



Memorandum

TO: Regional Directors, Health Service Regions
Regional Immunization Program Managers, Health Service Regions
Health Department Directors, Local Health Departments
Immunization Program Managers, Local Health Departments

FROM: Karen Hess, Manager
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THRU: Jack C. Sims, Manager *WHS for JS*
Immunization Branch

DATE: September 21, 2009

SUBJECT: Texas Vaccines for Children Program: Expansion of Adult Safely net to Federally Qualified Health Centers and Family Planning Clinics

Memo Distribution: This memo is intended for Local Health Departments (LHD), Health Service Regions (HSR), Federally Qualified Health Centers (FQHC) and Family Planning Clinics only; please do not disseminate to other private providers.

In 2008, as part of a federal Hepatitis B initiative, the Immunization Branch made two adult hepatitis B-containing products available to FQHCs and Family Planning Clinics. Effective immediately, the Immunization Branch plans to expand the adult vaccines available to these two groups to include *all* state-purchased adult vaccines (see list below). The expansion is possible due to one-time federal stimulus dollars. These dollars will be used to purchase the additional adult vaccines for a limited period of time, and are expected to last at least through 2010.

To be eligible for the adult vaccine program, providers must be enrolled in the Texas Vaccines for Children (TVFC) program. If not already enrolled, the LHD or HSR representative can assist with enrollment. A list of regional managers is attached. An enrollment form is also available at <http://www.dshs.state.tx.us/immunize/forms/6-I02.pdf>. Providers must also complete a Vendor Profile Form (attached). The Vendor Profile Form should be completed and submitted to the appropriate LHD or HSR prior to receiving adult vaccines. If this form has been completed as part of the Adult Hepatitis B Initiative, providers do not need to complete another form. Providers must report all state-provided adult vaccine doses administered using the Monthly Biological Report (EC-33) under the "I9+" Doses Administered column.

Providers may charge uninsured or underinsured patients a reasonable administration fee, but the vaccine should not be denied if patients are unable to pay.

Each of the adult vaccines to be made available through FQHC and Family Planning clinics is listed below with its respective eligibility criteria. Underinsured is defined as any adult who: (1) has insurance that does not cover the cost of vaccines, (2) has a co-payor deductible the person cannot meet, or (3) has insurance that provides limited or capped vaccine coverage.

Hepatitis A Vaccine

All uninsured and underinsured adults.

Hepatitis **B** Vaccine

All uninsured and underinsured adults.

Hepatitis A and hepatitis **B** combination vaccine (Twinrix®)

Individuals eligible for Twinrix® include all uninsured and underinsured adults needing both the Hepatitis A and B vaccine series.

Human Papillomavirus (HPV) Vaccine

All uninsured or underinsured women between the ages of 19-26.

Measles, Mumps, and Rubella (MMR)

All uninsured or underinsured adults who meet the following criteria:

- Persons born during or after 1957 should receive at least one dose of MMR unless they have documentation of at least one dose, a history of measles based on healthcare provider diagnosis, or laboratory evidence of immunity. Women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity should receive one dose of MMR.
- A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963-1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.

Meningococcal Conjugate (MCV4)

Uninsured and underinsured adults who are at risk. The following groups are considered at risk:

- Medical indications: adults with anatomic or functional asplenia, or terminal complement component deficiencies. Revaccination after five years might be indicated for adults previously vaccinated with MPSV4 who remain at high risk for infection.
- Other: first-year college students living in dormitories, and
- Uninsured and underinsured persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.

Pneumococcal Polysaccharide Vaccine

Uninsured and underinsured adults who are at risk. The following groups are considered at risk:

- All adults 65 years of age or older, including one-time revaccination of those who have not received vaccine within five years and were less than 65 years of age at the time of primary vaccination. All persons over 65 who have unknown vaccination status should receive one dose of vaccine.
- Adults 19 - 64 who are at risk per Advisory Committee on Immunization Practices (ACIP) recommendations, which includes the following:
 - Chronic disorders of the pulmonary system (excluding asthma).
 - Cardiovascular diseases.
 - Diabetes mellitus.
 - Chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis).
 - Chronic renal failure or nephrotic syndrome.
 - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery].
 - Immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection [vaccinate as close to diagnosis as possible when CD4 cell counts are highest], leukemia, lymphoma, multiple myeloma, Hodgkin disease, generalized malignancy, or organ or bone marrow transplantation).
 - Chemotherapy with alkylating agents, antimetabolites, or high-dose, long-term corticosteroids.
 - Cochlear implants.
 - adult cigarette smokers.
 - adults who have asthma.
 - American Indian/Alaska Native adults:
Routine use of PPSV23 is not recommended for Alaska Native or American Indian persons younger than 65 years old unless they have underlying medical conditions that are PPSV23 indications. However, in special situations, public health authorities may recommend PPSV23 for Alaska Natives and American Indians aged 50 through 64 years who are living in areas in which the risk of invasive pneumococcal disease is increased.

Tdap/Td Vaccine

All uninsured or underinsured adults .

Note: Tdap is only licensed for adults 19 -64, and Td is indicated for adults 65 and older.

Varicella Vaccine

All uninsured or underinsured adults.

Adults born after 1980 must have documentation of immunity: either a physician diagnosis of varicella or documentation of two doses of vaccine. Adults who have received only one dose of vaccine should receive the second dose.

Individuals born in the United States prior to 1980 are considered immune, except for healthcare workers, pregnant women, and immunocompromised persons. Individuals born outside the United States before 1980 should also not be considered immune.

Note: Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Varicella vaccine is to be administered post-partum only.

Zoster Vaccine

All uninsured or underinsured adults 60 years of age and older whether or not they report a prior episode of herpes zoster.

ORDEIUNG AND REPORTING

LHD or HSR staff will assist providers in establishing Maximum Stock Levels (MSL) for all the adult vaccines that will be listed on the Biological Order Form (C-68). It may take a few months of use to establish the MSL. If the adult vaccine is not listed on the C-68, please use the blank lines at the bottom of the form to order. Indicate the vaccines requested by writing in the name of vaccine, for example "Twinrix" along with the number of doses requested.

All adult vaccine doses administered should be reported on the Monthly Biological Report (C-33) under the "19+" Doses Administered column. Again, if the name of the vaccine is not listed, please use one of the blanks at the end of the form to write in name of the vaccine. It is important to accurately report all doses provided to adults. The Immunization Branch uses this information to account for adult usage, and to project and maintain supply.

Questions regarding this policy should be directed to the appropriate TVFC consultant or Health Service Region.

Attachments:

Vendor Profile Form

Texas Vaccines for Children Regional Contacts

Appendix A

Venue Profile:
317 Adult Vaccine Expansion Initiative

The purpose of this form is to collect background information on venues receiving vaccine through the 317 Adult Vaccine Expansion Initiative. These data need to be collected only once.

Please be sure that each venue receiving adult 317 vaccine completes this form. For example, if an STD clinic receives 317 vaccine and the clinic further distributes vaccine to another venue (i.e., jail), then two of these forms should be submitted: one for the STD clinic and one for the jail.

Please submit via email, fax, or regular mail to your Local Health Department or Health Service Region

Venue name & Contact Information

Venue Name: _____
Venue Street: _____
Venue City: _____
Venue State and zip code: _____
Venue Phone: _____

Date:

Name of person completing this form: _____
Phone: _____ E-mail: _____

Venue Description

1. Check setting type:
- | | |
|---------------------------------|---|
| 1. STD clinic | 6. HIV C&T |
| 2. Jail | 7. Prison |
| 3. ___ Syringe Exchange Program | 8. Substance abuse treatment center |
| 4. ___ Primary care | 9. ___ Local Health Department |
| 5. ___ Family Planning | 10. ___ Federally Qualified Health Center |
| 11. ___ Other (specify) _____ | |

2. Approximately how many total client visits were there in this venue during the last year? _____

3. Did this venue provide vaccine to adults during 2009? 1. Yes _____ 2. No _____

Texas Vaccines for Children Regional Contacts

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