<b>05/17/07</b>
<b>Hepatitis A</b>	<b>03/21/06</b>
<b>Hepatitis B</b>	<b>07/18/07</b>
<b>Hib</b>	<b>12/16/98</b>
<b>HPV</b>	<b>05/03/11</b>
<b>Influenza (LAIV)</b>	<b>07/26/11</b>
<b>Influenza (TIV)</b>	<b>07/26/11</b>
<b>Meningococcal</b>	<b>01/28/08</b>
<b>MMR</b>	<b>03/13/08</b>
<b>Multi-vaccine</b>	<b>09/18/08</b>
<b>PCV13</b>	<b>04/06/10</b>
<b>PPSV</b>	<b>10/06/09</b>
<b>Polio</b>	<b>01/01/00</b>
<b>Rotavirus</b>	<b>12/06/10</b>
<b>Shingles</b>	<b>10/06/09</b>
<b>Td &amp; Tdap</b>	<b>11/18/08</b>
<b>Varicella</b>	<b>03/13/08</b>

### **USE OF VIS IS MANDATORY!**

**According to the Centers for Disease Control, every time one of these vaccines is given – regardless of what combination vaccine it is given in – regardless of whether it is given by a public health clinic or a private provider – regardless of how the vaccine was purchased – and regardless of the age of the recipient – the appropriate VIS must be given out prior to the vaccination.**

Source: [www.cdc.gov/vaccines/pubs/vis/vis-facts.htm](http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm)

Source:  
[www.immunize.org/catg.d/p2027.pdf](http://www.immunize.org/catg.d/p2027.pdf)



## INFLUENZA: What you should know...

Influenza is a highly contagious virus that infects the nose, throat, windpipe and lungs. The virus is spread from one person to another by coughing, sneezing or talking. Infections usually occur between October and April of each year with the peak season typically occurring in late January or February.

The most common symptoms of influenza include fever, chills, muscle aches, congestion, cough, runny nose and difficulty breathing. Other viruses can mimic influenza; however, influenza virus is the most common cause of severe, fatal pneumonia.

The influenza vaccine is recommended for everyone 6 months of age and older. Children under the age of 9 who have never received an influenza vaccine require two doses. Because there is no change in the 2011-2012 vaccine formulation recommendations have been updated to reflect that children under the age of 9 years who were immunized for the first time last year and only received the first dose do not need two doses this year.

The new recommendations also include individuals with egg allergies; studies suggest that vaccination is safe for all but those that have the most severe reactions (anaphylaxis). Patients who experience only hives after exposure to egg may receive the influenza vaccine, however, it is recommended that these individuals receive only inactivated vaccine and that they be closely observed for 30 minutes after administration to ensure the patient has no reaction.

Influenza vaccine is available in two different formulations; the “inactivated” influenza vaccine is made by taking influenza viruses, growing them in eggs, purifying them and completely inactivating them with the chemical formaldehyde. This vaccine is given as a shot.

The “live, weakened” influenza vaccine (FluMist) is made so that it cannot grow in the lungs. However, because the weakened viruses can grow in the lining of the nose, they induce an excellent protective immune response. FluMist is also made by growing the viruses in eggs. This vaccine is given as a nasal spray.

Even though there has been no change in the formulation of the influenza vaccine from last year, patients should still receive the current vaccine. Benefits include an additional opportunity to provide protection for those that did not seroconvert with a previous dose and to provide a boost to waning immune systems of those with immature or compromised immune systems. Additional information on influenza can be found at: <http://www.cdc.gov/flu/references.htm>

### Influenza Surveillance

#### During week 37 in Texas:

No specimens tested by NREVSS laboratories in Texas were positive for influenza.

The percentage of visits for influenza-like illness (ILI) as reported by ILINet providers in Texas was below the state and HHS regional baselines.

- No influenza-associated pediatric deaths were reported.
- No influenza or ILI outbreaks were reported.
- Health Service Regions (HSRs) 1, 2/3, 4/5N, 6/5S, 8, 9/10, and 11 reported.
- HSR 2/3 reported an increased level of flu activity compared to week 36.

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The final report for the official 2010-2011 influenza season is located at:

<http://www.dshs.state.tx.us/IDCU/disease/influenza/surveillance/2011/Week20/>

## Pertussis Cocooning

Recently the Centers for Disease Control and Prevention (CDC) recommended a strategy called "Cocooning" to protect infants against pertussis and other infectious diseases. Cocooning is a practice of vaccinating all close contacts of infants to protect the newborn from disease by keeping all those around them disease free—in this case, free from pertussis (whooping cough). Close contacts include mother and father, grandparents, siblings, other relatives who may come in close contact with the infant, and other caregivers and potential caregivers. Close contacts also include health-care providers.

### **PERTUSSIS DISEASE BURDEN**

Pertussis (whooping cough) is a significant cause of death in infants worldwide. Despite relatively high vaccination rates in the industrialized world, it continues to cause an excess burden of disease among infants. Severe complications often result in hospitalization and sometimes death.

In adults and adolescents whose immunity is waning or who are not vaccinated, pertussis presents as a common cold with a persistent cough that does not go away easily. In infants, it presents as a severe cough that causes difficulty in breathing and may cause them to stop breathing altogether. The disease can be devastating in children younger than 1 year old.

According to the CDC, 28,998 cases were reported in the United States from 2001 to 2003. Moreover, the pertussis burden is believed to be substantially more than the number of reported cases; approximately 600,000 cases are estimated to occur annually just among adults. From 2001-2003, 56 deaths resulted from pertussis and the vast majority of those were among infants. In infants younger than 1 year of age who get pertussis, more than half must be hospitalized. Of those infants who are hospitalized with pertussis, about 1 in 100 will die.

Additional information can be found at <http://www.preventpertussis.org/>



### **Send an E-Card**

Keep your baby safe from pertussis by sending an e-card to family and friends. Ask them to help protect your baby from this highly contagious disease.

<http://www.preventpertussis.org/consumer/ecard.php>

## Public Health RN Ensures High Student Vaccination Rate

### *Victoria Yeatts of Garland, TX Earns ANA Immunity Award*

**The Department of State Health Services HSR 2/3 staff congratulates City of Garland's Victoria Yeatts, MSN, R.N on being awarded the American Nurses Association Immunity Award.**

**Thank you for your dedication to protecting the residents of Garland and the health of the children of Texas.**

**SILVER SPRING, MD** – During her 15 years as public health administrator at the Garland (Texas) Health Department, Victoria Yeatts, MSN, RN, has forged a partnership with the Garland school system resulting in a student immunization coverage level of 92 percent. For her leadership in ensuring the immunization of students and other efforts to promote vaccination, Yeatts has earned the American Nurses Association's Immunity Award for September 2011.

In addition to ensuring children receive required vaccinations, such as DTaP (diphtheria, tetanus and pertussis); Yeatts organizes seasonal influenza vaccine clinics for students, families and school staff. At one school district clinic in 2010, Yeatts' staff administered more than 1,000 doses of flu vaccine. Yeatts also oversees programs to provide immunizations to residents of all ages in the community. In 2010, the department administered about 30,000 doses of vaccines.

As a health educator, Yeatts often speaks to community groups about immunization and was featured on a Texas radio broadcast promoting the Immunize for Healthy Lives® campaign.

ANA grants the national Immunity Award as part of its [Bringing Immunity to Every Community](#) project. ANA and the Centers for Disease Control and Prevention are collaborating on the project, which



focuses on maximizing nurses' role in increasing vaccination rates and reducing incidence of vaccine-preventable diseases.

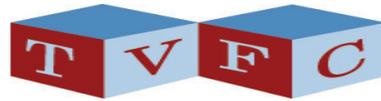
The project seeks to increase nurses' knowledge and competency in immunization, encourage nurses to be vaccinated, and position nurses as leading advocates for immunization among peers, patients, and the public.

### **The American Nurses Association encourages all nurses to "Take the Pledge"**

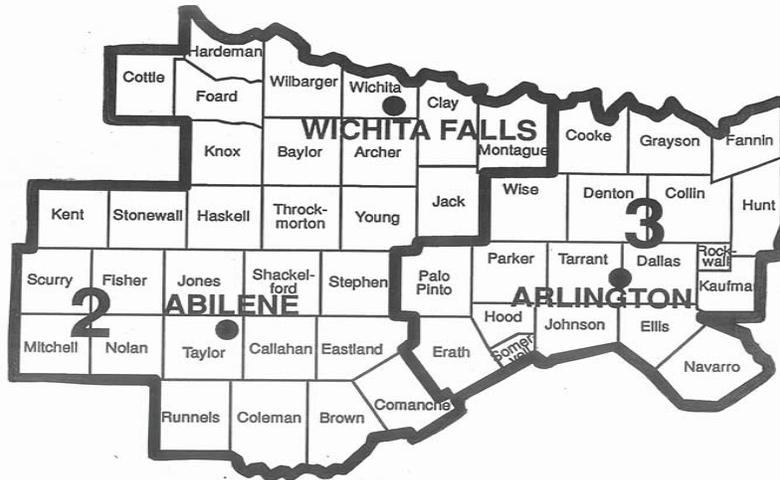
As a registered nurse, I recognize that vaccines are a safe and effective way to protect the health and safety of me, my family, and my community. I recognize that health promotion and disease prevention are hallmarks of nursing, and that vaccines are an important way to do that. I recognize that nurses have a professional duty to protect their own health and to advocate for patient safety.

**I pledge to keep my routine vaccines up-to-date, including seasonal influenza. I also pledge to encourage my coworkers, patients, family and friends to be vaccinated to promote a safe and healthy future.**

# Texas Vaccines for Children



## HEALTH SERVICE REGION 2/3 – Arlington Immunizations Branch



## HEALTH SERVICE REGION 2/3 – Arlington Immunizations Contact List

<b>Communicable Disease Mgr.</b>	Sonna Sanders	817-264-4771 <a href="mailto:sonna.sanders@dshs.state.tx.us">sonna.sanders@dshs.state.tx.us</a>
<b>Immunization Team Lead LHD Contract Specialist</b>	Cheryl Millican	817-264-4795 <a href="mailto:cheryl.millican@dshs.state.tx.us">cheryl.millican@dshs.state.tx.us</a>
<b>Perinatal Hepatitis B Coordinator</b>	Amy Wong R.N.	817-264-4769 <a href="mailto:amy.wong@dshs.state.tx.us">amy.wong@dshs.state.tx.us</a>
<b>Electronic Data Management Coordinator</b>	Matt Honza	817-264-4891 <a href="mailto:matt.honza@dshs.state.tx.us">matt.honza@dshs.state.tx.us</a>
<b>ImmTrac Coordinator</b>	Sandi Geisler	817-264-4811 <a href="mailto:sandi.geisler@dshs.state.tx.us">sandi.geisler@dshs.state.tx.us</a>
<b>Region 2 Site Visit Coordinator</b>	Ronda Meyer	325-795-5873 <a href="mailto:ronda.meyer@dshs.state.tx.us">ronda.meyer@dshs.state.tx.us</a>
<b>Region 3 Site Visit Coordinator</b>	Fred Grimes	817-264-4796 <a href="mailto:fred.grimes@dshs.state.tx.us">fred.grimes@dshs.state.tx.us</a>
<b>TVFC Coordinator</b>	Cindy Grier	817-264-4793 <a href="mailto:cindy.grier@dshs.state.tx.us">cindy.grier@dshs.state.tx.us</a>
<b>TVFC Account Representatives</b>		
<b>Providers in Brown, Collin, Denton, Hunt, Nolan, Navarro, Taylor, Wichita and City of Garland</b>	Pam Benavidez	817-264-4790 <a href="mailto:pam.benavidez@dshs.state.tx.us">pam.benavidez@dshs.state.tx.us</a>
<b>Providers in Tarrant County</b>	Elena Valencia	817-264-4792 <a href="mailto:elena.valencia@dshs.state.tx.us">elena.valencia@dshs.state.tx.us</a>
<b>Providers in Dallas County</b>	Sue Crockett	817-264-4797 <a href="mailto:sue.crockett@dshs.state.tx.us">sue.crockett@dshs.state.tx.us</a>
<b>Providers in all other counties</b>	Arma Carter	817-264-4794 <a href="mailto:arma.carter@dshs.state.tx.us">arma.carter@dshs.state.tx.us</a>