

# THE SHARPSHOOTER

July 2010

A Publication for Local Health Departments & TVFC Providers serving Health Service Regions 2 & 3

## NATIONAL IMMUNIZATION AWARENESS MONTH



August is National  
Immunization  
Awareness Month

Immunization is critical to maintaining health and preventing life-threatening diseases among people of all ages and cultures throughout the United States. Each year in the United States, tens of thousands of people die because of vaccine-preventable diseases or their complications, and even more experience pain, suffering and disability. August calls attention to the importance of infant, child, adolescent and adult immunization and seeks to reduce disparities in vaccine use while maintaining public trust in its value and safety. August is the perfect time to remind family, friends, co-workers, and those in the community to catch up on their vaccinations. Parents are enrolling their children in school, students are entering college, and healthcare workers are preparing for the upcoming flu season.

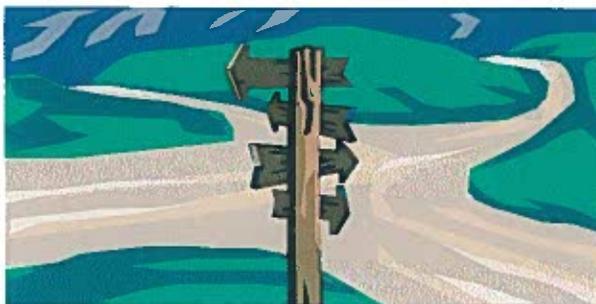
For additional immunization information, please visit: <http://www.cdc.gov>.

## VACCINE CHOICE FOR PROVIDERS

In 2009, during the 81<sup>st</sup> Legislature, House Bill 488 was introduced that requires the Texas Department of State Health Services (DSHS) to offer a provider choice system for the Texas Vaccines for Children (TVFC) and adult safety-net vaccination programs. This law becomes effective August 31, 2010, and will allow providers to select brand and presentation of vaccines.

The DSHS Immunization program has been introducing programmatic changes and/or tools that will help transition providers to vaccine choice. In order to minimize provider workload, and manage vaccine ordering and reporting effectively, the program plans to incorporate electronic solutions, the development of which may be extended into 2011.

The following information outlines: choice law; provider requirements; procedural changes; and provider resources. (continued on next page)



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## **CHOICE LAW (cont'd)**

The law requires DSHS to allow TVFC and adult safety-net providers to select any licensed vaccine and associated presentation that is:

- Recommended by the Advisory Committee on Immunization Practices (ACIP)
- Available through the Centers for Disease Control and Prevention (CDC), and
- If an adult safety-net vaccine, is listed on the approved adult safety net vaccine list.

The law has two limitations: (1) DSHS must offer a vaccine for choice only if the cost does not exceed 115 percent of the lowest-priced equivalent vaccine; and (2) choice of products does not apply in the event of a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency.

## **WHAT IS NEEDED FROM PROVIDERS**

### **Vaccine Choices**

The first step for vaccine choice is to obtain information on vaccine choices by brand and presentation. This information will be collected using an online survey tool similar to the process used to place annual influenza orders. The survey is available on the Texas Vaccine choice web site until July 31, 2010 at <http://TVFCchoice.questionpro.com>. Vaccine choices will become effective on September 1, 2010. In the event that a provider elects not to choose vaccines, a set of default vaccines has been assigned to each region of the state, and will be applied to providers who have not selected vaccines by July 31, 2010.

### **Storage Capacity Validation**

Based on the selected vaccine brands/presentations and the maximum stock level (MSL) for each vaccine, providers will need to verify that there is adequate refrigerator/freezer capacity to properly store the vaccines. A tool is available that can be used to evaluate adequate storage based on brand, presentation and quantity (MSL). The tool for providers can be accessed at <http://www.immunizetexas.com>.

### **Provider Choice Agreement**

In order to assure that every provider is informed about the opportunity to choose vaccines, DSHS has developed a Provider Choice Agreement that summarizes the choice guidelines. This agreement must be signed by the enrolled TVFC provider (the same person who signs the VFC Enrollment Form) by August 31, 2010. Missing the deadline could result in a delay in receiving future vaccine orders.

## **WHAT WILL CHANGE FOR PROVIDERS**

### **Paper to Electronic Reporting:**

DSHS is developing an electronic reporting format that allows providers to order and submit required vaccine reports via the internet. The automation is expected to positively impact practices by pre-populating information such as previous month's inventory, vaccine brand and presentation choices, and recommended vaccine order amounts. The system will be in various stages of development and implementation through 2011. In order to utilize the new automated system, providers/staff will need access to the internet. Each site will be assigned a username and password upon registration. In order to receive communication and information back from the system, providers/staff will need an email account. A generic email that may be accessed by multiple staff is preferred over an individual's email. If your office does not have access to the internet/email, you are encouraged to start that process

## **ASSISTANCE FOR PROVIDERS (cont'd)**

### **Training**

Providers are being asked to participate in choice training session(s) on the vaccine ordering and reporting, and other process changes. Training is being offered by your local health department or health service region immunization representative. (continued on the next page)

### Vaccine Choice Website (cont'd)

All documents and tools associated with provider vaccine choices are located on the new choice web page. This includes survey instructions, default lists, Vaccine Choice Information Lists, and storage calculation tool. To access the site, go to [www.immunizetexas.com](http://www.immunizetexas.com). Select "Providers" and click on the Vaccine Choice Icon with the TVFC blocks.

### Helpdesk

As the transition to provider choice progresses, DSHS plans to establish a helpdesk where providers may call for general questions on automated ordering and reporting processes.

Other questions may be directed to your local health department or health service region representatives.

Source: The Texas Vaccines for Children Program

## EARLY VACCINATION OF SCHOOLCHILDREN ENCOURAGED

The Texas Department of State Health Services (DSHS) is encouraging parents to get their children vaccinated now to avoid the back-to-school rush this summer.

Last year DSHS implemented new vaccination requirements for five vaccines for students in kindergarten and seventh grade. The new requirements are being phased in over several years

For the 2010-2011 school year, the requirements also will apply to first-and-eighth graders who did not receive the required vaccines in kindergarten or seventh grade.



"We want parents to plan ahead," said Dr. David Lakey, DSHS commissioner. "Schoolchildren should get vaccinated as soon as possible to avoid long wait times at clinics and ensure they are protected before the first day of school."

With new requirements implemented last year, many physicians' offices and clinics were overwhelmed last summer by last minute demand for vaccines. Children are required to be fully immunized before the first day of school

Following are the new vaccination requirements announced last year.

- Before attending the first day of school, kindergarteners and first-graders need to have had; two Varicella or chickenpox vaccines, two hepatitis A vaccines and two MMR (measles, mumps and rubella) vaccines.
- 7<sup>th</sup> through 12<sup>th</sup> grade students need to have had one booster shot of the Tdap vaccine (a combination of the tetanus, diphtheria and pertussis vaccines).
- Students entering 7<sup>th</sup> grade are required to have had a booster dose of Tdap only if it has been five years since their last dose of a tetanus-containing vaccine.
- 8<sup>th</sup> through 12<sup>th</sup> grade students need to have had a booster dose of Tdap only if it has been 10 years since their last dose of tetanus-containing vaccine.
- 7<sup>th</sup> and 8<sup>th</sup> graders need to get two doses of chickenpox vaccine if they have not had the illness.
- 7<sup>th</sup> and 8<sup>th</sup> graders need to get one dose of the meningitis vaccine

For a complete list of vaccine requirements, visit [www.dshs.state.tx.us/immunize/school/](http://www.dshs.state.tx.us/immunize/school/)

## NEWS & UPDATES IN IMMUNIZATIONS

### **Recommendations for Rotavirus Vaccines Revised:**

The United States Food and Drug Administration (FDA) revised its recommendations for rotavirus vaccines for the prevention of the disease in infants and has determined that it is appropriate for clinicians and health care professionals to resume the use of Rotarix and continue the use of RotaTeq. In response to reported cases of vaccine-acquired rotavirus infection in infants with severe combined immunodeficiency (SCID) following rotavirus vaccine administration, both Merck & Co. and Glaxo Smith Kline Biologicals have revised the prescribing information and patient labeling for their rotavirus vaccine products. Centers for Disease Control and Prevention (CDC) is updating the list of contraindications for rotavirus vaccine. Rotavirus vaccine is contraindicated in infants diagnosed with SCID.

To access the full article, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5922a3.htm>.

**Save the Date:** On August 5, 2010, the Centers for Disease Control and Prevention (CDC) will present their annual **Immunization Update** satellite broadcast and webcast which will provide up-to-date information on the rapidly changing field of immunization. The 2010 course instructors include William L. Atkinson, MD, MPH; Donna L. Weaver, RN, MN; Andrew T. Kroger, MD, MPH and Iyabode Akinsanya-Beyesolow, MD, MPH, FAAP. Anticipated topics include influenza, pneumococcal conjugate, human papillomavirus, and meningococcal vaccines. Other emerging issues will be discussed, including the latest information from the June Advisory Committee on Immunization Practices (ACIP) meeting. To read more about the course content, go to: <http://www2a.cdc.gov/PHTN/immupdate2010/default.asp>.

**Hepatitis B Shots are Recommended for All New Babies:** Updated in March 2010, the Immunization Action Coalition's IAC) parent-education piece "Hepatitis B Shots are Recommended for All New Babies" is now available in Arabic, Chinese, French, Korean, Spanish, and Vietnamese. IAC encourages website users to print out, copy, and distribute widely.

To access all of IAC's free print materials, go to: <http://www.immunize.org/printmaterials>.

**New Pneumococcal Conjugate Vaccine (PCV13) Code in ImmTrac; Updated in April 2010,** the PCV 13 Code has been changed in ImmTrac to reflect the addition of PCV13 (brand name Prevnar 13™). The Centers for Disease Control and Prevention (CDC) announced the replacement of the 7-valent (PCV7) with PCV13 in the Vaccines for Children program. Providers can record the administration of PCV13 in the ImmTrac application using the CPT code 90670 and CVX code 133. The PCV13 recommendations have been incorporated into the ImmTrac scheduler. To keep abreast of ImmTrac enhancements, new features, and other information of interest to ImmTrac users, please click on "What's New?" on the Blue Menu Bar located on the top of the ImmTrac Home page.

### **Centers for Disease Control and Prevention 2010-11 Influenza Recommendations: Everyone, Every Year!**

The Advisory Committee on Immunization Practices (ACIP), which advises the Centers for disease Control and Prevention (CDC) on vaccine guidelines, made the decision establishing a universal influenza vaccine recommendation, starting with the 2010-11 influenza season. This means that all people in the United States—excluding babies younger than age six months and people with certain medical conditions—are now recommended to receive influenza vaccine every year.

The new recommendation is simple, straightforward, and easy to communicate. It eliminates the complexities of the prior recommendations, which said people should be vaccinated if they fell into any of 15 different targeted groups. Going forward, healthcare professionals will have a very easy time deciding which of their patients are recommended for influenza vaccine. And patients will eventually come to recognize that influenza vaccine is routinely recommended for them. Now, the message is simple; everyone, every year, unless specifically contraindicated. For more information, visit: [www.immunize.org](http://www.immunize.org)

## CURRENT VACCINE INFORMATION STATEMENT (VIS) DATES

DTaP/DT	05/17/07
Hepatitis A	03/21/06
Hep B	07/18/07
Hib	12/16/98
HPV (Cervarix)	03/30/10
HPV (Gardasil)	03/30/10
H1N1 (Inactivated)	10/02/09
H1N1 (LAIV)	10/02/09
Influenza (LAIV)	08/11/09
Influenza (TIV)	08/11/09
Meningococcal	01/28/08
MMR	03/13/08
Multi-vaccine	09/18/08*
PCV13	04/16/10
PPSV	10/06/09
Polio	01/01/00
Rotavirus	05/14/10
Shingles	10/06/09
Td/Tdap	11/18/08
Varicella	03/13/08

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, papillomavirus (HPV), or Varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

### \* Multi-vaccine VIS may still be used.

Several of the individual VISs for vaccines included in the multi-vaccine VIS (e.g., PCV, rotavirus) have changed recently. None of these changes are significant enough to require a change to the multi-vaccine VIS at this time. As with any VIS, the multi-vaccine VIS may be supplemented verbally or with printed materials as appropriate (e.g., to inform parents about the presence of porcine circovirus in rotavirus vaccine). Reference source: CDC

## IMMUNIZATION STAFF

Please direct your immunization questions to your Health Service Region 2/3  
Immunization Staff

### Program Manager

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#### Representative

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### Vaccine Account

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# Vaccine Refrigerator Setup

## Storing Vaccines

Carefully organizing vaccines in a refrigerator helps protect vaccine and facilitates vaccine inventory management. Refrigerate all vaccines except MMRV, Varicella, and Zoster (store these in the freezer).

### Refrigerator in a Combination Unit

Usable space is limited (inside dashed lines).

✓ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

✓ Group vaccines by pediatric, adolescent, and adult types.

✓ Separate the VFC vaccine supply from privately purchased vaccine.

✓ Keep baskets 2-3 inches from walls and other baskets.

✓ Keep vaccines in their original boxes until you are ready to use them.

✓ Store only vaccine and other medication in vaccine storage units.

✓ Keep vaccines with shorter expiration dates to front of shelf.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.



✓ Keep temperatures between 35°F to 46°F.



✗ Keep vaccine away from all cold air vents. The vents blow in very cold air from the freezer which can damage vaccines.

✗ No food in refrigerator.

✗ No vaccine in doors.

✗ No vaccine in solid plastic trays or containers.

✗ No vaccine in drawers or on floor of refrigerator.

If you have any problems with your refrigerator, keep the refrigerator door shut and notify your state's VFC Program.

• VFC Program Office

• VFC Field Representative

Adapted with permission from the California Department of Public Health, Immunization Branch.

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You'll find other practical vaccine storage and handling resources at [www.eziz.org/resources/materials\\_storageandhand.html](http://www.eziz.org/resources/materials_storageandhand.html)

[www.eziz.org](http://www.eziz.org)

# Monthly Care of Vaccine Storage Units

A small amount of regular maintenance is necessary to help ensure that vaccine refrigerators and freezers work properly. Follow the three steps below to keep **household-style** refrigerators and freezers clean. If you have a commercial grade unit, follow the manufacturer's maintenance schedule and other recommendations.

## 1. Clean the inside of the storage units

Cleaning the inside of the refrigerator and freezer will help prevent the growth of bacteria and fungus.

You do not need to remove the vaccine from the unit to clean it. Just move the trays of vaccine as you clean.

**Do not unplug the unit.**

- Clean any spills.
- Wipe the inside of the compartment and the shelves with disinfectant or antibacterial wipes. Let it dry.
- Put the trays of vaccine back where they were.

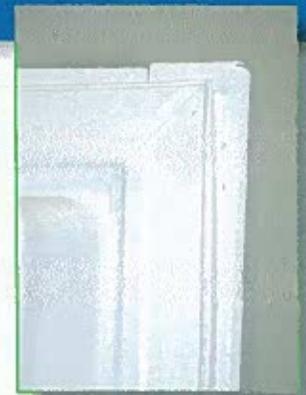


## 2. Check the door seals

Refrigerators and freezers have flexible door seals that prevent cold air from escaping when doors are closed. If the seal does not seal completely, cold air escapes. This can cause temperatures to fluctuate in the unit.

**Do not unplug the unit.**

1. Locate the seals.
2. Examine the seals.
  - They should not be torn or brittle.
  - When the unit is closed, there should be no gaps between the seals and the body of the unit.
3. If you suspect a problem with the seals, tell your supervisor.



## 3. Clean the coils

If the coils are easy to reach, use a duster to remove any visible dust.

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