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Services

Texas Department of State
Health Services

DSHS PHR 1 School Nurse Workshop

Amarillo and Lubbock (2/2020)



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Agenda

- 2020 Immunization Schedules
- National Immunization Survey-Teen Coverage Levels
- ImmTrac2 Use For School
- Influenza Update
- Vaccinate With Confidence



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Disclaimer

- Not a Texas School Rules expert and don't know why we count doses vs follow ACIP Recommendations?
- Not a Medical Provider....you know more about immunizations than I do
- Employee of the Centers For Disease Control and Prevention... here to help and it's not my fault



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2020 Immunization Schedules

Vaccines Available



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- 1994 (9)

- Measles
- Rubella
- Mumps
- Diphtheria
- Tetanus
- Pertussis
- Polio
- Hib (infant)
- Hepatitis B

- 2020 (16)

- Measles
- Rubella
- Mumps
- Diphtheria
- Tetanus
- Pertussis
- Polio
- Hib (infant)
- Hepatitis B
- Varicella
- Pneumococcal Disease
- Influenza
- Hepatitis A
- Meningococcal
 - MCV4
 - Men B
- Rotavirus
- HPV

2020 CDC Immunization Schedules



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- Includes schedules for children, adolescents, and adults
- Catch-up schedules provided
- Medical Indications schedules (high-risk indications for all age groups)
- Resources for both healthcare providers and parents
- <https://www.cdc.gov/vaccines/schedules/index.html>

2020 Schedules: Child and Adolescent



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Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2020

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Distapac [®] Infanrix [®]
Diphtheria, tetanus vaccine	DT	Not trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActiHib [®] Hiberix [®] PedvaxIB [®]
Hepatitis A vaccine	HepA	Harve [®]

How to use the child/adolescent immunization schedule

- 1 Determine recommended vaccine by age (Table 1)
- 2 Determine recommended interval for catch-up
- 3 Assess need for additional recommended vaccines
- 4 Review vaccine types, frequencies, intervals, and

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose								3 rd dose							
Rotavirus (RV): RV1 (3-dose series), RVS (2-dose series)			1 st dose	2 nd dose	See Note												
Pneumococcal 13-valent conjugate vaccine			1 st dose	2 nd dose	3 rd dose												
Pneumococcal 23-valent polysaccharide vaccine																	
Poliovirus vaccine (inactivated)			1 st dose	2 nd dose	3 rd dose												
Rotavirus vaccine																	
Tetanus, diphtheria, and acellular pertussis vaccine (PCV13)			1 st dose	2 nd dose	3 rd dose												
Tetanus and diphtheria vaccine			1 st dose	2 nd dose	4 th dose												
Varicella vaccine																	
Combination vaccines (use combination vaccines, instead of DTaP, hepatitis B, and inactivated poliovirus vaccine; DTaP, inactivated poliovirus, and Haemophilus influenzae type b; DTaP and inactivated poliovirus vaccine)																	
Measles, mumps, rubella, and varicella vaccine																	
Varicella (VAR)																	
Hepatitis A (HepA)																	
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)																	
Human papillomavirus (HPV)																	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)																	
Meningococcal B																	
Pneumococcal polysaccharide (PPSV23)																	

Yellow background: Range of recommended ages for all children
Green background: Range of recommended ages for catch-up immunization

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 Month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Minimum Interval Between Doses			
				Dose 3 to Dose 4	Dose 4 to Dose 5	Dose 5 to Dose 6	Dose 6 to Dose 7
Hepatitis B	Birth	4 weeks	4 weeks and at least 16 weeks after first dose. Minimum age for the first dose is 24 weeks.	4 weeks	4 weeks	4 weeks	4 weeks
Rotavirus	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Haemophilus influenzae type b	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Pneumococcal conjugate (PCV13)	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Inactivated poliovirus (IPV <18 yrs)	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Measles, mumps, rubella (MMR)	12 months	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Varicella (VAR)	12 months	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Hepatitis A (HepA)	12 months	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)	7 years	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Human papillomavirus (HPV)	9 years	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)	9 months	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Meningococcal B	10 years	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks
Pneumococcal polysaccharide (PPSV23)	65 years	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

Vaccine	Pregnancy	Immunocompromised status (including HIV infection)	MIV infection CD4 count ¹	INDICATION													
				<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³	Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leaks or cochlear implants	Asplenia or persistent complement deficiencies	Chronic liver disease	Diabetes						
Hepatitis B																	
Rotavirus																	
Diphtheria, tetanus, & acellular pertussis (DTaP)																	
Haemophilus influenzae type b																	
Pneumococcal conjugate																	
Inactivated poliovirus																	
Influenza (IV)																	
Influenza (LAIV)																	
Measles, mumps, rubella																	
Varicella																	
Hepatitis A																	
Tetanus, diphtheria, & acellular pertussis (Tdap)																	
Human papillomavirus																	
Meningococcal ACWY																	
Meningococcal B																	
Pneumococcal polysaccharide																	

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/imz/imz-general-ecdc/immunocompetence.html and Table 4-1 (Footnote D) at www.cdc.gov/vaccines/imz/imz-general-ecdc/contraindications.html.
2 Severe Combined Immunodeficiency.
3 LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

2020 Schedules: Catch Up Guidance: DTaP, Tdap, Hib, PCV, and Polio



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Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Haemophilus influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Haemophilus influenzae type b Vaccines: PedvaxHIB Vaccine Only

Catch-Up Guidance for Children 4 Months through 17 Years of Age

Inactivated Polio Vaccine (IPV)

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	IF current age is	AND # of previous doses ¹ is	AND		THEN	Next dose due ²
			AND	THEN		
4 through 6 months	Unknown or 0	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
			→	→	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older
7 through 11 months	1	1	It has been at least 4 weeks since Dose 1	→	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older
			It has not been at least 4 weeks since Dose 1	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1
4 through 18 months	2	2	It has been at least 4 weeks since Dose 2	Child is 6 months of age or older	Give Dose 3 today	Give Dose 4 (Final Dose) at 4 through 6 years of age
			It has been at least 4 weeks since Dose 2	Child is younger than 6 months of age	No dose today	Give Dose 3 at 6 months of age
12 through 14 months	1	1	It has not been at least 4 weeks since Dose 2	→	No dose today	Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older
			→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
19 months through 3 years	2	2	It has been at least 4 weeks since Dose 2	→	Give Dose 3 today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 and at 4 through 6 years of age
			It has not been 4 weeks since Dose 2	→	No dose today	Give Dose 3 at least 4 weeks after Dose 2

¹Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV only. Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. www.cdc.gov/mmwr/preview/mmwrhtml/rr5610a.htm

²Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020. www.cdc.gov/vaccines/imz/downloads/pdf/18yrs-child-combined-11ch2019a.pdf



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Catch-Up Guidance for Children 4 Months through 6 Years of Age

Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines: DTaP/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Catch-Up Guidance for Children 7 through 9 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Catch-Up Guidance for Children 10 through 18 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND			THEN	Next dose due
		AND	AND	AND		
10 through 18 years	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
		→	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
10 through 18 years	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
10 through 18 years	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3

¹Given at 10 years of age or older.

²If the previous Tdap dose¹ was administered before the 10th birthday, then a dose of Tdap is recommended now.

³Tdap administered at 9 years of age or younger.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020. www.cdc.gov/vaccines/imz/downloads/pdf/18yrs-child-combined-11ch2019a.pdf



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Advisory Committee on Immunization Practices (ACIP) Updates and *MMWR* Publications

Tdap/TD Recommendations

ACIP Adolescent Tdap Recommendations



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- Routinely recommended at 11–12 years of age
- Catch up adolescents 13 years of age and older who were not vaccinated
- Adolescents who received Tdap inadvertently or as part of the catch-up series between 7–9 years of age should be given the routine adolescent Tdap dose at 11–12 years of age
- Tdap administered at 10 years of age may count as the recommended dose at 11–12 years*

Updated ACIP Adolescent Tdap Recommendations



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- Either Td or Tdap vaccine can be used now (previously only Td was recommended) including:
 - 10-year booster dose
 - Tetanus prophylaxis for wound management
 - Catch-up immunization for persons 7 years of age and older
 - Never been vaccinated against pertussis, tetanus, or diphtheria
 - Are incompletely vaccinated for pertussis, tetanus, or diphtheria
 - Prevention of neonatal and obstetric tetanus

ACIP Pregnancy Tdap Recommendations



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- Administer Tdap during each pregnancy, preferably at 27 through 36 weeks' gestation
- Vaccination coverage for pregnant women:
 - 2010 and earlier <1%
 - 2013 28%
 - 2015 53%

Maternal Vaccination



Resources for healthcare professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated September, 2016

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of vaccine
Influenza	Yes	Yes, during flu season	Yes	Inactivated
Tdap	May be recommended; it is better to vaccinate during pregnancy when possible	Yes, during each pregnancy	Yes, immediately postpartum, if Tdap never received in lifetime; it is better to vaccinate during pregnancy	Toxoid/ Inactivated
Td	May be recommended	May be recommended, but Tdap is preferred	May be recommended	Toxoid
Hepatitis A	May be recommended	May be recommended	May be recommended	Inactivated
Hepatitis B	May be recommended	May be recommended	May be recommended	Inactivated
Meningococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
Pneumococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
HPV	May be recommended (through 26 years of age)	No	May be recommended (through 26 years of age)	Inactivated
MMR	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live
Varicella	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live

For more information, visit: www.cdc.gov/vaccines/pregnancy

Get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636)



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HPV Vaccine Recommendations

ACIP Adolescent HPV Recommendations



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- Children and adults 9 through 26 years (males and females):
 - Routinely recommended at age 11 or 12 years
 - Vaccination can start at age 9 years
- 2 dose series if started before their 15th birthday
- Catch-up unvaccinated or incompletely vaccinated persons regardless of gender or medical status

An advertisement for the HPV vaccine. It features a young person with curly hair, wearing a blue soccer jersey, standing on a green soccer field. A speech bubble contains the text: "If there were a vaccine against cancer, wouldn't you get it for your kids?". Below the speech bubble, the text reads: "HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11-12 year old sons and daughters against HPV." At the bottom, the website address is given: "www.cdc.gov/vaccines/teens".

If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention.
Talk to the doctor about
vaccinating your 11-12 year old
sons and daughters
against HPV.

www.cdc.gov/vaccines/teens

ACIP Adult HPV Recommendations



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- Recommendations for schedules and intervals have not changed
- No pre-vaccination testing (e.g., Pap or HPV testing) is recommended
- Recommendations for pregnant or breastfeeding women have not changed
 - HPV vaccination should be delayed until after pregnancy
 - Pregnancy testing is not needed before vaccination
 - Persons who are breastfeeding or lactating can receive HPV vaccine
- Follow cervical cancer screening recommendations

Updated ACIP Adult HPV Recommendations



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- Vaccination not routinely recommended for all persons 27 through 45 years of age
- Shared clinical decision-making discussion recommended to see if they would benefit from vaccination
- Shared clinical decision-making criteria available in the *MMWR*

Ideally, HPV vaccination should be given in early adolescence because vaccination is most effective before exposure to HPV through sexual activity. For adults aged 27 through 45 years who are not adequately* vaccinated, clinicians can consider discussing HPV vaccination with persons who are most likely to benefit. HPV vaccination does not need to be discussed with most adults aged >26 years.

- HPV is a very common sexually transmitted infection. Most HPV infections are transient and asymptomatic and cause no clinical problems.
- Although new HPV infections are most commonly acquired in adolescence and young adulthood, some adults are at risk for acquiring new HPV infections. At any age, having a new sex partner is a risk factor for acquiring a new HPV infection.
- Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.
- Most sexually active adults have been exposed to some HPV types, although not necessarily all of the HPV types targeted by vaccination.
- No clinical antibody test can determine whether a person is already immune or still susceptible to any given HPV type.
- HPV vaccine efficacy is high among persons who have not been exposed to vaccine-type HPV before vaccination.
- Vaccine effectiveness might be low among persons with risk factors for HPV infection or disease (e.g., adults with multiple lifetime sex partners and likely previous infection with vaccine-type HPV), as well as among persons with certain immunocompromising conditions.
- HPV vaccines are prophylactic (i.e., they prevent new HPV infections). They do not prevent progression of HPV infection to disease, decrease time to clearance of HPV infection, or treat HPV-related disease.

*Dosing schedules, intervals, and definitions of persons considered adequately vaccinated have not changed.

<https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html>



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Texas 2018 Teen National Immunization Survey



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CDC National Immunization Survey

Teen Coverage Levels

2018 NIS-Teen Overview



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- Conducted annually by CDC, assesses immunization levels among teens 13-17 years of age
- Population-based, random-digit-dial sample of phone numbers followed by reviewing the child's vaccination record from the provider
- Provides a "Report Card" on national and state estimates
- Assesses coverage of 3 key recommended teen vaccines (including breakdown of number of doses by gender for HPV)

2018 National Immunization Survey- Teen Results



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- In Texas, a statistically significant increase was observed for ≥ 1 dose HPV and HPV UTD coverage in Texas adolescents. These increases were due to statistically significant increases in ≥ 1 dose HPV and HPV UTD coverage among males from 2016 to 2017.
- In 2016, 44.3 percent of males in Texas had initiated the HPV series, and in 2017 coverage increased to 55.2 percent and now 55.5% for 2018.
- In 2016, 26.5 percent of males in Texas had completed the HPV series. In 2017, 36.0 percent had completed the HPV series. In 2018, 39.4% had completed the series.

2018 National Immunization Survey-Teen Results



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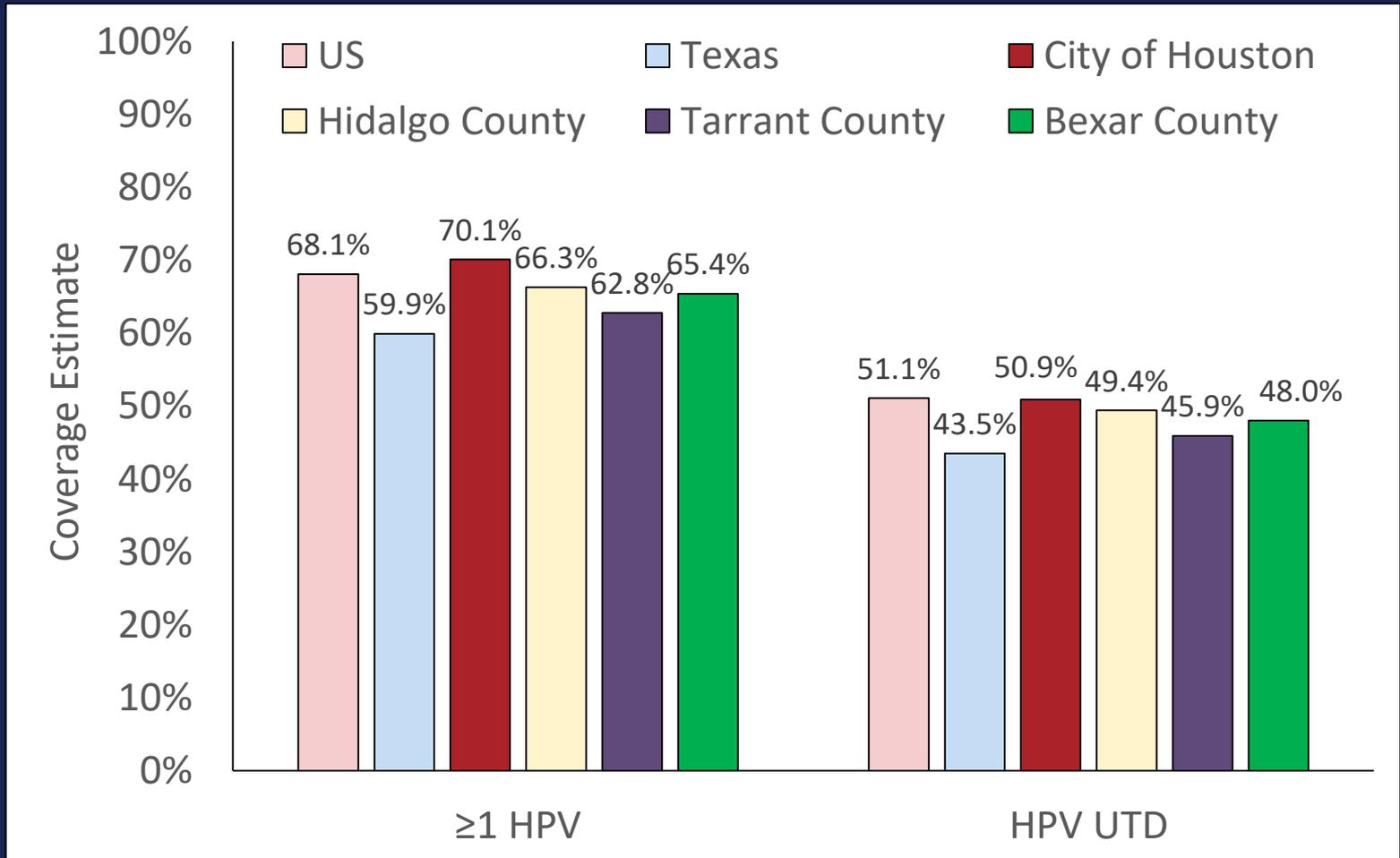
Vaccine	U.S. National Average 2018	Texas 2017	Texas 2018
≥1 dose of Tdap	88.9%	83.2%	83.4%
≥1 dose MenACWY	86.6%	85.1%	86.7%
≥1 dose HPV	68.1%	57.8%	59.9%
HPV Up-To-Date (UTD)	51.1%	39.7%	43.5%
≥1 HPV, females	69.9%	60.4%	64.6%
HPV UTD, females	53.7%	43.5%	47.8%
≥1 dose HPV, males	66.3%	55.2%	55.5%
HPV UTD, males	48.7%	36.0%	39.4%
≥2 doses MMR	91.9%	84.7%	83.1%
≥2 dose VAR	89.6%	82.9%	82.0%

Comparison of ≥ 1 Dose HPV and HPV UTD Coverage in US, Texas, and Select Jurisdictions, 2018



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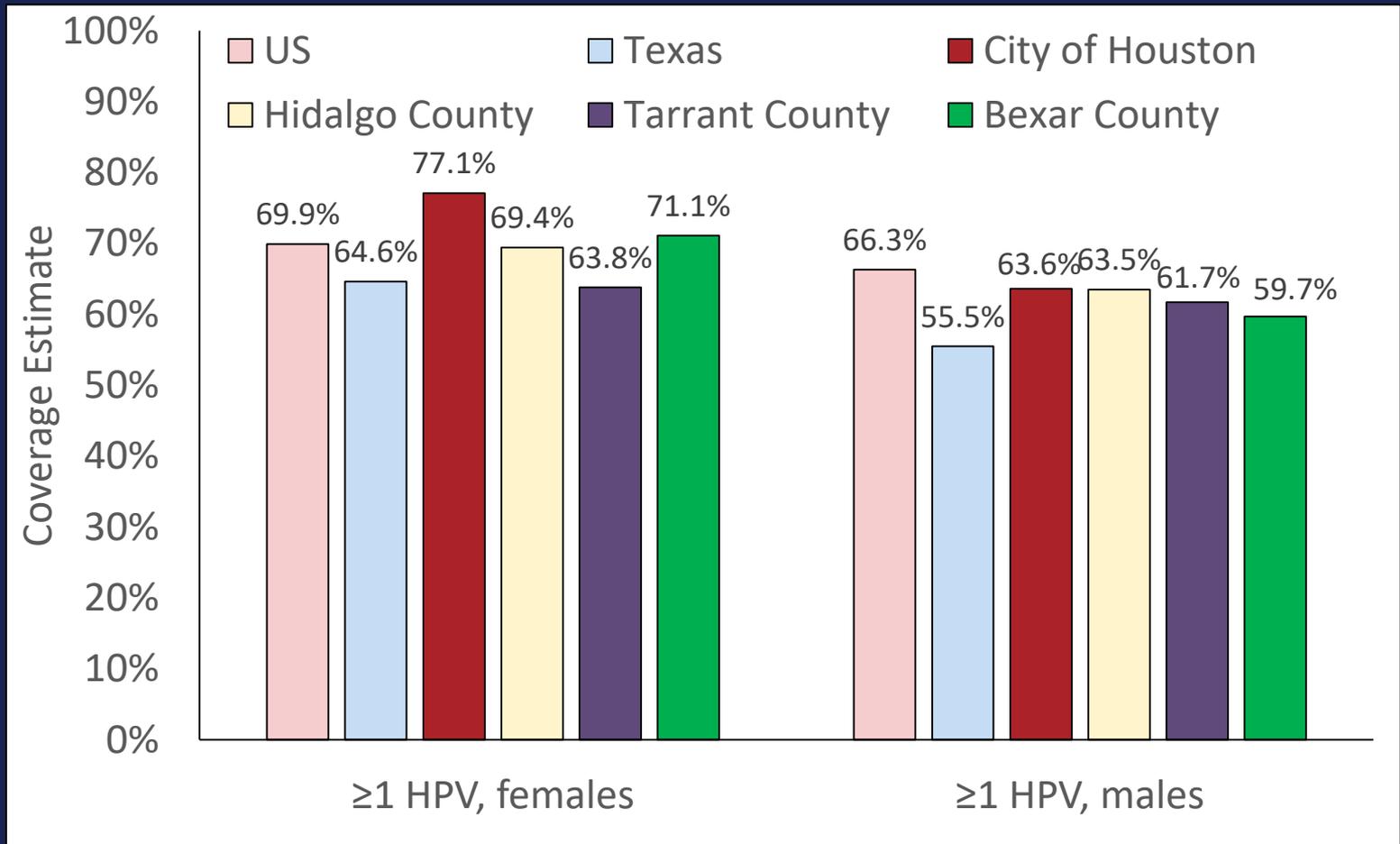


Comparison of ≥ 1 Dose HPV Coverage by Gender in US, Texas, and Select Jurisdictions, 2018



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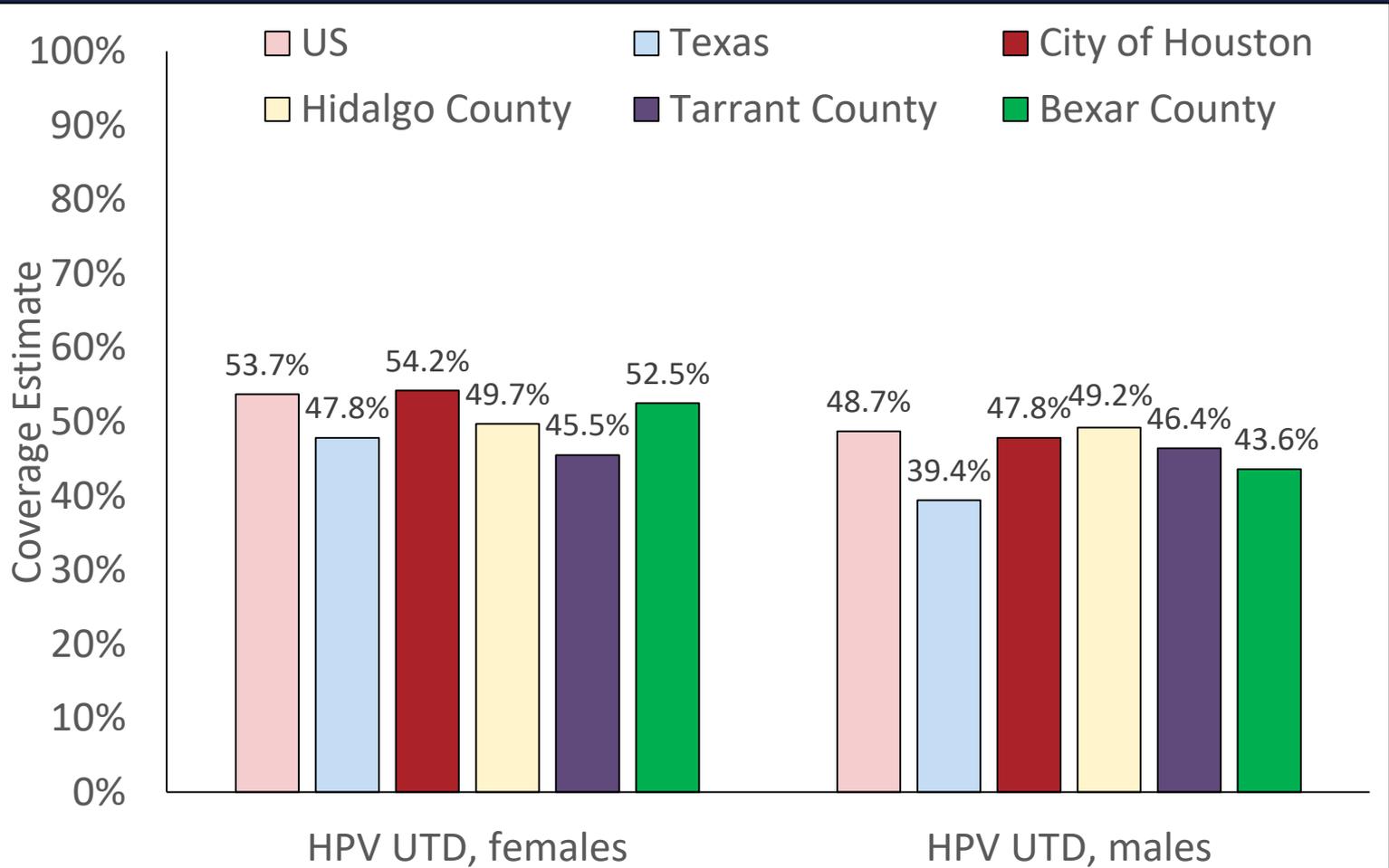


Comparison of HPV UTD Coverage by Gender in US, Texas, and Select Jurisdictions, 2018



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TVFC Adolescent Vaccine Report aka HPV:Tdap Ratio Letter



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January - June 2019

TVFC Provider Mid-Year Report on Adolescent Vaccines

DR. SAMPLE

TVFC PIN: TX123456

Are Your Adolescent Patients Protected?

Routinely assessing your clinic's immunization rates and vaccine administration trends is best practice for your patients. Comparing doses of HPV administered to other adolescent vaccine doses administered in your clinic can identify missed opportunities for HPV vaccination.

Ratio of Tdap doses to
HPV doses administered:

1 : 2.7

Vaccine administration
performance:

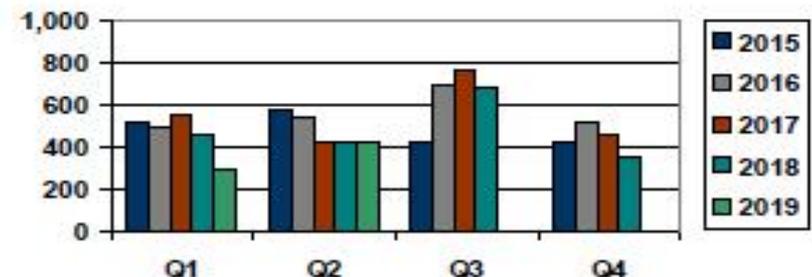
Excellent

EXCELLENT (≥ 1: 2.0)
FAIR (1: 1.5 - 1: 1.9)
POOR (≤ 1: 1.4)

Adolescent Vaccine Doses Administered

TVFC Vaccine	2018 Mid-Year	2019 Mid-Year	Percent Change (%)
HPV	894	717	-20
Tdap	281	267	-5
MCV4	458	451	-2
TVFC Eligible Patient Estimate		1,623	

TVFC HPV Doses Administered by Quarter



TVFC Adolescent Vaccine Report aka HPV:Tdap Ratio Letter



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How Do You Compare?

48

IN THE STATE
(2748 PROVIDERS)

3

IN THE COUNTY
(146 PROVIDERS)

Vaccinate to Prevent Cancer

The HPV vaccine offers tremendous protection against six types of cancer for both girls and boys. From 2011 to 2015, more than 15,000 Texans were diagnosed with HPV-associated cancers. Virtually all cases of cervical cancer and about 70% of oropharyngeal cancers are caused by HPV. Oropharyngeal cancer rates are 5 times higher in men than in women. **Despite the protection the HPV vaccine offers against these cancer types, uptake of the vaccine lags behind other adolescent vaccines.** In 2018, only 43.5% of Texas teens received a complete series of HPV vaccine.

Comparable Tdap to HPV Doses Administered Ratios

1 : 1.7

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1 : 2

BEXAR COUNTY

Resources for Improving HPV Rates

[HPV vaccine information for clinicians](#)

[Ways to improve your HPV vaccine coverage rate](#)

[Tips for talking to parents about HPV vaccine](#)

["#HowIRecommend" vaccination video series](#)

[CDC's template HPV vaccine reminder Letter](#)

2018 National Immunization Survey- Teen Results



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- \geq 1 doses of Tdap over past 5 years
 - 2014: 88.2%
 - 2015: 85.1%
 - 2016: 85.0%
 - 2017: 83.2%
 - 2018: 83.4%
- \geq 1 doses MCV4 over past 5 years
 - 2014: 88.6%
 - 2015: 89.6%
 - 2016: 85.5%
 - 2017: 85.1%
 - 2018: 86.7%

Additional Adolescent Immunizations



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- 16-18 year old has additional vaccine recommendations
 - MCV4 dose 2 (prior to 19 for college requirement)
 - Men B dose 1 and dose 2
 - HPV 3 dose catch-up/completion
 - Annual Influenza
- Opportunities to target age group prior to 19 year critical to successful completion of all adolescent vaccines



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Challenges for NIS Teen

- Tdap and MCV coverage levels are maintaining, but not improving
- Influenza rates continue to be low
- HPV rates increasing, but below national average
- Reducing missed opportunities
- Improving strong provider recommendation for adolescent vaccines
- Educating parents and addressing any concerns about safety and necessity of adolescent vaccines



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Reducing Missed Opportunities

- Eliminating missed opportunities could increase vaccination coverage by up to 20%
- Top reasons
 - Lack of simultaneous administration
 - Nurses or physicians may be hesitant
 - Unaware child (or adult) needs additional vaccines
 - Invalid contraindications
 - Inappropriate or not updated clinic policies (lack of standing orders)

ANSWER= ADDITIONAL PROVIDER AND
PUBLIC EDUCATION

Kindergarten and 7th Grade Coverage Levels



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- Texas requires public school districts and accredited private schools to annually submit a report of students' immunization status (Title 25 Health Services, Texas Administrative Code, §§97.61-97.72).
- In September 2019, instructions for the Annual Report of Immunization Status were distributed to 1,181 public school districts and 920 accredited private schools in Texas.
- Over 94 percent of the schools or districts surveyed responded. Among the 5,389,096 K-12 students reflected in this survey, 72,743 (1.35 percent) had a conscientious exemption for at least one vaccine on file at the school.

The 2019-2020 Annual Report of Immunization Status - TEXAS



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KG Statewide	Completely Vaccinated	Conscientious Exempt.	Medical Exempt.	Provisional	Delinquent
DTP/DTaP/DT/Td	96.63%	2.01%	0.11%	0.49%	0.76%
Hepatitis A	96.40%	1.94%	0.12%	0.96%	0.58%
Hepatitis B	97.44%	1.89%	0.07%	0.18%	0.42%
MMR (2 doses)	96.96%	2.05%	0.12%	0.13%	0.74%
Polio	96.82%	2.04%	0.09%	0.30%	0.75%
Varicella (2 doses)	96.20%	2.08%	0.15%	0.47%	0.85%
7th Statewide	Completely Vaccinated	Conscientious Exempt.	Medical Exempt.	Provisional	Delinquent
Tdap/Td#	97.12%	1.37%	0.06%	0.16%	1.29%
Hepatitis A	98.21%	0.99%	0.06%	0.39%	0.35%
Hepatitis B	98.58%	0.95%	0.04%	0.12%	0.31%
Meningococcal	96.98%	1.33%	0.05%	0.06%	1.58%
MMR (2 doses)	98.72%	0.93%	0.05%	0.04%	0.26%
Polio	98.52%	0.98%	0.04%	0.15%	0.31%
Varicella (2 doses)	97.37%	1.01%	0.08%	0.13%	0.36%

Percent of Kindergarten Students Completely Vaccinated by Public Health Region, 2019-2020 School Year



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Vaccine	Public Health Region							
	1	2/3	4/5N	6/5S	7	8	9/10	11
DTaP (Diphtheria, tetanus, and acellular pertussis)	95.66%	95.87%	96.36%	96.91%	95.97%	96.74%	97.29%	98.94%
Hepatitis A	95.77%	95.72%	96.45%	96.36%	95.60%	96.77%	97.08%	98.93%
Hepatitis B	97.04%	96.86%	97.54%	97.45%	96.72%	97.68%	98.33%	99.38%
MMR	96.22%	96.34%	96.78%	97.01%	96.33%	97.13%	97.88%	99.13%
Polio	96.02%	96.17%	96.78%	96.88%	96.12%	97.05%	97.66%	99.04%
Varicella* (Chickenpox)	95.42%	95.48%	96.36%	96.20%	95.32%	96.64%	97.12%	98.67%

Percent of 7th Grade Students Completely Vaccinated by Public Health Region, 2019-2020 School Year



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Vaccine	Public Health Region							
	1	2/3	4/5N	6/5S	7	8	9/10	11
Tdap (Tetanus, diphtheria, and acellular pertussis)	96.97%	97.19%	97.69%	96.27%	96.60%	97.20%	97.85%	99.14%
Hepatitis A	98.34%	98.11%	98.66%	97.87%	97.61%	98.42%	98.76%	99.32%
Hepatitis B	98.75%	98.43%	98.93%	98.26%	98.12%	98.74%	99.20%	99.71%
MCV4 (Meningococcal conjugate)	97.07%	97.45%	97.72%	95.18%	97.13%	97.22%	98.02%	99.15%
MMR (Measles, mumps, and rubella)	98.80%	98.57%	98.96%	98.44%	98.43%	98.82%	99.29%	99.71%
Polio	98.59%	98.37%	98.82%	98.21%	98.02%	98.69%	99.16%	99.67%
Varicella* (Chickenpox)	97.44%	97.30%	98.25%	97.11%	96.65%	97.86%	98.11%	97.79%

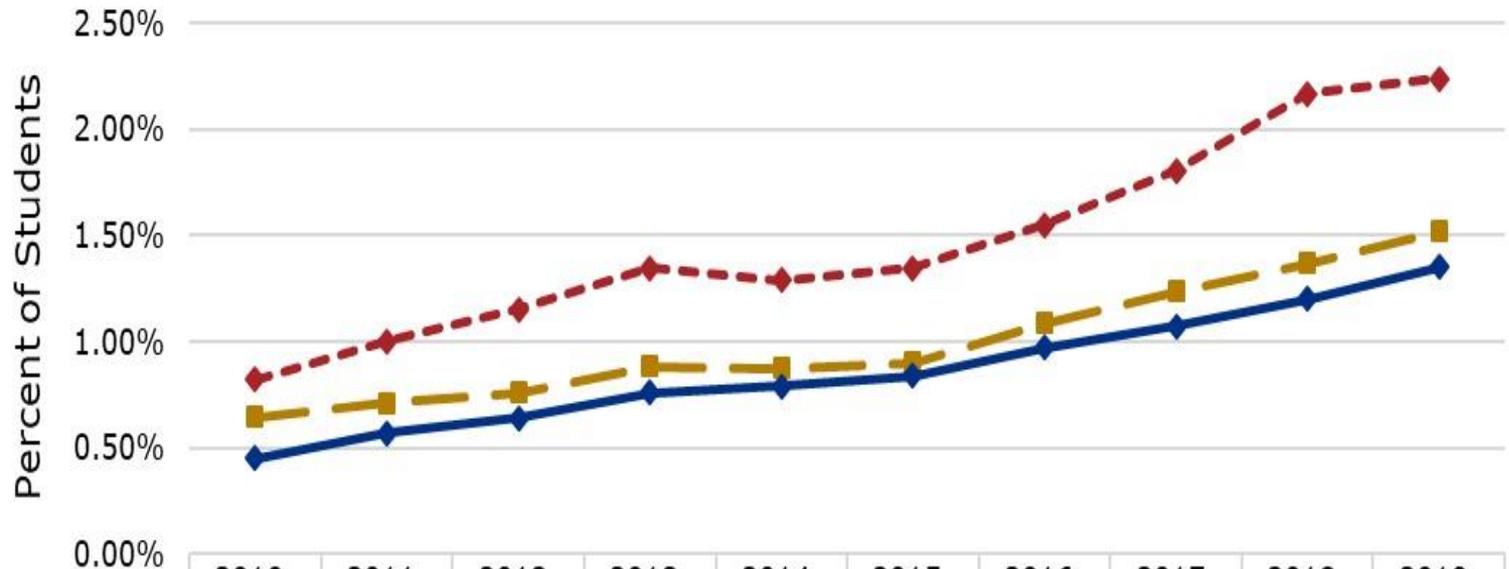
Percent of Students with >1 Conscientious Exemption 2010-2019



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Percent of Students with ≥ 1 Conscientious Exemption on File, by Grade, Texas 2010-2019



	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
—◆— K	0.82%	1.00%	1.15%	1.35%	1.29%	1.35%	1.55%	1.80%	2.17%	2.24%
—■— 7th	0.64%	0.71%	0.76%	0.88%	0.87%	0.90%	1.09%	1.24%	1.37%	1.52%
—◆— K-12	0.45%	0.57%	0.64%	0.76%	0.79%	0.84%	0.97%	1.07%	1.20%	1.35%

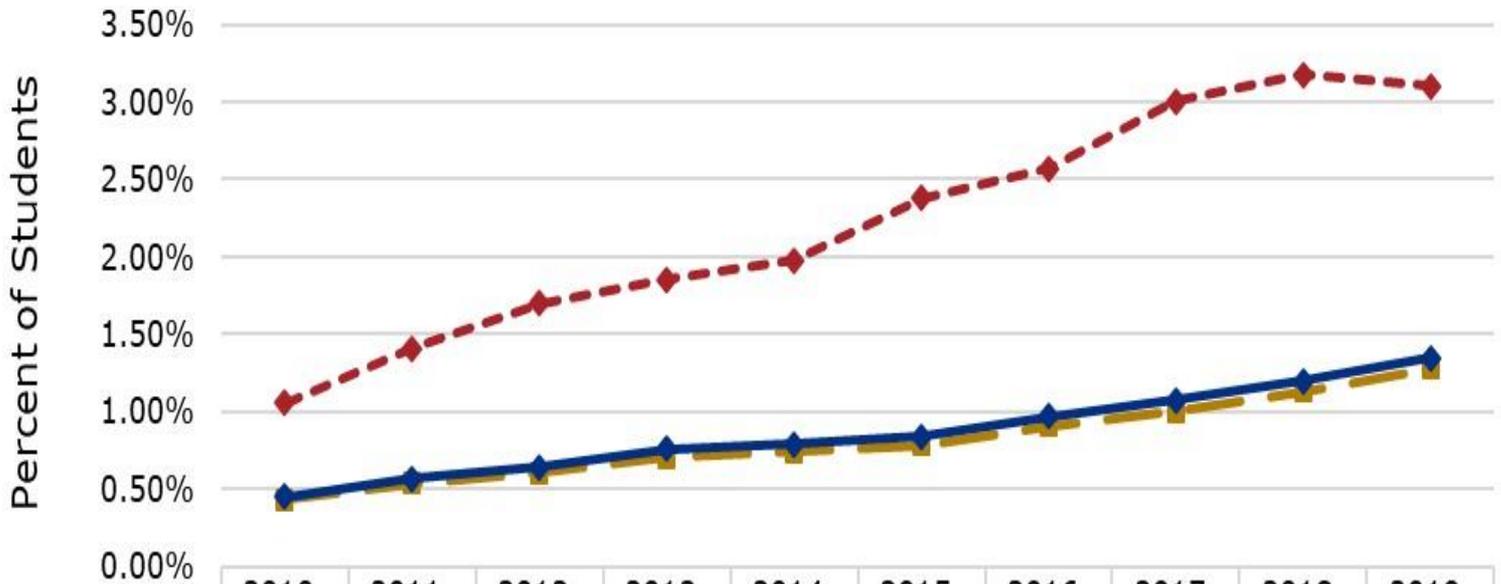
Percent of Students with >1 Conscientious Exemption By School Type 2010-2019



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Percent of K-12 Students with ≥ 1 Conscientious Exemption on File, by School Type, Texas 2010-2019



	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Private	1.06%	1.41%	1.70%	1.85%	1.98%	2.38%	2.57%	3.00%	3.17%	3.10%
Public iSD	0.43%	0.54%	0.61%	0.70%	0.74%	0.78%	0.91%	1.00%	1.13%	1.28%
All Schools	0.45%	0.57%	0.64%	0.76%	0.79%	0.84%	0.97%	1.07%	1.20%	1.35%

Percent of Students with >1 Conscientious Exemption, 2019

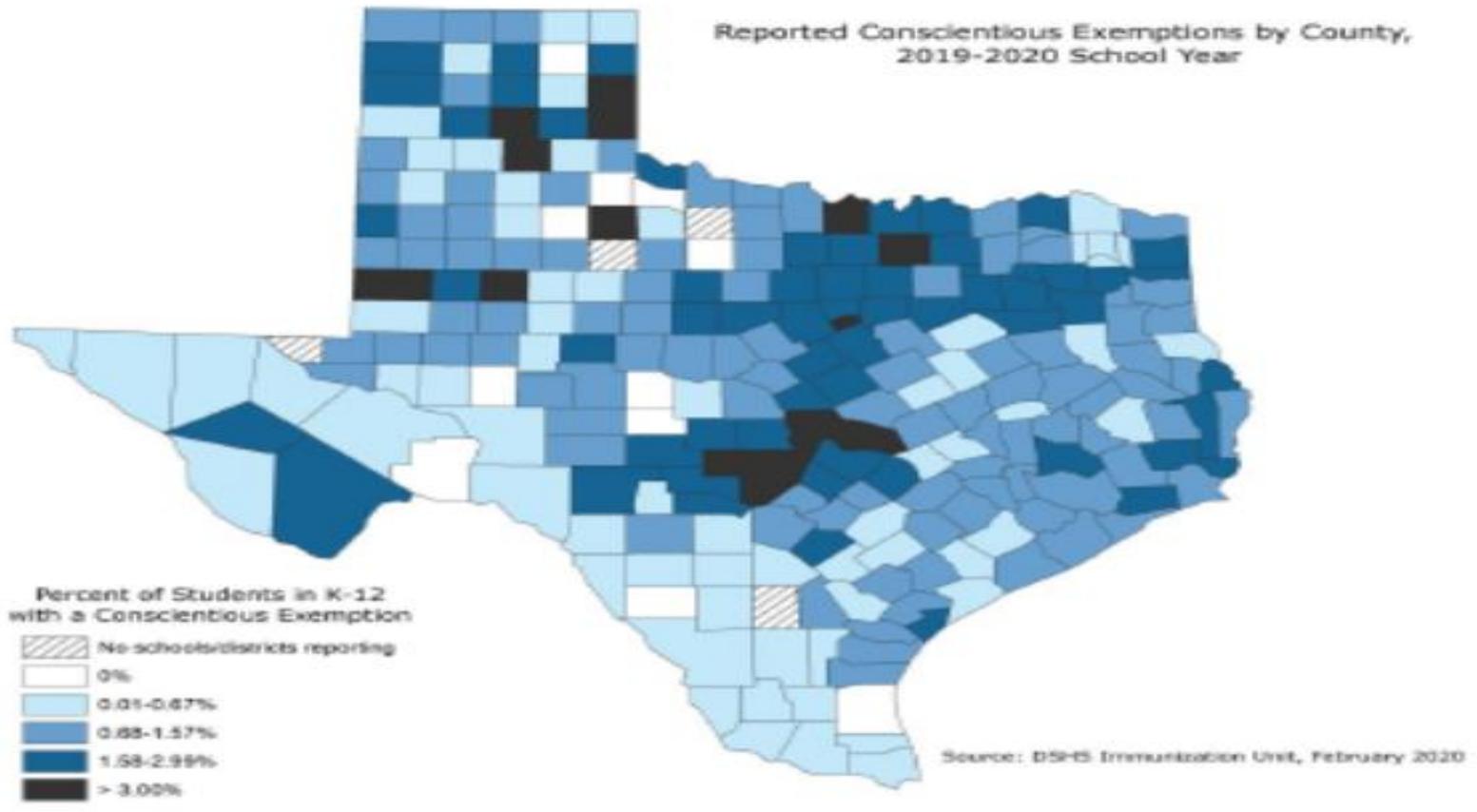


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Figure 1. Percent of Students in Kindergarten through 12th Grade with a Conscientious Exemption on File for at Least One Vaccine, 2019-2020 School Year





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DSHS Links For School Rules

- 2019-20 School and childcare requirements are here:
<https://www.dshs.texas.gov/immunize/school/school-requirements.aspx>
- Summary of 2019-20 data:
<https://www.dshs.texas.gov/immunize/coverage/schools/>
- Texas school immunization site, which has a lot of information—FAQs, links to the actual rules, publications, info on exemptions, etc.
<https://www.dshs.texas.gov/immunize/school/default.shtm>



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ImmTrac2 Updates and Use In Schools

What is ImmTrac2?

- The Texas Immunization Registry, or Texas Immunization Information System (IIS)
- A service provided by the Texas Department of State Health Services (DSHS)



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What is ImmTrac2?

- A repository of immunization histories for:
 - Texas children & adults
 - Texas first responders & adult family members
 - Disaster-related participants, such as displaced residents during Hurricane Harvey



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What is ImmTrac2?

- Immunization records are consolidated from multiple sources statewide.
- Authorized health care providers, **schools** & child care facilities can access immunization histories and print records.



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How Does It Work?

Childhood Participation

- The parent of a newborn gives consent in the hospital, during the birth registration process.

OR

- The parent or legal guardian completes an ImmTrac2 consent for a child at a vaccination appointment or visit with the school nurse.



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How Does It Work?

Adult Participation

- The adult (18 years of age or older) completes an ImmTrac2 consent form at a vaccination appointment or visit with the school nurse.

OR

- The adult completes a First Responder or First Responder family member consent form at a vaccination appointment or in collaboration with local government disaster preparedness activities.



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How Does It Work?

Organization Access

- Providers and other authorized entities register for ImmTrac2 access and begin reporting administered vaccines.
- Staff look up immunization histories for their patients or students in the statewide database.
- Staff print Official Immunization Records to give to parents or patients when needed.



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Texas Immunization Registry

2019 Statistics

- 162.2 million immunization records
- 8.8 million clients
 - 2.3 million - Under 6 years of age
 - 2.1 million – 6 to 11 years of age
 - 3.1 million – 11 to 17 years of age
 - 1.3 million – 18 years and older



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Texas Immunization Registry

2019 School Statistics

- 9,056 Public & Private Schools Registered
- 9,364 school users
 - 5,610 Full Access
 - 2.1 million immunizations entered
 - 3,967 View-Only Access
- 3.4 million searches

**Some users may be associated to more than one school.*



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Texas Immunization Registry

Resources

For more information on the registry:

- www.ImmTrac.com

ImmTrac2 Customer Support

- Email: ImmTrac2@dshs.texas.gov
- Phone: 1-800-348-9158



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DSHS VFC Flu Update



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2017-2018 Flu Program

2017-18 Flu Doses Final Report



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33.6% Vaccinated
2,991,649 Missed opportunities

4,504,975

TVFC
Eligible
Children

1,831,890

Doses
Ordered

1,513,326

Doses
Administered

17.8% Vaccine Loss



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2018-2019 Flu Program

2018-19 Flu Doses Final Report



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34.3% Vaccinated
3,101,219 Missed opportunities

4,577,748

TVFC
Eligible
Children

1,968,600

Doses
Ordered

1,476,529

Doses
Administered

24.9% Vaccine Loss



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2019-2020 Flu

Program

(As of January 31, 2020)

TVFC Flu Dashboard Texas

Resources

[TVFC Flu Statistics and Resources](#)
[CDC's Influenza \(Flu\) Website](#)
[Texas Influenza Surveillance Activity](#)

72

STATEWIDE INFLUENZA A/LP
OUTBREAKS
(SEASON TO DATE)

15

STATEWIDE PROVIDER
INFLUENZA-
ASSOCIATED DEATHS
(SEASON TO DATE)

State of Texas Overview

25.68%

COVERAGE RATE
(TVFC)**

= doses administered /
TVFC eligible children

65.48%

UTILIZATION RATE
(TVFC)**

= doses administered /
(prebooked + open ordered)

4,443,153

TVFC ELIGIBLE
CHILDREN**

1,622,650

PREBOOKED DOSES

119,630

OPEN ORDERED DOSES

1,447,760

DOSES SHIPPED

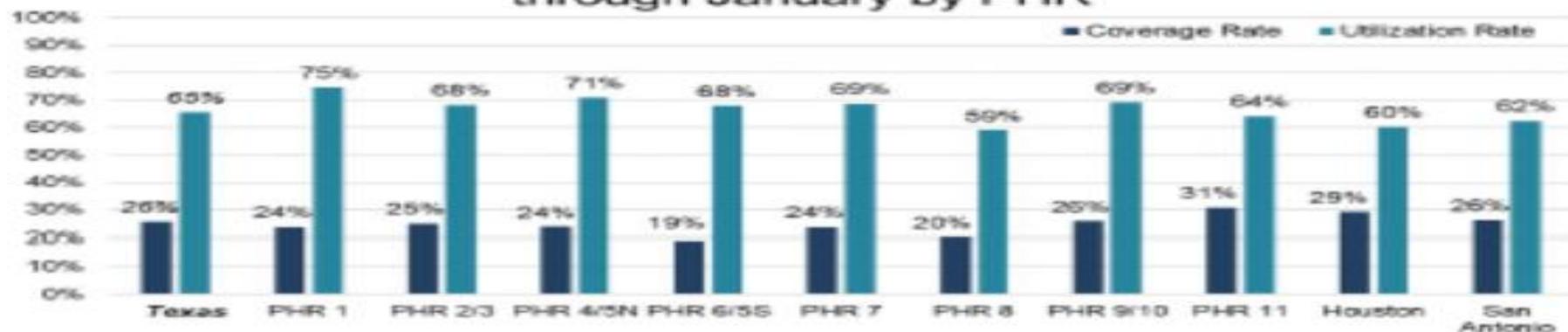
1,140,794

DOSES ADMINISTERED***

922,259

DOSES REPORTED
TO IMMTRAC2***

TVFC Flu Vaccination Coverage and Utilization Rates through January by PHR



*Influenza-like illness (ILI)

** TVFC-eligible population estimates are calculated by DSHS and are not based on provider-reported Re-Enrollment population. Doses administered is based on providers' doses reported to DSHS as of 02/05/2020

***Doses reported to ImmTrac2 by TVFC providers, both TVFC and non-TVFC eligible doses



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TVFC Provider Flu Dashboard

TVFC Provider Flu Dashboard



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- Specifically designed for each TVFC provider
- Highlights TVFC provider reported data including eligible TVFC clients, flu doses ordered and flu doses administered during season (updated monthly)
- Provides coverage data for each provider (TVFC clients/flu doses administered)
- Calculates county and state coverage levels based on provider utilization data
- Provides updated current influenza activity across the state



TVFC FLU Dashboard

PROVIDER NAME

TVFC PIN:TX-000000

OVERVIEW

It appears that influenza activity peaked in late January. During the month of June, no influenza-associated pediatric deaths were reported. One influenza-associated outbreak was reported. Click here to learn more about TVFC Flu Statistics and Resources at: www.dshs.texas.gov/immunize/tvfc/TVFC-Flu-Statistics-and-Resources/

3

STATEWIDE
INFLUENZA / ILI
OUTBREAKS
(SEASON TO DATE)

0

STATEWIDE
PEDIATRIC
INFLUENZA DEATHS
(SEASON TO DATE)

119

TVFC ELIGIBLE CHILDREN*

100

PREBOOKED DOSES

100

DOSES RECEIVED

95

DOSES ADMINISTERED*

PROVIDER NAME

79.83%

COVERAGE RATE
(TVFC)*

* administered / TVFC
Eligible Children

95.00%

UTILIZATION RATE
(TVFC)*

* administered / prebooked

100

DOSES REPORTED
TO IMMTRACZ

*Based on your doses reported to DSHS, as of 10/12/2018

YOUR COUNTY RANK

TOP 50%

COVERAGE RATE
(TVFC)[§]

TOP 25%

UTILIZATION RATE
(TVFC)[§]

[§]Out of 21 Providers

YOUR STATE RANKING

TOP 50%

COVERAGE RATE
(TVFC)*

TOP 25%

UTILIZATION RATE
(TVFC)*

*Out of 2900 Providers

COUNTY NAME

75.00%

COVERAGE RATE
(TVFC)[†]

73.00%

UTILIZATION RATE
(TVFC)[†]

[†]Based on the 2019 DSHS Population Estimate Survey

THE STATE OF TEXAS

75.00%

COVERAGE RATE
(TVFC)[†]

74.00%

UTILIZATION RATE
(TVFC)[†]

[†]Based on the 2019 DSHS Population Estimate Survey



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Influenza Updates and Resources

Influenza Information Links



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- CDC Provides a Weekly Update of Flu Activity in US and States

<https://www.cdc.gov/flu/weekly/>

- Texas Infectious Disease Control Unit (IDCU) Influenza Resource Page

<http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/>

- Texas weekly Flu Surveillance

<https://www.dshs.state.tx.us/IDCU/disease/influenza/surveillance/2019.aspx>

Texas Flu Coverage Levels 2015-2019



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TEXAS	2015-16	2016-17	2017-18	2018-2019
Persons >6 months	47.9	43.5	37.6	47.9
6 months to 4 years	71.8	71.9	65.4	72.6
5 years to 12 years	63	59.8	60.9	63.9
13 to 17 years	50.2	50.3	48.1	51.9
6 months to 17 years	62.1	60.3	58.0	61.8
Adults > 18	43.2	37.9	30.7	43.2
Adults 18-64	38.7	32.9	26.0	37.7
Adults 65+	65.1	62.1	52.6	67.5

<https://www.cdc.gov/flu/fluview/index.htm>

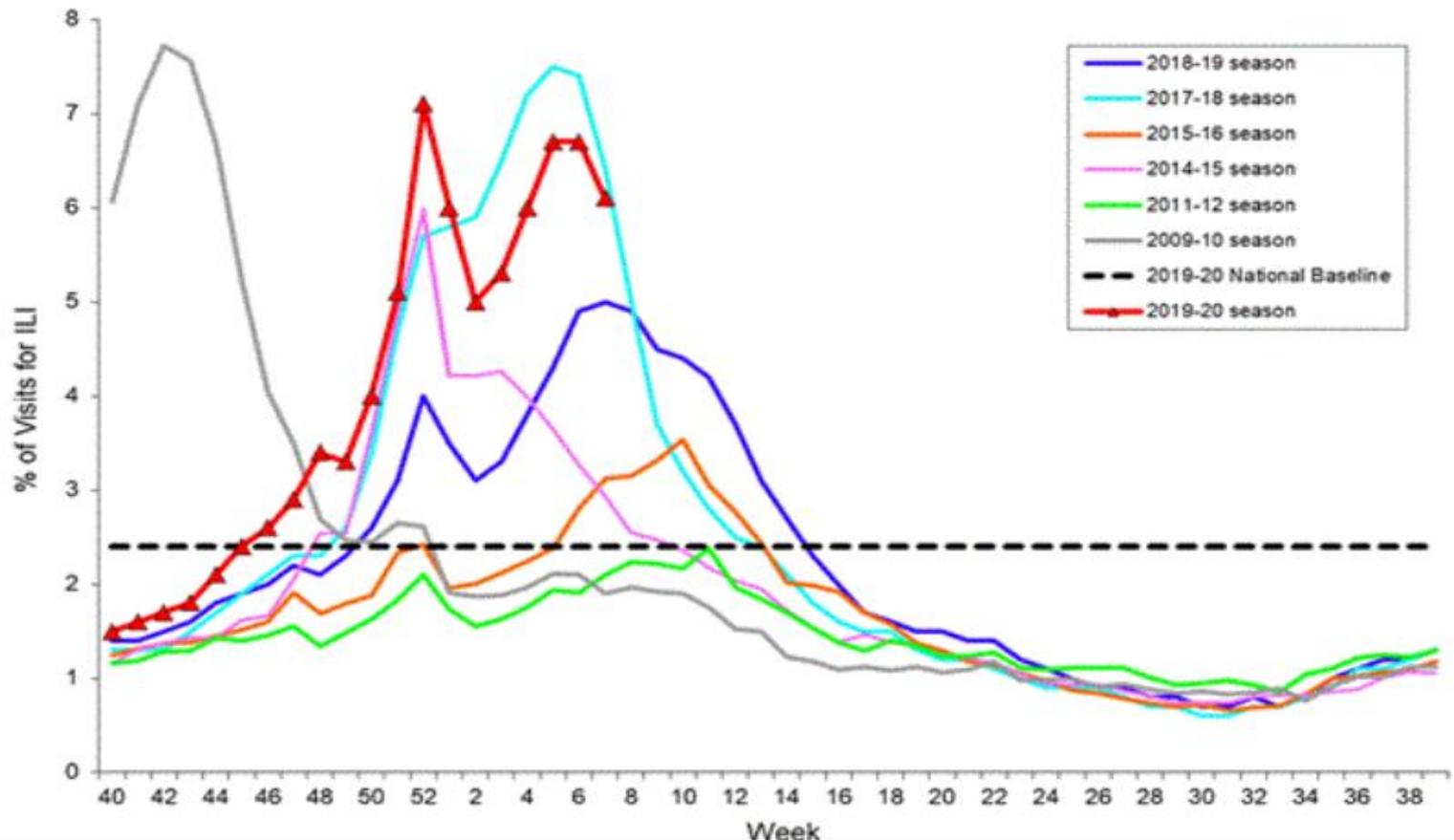
Percentage of Visits Due to Influenza-Like Illness Reported by Participants, 2014–2019 Seasons



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Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2019-2020 and Selected Previous Seasons



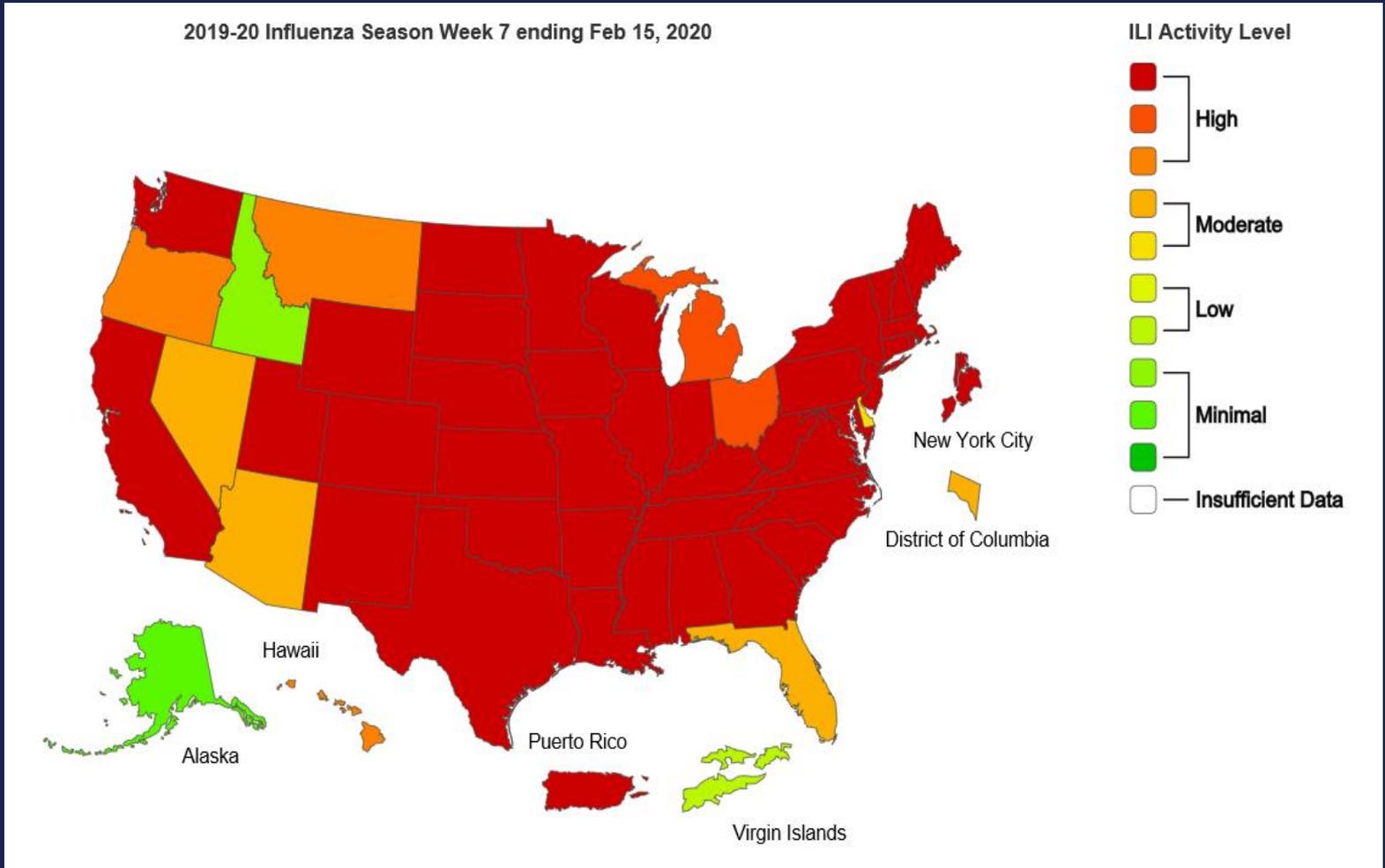
Influenza Activity Ending Week of February 16, 2020



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This map contains data from sentinel sites and only displays influenza and ILI cases that were reported to public health.

2013-2018 Influenza Pediatric Deaths

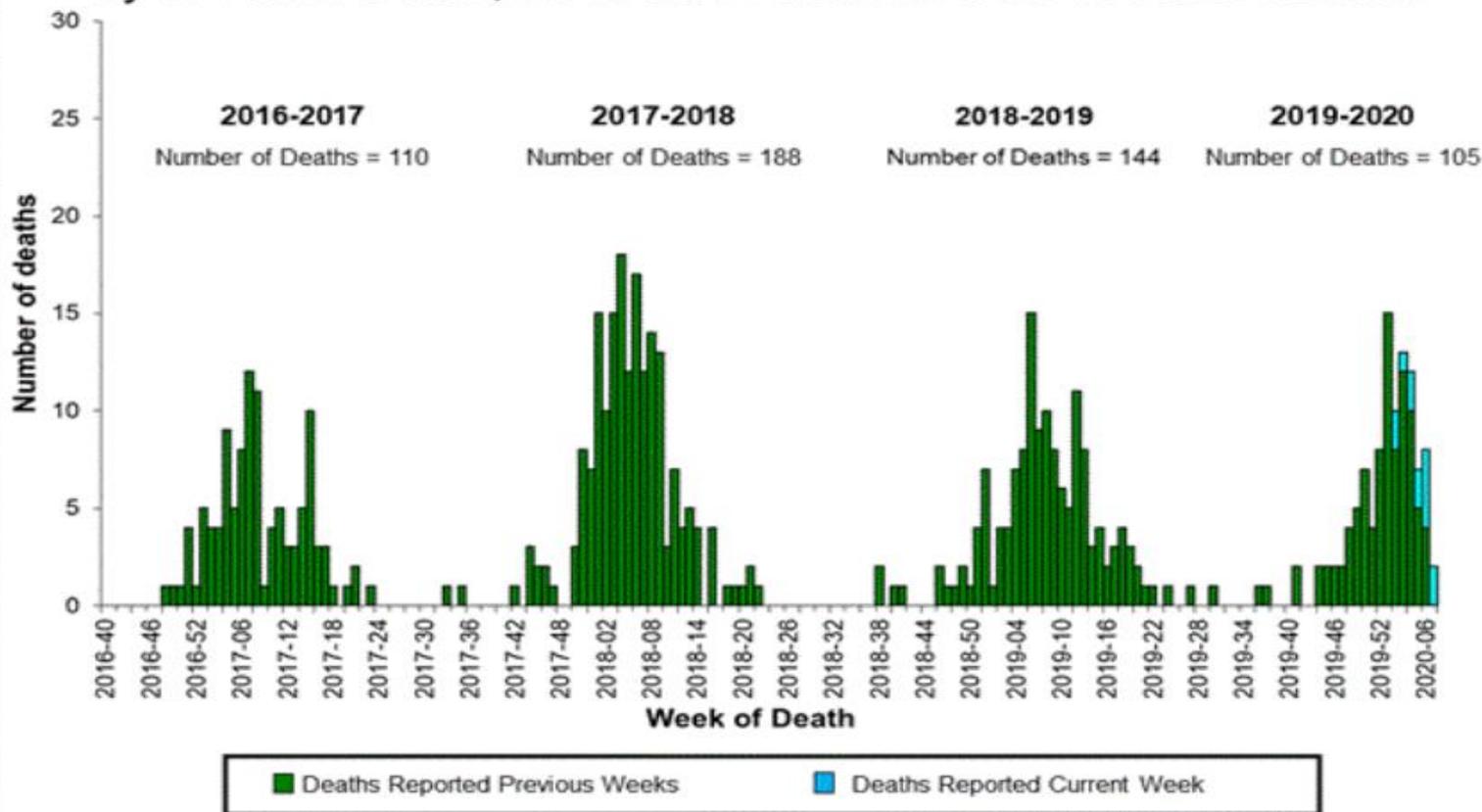


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Influenza-Associated Pediatric Deaths by Week of Death, 2016-2017 season to 2019-2020 season



*15 influenza-associated pediatric deaths in Texas this season

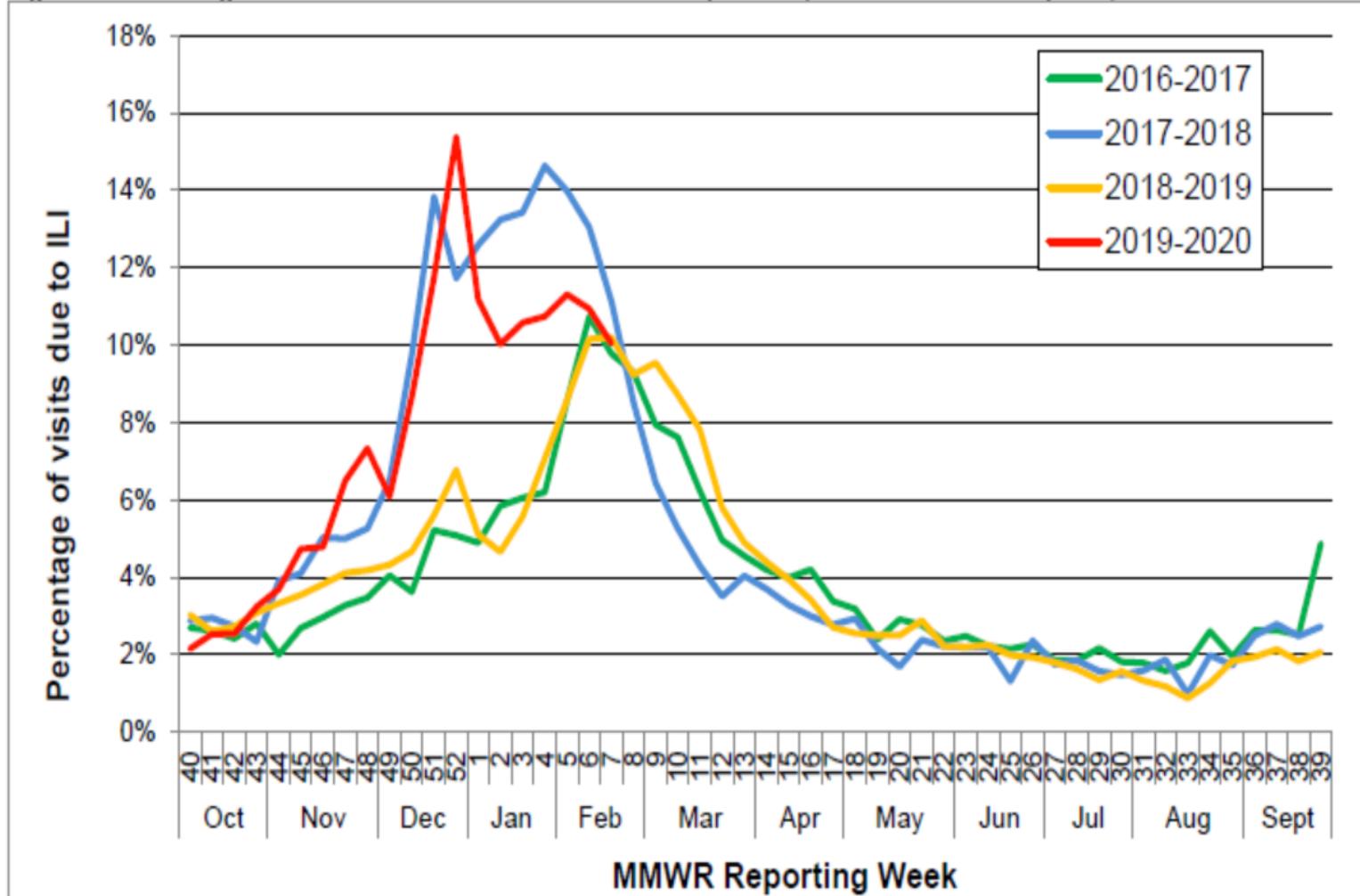
Percentage of Visits Due to Influenza-Like Illness Reported by Texas ILINet Participants, 2015–2020 Seasons



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Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2016–2020 Seasons



Texas Influenza Activity Report (2/15/2020)

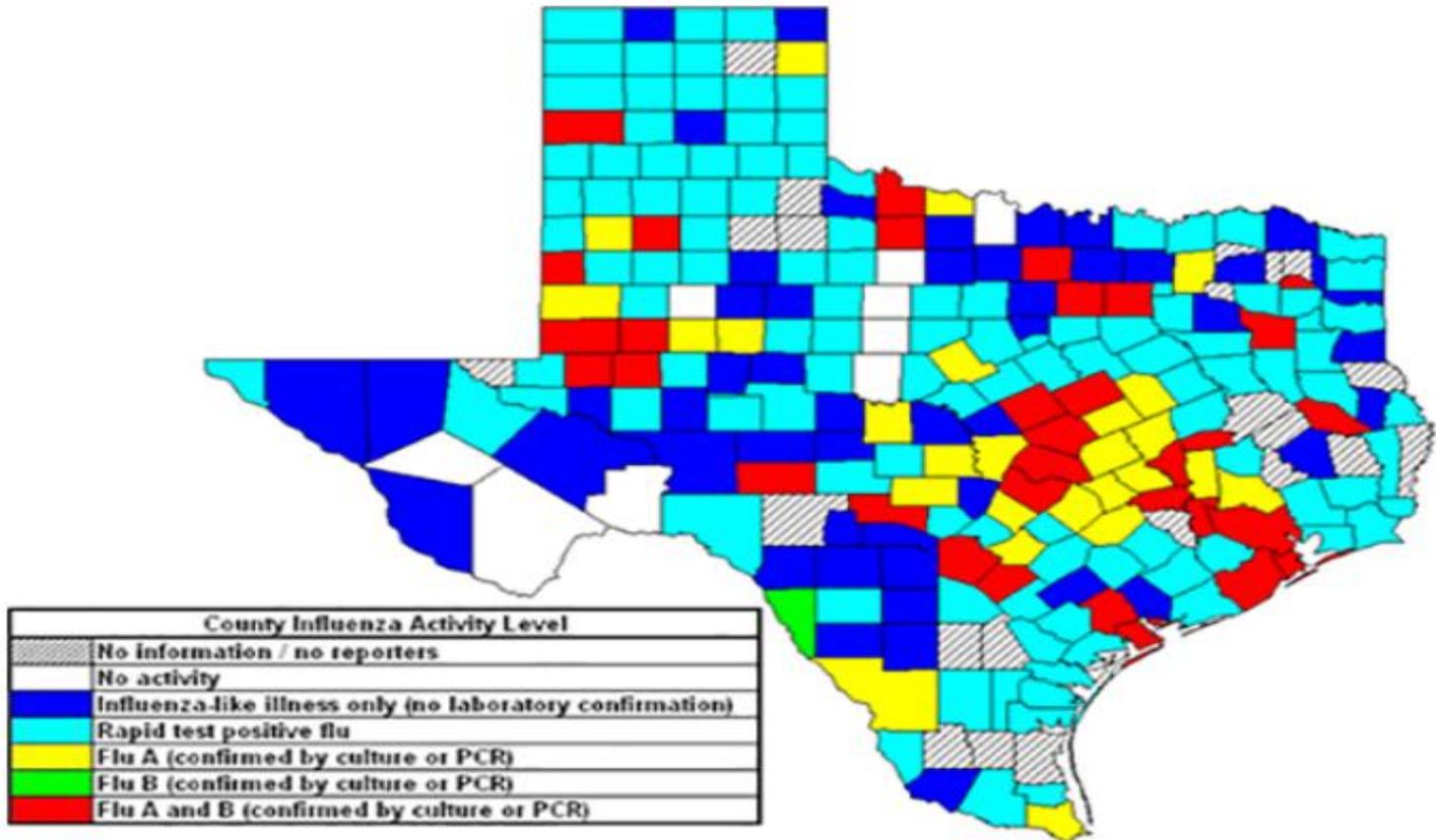


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Statewide Influenza Activity Map:



This map contains data from sentinel sites and only displays influenza and ILI cases that were reported to public health.



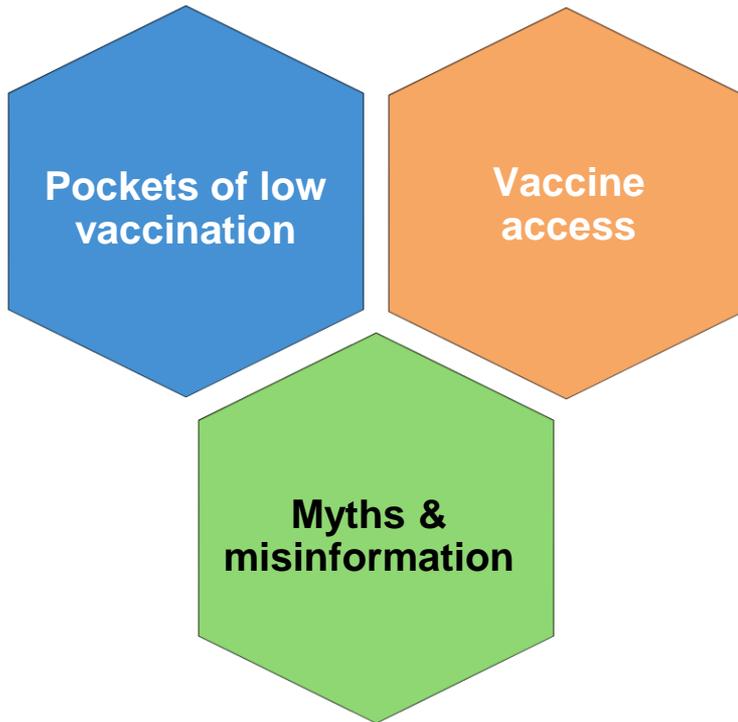
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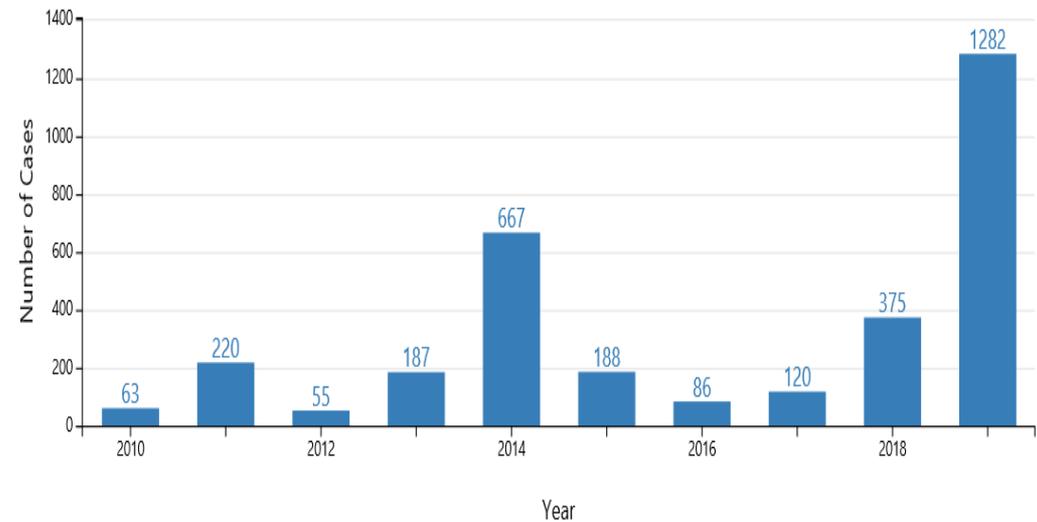
***CDC's 2020
Immunization
Priority: Vaccinate
with Confidence***

Responding to dynamics shared by recent outbreaks



Number of Measles Cases Reported by Year

2010-2019*(as of January 31, 2019)



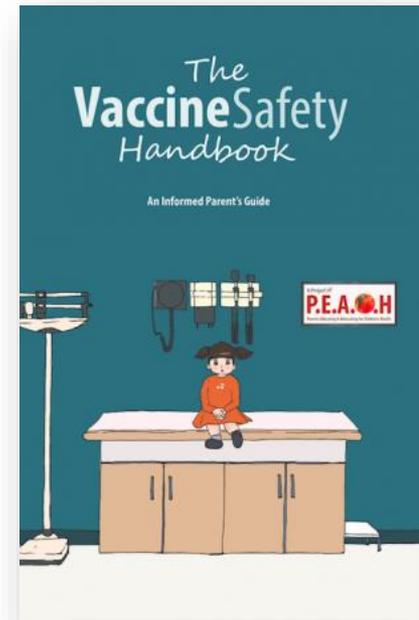
Pockets of low vaccination



- Close-knit, under-vaccinated communities a key vulnerability
- **Each community is unique**, with distinct factors affecting vaccination
 - Isolation or insularity
 - Localized misinformation
 - Access issues
 - Distrust of public authorities

Myths and misinformation

- Myths have always been part of the vaccine landscape
- But **rapid dissemination and sophistication** of misinformation present new challenges
- While its impact nationally is unclear, misinformation plays a clear role in under-vaccination in some local communities



Vaccine misinformation can be tailored for specific communities.



Vaccinate with **Confidence**

Protect communities. Empower families. Stop myths.

Vaccinate with Confidence is CDC's strategic framework for strengthening vaccine confidence and preventing outbreaks of vaccine preventable diseases in the United States



Vaccinate with **Confidence**

Protect communities. Empower families. Stop myths.

Protect communities

Use every tool available to find and protect communities at risk using tailored, targeted approaches

Empower families

Ensure parents are confident in decision to vaccinate by strengthening provider-parent vaccine conversations

Stop myths

Use local partners and trusted messengers, establish new partnerships to contain the spread of misinformation, and educate critical stakeholders about vaccines



Vaccinate with **Confidence**

Protecting communities.

Empowering families.

Stopping myths.

To protect communities from outbreaks, we have to **find the communities that are most vulnerable first**



Vaccinate with **Confidence**

Protecting communities.

Empowering families.

Stopping myths.

New Investments and Activities

- Leverage CDC's 2019 Immunization and Vaccines for Children cooperative agreement to support awardee efforts to find and respond to pockets of low vaccine coverage in their jurisdictions
- Use immunization information system data and small-area analyses to pinpoint areas of low vaccination coverage and identify barriers to vaccination
- Build immunization program capacity to effectively respond to outbreaks



Vaccinate with **Confidence**

Protecting communities.
Empowering families.
Stopping myths.

To ensure parents are confident in the decision to vaccinate, we need to equip health care professionals with resources to **have effective vaccine conversations**



Vaccinate with **Confidence**

*Protecting communities.
Empowering families.
Stopping myths.*

New Investments and Activities

- Support partners to help vaccine conversations start earlier with parents of very young infants and pregnant women
- Reduce hesitancy and improve vaccine access at the nation's community health centers
- Develop provider toolkit to address parents' vaccine questions during outbreaks of vaccine-preventable diseases



Vaccinate with **Confidence**

*Protecting communities.
Empowering families.
Stopping myths.*

We must **ensure reliable information is not drowned out** by misinformation, **educate key stakeholders** about vaccines, and **engage trusted local messengers** to provide accurate and reliable information about vaccines



Vaccinate with **Confidence**

*Protecting communities.
Empowering families.
Stopping myths.*

New Investments and Activities

- Work with social media companies to promote trustworthy vaccine information
- Educate state policy makers on vaccine safety and effectiveness
- Engage state and local health officials to advance effective local responses and community-based initiatives to misinformation and hesitancy

What can you do?



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- Continue to promote vaccination with all vaccines and not just those required for school (provider recommendation is the key!)
 - Don't forget about the 16 year immunization platform
 - 2nd dose of MCV4
 - 1st and 2nd dose (or third) of Men B
 - Catch-up HPV or other missing immunizations
 - Annual Influenza
 - Continue to work with ImmTrac2
 - Become a submitter of records
 - Look into sharing data with ImmTrac2



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Thank you

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DSHS Immunization Unit

www.ImmunizeTexas.com

1-800-252-9152