

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



National Immunization Awareness Month

August is recognized as National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations across the life span, from infants to the elderly.

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 health care workers are preparing for the upcoming flu season.

Getting immunized is a lifelong, life-protecting community effort regardless of age, sex, race, ethnic background or country of origin. Recommended vaccinations begin soon after birth and continue throughout life. Being aware of the vaccines that are recommended for infants, children, adolescents, adults of all ages and seniors, and making sure that we receive these immunizations, are critical to protecting ourselves and our communities from disease.

For additional immunization information, click on the link: <http://www.cdc.gov/vaccines>.

Dr. William L. Atkinson, Immunization Legend, Retires from CDC

After 25 years of service, Dr. William Atkinson retired from the Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases (NCIRD). Throughout his career, Dr. Atkinson has had a tremendous impact on the United States immunization program. As a member of the Advisory Committee on Immunization Practices (ACIP), Dr. Atkinson assumed the lead in writing ACIP's *General Recommendation*

on Immunization, a critically important reference and teaching guide on immunization techniques and concepts. He conceived, developed, and took the lead in writing one of CDC's most widely sought-after books, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (aka the Pink Book) which is now in its twelfth edition. Dr. Atkinson is the recipient of the Bill Watson Medal of Excellence, the highest award given to a CDC employee.



Source: www.immunize.org.

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When Health Care Professionals Talk -- Parents Listen

Health care professionals' days can be pretty hectic, especially when it comes to vaccinating young children. Not only are they concerned with the child's physical well-being and comfort, but they also want the child's parent to be comfortable talking with them about vaccines and vaccine safety. Health care professionals can use the following resources to help with these conversations:



- Centers for Disease Control and Prevention (CDC) has several up-to-date resources on Provider Resources for Vaccine Conversations with Parents website. This suite of materials was created by the Centers for Disease Control and Prevention, American Academy of Pediatrics, and at the American Academy of Family Physicians. Health care professionals can use the materials to stay current on vaccine-related topics, educate their staff, and/or distribute to parents.
- The American Academy of Pediatrics (AAP) also offers a Risk Communication Video Series to help providers conduct the most effective conversations with parents about vaccines. In addition, AAP has real-life stories from families affected by vaccine-preventable diseases and a series of short, FAQ videos featuring pediatricians and other vaccine experts.

Health care professionals may be getting questions about outbreaks of vaccine preventable diseases, like measles and pertussis. Below are a couple of statistics about these vaccine-preventable diseases, as well as websites that can help you stay current on outbreaks, and preventing, diagnosing, and treating these diseases.

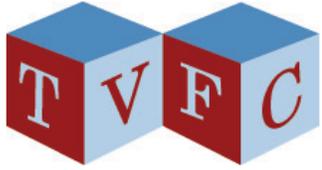
- In 2010, 27 pertussis deaths were reported – 25 of these deaths were in children younger than 1 year old. As of mid-April of this year, over 5,000 cases of pertussis had been reported in the United States. For the most current information on this topic, visit CDC's pertussis website at: <http://www.cdc.gov/pertussis/>
- During 2011, 222 measles cases and 17 measles outbreaks were reported to CDC from 31 states – the most measles seen in the United States since 1996. For more measles information, visit CDC's measles website at: <http://www.cdc.gov/measles/>.

2011-2012 Influenza Activity Report



According to the Centers for Disease Control and Prevention (CDC), the 2011-2012 influenza season in the United States was one of the mildest and latest seasons on record. Influenza A (H3N2) viruses predominated overall, but influenza A (H1N1) pdm09 (pH1N1) and influenza B viruses also circulated widely. Compared with recent influenza seasons, this season had a lower percentage of outpatient visits for influenza-like illness, lower rates of hospitalizations, and fewer deaths attributed to pneumonia and influenza. The number of pediatric deaths attributable to influenza this season was the lowest reported since data collection began in the 2004-05 season. The majority of viruses analyzed was similar to those included in this year's vaccine and were sensitive to antiviral drugs. Vaccination remains the most effective way to prevent influenza and its complications. All unvaccinated persons aged 6 months or older should be offered influenza vaccine throughout the influenza season. **Annual influenza vaccination is still the best way to protect against influenza infections, hospitalizations, and deaths.** The entire report can be accessed at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a4.htm?s_cid=mm6122a4_w



Vaccines for Children Vulnerabilities in Vaccine Management

A report was released on June 6, 2012, based on a study conducted by the Office of Inspector General (OIG) which explores vaccine storage and handling and inventory management in the Vaccines for Children (VFC) program. The OIG Vaccine Management Report is a result of a routine and planned study of the VFC program. The report highlights results of an April and May 2011 study investigating the five largest VFC grantees of the 64 state, city/territorial immunization programs and a sample of 45 physician offices in each jurisdiction. NOTE: Texas was one of the states selected for this report.

The OIG conducted site visits at these providers' medical practice locations, interviewed their vaccine coordinators, and observed their vaccine management practices. The OIG also independently measured these providers' vaccine storage unit temperatures for a 2-week period. Finally, five grantees' VFC program staff were interviewed regarding their program oversight.

Study Findings:

- The majority of temperatures were within required ranges; however VFC vaccine stored by 76 percent of the 45 providers were exposed to inappropriate temperatures for at least 5 cumulative hours during the two week period. It was also found that all 45 providers had recorded temperatures that differed from the OIG independently measured temperatures during the 2-week period.
- Thirteen providers had expired vaccine stored with nonexpired vaccines.
- In general, the providers did not meet vaccine management requirements or maintained required documentation
- None of the five selected grantees met all VFC program oversight requirements.

Based on the results of the study, general recommendations include: ensuring vaccine storage and handling in accordance with VFC requirements, enhancing processes for handling expired vaccines, improving management of vaccine inventories, and ensuring oversight requirements.

CDC reports that it is incorporating the OIG report findings and recommendations in its plan to strengthen the Vaccines for Children program.

To access the entire report, go to: <http://oig.hhs.gov/oei/reports/oei-04-10-00430.asp>.

New! "Cocooning and Tdap Vaccination"

Newborns have the highest rates of death from pertussis (whooping cough) because they are too young to be vaccinated against the disease. A vaccination strategy called "cocooning" involves protecting newborns by vaccinating their close contacts against pertussis with Tdap vaccine. Close contacts include parents, siblings, grandparents, other family members, family friends, child-care providers, and healthcare staff. To provide one-step access to information on cocooning, the Immunization Action Coalition has developed a web section titled Cocooning and Tdap Vaccination. Click on the following link for access. <http://www.immunize.org/cocooning/>.





Three Reasons to Store Measles, Mumps, and Rubella Vaccine In the Freezer

MMR Vaccine can be stored in the refrigerator or freezer. Consider storing MMR in the freezer between -58°F and +5°F (-50°C and -15°C).

1. Storing MMR in the freezer can free up storage space in the refrigerator. More vaccines must be stored in the refrigerator than in the freezer. Storing MMR in the freezer increases the space available for vaccines that should be stored in the refrigerator.
2. In addition, storing MMR in the freezer can decrease confusion when stocking both MMR and MMRV (ProQuad). MMRV must be stored in the freezer. MMRV has been inadvertently moved to the refrigerator storage because staff confused it with MMR. Storing MMR and MMRV in the freezer decreases the likelihood of this happening.
3. If the refrigerator/freezer unit's power is interrupted or malfunctions and the temperatures rise, MMR will stay in the proper temperature range in the freezer for a longer period of time than in the refrigerator. Remember, MMR's refrigerator upper limit is 46°F or 8°C. Since the freezer is so much cooler than the refrigerator, it would take longer to reach the upper limit of 46°F (8°C). Therefore, you would have more time to restore power to the refrigerator/freezer unit or move the vaccine to another unit that is cooling properly.

Source: Texas Department of State Health Services, Pharmacy Division, June 2012 Memo.

Resources and Education

Looking for vaccine product information? The web sections of Package Inserts and /Vaccine Product Manufacturers saves you time. All package insert information licensed for use in the United States are provided. In addition, the manufacturers' section provides website links, contact information, and product listings for vaccine and immune globulin manufacturers.

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

Net Conference "Coughing up the Facts on Pertussis", has been posted by the CDC. The presenter is CDC's Stacey Martin MSc; and CDC's Andrew Kroger, MD, MPH, is the moderator. A podcast of the Net Conference is available at the link below, as are PowerPoint slides, a transcript, and information on continuing education credit.

<http://www.cdc.gov/vaccines/ed/ciinc/Pertussis.htm>.

Virtual Immunization Communication (VIC) Network has arranged for the CDC's Influenza Coordination Unit to give presentations at a VIC Network webinar titled "Influenza Outlook: Strategies and Plans for the 2012-2013 Influenza Season." The webinar has been recorded and will be available by Monday July 30.

Webinar information can be found at: <http://www.vicnetwork.org/>

NEED EXTRA MONEY!

And who doesn't?

Become part of a team of doctors, nurses and public health workers, working to control and eliminate tuberculosis in your community.

The Texas Department of State Health Services is looking for college students, retirees, homemakers, medical assistances, nurses, EMT's, First Responders, and others to provide

DOT (Direct Observed Therapy)

Training is provided

Flexible schedules

Paid monthly – per visit

Medical background preferred

(But not mandatory)

**For more information contact Beth Portillo in the TB Program at
(817) 264-4892**

For application materials, go to:

http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=93361.

For information on what DOT is, go to:

<http://www.cdc.gov/tb/education/ssmodules/module9/ss9reading2.htm>.

Texas Vaccines for Children Program: Pentacel® Supply Limited

The Texas Vaccines for Children (TVFC) Program was notified by the Centers for Disease Control and Prevention (CDC) about a temporary shortage of Sanofi Pasteur's Pentacel® vaccine [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate Vaccine]. The shortage will result in immediate vaccine allocations for this product to all VFC programs and nationwide. Allocations of Pentacel® are necessary due to a manufacturing delay that will temporarily reduce supply below the level needed to fully satisfy market demand. The shortage is anticipated to last throughout the summer.

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In order to ensure that all providers have access to this vaccine over the next few months, TVFC provider Maximum Stock Levels (MSLs) for Pentacel® will be reduced by one third (1/3) effective immediately. This reduction will happen automatically in the Electronic Vaccine Inventory (EVI) system. Until further notice, providers will not be allowed to order over their newly defined Pentacel® MSL.



Options to reduce the use of Pentacel® include use of single vaccines for some populations, and use of alternative combination vaccines, such as Pediarix® (diphtheria, tetanus, pertussis, hepatitis B, and polio) for others. Providers may consider using Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP, and Haemophilus influenzae type b (Hib) vaccines separately, especially for the 12-15 month booster doses, and starting new patients on the Pediarix® combination vaccine. If you would like additional information on vaccine options by age, please go to <http://www.dshs.state.tx.us/immunize/tvfc> and look for *Vaccine Options by Age* under Provider Resources. If single antigens or other combinations are not showing as ordering options, or if providers need to change current vaccine selections, the opportunity to alter vaccine choices in EVI will begin on May 15, 2012.

Sanofi Pasteur is also experiencing a delay with their DTaP vaccine. However, there are other manufacturers of this vaccine, and because of that, a shortage of DTaP is not expected.

If you have questions regarding Pentacel® or vaccine MSLs, please contact your local health department, health services region, or TVFC consultant.

**Source: Reprinted from April 30, 2012
Memorandum from the Service Group of**

The Texas Department of State Health Services

Attention Health Care Providers



MENINGOCOCCAL VACCINE REQUIREMENTS FOR ENTERING COLLEGE STUDENTS

If you have patients who are entering a Texas college or university this fall please let them know they need to have a meningococcal vaccine before they enter college. If you do not offer the vaccine in your practice please refer your patients to a community vaccinator such as a neighborhood pharmacy.

REQUIREMENT

As of January 1, 2012, all entering college and university students are required to show proof of an initial meningococcal vaccination or a booster dose during the five-year period before enrolling. They must get the vaccine at least 10 days before the semester begins. Chapter 21, Subchapter T. Sections 21.610 through 21.614)

DEFINITIONS

Who is an entering college student?

- o a first-time student of an institution of higher education
- o a student who previously attended an institution of higher education before January 1, 2012, who is enrolling in the same or another institution of higher education following a break in enrollment of at least one fall or spring semester

Which students are exempt from the vaccine requirement?

- o a student 30 years of age or older by the first day of the start of the semester
- o a student enrolled only in online or other distance education courses
- o a student enrolled in a continuing education course or program that is less than 360 contact hours, or continuing education corporate training
- o a student enrolled in a dual credit course which is taught at a public or private K-12 facility not located on a higher education institution campus
- o a student incarcerated in a Texas prison

VACCINE COST

The vaccine can cost more than \$100.00. Insurance coverage is changing and now many insurance plans cover the cost of the vaccine. Please check with your patient's insurance carriers to see if they cover the cost of the vaccine. In addition, patients who are 18 years of age or younger, without private insurance, may be eligible to participate in the Texas Vaccines for Children Program.

For more information go to www.CollegeVaccineRequirements.com or call the Texas Immunization Information Line at 1-800-252-9152.

VACCINE INFORMATION STATEMENTS

Vaccine Information Statements (VISs) are information sheets produced by the Centers for Disease Prevention (CDC). VISs explain both the benefits and risks of a vaccine to adult vaccine recipients and the parents or legal representatives of children and adolescents. 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 July 2, 2012, the most recent versions of the VISs are as follows:

DTaP/DT	05/17/07	MMR	04/20/12
Hepatitis A	10/25/2011	MMRV	05/21/10
Hepatitis B	02/02/12	PCV13	04/16/10
Hib	12/16/98	PPSV	10/06/09
HPV Cervarix	05/03/11	Polio	11/08/11
HPV Gardasil	02/22/12	Rotavirus	12/06/10
Influenza (LAIV) 07/02/12 NEW!		Shingles	10/06/09
Influenza (TIV) 07/02/12 NEW!		Td/Tdap	01/24/12
Meningococcal	10/14/11	Varicella	03/13/08
*Multi-vaccine VIS			09/18/08

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

Check your VIS against this list.

If you have outdated VISs, click on the following link to get current versions:

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

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



HEALTH SERVICE REGION 2/3 ARLINGTON IMMUNIZATION CONTACTS

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Pop Assessment Coord	Laura Collins	817-264-4628	Laura.collins@dshs.state.tx.us

TVFC Account Representatives

For providers in Brown, Collin

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For all other HSR 2/3 Counties **Arma Carter 817-264-4794** Arma.carter@dshs.state.tx.us