

VACCINES FOR CHILDREN



Dallas County
Health and Human Services

SUMMER 2017 - NEWSLETTER

NIAM

August 2017



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National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. NIAM was established to encourage people of all ages to make sure they are

up to date on the vaccines recommended for them. Communities have continued to use the month each year to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases.

Getting vaccinated according to the recommended

immunization schedule is one of the most important things a parent can do to protect their child's health. Diseases can quickly spread among groups of children who aren't vaccinated. Whether it's a baby starting at a new child care facility, a toddler heading to preschool, a student

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going back to elementary, middle or high school, a college freshman; parents should check their child's vaccination records.

Child care facilities, preschool programs, schools and colleges are prone to outbreaks of infectious diseases. Children in these settings can easily spread illnesses to one another due to poor hand washing, not covering their coughs,

and other factors such as interacting in crowded environments.

When children are not vaccinated, they are at an increased risk for disease and can spread disease to others in their play groups, child care centers, classrooms and communities. The need for vaccination does not end in childhood. All adults should get vaccines to protect their health. Even healthy adults can become seriously ill and pass

diseases on to others. Vaccines are recommended throughout our lives based on age, lifestyle, occupation, travel locations, medical conditions, and previous vaccination history.

Each week of #NIAM17 focuses on a different stage of the lifespan:

Babies and young children	: (July 31-August 6)
Pregnant women	: (August 7-13)
Adults	: (August 14-20)
Preteen/Teen	: (August 21-27)

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose															
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose												
Haemophilus influenzae type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4												
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose												
Inactivated poliovirus ⁶ (IPV; <18 yrs)			1 st dose	2 nd dose													
Influenza ⁷ (IV)																	
Measles, mumps, rubella ⁸ (MMR)																	
Varicella ⁹ (VAR)																	
Hepatitis A ¹⁰ (HepA)																	
Meningococcal ¹¹ (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)																	
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap; ≥7 yrs)																	
Human papillomavirus ¹³ (HPV)																	
Meningococcal B ¹⁴																	
Pneumococcal polysaccharide ¹⁵ (PPSV23)																	

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
No recommendation

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Zika

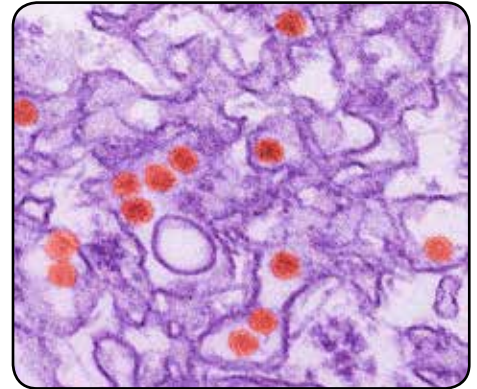
Zika is a disease caused by Zika virus that is spread to people primarily through the bite of an infected Aedes species mosquito. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week. There are more than 40 mosquito species in Dallas County. While mosquitoes can be active year round, generally, mosquito season is from May to November.

Prevention

The best ways to avoid Zika virus are to avoid

mosquito bites and sexual contact with a person who has Zika virus. DCHHS recommends everyone use the 4Ds to reduce the chance of being bitten by a mosquito.

- **DEET** All Day, Every Day: Whenever you're outside, use insect repellents that contain DEET or other EPA approved repellents and follow instructions.
- **DRESS**: Wear long, loose, and light-colored clothing outside.
- **DRAIN**: Remove all standing water in and around your home.
- **DUSK & DAWN**: Limit outdoor activities during dusk and dawn hours when mosquitoes are most active.



This is a digitally-colored transmission electron microscopic (TEM) image of Zika virus, which is a member of the family Flaviviridae. Virus particles, here colored red, are 40 nm in diameter, with an outer envelope, and an inner dense core.

Maximum Stock Levels (MSLs)

Maximum stock levels (MSLs) are calculated by the Texas Department of State Health Services (DSHS) for every vaccine at all sites enrolled in the TVFC and Adult Safety Net (ASN) Programs using the doses administered data that has been reported in the Electronic Vaccine Inventory (EVI) system by your vaccine coordinator. The Centers for Disease Control and Prevention (CDC) has recommended that vaccine

orders be placed when there is a 30-day supply of vaccine available in a clinic.

You are not required to place an order each month, but you should order vaccine as needed to maintain a 75-day supply of vaccine. However, you are still required to complete and submit monthly reports (temperature recording form, doses administered data, and monthly biological report (C-33)) whether vaccine is ordered or not.

You may also place additional vaccine orders during any month, as long as all required reporting has been submitted.

You must have adequate refrigeration and/or freezer space at your site to accommodate your maximum vaccine order based on your MSLs. You should also consider the space needed for your private stock of vaccine when calculating storage capacity.

VAERS

VAERS encourages reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States.

The National Childhood Vaccine Injury Act of 1986 requires health care providers to report:

- Any health event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine,
- Any event listed in the Reportable Events Table that occurs within the specified time period after the vaccination.

A copy of the Reportable Events Table can be found on the following page, or at https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf.

Before you begin, review the Instructions for Completing the VAERS On-Line Form at <https://vaers.hhs.gov/reportevent.html>

HOW TO REPORT There are three ways to report to VAERS:

- Online. Complete a VAERS online form at <https://vaers.hhs.gov/reportevent.html>
- Fax. Download a VAERS form at https://vaers.hhs.gov/pdf/vaers_form.pdf, or request a form by sending an e-mail to info@vaers.org, by calling 800-822-7967, or by faxing a request to 877-721-0366. Fax the completed form to 877-721-0366.

[hhs.gov/pdf/vaers_form.pdf](https://vaers.hhs.gov/pdf/vaers_form.pdf), or request a form by sending an e-mail to info@vaers.org, by calling 800-822-7967, or by faxing a request to 877-721-0366. Fax the completed form to 877-721-0366.

- Mail. Download a VAERS form at https://vaers.hhs.gov/pdf/vaers_form.pdf, or request a form by sending an e-mail to info@vaers.org, by calling 800-822-7967, or by faxing a request to 877-721-0366. Mail the completed form to VAERS, P.O. Box 1100, Rockville, MD 20849-1100. A pre-paid postage stamp is included on the back of the form. For more information, visit the VAERS website at <http://vaers.hhs.gov>

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Current Dates of Vaccine Information Statements (VISs) as of July 6, 2017

Check your supply of VISs against this list. If you have out-dated VISs, get current versions at www.immunize.org/vis.

Adenovirus	6/11/14	MMR	4/20/12
Anthrax	3/10/10	MMRV	5/21/10
Chickenpox	3/13/08	Multi-vaccine	11/5/15
Cholera	7/6/17	PCV13	11/5/15
DTaP	5/17/07	PPSV	4/24/15
Hib	4/2/15	Polio	7/20/16
Hepatitis A	7/20/16	Rabies	10/6/09
Hepatitis B	7/20/16	Rotavirus	4/15/15
HPV	12/2/16	Shingles	10/6/09
Influenza	8/7/15	Td	4/11/17
Japanese enceph	1/24/14	Tdap	2/24/15
MenACWY	3/31/16	Typhoid	5/29/12
MenB	8/9/16	Yellow fever	3/30/11

Immunization Action Coalition www.immunize.org/catg.d/p2029.pdf • Item #P2029 (7/17)

Reminder: Data loggers will be required as of Jan 1, 2018



Each refrigerator or freezer must contain a sufficient number of water bottles to help maintain proper storage temperature during peak usage of the unit.

Provider - Monthly Sequence of Events

Providers are required to confirm their demographic information, hours of operations and coordinators information each month. Providers will be required to submit the following on a monthly basis prior to placing a vaccine order or when placing additional orders:

1. **Receive** all vaccine orders into inventory
This includes all regular orders, flu orders and transfers received
2. Complete all **Transfers** (if applicable)
3. Record Doses **Wasted/Expired**
4. Record **Doses Administered** (from the last order date in EVI)
5. Update Physical Inventory (**C-33 Report**)
6. **Temperature Logs** (C-105)
7. **Borrowing Forms** (if applicable)

VACCINES FOR CHILDREN PROGRAM

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Parts or full contents used within this newsletter were extracted from the publications of the Centers for Disease Control and Prevention and the Texas Department of State Health Services website.



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