

TheUpshot.*Online*

A publication of the Texas Department of State Health Services Immunization Branch

Raising Vaccine Coverage Levels in Texas

By Jack Sims, Manager, Immunization Branch

Raising vaccine coverage levels in Texas is a priority for the Department of State Health Services. Many activities are underway that have put us on a path towards achieving the Healthy People 2010 goal of 90% vaccine coverage. Many resources across the state are devoted every day to vaccinate children and protect communities. We are working hard, but are we working smart?

There are several key strategies that health care providers can implement to improve vaccine coverage levels. I would like to take a moment to share one strategy with you that can also eventually save staff time and can also make other strategies simple. ImmTrac, the statewide registry is a key to working smart. ImmTrac will save staff time:

- ✦ Every time a child presents for services, conduct a search in ImmTrac prior to seeing the child. ImmTrac assesses the child's immunization history.
- ✦ ImmTrac also provides validated immunization records for parents who need the records to get their child into day care or school.
- ✦ Reminder systems that remind a parent that an appointment is scheduled within the next few days is consistent with increased vaccine coverage levels. ImmTrac will generate these lists. Recall systems to let a parent know when an appointment has been missed or a child is overdue for the next immunizations are also a proven strategy to raise vaccine coverage levels. ImmTrac will generate these lists.

Doing the data entry up front and making a sustained effort to update records routinely in ImmTrac may seem like a costly venture. But there is payoff by saving staff time that is currently devoted to manual processes that result in incomplete information and delays.

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Thank you for the hard work you are doing to protect Texas' children. Let's make sure that, while we are working hard, we are also working smart! ♦

Country Observes the Fiftieth Anniversary of the Salk Polio Vaccine

Julie Louise Gerberding, M.D., M.P.H., Centers for Disease Control and Prevention (CDC)



This 1963 photo shows physical therapist assisting two polio-stricken children holding on to a rail while they exercise their lower limbs.

In the early 1950s there were more than 20,000 cases of polio each year. After the polio vaccination was introduced in 1955 that figure dropped to about 3,000 per year by 1960.

Picture courtesy of the CDC.

Fifty years ago (April 12, 1955), public health achieved a major milestone with the announcement that the Salk polio vaccine was “safe, effective, and potent.” This medical triumph led to a new era in immunizations and helped make vaccine programs one of the ten great public health achievements of the twentieth century.

In the early 1950’s, tens of thousands of United States children were paralyzed each year from polio. Less than 25 years after the introduction of the polio vaccine, the last indigenously acquired case of polio in the United States caused by wild poliovirus was detected in 1979; 15 years later, in 1994, the Western Hemisphere was certified polio-free. In 1988, the World Health Assembly voted to launch a global initiative to eradicate polio, and CDC, the World Health Organization, Rotary International, and United Nations Children’s Fund became the spearheading partners for the Global Polio Eradication Initiative. That year, an estimated 350,000 children were paralyzed with polio worldwide; in 2004, polio cases had fallen to just over 1,200 cases globally. With more than \$3 billion invested in this initiative, polio is now confined to fewer than 20 countries and global eradication, while facing significant challenges, is close at hand.

Today, our vaccine programs have much to celebrate. Disease rates from vaccine-preventable diseases have been reduced by more than 99 percent in the United

States. Thanks to high vaccine coverage levels, cases of many vaccine-preventable diseases of childhood are at record lows in the United States as a direct result of the hard work, dedication, and perseverance of committed public health professionals throughout CDC.

To learn more about polio eradication efforts, please visit CDC Connects, where you can read the speech that was given at the Little White House Historic Site by Dr. Hamid Jafari, Director of the CDC’s Global Immunization Division. The Little White House, in Warm Springs, Georgia, is celebrating the 50th anniversary of the polio vaccine and the 60th anniversary of President Roosevelt’s death.

(continued next page)

On April 12, the Smithsonian’s National Museum of American History opened a year-long exhibition recognizing the anniversary of the first effective polio vaccine. “Whatever Happened to Polio?” depicts the story of the polio epidemic in the United States, the development of the vaccine, and current world efforts to stop its transmission. Also highlighted will be stories of polio survivors and the influences they have had on American society. Information about the exhibit is available to www.americanhistory.si.edu. If your travels find you in Washington, D.C., this year, I encourage you to visit this exhibit of a public health success story so many of our employees helped to achieve.

PuzzleCorner

Unscramble these puzzles to reveal the titles of two brochures currently available through the Immunization Branch. To order these brochures and other forms and literature online, go to: <http://www.tdh.state.tx.us/immunize/litlist.htm>

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(Answers on page 7)

The Immunization Branch: Are We a Values Driven Organization?

By Kathryn Johnson, Public Information, Education and Training Group

Organization Values

Do your personal values match the values of the organization where you work? Your values, the organization's values, and how they connect are the secret to creating personal fulfillment at work. Organizations that are values-driven realize that the mind, body, and soul of an organization are built around their people. Developing a strong cohesive culture fosters employee fulfillment.

Richard Barrett, a leading authority on organizational development, created the Seven Levels of Organizational Consciousness that help to map the values, beliefs, and behaviors of employees and their organization. The levels of consciousness from which an organization operates are a direct reflection of the level of consciousness of the leader or decision-making authority and of the legacy of past leaders and decision-making authorities.

The Seven Levels of Consciousness that help you discover how the values of your organization align with your own core values are survival, relationship, self-esteem, transformation, internal cohesion, making a difference, and service.

Survival

During level one, an organization develops skills and abilities to ensure the emotional and financial security of the organization and the health and safety of its employees. Organizations that provide public services or pursue profit do what they can to maintain value for their customers.

Relationships

During level two, the organization discourages people at work to do things to one's benefit without regard to the person or organization's mission or employees blaming each other when projects are managed poorly.

Self-Esteem

During level three, processes are developed to enhance effectiveness and efficiency. The good self-esteem of an organization is shown in the productivity and efficiency of employees and the quality, systems, time management, organizational skills, and processes used as a "good habit."

Transformation

During level four, an organization balances the needs of the organization with the needs of its employees. Transformation is the optimum place of organizational growth, creation of cohesion, promotion of innovation, and evaluation of success of the organization.

Internal Cohesion

During level five, the employee's motivations align with the overall vision and mission of the organization for internal cohesion. Internal cohesion is the development of unity with the community. This can be achieved through a positive, creative corporate culture.

Making a Difference

During level six, organizations build partnerships with other like-minded organizations to act on a shared vision. Processes are placed to help employees find fulfillment at work.

Service

During level seven, an organization cares about societal goodwill. It will continue to deepen the internal connectedness of employees through ethics and codes of conduct to include all humanity.

Organizations work best when all employees share a common vision of the future. They operate on a shared set of beliefs and values, the personal values of the employees and the values of the organization. The Seven Levels of Consciousness are more successful when participation in decision formation includes all employees.

Values drive an organization to success or to failure. Do your values match the values of your organization? Have you found the secret to creating personal fulfillment at work? If not, what needs to happen for your values to match the values of your organization?



A child/student 5 years of age, in day-care/pre-kinder, has proof of one dose of MMR received at age one. When is the second dose required?

Answer: Proof of the second dose of MMR is required upon entry into kindergarten.

Immunization *News Briefs*

Compiled by Susan Belisle, RN, BSN

Ultrasound to Deliver Influenza Vaccine— 05/03/2005 (Post-Dispatch)

Imagine getting your flu shot in the future with an ultrasound type machine. No needles are needed so those who have a real fear of needles can finally be protected against the flu. The people who have tried it say it has a tingling feeling but no pain. The ultrasound device opens skin pores so that vaccine can seep through. Nothing ever touches nervy muscles. In August, the manufacturer won FDA approval for device, which was originally used to deliver a skin-numbing drug. The manufacturer also has tested it as a way to deliver insulin, and is currently conducting a hepatitis vaccine trial.

Varicella-Related Deaths — United States, January 2003—June 2004 (MMWR)

During 2003 and the first half of 2004, CDC received reports of eight varicella-related deaths. The age of the decedents ranged from 1 to 40 years. Six of the eight deaths occurred among children and adolescents aged <20 years. The cases were reported from Arizona (two), Maryland (two), Arkansas (one), New Hampshire (one), Ohio (one), and New York City (one). Six deaths occurred in unvaccinated persons. Vaccination status of the remaining two persons could not be determined.

CDC plans for unpredictable flu vaccine supply— May 5, 2005 (CIDRAP News)

Those deemed at highest risk from influenza should have priority for flu vaccinations this fall, federal health officials said.

“We want flu shots in their arms first,” Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention in Atlanta (CDC), told members of Congress, according to several news reports. “If the vaccine comes through as expected, we’ll do the rest.”

US health officials are preparing for a wide range of contingencies, and trying to prepare the public as well.

“The worst-case scenario is we would have somewhere around 53 million doses. The best case would be about 98 million doses,” Gerberding said.

Despite a vaccine shortage in 2004-05, providers gave roughly the same number of flu shots to the high-risk groups as in previous years, the CDC reported.

Smallpox shots caused unexpected side effects in CDC study—Apr 29, 2005 (CIDRAP News)

In a recent study, some laboratory and public health workers who received smallpox shots reported several side effects that have not shown up in other studies, including joint and abdominal pain, backache, and breathing difficulty.

The side effects were reported by both first-time vaccinees and previously vaccinated workers but were more common in the first-time vaccinees.

However, none of the reactions were severe, and they all cleared up within a few weeks after vaccination, according to the report.

The study involved 1,006 laboratory and CDC workers who were immunized with conventional smallpox vaccine (Dryvax) in 2001 and 2002. Most were lab workers doing research in which vaccinia virus—the main ingredient in smallpox vaccine—was used as a vector.

Rubella Cases in Ontario, Canada-- May 13, 2005 (Government of Canada)

The rubella outbreak galloping through a cluster of religious communities in southwestern Ontario likely originated in a outbreak in the Netherlands. As of May 13, 156 cases of rubella had been diagnosed in the area, where many local residents had not been vaccinated because of their religious beliefs.

Vaccine Services *Updates*

Vaccine Information Statements Change Phone Number

By: Amy Schlabach, Vaccines Services Group

On March 15, 2005, the telephone number for the national immunization hotline listed on Vaccine Information Statement (VIS) forms changed. The new number is 800-CDCINFO (232-4636). It is not necessary to discard existing VIS stocks because calls made to the old hotline number will be forwarded to the new number for several months. The new phone number is the only difference between the old VIS forms and the new ones.

Texas Department of State Health Services (DSHS) will reprint VIS forms with the new hotline number as old stock is depleted. Please note that the VIS date will not change, but the DSHS addendum date will be updated. When documenting VIS date, remember to always use the CDC date. The DSHS addendum date is used only for printing purposes and does not meet the required record keeping guidelines set forth by Centers for Disease Control and Prevention (CDC). For camera ready copies of all VIS forms please visit the CDC website at <http://www.cdc.gov/nip/publications/VIS/default.htm#dtap> or DSHS Immunization Branch website at <http://www.tdh.state.tx.us/immunize/vischart.htm>. ♦

The 2004-2005 Influenza Vaccine

By: Karen Hess, Vaccines Services Group

The Texas Vaccines for Children Program (TVFC) recommends continued use of the 2004-2005 Influenza Vaccine in order to reach all unvaccinated children. Vaccines should be used through the June 30th expiration date.

Children under 9 years of age that are previously unvaccinated for influenza should receive two doses of vaccine, administered at least one month apart. However, according to the Advisory Committee on Immunization Practices (ACIP), "if a child aged <9 years receiving vaccine for the first time does not receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered the following season. Two doses are not required at that time."

Because of this, it is important to attempt to provide all previously unvaccinated children less than 9 years of age with at least one dose of the current influenza vaccine. This will reduce the number of doses needed next season from two to one dose.

Both preservative containing and preservative-free influenza vaccine are available through the TVFC, and can be ordered with regular monthly orders. If you have questions regarding the influenza vaccine, please call your Health Service Region or TVFC Consultant.

Instructions on proper handling of expired influenza vaccine will be provided later in the year. ♦

Meningococcal Vaccine Not Yet Available Through Texas Vaccines for Children Program

By: Charlotte Hunter, Vaccines Services Group

Effective February 10, 2005 the Advisory Committee on Immunization Practices released a resolution to add meningococcal conjugate vaccine (MCV4) and meningococcal polysaccharide vaccine (MPSV4) to the Vaccines for Children Program. The resolution also clarifies the use of MCV4 vs. MPSV4 and the indications for the use of both vaccines.

While MCV4 and MPSV4 have been added to the Vaccines for Children Program (VFC), funding for these specific vaccines has not yet been awarded for Texas by Centers for Disease Control and Prevention (CDC) at this time. Texas Vaccines for Children Program (TVFC) will notify providers via official memorandum when meningococcal vaccine becomes available to TVFC providers. Please contact the manufacturer to purchase vaccine for your private inventory. ♦

Training *Calendar* June-July 2005



Austin Campus Immunization Education Events

Title: **Pneumococcal Disease: Commonly Raised Topics**

Media Type: Physician-led conference call

Date: June 28, 2005

Time: 1:15 pm- 2:15 pm

Title: **Varicella: Adapting to a Changing Disease Environment**

Media Type: Physician-led conference call

Date: July 26, 2005

Time: 12:15 pm- 1:15 pm

Title: **Immunization Update**

Media Type: Satellite broadcast

Date: July 28, 2005

Time: To be determined

Contact Person: kathryn.johnson@dshs.state.tx.us, or (512) 458-7111, extension 6321.

Answers to puzzles: 1) "Vaccines Provide Protection When Your Baby Needs it Most" and 2) "Is it Just a Cough? Or is it pertussis (Whooping Cough)?"

Back to School *Issue*



The Upshot for the third quarter is scheduled for release in late July. Please submit back-to-school topic ideas, calendar of events, or announcements **no later than** June 17. Articles need to be approved in advance by a program manager before being submitted (please use the contact information below for more details). This is a great opportunity to advertise your back-to-school activities to a larger audience!

TheUpshot♦*Online* is published quarterly by the Texas Department of State Health Services Immunization Branch. Please submit your comments, questions, and suggestions to Maria.Maldonado@dshs.state.tx.us. For instructions on how to submit articles, please call (512) 458-7111, extension 2194.



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