VACCINES FOR CHILDREN

Dallas County Health and Human Services

SUMMER 2011 - NEWS LETTER

April 23-30, 2011

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and to celebrate the achievements of immunization programs in promoting healthy communities throughout the United States. Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. They not only help protect vaccinated individuals, but also help protect entire communities by preventing and reducing the spread of infectious diseases.

Since 1994, local and state health departments, national immunization partners, health care professionals, community leaders from across the United States, and the Centers for Disease Control and Prevention (CDC) have worked together through NIIW to highlight the positive impact of vaccination on the lives of infants and children, and to call attention to immunization achievements. NIIW is part of a broad global initiative with the World Health Organization Regions of the Americas, European, Eastern Mediterranean, Western Pacific, and Africa to promote vaccination through education and communication activities.

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NIIW Continued from cover

Provider Opportunities for 2011 NIIW

NIIW provides an opportunity to:

- Highlight the dangers of vaccine-preventable diseases, especially to infants and young children, and the importance and benefits of childhood immunizations.
- Educate parents and caregivers about the importance of vaccination in protecting their children from birth against vaccine-preventable diseases. Immunization is a shared responsibility.
- Focus attention on immunization achievements and celebrate the accomplishments made possible through successful collaboration.
- Step up efforts to protect children against vaccine-preventable diseases and thereby give them a healthy start in life.
- Encourage better communication between parents and health care professionals.
- Remind parents and caregivers they need to make and keep needed immunization appointments.

In the United States, vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed thousands of infants and young children each year. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not immunized. Vaccine-preventable diseases have many social and economic costs. These diseases result in doctor visits, hospitalizations, and even death. Sick children miss school and can cause parents to lose time from work.

TVFC Providers are encouraged to participate in NIIW, and educate parents, community residents, and school officials on the importance of vaccinating to protect children's health.

National Infant Immunization Week

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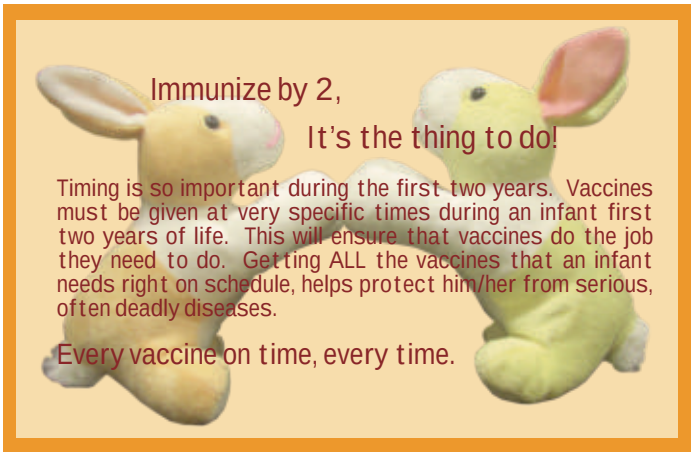

- **at birth** Hep B
- **2 months** Hep B + DTaP + PCV + Hib + Polio + RV (1-2 mos)
- **4 months** DTaP + PCV + Hib + Polio + RV
- **6 months** Hep B + DTaP + PCV + Hib + Polio + RV (6-18 mos*)
- **12 months** MMR + PCV + Hib + Varicela + HepA (12-15 mos* / 12-15 mos* / 12-15 mos* / 12-15 mos* / 12-23 mos*)
- **15 months** DTaP (15-18 mos*)

Vaccine Descriptions:

HepB	:	Protects against hepatitis B
DTaP	:	a combined vaccine that protects against diptheria, tetanus, and pertusis (whooping cough)
Hib	:	protects against Haemophilus influenzae type b
PCV	:	protects against pneumococcal disease
Polio	:	protects against polio, the vaccine is also known as IPV
RV	:	protects against infections caused by rotavirus
Influenza	:	protects against inluenza (flu)
MMR	:	protects against measles, mumps, and rubella (german measles)
Varicella	:	protects against varicella, also known as chickenpox
HepA	:	protects against hepatitis A

* This is the age range in which this vaccine should be given

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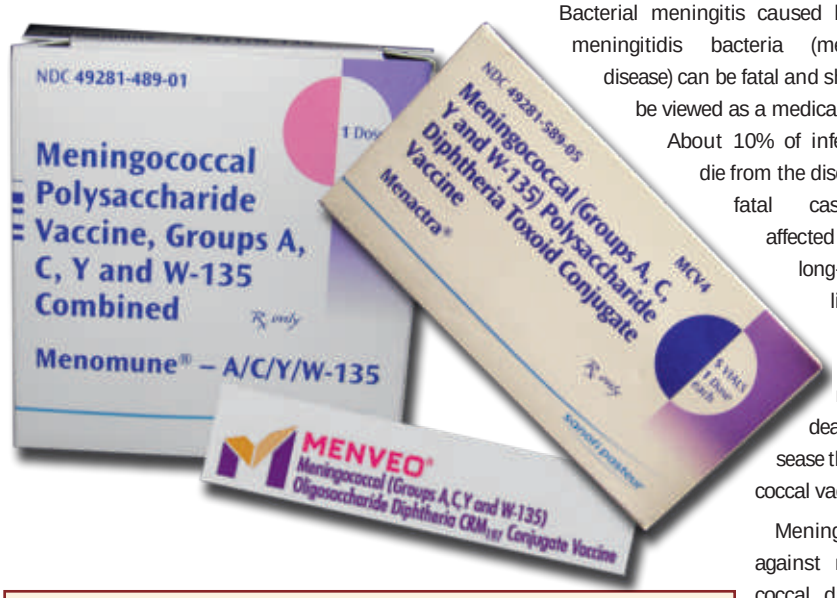
Meningococcal Disease

Pre-teens and adolescents, college freshmen who live in dormitories and travelers to countries where meningitis is always present are at an increased risk for meningococcal disease

Meningococcal disease is the leading cause of bacterial meningitis in children 2 through 18 years of age in the United States. Meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord known as the meninges. The inflammation is usually caused by an infection of the fluid surrounding the brain and spinal cord. Meningitis is also referred to as spinal meningitis. Meningitis may develop in response to a number of causes, usually bacteria or viruses, but meningitis can also be caused by physical injury, cancer or certain drugs.



Bacterial meningitis caused by Neisseria meningitidis bacteria (meningococcal disease) can be fatal and should always be viewed as a medical emergency. About 10% of infected people die from the disease. In non-fatal cases, those affected experience long-term disabilities, such as brain damage, loss of limb, or deafness. Preventing the disease through the use of meningococcal vaccine is important.

Meningococcal vaccines protect against most types of meningococcal disease, but they do not prevent all cases. There are two kinds of vaccines against Neisseria meningitidis available in the United States: meningococcal polysaccharide vaccine (Menomune®) and meningococcal conjugate vaccine (Menactra® and Menveo®).

Although anyone can get meningitis, pre-teens and adolescents, college freshmen who live in dormitories and travelers to countries where meningitis is always present are at an increased risk for meningococcal disease.

When MCV4 was first recommended for adolescents in 2005, the expectation was that protection would last for 10 years; however, currently available data suggest it wanes in most adolescents within 5 years. Based on that information, a single dose at the recommended age of 11 or 12 years may not offer protection through the adolescent years at which risk for meningococcal infection is highest (16 though 21 years of age). Now, a booster dose should be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak increased risk. Adolescents who receive their first dose of MCV4 at or after age 16 years do not need a booster dose. All 11-12 years olds should be vaccinated with meningococcal conjugate vaccine (MCV4).

TVFC Immunization Updates

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) have released new recommendations for the Tetanus, diphtheria, and pertussis (Tdap) vaccine and the Meningococcal Conjugate Vaccine (MCV4).

MCV4 Vaccine

Changes in MCV4 recommendations include a booster dose for healthy children 11-18 years of age, five years after the first dose.
Children 11-18 years of age, with no high risk health conditions:
If vaccinated at age 11-12 years of age, should receive a one-time booster dose at age 16 years old.
If vaccinated at age 13-16 years, should receive a one-time booster at age 16-18 years of age.

Tdap Vaccine

Tdap should be given to children 7 -18 years of age who:
- have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTap for some or all doses of the childhood series;
- have received fewer than 5 doses of DTP/DTAP or 4 doses if the fourth dose was administered at age 4 years or older; or
- have never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTap/DT or Td).

ImmTrac is now a Lifetime Registry!

ImmTrac Texas Immunization Registry

ImmTrac can now store immunization records for Texans of all ages. Recent legislation established ImmTrac as a Lifetime Registry. Now adults can register for ImmTrac participation; consent must be granted in writing by completing an ImmTrac Adult Consent Form. Adult consent is valid for a 'lifetime'. Clients may withdraw consent from ImmTrac at any time.

Registered ImmTrac users may affirm consent for adults using the ImmTrac Affirmation Process.

For additional information please contact DCHHS ImmTrac Outreach Specialist at 214 819-2847 or Customer Support via email at ImmTrac@dshs.state.tx.us or by phone at (800) 348-9158.

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Simple Reminders

Vaccine Storage

In the freezer and refrigerator vaccines should be stored in the middle of the compartment. Vaccines should not be stored in the doors. The temperature near the floor of the refrigerator is not stable and differs from that in the middle of the compartment.

Never store food or beverages inside the vaccine refrigerator or freezer.

Vaccine Packaging

Vaccine products that have similar packaging should be stored in different locations to avoid confusion and medication errors. For example, if you have pediatric and adult versions of the same vaccine, storing them in different locations lessens the chance that someone will inadvertently choose the wrong vaccine.

Labeling

The location of each specific vaccine inside the storage unit should be clearly labeled. This can be accomplished by attaching labels directly to the shelves on which the vaccines are sitting or by labeling trays on which boxes of the same vaccine type are placed. Storing each vaccine in its own specifically labeled section of the refrigerator or freezer helps decrease the chance that someone will mistakenly administer the wrong type of vaccine.

Diluents should be clearly labeled, whether they are stored at room temperature or in the refrigerator. Label the boxes of corresponding vaccines and diluents from the same manufacturer so that they will be used together.

Notice of Vaccines to Expire

Please contact your DCHHS VFC representative, if you have any questions regarding your vaccines.

Observe your monthly stock level, and expiration dates for all vaccines.

Notify DCHHS VFC representatives 90 days prior to the vaccine expiration date, if the vaccine cannot be used before expiration.

Rotate stock so that short dated vaccine can be distributed first. Too much vaccine kept in inventory increases the risk of vaccines reaching expiration dates and increases the amount of loss in the event of refrigerator failure. When ordering vaccines, providers should keep no more than the designated maximum on hand.

If you are needing training and education for vaccine storage/handling, stock distribution, immunization scheduling, or VFC retraining, contact your DCHHS VFC Representative.

(Parts or full contents used within the newsletter were extracted from the publications of the Centers for Disease Control and Prevention website.)

Back-to-School Immunizations

Every Vaccine Counts!

DCHHS would like to remind you that state law requires school children to be vaccinated before they are allowed to attend classes at the beginning of each school year. Encourage parents to bring their children in for immunizations as early as possible. Stress the importance of making sure that each child receives the required vaccinations before entering school.

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