PRELIMINARY REPORT ON THE TEXAS VACCINES FOR CHILDREN (TVFC) PROGRAM

IMPACTS OF COVID-19 ON TVFC VACCINE ADMINISTRATION
Contents

Helpful links .................................................................................................................................................. 1
Vaccine abbreviations .................................................................................................................................. 1
Background .................................................................................................................................................... 2
Texas Vaccines for Children Program Data ................................................................................................. 2
Discussion .................................................................................................................................................... 6
Reference ....................................................................................................................................................... 7
Our Goals ....................................................................................................................................................... 8
Helpful links

Resources for Maintaining Immunization during COVID-19 Pandemic
https://www.immunizationcoalitions.org/resource-repository/

Vaccination Guidance During a Pandemic
https://www.cdc.gov/vaccines/pandemic-guidance/index.html

Job Aids for Catch-Up Vaccination
https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html

Vaccine abbreviations

DTaP = Diphtheria, tetanus, acellular pertussis (<7 years age)
Tdap = Tetanus, diphtheria, acellular pertussis (≥7 years age)
MMR = Measles, mumps, rubella
MCV4 = Meningococcal conjugate vaccine
HPV = Human papillomavirus vaccine
Polio = Poliovirus vaccine
Hib-FS = Haemophilus influenzae type B, full series
HebB = Hepatitis B
Var = Varicella
PCV = Pneumococcal conjugate vaccine
HepA = Hepatitis A
Rota = Rotavirus
4:3:1:3:3:1:4 = Series of childhood vaccines recommended by 2 years of age by ACIP, including at least 4 doses DTaP, 3 doses Polio, 1 dose MMR, 3-4 doses Hib depending on product used, 3 doses HepB, 1 dose Var, and 4 doses PCV
Background

Maintaining high rates of vaccination coverage (the percent of a given population vaccinated) is critical to protect Texas children and adults from vaccine-preventable diseases. Since the COVID-19 pandemic was declared a national emergency on March 13, 2020 a wide variety of stay-at-home measures, school closures, and business closures began to impact Texas. Many healthcare providers reported temporary suspension or postponement of wellness visits, including vaccination in some cases.

As the length of the COVID-19 response has increased, impact to vaccination programs has become a serious concern, especially for children under two years of age who are most vulnerable and require on-time vaccination to be fully protected.

A report\(^1\) released in May revealed that nationwide vaccine ordering and administration rates were already lower in January 2020 compared to the previous January, and declined dramatically from mid-March through April 2020.

Texas Vaccines for Children Program Data

The Texas Vaccines for Children (TVFC) Program provides low-cost vaccines to eligible children from birth through 18 years of age through participation of over 3,000 healthcare providers statewide.

Approximately half of Texas children are eligible for the TVFC program. As of May 12, a total of 163 TVFC sites had been suspended due to inactivity. Out of these, 42.33 percent (69) were school-based clinics.

Administration of vaccines by providers through the TVFC program has decreased since the COVID-19 stay-at-home orders were first issued, as shown in Figures 1-3.

Statewide Results

Compared to the same month 2019, the number of doses administered in Texas

- decreased substantially in March and April
- began to rebound somewhat in May 2020
- remains well below 2019 levels (Figure 1)
Figure 1. Number of TVFC Doses Administered\textsuperscript{a} by Month, 2019 and 2020.

\textsuperscript{a}Includes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.
Regional Results

Some variation in doses administered was seen between different regions of Texas (Figure 2).

Doses administered for Tdap, MCV4 and HPV (usually given to older children) decreased more than for measles-containing vaccines (Figure 3). This corresponds to national data that indicates efforts to prioritize vaccination of younger children may have been somewhat effective.

- Data shown by Public Health Region (PHR 01-11)
- San Antonio and Houston reported separately from their respective regions because these cities have immunization programs funded by CDC separately from the state of Texas

Figure 2. TVFC Doses Administered\(^a\) by Month and Geographic Area, January - May 2020.

\(^a\)Includes all non-influenza vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends for children.
Figure 3. Percent Change\(^a\) in monthly TVFC Doses Administered for Measles-containing Vaccines (MMR, MMRV) and Tdap-MCV4-HPV Vaccines from 2019 to 2020.

\(^a\)Calculated as doses administered to children in the corresponding month (2020-2019)/2019
### Potential impact on vaccine-preventable disease risks

Estimates from the most recent (2018) National Immunization Survey (NIS-Child) indicated vaccination rates among two-year-old children in Texas already did not meet national goals for multiple vaccines (Table 1). Further declines could result in decreased vaccination coverage and increased risk of outbreaks of vaccine-preventable diseases.

Table 1. HP2020 Goals\(^a\) Compared with NIS-Child 2018 Vaccination Coverage Estimates at 2 years of age for Children Born 2015-2016\(^b\).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>HP2020 Coverage Goal</th>
<th>Texas Coverage (Point Estimate and 95% CI)</th>
<th>Texas Outcome(^c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+DTaP</td>
<td>90%</td>
<td>79.1 (76.8–81.3)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>3+Polio</td>
<td>90%</td>
<td>91.2 (89.5–92.7)</td>
<td>Meets</td>
</tr>
<tr>
<td>1+MMR</td>
<td>90%</td>
<td>90.3 (88.6–91.9)</td>
<td>Meets</td>
</tr>
<tr>
<td>Hib-FS</td>
<td>90%</td>
<td>78.8 (76.5–81.1)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>3+HepB</td>
<td>90%</td>
<td>89.2 (87.4–90.9)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>1+Var</td>
<td>90%</td>
<td>90.0 (88.2–91.6)</td>
<td>Meets</td>
</tr>
<tr>
<td>4+PCV</td>
<td>90%</td>
<td>81.5 (79.3–83.7)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>HepB birth dose</td>
<td>85%</td>
<td>79.4 (77.1–81.6)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>2+HepA</td>
<td>85%</td>
<td>84.0 (80.0–87.6)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>Rota</td>
<td>80%</td>
<td>74.1 (71.6–76.4)</td>
<td>Does not meet</td>
</tr>
<tr>
<td>4:3:1:3:3:1:4</td>
<td>80%</td>
<td>67.3 (64.6–69.9)</td>
<td>Does not meet</td>
</tr>
</tbody>
</table>

\(^a\) HP2020 goals are for children to receive all vaccinations listed by 19-35 months of age, except for the HepB Birth Dose which should be completed within the first three days of life. NIS-Child coverage estimates are calculated at 24 months of age except for the HepB Birth Dose within the first three days of life, Rota by 8 months of age, and 2+HepA by 35 months of age.

\(^b\) Coverage estimates for children born in 2016 are preliminary and come from survey years 2017 and 2018.

\(^c\) A point estimate greater than the goal is designated as “Meets” while a point estimate below the goal “Does not meet.” A designation of “Exceeds” would indicate that the lower end of the 95% confidence interval (CI) exceeded the goal.

The DSHS Immunization Unit will continue to monitor the impacts of the COVID-19 pandemic on vaccine administration and vaccination coverage rates in Texas and to provide resources to assist healthcare providers and the public maintain strong protection against vaccine-preventable diseases. Keeping vaccination coverage rates high is crucial to maintain community immunity, especially against diseases that are highly contagious such as measles. Community immunity is what happens when a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. This means even those who cannot be vaccinated like newborns and those with chronic conditions receive protection.
Call to Action

Administration of vaccines is an essential medical service.

- Assess the vaccination status of all patients across the life span at every health care visit.
- Administer routinely recommended vaccines to children, adolescents, and adults (including pregnant women).
- Delay vaccination for persons with suspected or confirmed COVID-19.
- Follow guidance to prevent the spread of COVID-19 in health care settings.
- Encourage vaccination at the patient’s medical home.
- Implement effective strategies for catch-up vaccination.
- Communicate with patients/families about how they can be safely vaccinated during the pandemic.

Healthcare providers should continue to modify procedures to ensure safe delivery of care during vaccination visits by following the most recent CDC Vaccination Guidance During a Pandemic. Children who have fallen behind should be vaccinated as soon as possible using published catch-up vaccination schedules. Reminder-recall systems should be used to bring patients back into the clinic.

Parents are encouraged to call their pediatrician to schedule routine vaccination as soon as possible while taking all recommended COVID-19 precautions.

Reference

**Our Goals**

The goals of the DSHS Immunization Unit are to eliminate the spread of vaccine preventable diseases by increasing vaccine coverage for Texans, raising awareness of the diseases that vaccines prevent, and educating the public about vaccine safety. We do this through administration of the Texas Immunization Registry (ImmTrac2) which provides access to immunization records, establishment of school immunization rules, and administration of the Texas Vaccines for Children and Adult Safety Net programs, which provide low-cost vaccines to eligible children and adults.

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