





## National Infant Immunization Week

IMMUNIZATION. POWER TO PROTECT.

ational Infant Immunization Week (NIIW) April 16-23, 2016 is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. Since 1994, local and state health departments, national immunization partners, healthcare 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.

Several important milestones already have been reached in controlling vaccinepreventable diseases among infants worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the United States. In addition:

Vaccinating children on time is the best way to protect them against 14 serious and potentially deadly diseases before their second birthday.

When parents choose not to vaccinate or to follow a delayed schedule, children may

(Continued on page 2)



# VACCINES FOR CHILDREN

### **SPRING 2016 - NEWSLETTER**

#### (Continued from page 1)

be left unprotected against diseases that still circulate in this country, like measles and whooping cough.

#### Why you should not wait:

Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), you can protect your child from disease and also protect others at school or day care.

Some children are eligible for free vaccinations:

A federal program called Vaccines for Children

provides free vaccines to eligible children.

### Why are so many doses needed for each vaccine?

Getting every recommended dose of each vaccine provides your child with the best protection possible. Depending on the vaccine, more than one dose is needed to build high enough immunity to prevent disease, boost immunity that fades over time, make sure people who did not get immunity from a first dose are protected, or protect against germs that change over time, like flu. Every dose of a vaccine is important because they all protect against infectious diseases that are threats today and can be especially serious for infants and very young children.

### Why do vaccines start so early?

The recommended schedule is designed to protect infants and children by providing immunity early in life, before they are exposed to life-threatening diseases. Children are immunized early because they are susceptible to diseases at a young age, and the consequences of these diseases can be very serious, and even life-threatening, for infants and young children.

~								Vaccine Descriptions:
Birth	Hep B						HepB DTaP	: protects against hepatitis B
2 months	Hep B *1-2 months	DTaP	PCV13	Hib	Polio	RV	Hib	<ul> <li>a combined value in a protects against diptheria, tetanus, and pertusis (whooping cough)</li> <li>protects against Haemophilus influenzae type b</li> <li>protects against pneumococcal disease</li> <li>protects against infections caused by rotavirus</li> <li>protects against infections caused flue</li> </ul>
4 🌮 months	DTaP	PCV13	Hib	Polio	RV		PCV13 Polio	
6 months	Hep B *6-18 months	DTaP	PCV13	Hib	Polio *6-18 months	RV	RV Influenza	
12 months	MMR *12-15 months	PCV13 *12-15 months	Hib *12-15 months	Varicella *12-15 months	HepA *12-23 months		vinink : protects against measles, mumps, and rubella (german measles) Varicella : protects against varicella, also known as chickenpox	
15 🔵 months	DTaP *15-18 months						HepA This is the	: protects against hepatitis A e age in which this vaccine should be given

## **Hepatitis B Perinatal Transmission**

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without postexposure immunoprophylaxis, approximately 40% of infants born to

HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

Perinatal HBV transmission can be prevented by identifying HBV-infected pregnant women and providing hepatitis B immune globulin and hepatitis B vaccine to their infants within 12 hours of birth.

Preventing perinatal HBV transmission is an integral part of the national

strategy to eliminate hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant women for HBsAg during each pregnancy
  - Case management of HBsAg-positive mothers and their infants
  - Provision of immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and hepatitis B immune globulin

• Routine vaccination of all infants with the hepatitis B vaccine series, with the first dose administered at birth.



 Dallas County Health and Human Services
 Vaccines For Children Program

 2377 N Stemmons Freeway, Dallas, Texas 75207-2710
 ① (214) 819-1903
 www.dallascounty.org/hhs

# VACCINES FOR CHILDREN

**SPRING 2016 - NEWSLETTER** 



## **Recommendations for Use of Serogroup MenB Vaccines**

Meningococcal disease is caused by the bacterium Neisseria meningitidis. Approximately one out of ten people have this type of bacteria in the back of their nose and throat with no signs or symptoms of disease; this is called being "a carrier." Sometimes Neisseria meningitidis bacteria can invade the body causing certain illnesses which are known as meningococcal disease. There are five serogroups, or "strains," of Neisseria meningitidis that cause the majority of meningococcal disease worldwide. The five most common strains are A, B, C, W, and Y. Three of these serogroups (B, C, and Y) cause most of the illness seen in the United States.

Meningococcal disease is spread from person to person. The bacteria are spread by exchanging respiratory and throat secretions (saliva or spit) during close or lengthy contact, especially if living in the same household.

Vaccination of adolescents and other high risk groups against strains A, C, W, and Y has been routinely recommended. Vaccines that provide protection against strains A, C, W, and Y include Menactra®, Menomune®, and Menveo®. None of these vaccines, however, protect against serogroup B. Currently, there are two vaccines approved by the Food and Drug Administration (FDA) for protection against serogroup B meningococcal disease, Trumenba® (MenB-FHbp) and Bexsero® (MenB-4C).

ACIP recommends certain persons aged 10 years and older who are at increased risk for serogroup B meningococcal disease should be vaccinated to protect against serogroup B.

In June 2015, the ACIP expanded this recommendation to allow for individual clinical decision-making regarding the use of MenB vaccines. The ACIP voted to recommend that decisions to vaccinate adolescents and young adults, aged 16 through 23 years, against serogroup B meningococcal disease should be made by the provider. The preferred age for MenB vaccination for persons not at high risk is 16 through 18 years of age.

The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

**Bexsero**® is approved as a two dose (0.5mL) series administered intramuscularly (IM) at least one month apart. **Trumenba**® is approved as a three dose (0.5mL) series administered IM on a 0-, 2-, and 6-month schedule.

### Texas Vaccines for Children (TVFC) Program

The TVFC Program supplies publicly purchased vaccine at no cost to enrolled providers. The TVFC Program aims to increase access and reduce barriers to vaccination services in Texas. MenB vaccines are available for order through the TVFC Program.

MenB vaccines may be administered to eligible children and adolescents identified to be at high-risk, in addition to adolescents aged 16 – 18 years under the open recommendation. For more information about the TVFC Program, please visit www.dshs. state.tx.us/immunize/tvfc/tvfc about.shtm.

### Should Serogroup MenB Vaccines Replace Quadrivalent Meningococcal Vaccines?

Quadrivalent meningococcal vaccines provide protection against serogroups A, C W, and Y but not serogroup B. Therefore, the ACIP does not recommend the routine use of MenB vaccines in place of quadrivalent meningococcal vaccination.

For best protection against meningococcal disease, the ACIP recommends that all 11 - 12 year olds be vaccinated with a quadrivalent meningococcal conjugate vaccine followed by a booster dose at age 16 years.

ImmTrac users can report administration of MenB vaccinations using the below CPT codes. For more information about ImmTrac, please refer to www. ImmTrac.com.

- Bexsero® (MenB-4C): 90620
- Trumenba® (MenB-FHbp): 90621

Please visit: http://www.dshs.state.tx.us/immunize/ vacadvise/Advisory-26.aspx for full advisory details.

www.ImmunizeTexas.com

### Get On Track with ImmTrac!

ImmTrac, the Texas Immunization Registry, is a no-cost service offered by the Texas Department of State Health Services (DSHS). It is a secure and confidential registry available to all Texans. ImmTrac safely consolidates and stores immunization information from multiple sources electronically in one centralized system. The registry is a major component of the DSHS initiative to increase vaccine coverage across Texas



# VACCINES FOR CHILDREN





### VIS Updates!

HPV (Human Papillomavirus) Gardasil®-9 VIS - 03/31/2016 Meningococcal ACWY Vaccines (MenACWY and MPSV4) - 03/31/2016

VINCONE INFORMATION	SIATEMENT					
Meningococcal ACWY Vacco						
1 Why get vaccinated? (contage of the	3 Some people should not					
<text><text><text><text><text></text></text></text></text></text>	<text><list-item><list-item></list-item></list-item></text>					

### **Reporting Adverse Events**

Report clinically significant adverse events that follow vaccination through the Federal Vaccine Adverse Event Reporting System (VAERS) or call the 24 hour national toll-free hotline at 800-822-7967.

VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public. VAERS also provides a vehicle for disseminating vaccine safety-related information to parents and guardians, health care providers, vaccine manufacturers, state vaccine programs, and other constituencies.

### National Immunization Survey

Please send us your NIS for research prior to returning the survey to CDC.

VACCINES	S FOR CHILDREN PROGRA	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.		
VFC Clinic Supervisor Sabrina Moats, BSN, RN (214) 819-2031		Data Analyst II Sunesh Chakravelil, MCA (214) 819-2804	Find us on Facebook	
VFC Community Representative Dawnn Walker, LVN (214) 819-2018 Corey Woods (214) 819-2037 David Hawkins (214) 819-1925	ImmTrac Outreach Specialists Charles Williams, Lead Specialist (214) 819-2847 Juliette McCall (214) 819-2049 Irma Medrano (214) 819-2852	Vaccine Clerks Nardos Naffe (214) 819-2166 Miguel Mendoza Jr (214) 819-2124	Dallas County Health and Human Services 2377 N Stemmons Freeway, Dallas, TX 75207-2710 (214) 819-2000	
TMF Follow-up Personnel Jean Wilson (214) 819-1926		Receptionist Mireya Medrano (214) 819-1903	Zachary Thompson, M.A. Director Christopher Perkins, D.O., M.P.H. Medical Director / Health Authority	

### 4

 Dallas County Health and Human Services
 Vaccines For Children Program

 2377 N Stemmons Freeway, Dallas, Texas 75207-2710
 ③
 (214) 819-1903
 | www.dallascounty.org/hhs