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ImmTrac to become a lifetime registry

By **Ishah Coleman, ImmTrac**

ImmTrac, the Texas immunization registry, is no longer just for children. In April 2009, the Texas legislature officially made ImmTrac a Lifetime Registry. Today, ImmTrac is available to Texans of all ages.

ImmTrac, a robust immunization registry, has more than 87 million immunizations on record. For more than a decade, the registry has been storing and consolidating children's immunization information, ensuring that health-care providers, school nurses, and day care facilities can readily have access to children's immunization records. Adult first-responders and their family members were added as clients in 2008. Now, all adults can have their immunization information stored in ImmTrac.

"Now, all adults can have their immunization information stored in ImmTrac..."

Adults who receive immunizations should store the record in a safe, secure place. ImmTrac can be that place. ImmTrac is a free service provided by the Texas Department of State Health Services. It is a secure,

confidential registry accessible only to authorized health-care providers, schools and local health departments.

Immunization information is stored and consolidated in one electronic location. Anytime an official immunization record is needed, ImmTrac clients can request a free copy from their

primary care physician or local health department.

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Garland Named to IAC Honor Roll

By **Justin Kerr, PIET**

The Garland Health Department, located in Region 2/3, was named to the Immunization Action Coalition's Honor Roll for Patient Safety for their work in ensuring proper influenza vaccination among their employees.

Vikki Yeatts, public health administrator for the Garland Health Department,

said their department mandates annual influenza vaccination as a condition of employment. To make sure expectations are understood, the employee immunization policy is discussed at length with all new applicants during the interview process.

According to the IAC's announcement at Immunize.org, being named

to the honor roll requires providers to vaccinate all employees and to include serious measures to prevent transmission of influenza from unvaccinated workers to patients.

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ImmTrac, continued from p. 1

ImmTrac can also store historical immunization information for adults. Some adults have childhood immunization records that, upon request, may be entered into ImmTrac. If an adult does not have historical immunization information, they can visit the last school district attended or college health service center to try and retrieve those historical documents.

An individual may also contact a parent, look through old files, or visit a former physician. If the records cannot be located, then they can be started anew with ImmTrac.

Why a Lifetime Registry?
According to the National Center

for Immunization and Respiratory Diseases, vaccine-preventable diseases kill more Americans every year than traffic accidents, breast cancer, or HIV/AIDS.

The good news is that adults can use this registry to keep track of the immunizations received to protect them against vaccine-preventable diseases. The Center for Disease Control and Prevention recommends that adults be vaccinated against a range of diseases, including chickenpox, diphtheria, hepatitis A and B, human papillomavirus, influenza, measles, meningococcal disease (meningitis), mumps, pertussis, (whooping cough), pneumococcal disease (pneumonia), rubella, shingles and tetanus.

The Lifetime Registry will make it possible for entire Texas families to have easy access to their immunization information. ImmTrac has made great strides over the years in creating a very substantial system. With adults now included in the registry, ImmTrac will continue to serve the citizens of Texas.

For more information, please visit:
<http://adult.immtrac.com>



2009-2010 Immunization Branch Campaign Awareness Study

By Alma Thomson, PIET

Awareness levels of the importance of the recommended immunization schedule continue to remain high among young women, ages 18-36, in the National Immunization Survey markets in the state, according to the most recent Immunization Branch campaign research study.

More and more young women, ages 18-36, who completed the 2009 Immunization Branch campaign survey, are using the Internet for health and vaccine information for their children, according to the completed report issued March 2010. These women also reported the Internet as the most reliable media source for their health and vaccine information.

The study included four different research components. The main goals of the pre-test were to establish awareness levels of getting on and staying on the recommended immunization schedule. The post-test goals were to measure differences in

behaviors, attitudes, and perceptions following the public awareness campaign.

The study also included a qualitative component to assess the usability and design performance of the campaign website. This component was done by structured pre-campaign in-person interviews and a web-based survey of visitors to ImmunizeTexas.com. A final study purpose was to monitor website performance using Google Analytics®, which tracks website visitor usage, during the campaign.

ImmunizeTexas.com gets update for 2010

By Alma Thompson, PIET



ImmunizeTexas.com, 2010



In September 2010, the Immunization Branch revamped its 2009 Immunization Campaign website at ImmunizeTexas.com to improve overall visual design and user navigation. Although the website looks a little different, it still features the interactive immunization schedules, 2009 TV ads, and online videos.

The website was part of a large 2009 immunization public awareness and education campaign targeting women, 18-34, with one or more children younger than three years of age. The message for the campaign was “Get on the Schedule” in a simple, memorable reference to the recommended immunization schedule. All campaign components were designed to promote and drive the audience to the campaign website for more information. The target group and message chosen were determined by research previously conducted as part of an evaluation of the 2008 campaign.

The campaign was held Sept. 28- Dec. 31, 2009, beginning in the major metropolitan areas surveyed in the National Immunization Survey (NIS), which includes Dallas/Ft. Worth, El Paso, Houston, and San Antonio. These areas also cumulatively have the largest number of women giving birth in Texas, more than 65 percent of women, ages 20-34, in the state.

Vaccine Choice program underway

By Codie Prinz, Vaccine Services

In 2009, the 81st Legislature passed a bill requiring the Texas Department of State Health Services to offer providers a choice of vaccine brands and presentations for the Texas Vaccines for Children and adult safety-net vaccination programs.

Since that time TVFC staff has been moving toward the implementation of vaccine choice. Managing the H1N1 flu event during the initial

months following the legislation made the process challenging and stretched resources and time. In spite of this, vaccine choice is a reality today. In addition to implementing vaccine choice, the program has moved from a primarily paper system to one that is heavily web-based.

The kick off for Vaccine Choice took place on May 26, 2010, at The Thompson Center on the University of Texas campus. The Vaccine Choice

training was well attended by regional staff, as well as staff from local health departments across the state.

Karen Hess, vaccine services manager at DSHS, presented the challenges of administering Provider Choice in a paper system. She then introduced the EVI (Electronic Vaccine Inventory) system and walked the group through a series of mock scenario screens.

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(LIFETIME REGISTRY)**

Department Presents Poster at CDC Conference

By Alma Thompson, PIET

Alma Thompson, Kenzi Guerrero, and Tony Aragon presented a poster at the 2010 CDC National Conference on Health Communications, Marketing, and Media, Aug. 17-19, 2010, in Atlanta.

The poster, entitled “Using Trend Data to Improve Strategies, Messages, and Choice of Media Channels,” presented an at-a-glance look at how the Immunization Branch began using data to improve awareness and education campaigns from 2005 to 2010.

Highlights of the poster included how the state tracked awareness levels. Surveys, over time, revealed a threshold of media mix needed per market to achieve a 5-7 percent or greater positive change in awareness levels. The state is now working toward maintaining high levels of awareness of the importance of vaccinating children on time according to the recommended immunization schedule.

The poster described how the branch collected baseline and subsequent data regarding young mothers’ changing lifestyles (and specifically media habits) to better determine messaging, strategies, tactics, and choice of media to use. In response to the data, messaging evolved to stronger, simpler calls to action: “Vaccinate on time, every time” and “Go to ImmunizeTexas.com” and “Get on the schedule.”

Resources Within Reach

By Clara Taylor, PIET

The following publications are new or revised as of July 1, 2010:

- “Influenza (The Flu) Fact Sheet for Child-Care Settings” (Bilingual), stock no. 11-12812 revised on July 7, 2010
- “Live, Intranasal Influenza Vaccine-What you need to know” Vaccine Information Statement (English), stock no. C-87 and corresponding addendum revised August 10, 2010.
- “Live, Intranasal Influenza Vaccine - What you need to know” Vaccine Information Statement (Spanish), stock no. C-87 and corresponding addendum revised August 10, 2010.
- “Inactivated Influenza Vaccine - What you need to know” Vaccine Information Statement (English), stock no. C-93 and corresponding addendum revised August 10, 2010.
- “Inactivated Influenza Vaccine - What you need to know” Vaccine Information Statement (Spanish), stock no. C-93 and corresponding addendum revised August 10, 2010.
- “Vaccines and Me” 18-month Coloring Calendar 2010-2011” (Bilingual) revised July 2010.

To order or download these publications or any of the Texas Department of State Health Services, Immunization Branch materials, please visit our web page at: <http://immunizetexasorderform.com>.

If you have questions or concerns call Jack Shaw at (800) 252-9152 ext 6516.

The Three C’s of Lifelong Learning

By Kathryn Johnson, PIET

Bettina Lankard explains that in today’s “high performance organizations”, you must prepare for continuous on-the-job growth, training and staff development.

Currently there are four generations in the workforce with a variety of experiences, lifestyles, and cultures. Therefore, it’s understandable that the traditional employee must move beyond a traditional model of learning passively. They should initiate and participate in the workplace as a lifelong learner in a variety of situations. There are three “Cs” of lifelong learning promoting one’s successes throughout life: **commitment**, **communication**, and **compensation**.

Commitment

Commitment is the act that people may choose to bind them intellectually or emotionally to a course of action, a message that makes a pledge on their behalf, or an intense desire to fulfill or accomplish a goal. When your emotions are so strong that it motivates you continuously to achieve your goal then you know you have reached at point where you are committed.

Demonstrate your commitment to your position or career. Show your commitment to your position or career path. Find your own training and staff development opportunities. Use what you learn. One of the most important skills in today’s workforce is the skill of the self-directed learner. A self-directed learner needs to identify their learning needs and goals, how they will gain the knowledge, and how they will know that they have achieved their goal.

Find a success partner, someone who is also committed to similar goals as well as committed to encouraging you, challenging you and sharing major and minor milestones with you. Commitment is a two-way street. You only get it if you give it.

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(THREE C’S)**

GARLAND, continued from p.1

The list honors more than 70 healthcare organizations, including UC-Davis Health Systems in California and the Johns Hopkins Health System in Maryland. For more information on how your organization can join the honor roll, visit the link below & fill out the nomination form today.

IAC Honor Roll Application: <http://www.immunize.org/laws/mandates.aspx>



Adult & Adolescent Immunization Program

By Tristan del Canto— Assessment, Compliance & Evaluation Group

The Immunization Branch developed a strategic vaccination plan in 2006. Two of the five goals are specific to adults: “increase vaccine coverage levels for adults” and “reduce indigenous cases of vaccine-preventable diseases”. By September 2008, TASNVP was able to expand to include all routinely recommended vaccines for adults.

The Adult & Adolescent Immunization Program currently focuses most of its efforts on vaccinating adults. DSHS’ goal for the adult piece of the AAIP is to

improve adult immunization levels through these specific strategies:

1. **Promote the use of ImmTrac, the statewide immunization registry.** Texas’ immunization registry, ImmTrac, is now an adult registry. Healthcare providers should utilize the system and need to be trained and educated on the benefits to patients and the practice.

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(ADULT & ADOLESCENT)**



VACCINE CHOICE, continued from p.3

Ellen Willmore introduced and provided training for completing the online Provider Choice Survey required for each provider. This survey gave the providers the opportunity to make their vaccine selections. Eighty-seven percent of providers completed the survey. The remaining providers were assigned a default set of vaccines.

As the September 1 deadline approached, a call center was put in place and trainings both via webinar and live presentations were made available to regional staff and local health departments. In turn these entities trained the private providers. Currently training is available online to all local and regional staff and private providers at:

<http://www.dshs.state.tx.us/immunize/choice/>

Provider Choice went live on September 1, 2010, as planned. The Vaccine Call Center staff has been busy answering provider questions. Some TVFC staff members have taken on new roles to facilitate the system. The first wave of vaccine choice reduces order turn-around time with the providers electronically entering their orders into EVI. The local or regional authorities review and approve the orders. The regular orders are then ready to be filled by the manufacturer. The second wave will further reduce paper usage and add other helpful features to the system such as Maximum Stock Level calculations based on usage.

The health and wellness of Texas's children is advanced through the partnership between TVFC and health care providers. Vaccine Choice seeks to further the effectiveness of our partnership. For more information about the Texas Vaccines for Children Program please visit [ImmunizeTexas.com](http://www.immunizetexas.com) today.

For assistance with technical EVI/ITEAMS issues please contact the Vaccine Call Center at (888) 777-5320. The TVFC Consultants are available to assist with any program related questions at (800) 252-9152.

**Got an idea for The Upshot?
Send an e-mail to the editor!**



justin.kerr@dshs.state.tx.us

THREE C'S, continued from p.4

Communication

According to the U.S. Department of Education, communication is how people use messages to generate meanings within and across various contexts, cultures, channels and media. Communication is also the learned skill of speaking and listening and demonstrating ability to understand.

Peter Drucker, American management writer claims that the most important thing about communication is to hear what is not being said. When communicating, give the other person your entire psychological attention to be a most effective communicator.

Communicate regularly with your success partner(s). Decide what works best for you. Whether you communicate daily, weekly or another timeframe is up to you and your success partner(s). What works best for both of you? Learn to give your success partner your entire psychological attention. You will develop a symbiotic relationship of giving to your success partner what he or she needs and receiving what you need from your success partner.

Compensation

Compensation is what you want for what you are willing to give. Although financial rewards are obviously important to most people, keep in mind that most employees are more concerned about the quality-of-life issues than ever. Quality compensation fosters quality systems. Quality depends on the system and leadership to implement the system.

Think about "what's in it for me?" Think about the number of hours that you exchange for the compensation that you get. How do you want to be compensated? Do you want the feeling that you contributed to a worthwhile cause? Do you want monetary rewards? Do you want recognition? Do you want to be known as one of the best in your career or profession? Think about your emotional, mental, physical and spiritual well-being when considering compensation.

In summary, **(1)** Commit to your passion and focus on success. Translate your positive thoughts and desires into action. **(2)** Evaluate your daily communications. Communicate your plan to achieve your goals to others who care to hear them, to others who will guide you, nurture you and mentor you. **(3)** Compensate yourself for your commitment & communication. Determine how you want to be compensated. Expect that you will be compensated. Expect that you will *enjoy* your compensation.

Continue to employ the three "Cs" of lifelong learning: **commitment, communication and compensation.**

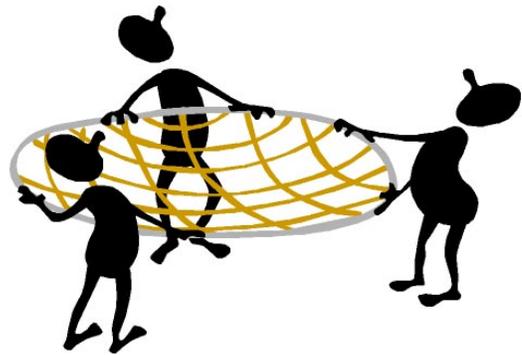
ADULT & ADOLESCENT, continued from p.4

2. **Promote the use of reminder/recall where appropriate**, and encourage all providers to screen all new adult patients to determine if they need immunizations. This means screening every adult patient at intake and completing an assessment tool to determine the need to vaccinate. Reminders should target individuals that need more than one immunization visit.
3. **Educate the public.** The biggest challenge in helping the public understand the schedule, deciding which vaccines an adult needs to receive.
4. **Educate providers.** Healthcare workers should vaccinate themselves first, then make adult immunizations a priority in their practices for their patients. Providers will also need assistance with understanding the adult schedule, which is currently five pages long and complicated.
5. **Promote the medical home.** However, if the medical home does not provide immunization services, then the medical home should work with a community vaccinator so a referral can be made.
6. **Work with stakeholders** to improve the strategies mentioned above to work towards filling the gaps within the adult, statewide immunization system.

Given the coming changes in health care reform, it will be essential for the Immunization Branch to educate providers on the business of immunizations. Private providers and pharmacies are already becoming more interested in the wave of the future.

The Immunization Branch enrolled 10,590 new non-Texas Vaccines for Children providers during the H1N1 pandemic of 2009-2010. Over 53% of these new enrollees were private providers and 18% were pharmacies.

In the years to come, the adult portion of the Adult and Adolescent Immunization Program will likely look to these two groups to provide robust vaccine services to adults and raise the immunization level of adults in Texas.



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Who's New in Immunizations

Tristan Del Canto (Assessment, Compliance & Evaluation Group)

Tristan became the Adult and Adolescent Immunization Coordinator for the ACE group in February 2010. He supports vaccine promotion and disease prevention through CDC's Section 317 Immunization Grant Program Funding and resources provided by the American Recovery and Reinvestment Act. He also co-created and implement the adult immunization strategic and business plans statewide among the Health Service Regions and Local Health Departments.

Favorite childhood activity: Surfing

What I like best about my job: "What I like best about my job is the great team I work with."

Interests outside of work: "My time outside of work is mostly spent with family and reading books about cognitive psychology."

Justin Kerr (Public Information, Education & Training Group)

Justin became the web editor for the Immunization Branch in July 2010. He currently spends his work hours maintaining the branch web sites and providing insight for web-based branch initiatives. Justin is also in charge of editing & publishing *The Upshot Online*, the branch's quarterly newsletter.

Favorite childhood activity: Camping, singing, piano & gardening

What I like best about my job: "I enjoy feeling empowered by the people around me to get the job done as a team."

Interests outside of work: Web IT development, guitar, creating mediocre comedy, basketball

Sarah Kirk (Assessment, Compliance & Evaluation Group)

Sarah began work as an Immunization Branch epidemiologist in July 2010. She conducts epidemiological studies and surveys, analyses, and investigative work related to immunization program activities and vaccine-preventable diseases. The survey data is used to determine immunization rates and vaccine coverage levels in Texas.

Favorite childhood activity: Oil painting, going to the library

What I like best about my job: "Learning new things and all the great people I get to work with!"

Interests outside of work: Sewing, crafting, reading, gardening

Who's New in Immunizations

Becky Richburg (ImmTrac Group)

Becky has worked on the ImmTrac records management team since 2009, and recently moved over to the Program Coordination Team.

Favorite childhood activity: Backgammon or the card game Rummy

What I like best about my job: "I feel that we are doing a great service to the people of the State of Texas. We touch so many different groups, including parents, doctors' offices, first responders and schools, and in the near future we will extend way beyond that. This is a very exciting time to be working in ImmTrac."

Interests outside of work: "Hanging out with my husband and kids (young adults now), exercising, reading and swimming."

Kurt Wolf (ImmTrac Group)

Kurt worked at the Texas Health and Human Services Commission as a Disaster Assistance investigator and in Children's Medicaid, before transferring to ImmTrac in August 2010. He brings prior experience as a restaurant owner, an educator and a property renovator.

Favorite childhood activity: Frogger (high score at the Quarter Deck)

What I like best about my job: "I absolutely love promoting ImmTrac. As a father, I find it very rewarding to work on a program whose purpose is to ensure the health of Texas children."

Interests outside of work: Renovation of investment properties and spending time with his family.

Texas Department of Health Services,
Immunization Branch

P.O. Box 149347
Austin, TX 78714-9347
800-252-9152



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To submit your comments and suggestions or to be notified by e-mail when the next issue is posted, please contact:

Justin C. Kerr at (512) 458-7111, ext. 6266

justin.kerr@dshs.state.tx.us

