TEXAS
Health and Human Services

Texas Department of State Health Services

Adolescent Health
and the Topple Meningococcal Project

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Adolescent Health

Nishka Bommareddy

Adolescent-Specific Vaccines

- The Advisory Committee on Immunization Practices (ACIP) recommends that adolescents (12–18 years) should receive the following:
  - Meningococcal B (MenB) vaccine
  - Meningococcal ACWY (MenACWY) vaccine
  - Human papillomavirus (HPV) vaccine
  - Tetanus, diphtheria, and pertussis (Tdap) vaccine
  - Flu vaccine
  - COVID-19 vaccine

Texas Schools

Minimum Vaccine Requirements

- Texas Administrative Code requires children and students to show acceptable evidence of vaccination prior to entry, attendance, or transfer to a childcare facility, public or private primary and secondary schools, and institutions of higher education.
- Adolescent students must have evidence of the following:
  - Poliovirus vaccine (IPV)
  - Measles, mumps, and rubella (MMR) vaccine
  - Hepatitis A vaccine
  - Hepatitis B vaccine
  - Varicella vaccine
  - Tdap vaccine
  - MenACWY vaccine

Pediatric Immunizations

Practice Standards

- The National Vaccine Advisory Committee (NVAC) established standards in 1987. The 18 standards represent the most desirable practices for all health care providers and immunization programs to increase childhood and adolescent vaccination coverage.

Pediatric Immunizations

Practice Standards Continued

- The standards provide guidance on practices that eliminate barriers to vaccination, including:
  - Eliminating unnecessary prerequisites for receiving vaccinations
  - Eliminating missed opportunities to vaccinate
  - Improving procedures to assess vaccination needs
  - Enhancing knowledge about vaccines among parents
  - Improving management and reporting of adverse events
  - Using recall and reminder systems
  - Using assessments to monitor clinic or office vaccination coverage levels

Source: CDC

2023–2024 Data:

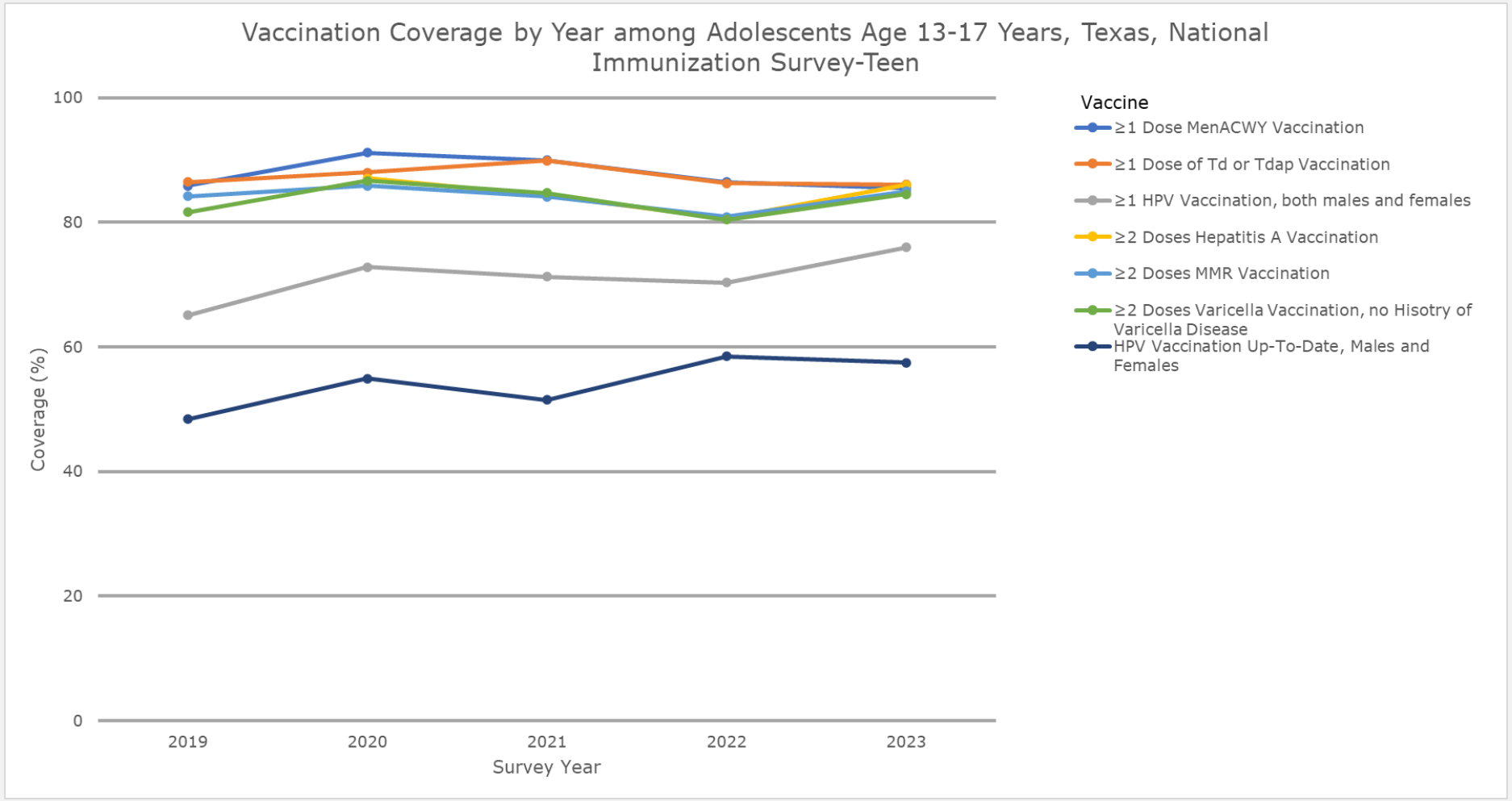
Annual Report of Immunization Status

Adolescent School Vaccination Coverage Rates by Public Health Region							
	Tdap/Td	Hepatitis A	Hepatitis B	MCV4	MMR (two doses)	Polio	Varicella (two doses)
PHR 1	**93.86%**	97.37%	97.89%	**93.88%**	98.09%	97.72%	97.60%
PHR 2/3	**93.48%**	96.73%	97.30%	**93.66%**	97.52%	97.16%	96.93%
PHR 4/5N	95.28%	97.45%	97.88%	95.44%	97.94%	97.72%	97.62%
PHR 6/5S	**92.56%**	96.66%	96.82%	**90.65%**	96.87%	96.55%	96.44%
PHR 7	**91.28%**	96.62%	97.05%	**91.38%**	97.67%	96.93%	96.70%
PHR 8	**93.60%**	97.17%	97.47%	**93.55%**	97.68%	97.54%	97.52%
PHR 9/10	**92.19%**	97.49%	98.31%	**91.61%**	98.16%	97.89%	97.65%
PHR 11	97.41%	98.96%	99.29%	97.32%	99.26%	99.13%	99.00%

Data retrieved from 2023–2024 Annual Report of Immunization Status on Nov. 1, 2024

2023-2024 Data:

2023 National Immunization Survey-Teen



Data retrieved from CDC TeenVaxView on Nov. 27, 2024.

Communication Methods

- Educating parents and guardians on immunizations in general terms is an important practice and supported by the Standards for Pediatric Immunization Practices.

- Understanding your audience:

1. Understanding knowledge, perceptions, beliefs, motivations, and barriers to vaccination as well as the audiences' communication preferences.

2. Creating tailored messages and materials by incorporating values that resonate, invite conversations, and provide details on how to become vaccinated.

3. Get audience feedback by including them in the design process and evaluating the effectiveness of the materials.

Communication Methods:
Motivational Interviewing

- Motivational interviewing is an evidence-based approach to behavior change.
- OARS method:
  - Open-ended questions
  - Affirmations
  - Reflective listening
  - Summarize

OARS

- Open-Ended Questions:
  - Typically start with words such as “how” or “what” or “tell me about” or “describe.”
    - “What are your concerns about the meningococcal vaccine?”
    - “Tell me about your last experience receiving a vaccine.”
    - “What challenges do you face to receive the vaccine?”
    - “What information would you like to know for me to help decrease your anxiety about the vaccine?”
- Affirmations:
  - “I appreciate your willingness to speak with me today about your concerns. I am proud you are prioritizing your health.”
  - “I greatly enjoyed talking with you today. I hope I addressed all the questions you have.”
  - “You handled yourself really well in that situation.”

OARS Continued

- Reflective Listening:
  - Reflections are statements. Statements ending with downward inflection (as opposed to questions) tend to work better to allow patients to have words that start a response.
    - "It sounds like you…"
    - "You are wondering if…"
    - "So, you feel…"
    - "Please say more about…"
- Summarize:
  - "So, let me see if I got this right…"
  - "So, you have been saying…is that correct?"
  - "Here is what I heard. Please tell me if I missed anything."
  - "What you said is important. I value what you say."
  - "We covered that well. Let's talk about…"

Communication Methods

Addressing Vaccine Education

Listen to and analyze vaccine information shared within community and social media

Engage with the community about vaccines

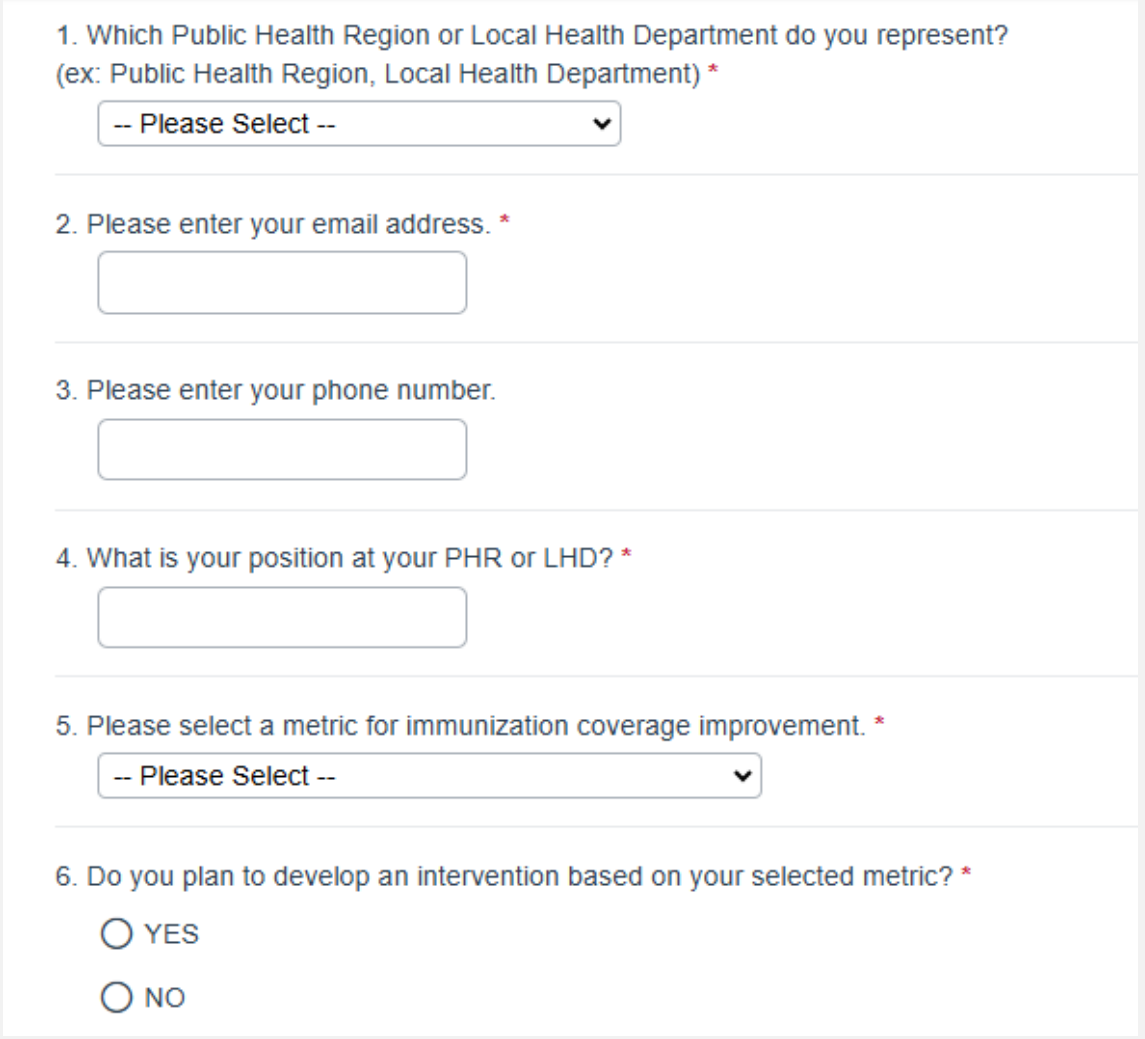
Address intentional and unintentional messaging

Share accurate information to address questions

Reports

Community Needs Assessments

- Community needs assessments (CNAs) are annual surveys for Responsible entities (REs).
- CNAs assist all REs with developing metric-based initiatives.
- For questions regarding this survey, please email Imm.Action@dshs.Texas.gov



1. Which Public Health Region or Local Health Department do you represent? (ex: Public Health Region, Local Health Department) *

-- Please Select --

2. Please enter your email address. *

3. Please enter your phone number.

4. What is your position at your PHR or LHD? *

5. Please select a metric for immunization coverage improvement. *

-- Please Select --

6. Do you plan to develop an intervention based on your selected metric? *

YES

NO

Reports
Metrix

Metrix report:

- Annual report for REs
- Snapshot of immunization metrics from various immunization program areas
- Foundation for CNA activities

For questions regarding this report, please email Imm.Epi@dshs.texas.gov

Metrix of Community Assessment Measures for Texas

Population Estimates		
Measure	**RE**	
0-18 Population (n)	8,861,723	
TVFC Eligible Population 0-18 (n)	5,298,923	

ImmTrac2 Participation		
Measure	**RE**	
Children consented into ImmTrac2 (n)	6,915,262	
TVFC Providers in ImmTrac2 (n)	3,177	

QA/QC Measures		
Measure	**RE**	**Goal**
Pediatric Vaccine Waste (n) doses	292,788	N/A
Pediatric Vaccine Waste (%)	4.20%	0%
Average PEAR Score (%)	95.60%	100%

Childhood Vaccination		
Measure	**RE**	**Goal**
4:3:1:3:3:1:4 series Coverage (%)	38.30%	80%
TVFC DTaP Doses Administered (n)	1,162,268	N/A
TVFC MMR Doses Administered (n)	614,200	N/A
Non-Compliant Schools (%)	11.60%	0%

Adolscent Vaccination		
Measure	**RE**	**Goal**
TVFC HPV Doses Administered (n)	490,415	N/A
HPV Initiation (%)	52.00%	N/A
HPV Coverage (Completion) (%)	16.70%	80%
HPV:Tdap Ratio	1.34	2.00

Influenza Vaccination		
Measure	**RE**	**Goal**
TVFC Pediatric Flu Coverage (%)	25.90%	70%
TVFC Pediatric Flu Utilization (%)	82.50%	N/A

Adult Vaccination	
Measure	**RE**
First Responders consented into ImmTrac2 (n)	159,476

Perinatal Hepatitis B Prevention Program		
Measure	**RE**	**Goal**
Moms w/o birth info past est. due date (EDD) (n)	147	0
Moms w/o birth info past est. due date (EDD) (%)	23.30%	0

Reports
HPV/Tdap Ratio

- The HPV/Tdap Ratio Report is a quarterly report for Texas Vaccines for Children (TVFC) providers and REs.
- The report helps identify gaps in HPV/Tdap vaccination and strategies to increase vaccination

For questions regarding this report, please email Imm.Epi@dshs.texas.gov

Reports
IQIP Coverage Rate

- Immunization Quality Improvement for Providers (IQIP) Coverage Rate Report is a monthly report for TVFC providers and REs.
- The report helps identify opportunities within each clinic to increase specific childhood and adolescent vaccines by a patient's second and 13th birthdays.

For questions regarding this report, please email IQIP@dshs.texas.gov

TEXAS Health and Human Services

Texas Department of State Health Services

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Texas Immunization Quality Improvement for Providers (IQIP) Coverage Rate Report

September 2023 to August 2024

Childhood Vaccines

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients Assessed	245	255	274	275	278	294	289	288	299	298	300	305
DTaP	58%	59%	61%	63%	65%	64%	65%	65%	63%	64%	63%	63%
Polio	78%	78%	82%	83%	82%	82%	84%	84%	83%	83%	82%	81%
MMR	85%	85%	85%	85%	86%	85%	88%	88%	87%	88%	88%	90%
Hib	82%	82%	82%	81%	81%	81%	84%	84%	82%	84%	83%	84%
HepB	75%	72%	70%	68%	65%	61%	61%	59%	54%	50%	47%	43%
Varicella	85%	85%	85%	85%	85%	84%	87%	86%	85%	87%	87%	89%
PCV13	63%	63%	62%	63%	61%	61%	62%	62%	62%	63%	65%	64%
Series	39%	38%	36%	35%	35%	33%	31%	30%	26%	25%	24%	22%
Flu, UTD	35%	35%	34%	33%	33%	33%	36%	35%	32%	34%	33%	31%
Series w/ Flu	18%	17%	16%	16%	16%	15%	15%	14%	12%	11%	10%	9%

Adolescent Vaccines

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients Assessed	319	307	311	318	318	328	327	346	330	353	366	374
Tdap	82%	82%	80%	79%	80%	81%	81%	83%	83%	84%	84%	84%
MCV4	83%	83%	82%	80%	81%	82%	82%	83%	83%	84%	84%	81%
HPV	36%	36%	36%	37%	36%	35%	37%	37%	36%	37%	34%	35%
HPV, 1 dose	81%	81%	79%	79%	78%	79%	80%	81%	81%	81%	78%	77%

Data in this reports reflect immunizations given on or before the last day of the month and records accepted into ImmTrac2 as of the day the data was run. Coverage rates reflect valid doses received on or before the assessment age (2 or 13 year birthday) according to the IQIP's measurement for each vaccine type. Valid doses are those that meet the current ACIP recommendations for minimum age and minimum interval.

Childhood vaccine measurements: 4 valid doses of DTaP, 3 valid doses of IPV, 1 valid dose of MMR, UTD for Hib, UTD for HepB, 1 valid dose of Varicella, UTD for PCV13. Hib, HepB, and PCV13 call for an Up to Date (UTD) calculation to reflect varying requirements for numbers of doses needed, including ACIP catch-up schedules. 4:3:1:U:U:1:U series coverage rates is also calculated. No. age-eligible patients assessed (denominator): 2 years olds (consented clients 24 thru 35 months old with at least on valid dose in ImmTrac2 administered on or before their 2nd birthday). Adolescent vaccine measurements: 1 valid dose of Tdap, 1 valid dose of MCV4, 2 doses (UTD) of HPV, 1 dose of HPV (initiated series). No. age-eligible patients assessed (denominator): 13 year olds (consented clients 13 years old with at least one valid dose in ImmTrac2 administered on or before their 13th birthday).

IQIP

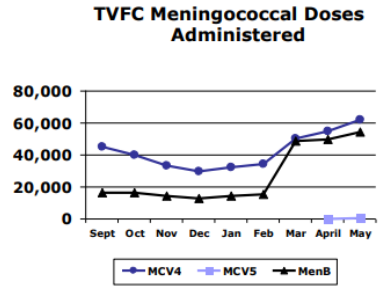
Reports

Meningococcal Provider

- The meningococcal provider report is a monthly report for TVFC providers.
- The report shows overall use of meningococcal vaccinations, coverage rates, and facts about meningococcal disease.

For questions regarding this report, please email Imm.Epi@dshs.texas.gov

ImmTrac2	April 2024	May 2024	Percent Change
MenACWY Initiation	71.5%	71.4%	0.1%
MenACWY Up-to-Date	20.6%	20.8%	-1.1%
MenB Initiation	18.3%	18.3%	-0.2%
MenB Up-to-Date	6.1%	6.1%	0.4%



6.1%
MenB Coverage in Texas

MenB Coverage in

	TVFC Doses Shipped	TVFC Doses Administered	Doses Reported to ImmTrac2
MCV4	42,353	34,902	61,992
MenB	18,190	15,475	54,468
MCV5	1,284	94	283

Meningococcal Vaccination

Only 20.8% of 16-18 year olds in Texas have received both doses of MCV4, and only 6.1% received both doses of MenB vaccines (Source: ImmTrac2, May 2024).
Parents consider their child's health care professionals to be their most trusted source of information when it comes to vaccines.
With this unique position, your strong recommendation is critical for vaccine acceptance.
Refer to think link below to learn more.
Prepare for Questions Parents May Ask About Vaccines

Topple Meningococcal Project

Eilish McGhee

Meningococcal Disease

- The bacterium *Neisseria meningitidis* causes meningococcal disease, a serious and potentially life-threatening infection.
  - There are six serogroups (A, B, C, W, X, Y) or types, of *Neisseria meningitidis* that cause most meningococcal disease worldwide.
    - Serogroups B, C, and Y cause most cases of meningococcal disease in the United States.
- People spread meningococcal bacteria through close or lengthy contact with others.
  - One in 10 people are carriers of the bacteria in the throat but do not have the disease.
- Many factors affect someone's risk for meningococcal disease, including age and certain medical conditions and medicines.

Source: cdc.gov/meningococcal/about/index.html

Meningococcal Disease
Continued

- The two most common types of meningococcal infections are meningitis and bloodstream infections.
  - Even with treatment, around one in six people with invasive meningococcal disease will die, sometimes in as little as 24 hours.
  - One in five may suffer serious and permanent complications including brain damage, kidney damage, hearing loss, and amputations.

Source: cdc.gov/meningococcal/about/index.html

Meningococcal Vaccines

MenACWY and MenB

- There are three types of meningococcal vaccines that target different serogroups of meningitis-causing bacteria.
- Vaccination against one subtype of bacteria does not protect you from other subtypes of bacteria.

Vaccination	Protection against Meningitis A, C, W, and Y?	Protection against Meningitis B?
MenACWY (MCV4)	✓	✗
MenB	✗	✓
MenACWY (MCV4) and MenB	✓	✓

Meningococcal Vaccines

Pentavalent

- On October 20, 2023, the Food and Drug Administration (FDA) approved the MenABCWY vaccine to prevent the spread of meningococcal disease.
- Pfizer’s new pentavalent meningococcal vaccine called "Penbraya" protects against serogroups A, B, C, W, and Y and is licensed for use among people ages 10–25.
- The FDA recommends one dose to people 10 years and older when MenACWY and MenB vaccines are both options for the patient at one clinical visit.

Topple Meningococcal
Partnerships

- TVFC providers and school nurses
  - Fifteen educational webinars and trainings
- Mercedes Independent School District and Education Service Center, Region 20 (ESC 20)

Topple Meningococcal
Outreach

- Local health departments
  - Ten virtual trainings
- Community colleges
  - Recording for new student orientations and websites
  - Upcoming webinar and four in-person health fairs with Dallas College
- Job Corps Centers
  - Three in-person events
  - Three educational webinars
- American Society for Meningitis Prevention (ASMP)

Campaign Data

- Initial project goals:
  - Two percent increase in series completion rates for MenACWY
  - Two percent increase in series completion rates for MenB
- Preliminary data shows positive trends with project performance measures.
  - According to ImmTrac2, data between March 2023 and August 2024 shows:
    - MenACWY initiation rates increased by two percent.
    - MenB initiation rates increased by six percent.
    - MenACWY series completion rates increased by six percent.
    - MenB series completion rates increased by two percent.

Campaign Data

Vaccination Rates for MenACWY and MenB

	MenACWY Initiation	MenACWY Complete	MenB Initiation	MenB Complete
March 2023 Statewide Total	69.0%	16.9%	14.4%	4.4%

	MenACWY Initiation	MenACWY Complete	MenB Initiation	MenB Complete
August 2024 Statewide Total	71.2%	22.9%	20.0%	6.6%

Data as of September 4, 2024. Data retrieved from ImmTrac2.

Q&A

- Please ask any questions.

Thank you!

Adolescent Health and the Topple Meningococcal Project

Imm.Action@dshs.texas.gov