



THE SHARPSHOOTER

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serving Health Service Regions 2 & 3



IMPORTANT POLICY CHANGES TO THE TEXAS VACCINES FOR CHILDREN PROGRAM



The Texas Vaccines for Children Program (TVFC) has participated in the federal Vaccine for Children Program (VFC) since its inception in 1994. Texas has been fortunate over the last 18 years to provide expanded coverage to children not covered under the federal VFC guidelines. Along with children covered by Medicaid, CHIP, Alaskan natives, American Indians, and the Uninsured, Texas included children with insurance who were unable to meet high co-pays or who had deductibles that were unmet in their eligibility criteria.

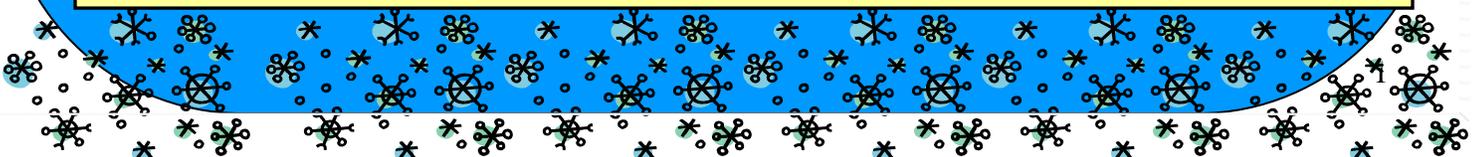
Current economic issues have resulted in legislative budget cuts both at the state and federal levels which in turn have led to cuts to both the state and federal funded portions of the Vaccine for Children Program. January 1, 2012 the following policy changes went into effect regarding which children will be eligible for the TVFC program.

- Children who have private insurance that covers vaccines will no longer be eligible for TVFC vaccines in public health department clinics, but instead will be referred to their medical home for immunization services.
- Individuals who begin a vaccine series at age 18 or younger (and TVFC-eligible), may only finish that series at public health clinics that are Adult Vaccine Safety Net providers (typically public health departments), provided the series is completed prior to their 20th birthday. Historically providers have been able to vaccinate these individuals at any TVFC-enrolled site.
- The definition of “Underinsured” has been modified to reflect that children with vaccine coverage who have high co-pays or deductibles are no longer considered underinsured. These children are now considered fully, privately insured and are no longer eligible for TVFC vaccines. Children qualifying under the new definition of underinsured will continue to be eligible to receive vaccines in any TVFC-enrolled provider’s office.

For any questions regarding the new policy changes please contact your TVFC representative.

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IT'S NOT TOO LATE TO VACCINATE!



When you see “Get Your Flu Vaccine Here” signs and banners after November outside pharmacies and in doctor’s offices, you might think, “Isn’t it too late for that?” The answer is “no!” “Flu season typically peaks in January or February and can last as late as May,” says Dr. Anne Schuchat, Assistant Surgeon General of the United States Public Health Service. “We are encouraging people who have not yet been vaccinated to get vaccinated now.”

Flu vaccines are offered in many locations, including doctor’s offices, clinics, health departments, pharmacies and college health centers. They are also offered by many employers, and are even available in some schools. So the next time you see a sign that says, “Get Your Flu Vaccine Here,” stop in. Or, make an appointment with your doctor or clinic today. Visit www.flu.gov and use the Flu Vaccine Finder to find the nearest location where you and your family can get vaccinated.

Additional information can be found at the following site:

<http://www.cdc.gov/flu>



ENSURING THE USE OF PCV13

The Advisory Committee on Immunization Practices (ACIP) recommendations issued in 2010 call for doses of PCV13 to be given to children at ages 2, 4, 6 and 12 through 15 months. In addition, all children through age 59 months who already received an age-appropriate series of PCV7 receive a supplemental dose of PCV13.

National survey data indicate that about half of children ages 12 through 23 months have received a supplemental dose, but only one-quarter of children ages 24 through 59 months have received a supplemental dose. To remedy this situation, healthcare providers are urged to review the immunization history of all children ages 14 through 59 months who come into the office for any reason and to immunize those children who have not yet received the supplemental dose of PCV13.

The full text of the article is available at: <http://aapnews.aappublications.org/>.

HEPATITIS B TESTING

Texas law (Chapter 81.090 of the Texas Health and Safety Code) requires any health care provider allowed to care for a pregnant woman to test her for the Hepatitis B virus (HBV), during the pregnant woman’s first prenatal visit and at delivery for each pregnancy.

Under the law, all pregnant women testing positive for the Hepatitis Surface Antigen (HBsAg) must be reported to the Local Health Department or the Department of State Health Services (DSHS) Perinatal Hepatitis B Prevention Program within 1 week. All Perinatal Hepatitis B cases must be reported within one working day.

Instructions for reporting are available at:

www.dshs.state.tx.us/idcu/investigation/conditions and at: www.TexasPerinatalHepB.org



IMMUNIZING HEALTHCARE PERSONNEL

On November 25, the Centers for Disease Control and Prevention (CDC) published a summary of recommendations from the Advisory Committee on Immunization Practices (ACIP) for vaccinating health-care personnel (HCP) in the United States. This report was reviewed by and includes input from the Healthcare (formerly Hospital) Infection Control Practices Advisory Committee (HICPAC). These updated recommendations can assist hospital administrators, infection-control practitioners, employee health clinicians, and HCP in optimizing infection prevention and control programs. The recommendations for vaccinating HCP are presented by disease in two categories: (1) those diseases for which vaccination or documentation of immunity is recommended because of risks to HCP in their work settings for acquiring disease or transmitting to patients and (2) those for which vaccination might be indicated in certain circumstances. Background information for each vaccine-preventable disease and specific recommendations for use of each vaccine are presented. Certain infection-control measures that relate to vaccination also are included in this report. In addition, ACIP recommendations for the remaining vaccines that are recommended for certain or all adults are summarized, as are considerations for catch-up and travel vaccinations and for work restrictions. This report summarizes all current ACIP recommendations for vaccination of HCP and does not contain any new recommendations or policies.

To access the complete report, go to: <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>.



THE IMMTRAC GROUP LAUNCHES MICROSITE

<http://www.ImmTracForEveryone.com> is the site to visit whether you're interested in learning about the Official Texas Immunization Registry and would like to register yourself and your family, or are a healthcare provider who would like information about the benefits of being an authorized ImmTrac user. Check out the site for the most current immunization schedules for all age groups and click on the **Contact ImmTrac** page to get in touch with your HSRs' ImmTrac specialist.

STUDY EVALUATES WANING IMMUNITY

The results from a recent large study show that diphtheria-tetanus-acellular pertussis (DTaP) vaccines do a very good job of protecting children aged 4 through 10 years old from pertussis, or whooping cough. Overall effectiveness of the vaccine was measured at 88.7%, which is similar to the levels found in clinical trials done before the vaccines were licensed. The results were presented at the October 20-23, 2011, 49th Annual Meeting of the Infectious Diseases Society of America in Boston, Massachusetts. The study also found that vaccine effectiveness was 98.1% among children who received their fifth DTaP dose within the past year. For each year after this, there was a modest decrease in protection. The report showed that by the time children were five or more years past their last DTaP dose, long-term effectiveness had fallen to 71.2%. The study also determined that children who never received any doses of DTaP vaccine faced odds of having whooping cough at least eight times higher than children who received all 5 doses of the vaccine.

To view the full article, click on the following link:
http://www.cdc.gov/media/matte/2011/10_whooping_cough.pdf.

EVENTS, CONFERENCES AND RESOURCES

National Immunization Conference Online: The 1st National Immunization Conference Online (NICO), a virtual conference, will take place March 26 – March 28, 2012. The conference will be entirely online. No travel is required for presenters or attendees. Workshops will include multiple presentations and will be one hour in length. Recordings will be made available on the internet after the conclusion of the conference.

For more information about the conference, please click on the link:

<http://www.cdc.gov/vaccines/events/nic/default.htm>.

QUESTIONS FROM THE FIELD...

We have a local provider who gives immunizations in the buttocks. This isn't the preferred anatomic site for any age, is it? No, it isn't. Such information is covered in ACIP's General Recommendations on Immunization: <http://www.cdc.gov/mmwr/pd/rr6002.pdf> (pages 13--16).

Helpful related handouts from the Immunization Action Coalition (IAC):

- How to Administer IM and SC Injections: <http://www.immunize.org/catg.d/p2020.pdf>.
- How to Administer IM and SC Injections to Adults: <http://www.immunize.org/catg.d/p2020A.pdf>

The 2011-12 Influenza VIS states that giving pneumococcal conjugate vaccine (PVC13) and inactivated influenza vaccine simultaneously may increase febrile seizures. Can we continue to give these two vaccines at the same time? Yes, you can. Increased rates of febrile seizures have been reported among children, especially those ages 12 through 23 months, who received simultaneous vaccination with TIV and PCV13, when compared with children who received those vaccines separately. However, because of the risks associated with delaying either of these vaccines, ACIP does not recommend administering them at separate visits or deviating from the recommended vaccine schedule in any way.

Febrile seizures are not uncommon, occurring in 2% to 5% of all children; and they are generally benign. Healthcare providers should be prepared to discuss parents' questions about this issue, including questions about fever and febrile seizures.

The 2011-12 inactivated influenza vaccine VIS states: "young children who get inactivated flu vaccine and pneumococcal vaccine (PVC13) at the same time appear to be at increased risk for seizures caused by fever." ACIP chose to include this statement on the VIS to inform parents of this potential risk.

For more information, see the following CDC resources:

<http://www.cdc.gov/vaccinesafetyConcerns/FebrileSeizures.html> and
<http://www.cdc.gov/vaccines/pubs/vis/tiv-pcv-note.htm>.



National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. NIIW will be observed April 21 – 28, 2012. Updated information on scheduled events for NIIW 2012 haven't been posted as yet, but as the observance draws nearer, check the following website for tips on observing this most important week.

<http://www.cdc.gov/vaccines/events/niiw/overview.html#>

VACCINE INFORMATION STATEMENTS

As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. Efforts must to continue to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standard way to present objective information about vaccine benefits and adverse events.

What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should answer questions and address concerns that the recipient or parent/legal representative may have. Use of the VIS is mandatory. Before a National Childhood Vaccine Injury Act-covered vaccine is administered to anyone (this includes adults!), a copy of the most current VIS for the vaccine must be given.

As of November 2011, the most recent versions of the VISs are as follows:

DTaP/DT	05/17/07	MMR	03/13/08
Hepatitis A	10/25/11	PCV13	04/16/10
Hepatitis B	07/18/07	PPSV	10/06/09
Hib	12/16/98	Polio	11/08/11
HPV....Cervarix	05/03/11	Rotavirus	12/06/10
HPV....Gardasil	05/03/11	Shingles	10/06/09
Influenza (LAIV)	07/26/11	Td/Tdap	11/18/08
Influenza (TIV)	07/26/11	Varicella (chickenpox)	03/13/08
Meningococcal	10/14/11		
Multi-vaccine VIS.....	09/18/08		

(For 6 vaccines given to infants/children: DTaP, IVP, Hib, Hep B, PCV, RV)

Check your VIS against this list.

If you have outdated VIS's, click on the following link to get current versions:

<http://www.immunize.org/vis/>

Influenza can be severe for children and young adults with neurologic and neurodevelopmental conditions

CDC published Severe Influenza Among Children and Young Adults with Neurologic and Neurodevelopmental Conditions—Ohio, 2011 in the January 6 issue of MMWR (pages 1729–1733). An MMWR news synopsis of the article is reprinted below.

This study describes the findings of a joint investigation between the Ohio Department of Health and CDC into an outbreak of influenza in a residential facility for children and young adults with neurological and neurodevelopmental conditions. Among 130 residents of the facility, 76 (58 percent) developed respiratory illness in February 2011; 13 became severely ill and seven of those patients died. All 13 severely ill residents had multiple neurological and neurodevelopmental conditions, and their underlying medical conditions might have hindered early diagnosis and treatment and contributed to the severity of illness. Clinicians should be alert to possible influenza among children and young adults with neurological and neurodevelopmental conditions, especially during influenza season. Because persons with neurological and neurodevelopmental disorders are at high risk for complications from influenza, vaccination should be part of a larger program of influenza prevention that includes antiviral drugs that are given early in the course of illness, ideally within 48 hours of symptom onset

Spotlight on immunize.org: HPV-related videos

January is Cervical Health Awareness Month! An important tie-in to this health observance for immunization providers is the importance of human papillomavirus (HPV) vaccination to prevent cervical cancer. To commemorate this health observance, IAC is featuring a collection of videos about HPV and HPV vaccination. The HPV-related videos include personal testimonies from women affected by HPV and cervical cancers, as well as educational information from expert commentators such as Dr. Paul Offit. The featured videos are from the following organizations: California Immunization Coalition's Shot-by-Shot project, Vaccine Education Center at Children's Hospital of Philadelphia, National Cervical Cancer Coalition, Women's Cancer Network, Cervical Cancer-Free America, PKIDs, Florida Bureau of Immunization, and Immunization Action Coalition.

Videos and additional information can be found at:
<http://www.immunize.org/votw/hpv-videos.asp>

Pre-Teens and Teens Need Vaccines Too...

As kids get older, protection from some childhood vaccines begins to wear off. Plus, older kids can also develop risks for other diseases. Health check-ups and sports or camp physicals can be a good opportunity for your preteens and teens to get the recommended vaccines

AAP News reports that two-dimensional barcodes on vaccines are ready for use in pediatric offices

In its January issue, *AAP News* published *Two-dimensional barcodes on vaccines make their debut*. The article's opening four paragraphs are reprinted below. The article also includes guidance for clinicians and information on becoming a participant in a CDC pilot project that will assess challenges and determines best practices for labeling and tracking vaccines using 2D barcodes. (Note: *AAP News* is a publication of the American Academy of Pediatrics.)

Two-dimensional (2D) bar-coding is ready for use in pediatric offices, promising to reduce medical errors and help health care provider's document vaccine information more accurately in patient records.

2D barcodes use the vertical dimension to capture product information, lot number and expiration date in a significantly smaller space than linear barcodes. The new technology is available on pediatric diphtheria and tetanus toxoids adsorbed vaccine from Sanofi Pasteur. In addition, Menactra meningococcal (groups A, C, Y, and W-135) polysaccharide diphtheria toxoid conjugate vaccine, also manufactured by Sanofi Pasteur, will have 2D barcodes early this year.

A tiered approach will be used to implement 2D barcodes on additional Sanofi Pasteur products to ensure that supply is not affected by this new printing technology and that the product is working as anticipated. The Academy anticipates other manufacturers will begin launching products with 2D barcodes this year.

Implementation of the new technology is due to the work of a collaborative group of stakeholders and the leadership of many AAP members.

The complete article can be found at: <http://aapnews.aappublications.org/content/33/1/1.1.full>

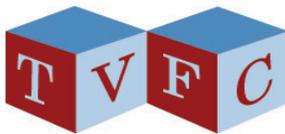


The flu vaccine protects you and your baby.

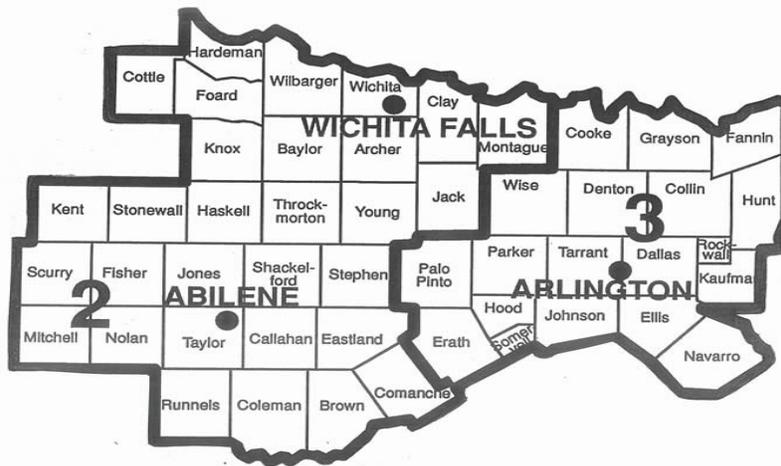
It's safe to get anytime during pregnancy, and it keeps protecting your baby up to 6 months after birth. We've collected some of the most common questions women ask, along with answers backed by some of the latest medical research. Use this to start a conversation with your doctor, and then get the flu vaccine.

Send an e-card to a pregnant friend or family member at: www.protect2.org

Texas Vaccines for Children



DEPARTMENT OF STATE HEALTH SERVICES – HEALTH SERVICE REGION 2/3



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