

VACCINES FOR CHILDREN



Dallas County
Health and Human Services

WINTER 2010 NEWS LETTER

What is EVI?

Web based software that assists providers with placing their orders electronically

In 2009, during the 81st Legislature, House Bill 448 was introduced that required the Texas Department of State Health Services (DSHS) to operate a provider choice system for the Texas Vaccines for Children (TVFC) and Adult Safety-Net Vaccination Programs. This law became effective August 31, 2010, and with the implementation of the new Vaccine Choice Legislation, providers can now choose their brand and

presentation of vaccines. This includes their choice of manufacturer, single-dose vial vaccines vs. multi-dose vial vaccines, or prefilled vaccine syringes.

As a major part of the change, VFC is no longer using a paper system for ordering vaccines; VFC is now utilizing an electronic system known as the Electronic Vaccine Inventory system (EVI) to assist providers with placing their orders electronically. This new system

provides several benefits to VFC providers. EVI reduces the amount of paper work needed to complete orders, which in return reduces processing time, and delivery time, as well as, helps to reduce errors that may cause delays in vaccine orders. Although it could take up to 2011, the overall goal for implementing EVI is for reports to be submitted completely paperless. With this new program, which began in September, VFC providers are required to go online to enter provider information; including verifying shipping address, hours of operation, and contact information, entering the current inventory from their Monthly Biological Report form (C-33), and completing/submitting their order, formerly the EC-68 form. However, VFC providers have to continue to submit their Monthly Biological Report form (C-33), and Temperature Log form (EC-105) to their local health departments, as usual.

Providers will need to submit the following information into EVI:

Provider Information: This section contains the facility's shipping address, hours of operation, and contact information. Because vaccines are temperature sensitive and must be refrigerated immediately upon arrival, it is imperative



Flu Reminder

DSHS started shipping flu orders in late September and the first of October. If your clinic submitted a flu order and you have not received your shipment please contact DCHHS at 214-819-2037



Sign in page of the software, EVI

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What is EVI?

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that before any order is placed the shipping information and hours of operation are verified, also this is the section that providers can update or make any changes to their contact information.

Current Inventory: This section is designated for providers to record the physical on-hand amount of all of their TVFC vaccines by brand and presentation.

Submitting an Order: This section is where providers submit orders for vaccines. Before a provider can place an order, TVFC requires the recording of Current Inventory of all vaccines; in addition, a current Temperature Log (EC-105) must be received by the providers local

health department and show all temperatures within the acceptable ranges before an order can be processed.

At this time the EVI system is not able to make choice updates; it currently remains a manual process. Therefore, it is important for providers to understand that the decisions made on the Choice Survey will stand for a total of 12 months. If a provider failed to comply with completing the Choice Survey by the deadline July 31, 2010, they were automatically placed in the identified "Default" vaccine list. The "Default" list varies by region and includes an equitable mix of different manufacturer vaccines across the State. To see a complete list of "Default" vaccines, providers can log onto <http://www.dshs.state.tx.us/immunize/tvfc/default.shtm>

CHECK LIST FOR EVI

Log onto EVI, enter user name, and password.

Complete the Provider Information page

Complete the Current Inventory page.

Submit an order.

Continue to fax Monthly Biological forms (C-33) and Temperature Log (EC-105) to HSR or LHD as usual

When was the last time you checked your thermometers?

Certified calibrated thermometers are mandatory at each provider location

In January 2009 the CDC made effective that each provider participating in the VFC program be required to have certified calibrated thermometers in all refrigerators and freezers used for vaccine storage. DSHS Immunization branch purchased these certified thermometers for providers to have for their vaccine storage. Each thermometer and probe comes with a traceable certificate of calibration that informs providers when the thermometers need to be recalibrated. If by chance, you are unable to locate this certificate, you can also find the due date for



recalibration on the blue label which is located on the back of each thermometer and at the lower end of the adapter probe. The due date for recalibration is actually a year after the date listed on the label, and providers can continue to utilize the thermometers for an additional year. For example, the label on the thermometer to the

right shows a recalibration date 10/30/11, however, this thermometer can be utilized until 10/30/12. If your thermometer needs recalibration, please contact DCHHS at 214-819-2037 or 972-692-2701.



Fraud and Abuse

Fraud

- Selling or otherwise misdirecting VFC vaccine(s);
- Billing a patient or third party for VFC vaccine(s);
- Failing to meet licensure requirements for enrolled providers;

Abuse

- Failing to complete a Provider Enrollment or Re-enrollment Agreement;
- Not providing TVFC-eligible children TVFC vaccine(s) because of parents' inability to pay for the administration fee;
- Not implementing provider enrollment requirements of the TVFC program;
- Failing to maintain TVFC records and comply with other

requirements of the VFC program;

Ordering VFC vaccine(s) in quantities or patterns that do not match provider profile or otherwise involve over-ordering of TVFC doses.

Fraud or Abuse

- Providing VFC vaccine(s) to non-VFC-eligible children;
- Charging more than \$14.85 for administration of a TVFC vaccine to a vaccine-eligible child;
- Failing to screen patients for TVFC eligibility;
- Failing to fully account for TVFC vaccine;
- Failing to properly store and handle TVFC vaccine;
- Wastage of TVFC vaccine.

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Booster Dose of Hib Reinstated

TVFC Providers may resume administering Hib booster dose

The Centers for Disease Control and Prevention (CDC) has reinstated the booster dose of Haemophilus Influenza type B Conjugate vaccine (Hib) to children 12-15 months of age. The CDC also announced that the vaccine supplies are not sufficient to support a recall of all children for whom the booster dose was previously deferred, but these children should be vaccinated at their next vaccination visit rather than being recalled.

Effective immediately, providers enrolled in the Texas Vaccine for Children (TVFC) Program, may resume administering the booster dose of the Hib vaccine to children 12-15 months of age. Hib containing vaccines will continue to be allocated by the CDC. In order to utilize, but not exceed, available Hib containing doses, providers are asked to adhere to the following guideline:

- Infants should be the primary recipient of the Hib series at ages 2, 4, and 6 months, with the booster dose at 12-15 months of age.
- Older children, for whom the Hib booster dose was deferred, should receive their booster dose at the next scheduled vaccination visit.



- A mass recall of children who had the booster dose of Hib deferred is not recommended, due to the current supply of Hib containing vaccines will not support such a recall.
- Providers can continue to administer Pentacel as the primary source of Hib containing vaccine for the primary series (doses 1-3), and the booster dose at ages 12-15 months, and order appropriate amounts of Hepatitis B vaccine to administer along with Pentacel.
- Continue to use ActHib, as the Hib booster dose for children 12-59 months of age, who only need one dose of Hib.
- If Pentacel is the only Hib containing product available, it may be used as the booster dose even if the child has already received all the necessary doses of DTap and IPV.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years

For those who fall behind or start late, see the catch-up schedule

| Vaccine ▼ | Age ► | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 19-23 months | 2-3 years | 4-6 years |
|--|-------|-------|---------|----------|----------|------------------|-----------|-----------|-----------|--------------|-----------|-----------|
| Haemophilus influenzae type b ¹ | | | | Hib | Hib | Hib ¹ | Hib | | | | | |

4. Haemophilus influenzae type b conjugate vaccine (Hib).

(Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

Range of recommended ages for all children except certain high-risk groups

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

| PERSONS AGED 4 MONTHS THROUGH 6 YEARS | | | | |
|---------------------------------------|------------------------|--|--|---|
| Vaccine | Minimum Age for Dose 1 | Dose 1 to Dose 2 | | Minimum Interval Between Doses |
| | | 4 weeks | | Dose 2 to Dose 3 |
| | | 8 weeks (as final dose) | | 4 weeks ¹ |
| | | No further doses needed | | 8 weeks (as final dose) ¹ |
| | | If first dose administered at age 12 months or older | | If current age is younger than 12 months |
| | | | | 8 weeks (as final dose) ¹ |
| | | | | If current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months |
| | | | | No further doses needed |
| | | | | If previous dose administered at age 15 months or older |

4. Haemophilus influenzae type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

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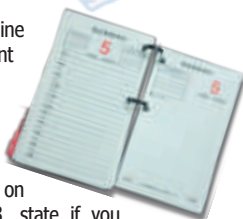
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Simple Reminders

✓ Reports are due by the 5th of each month

- ☐ Please fax reports to (214) 819-2019.
- ☐ Please submit your reports by the deadline listed above, in order to avoid shipment delays.
- ☐ If it is not your ordering month or your clinic is not going to order vaccines for the month, "Please input your inventory into EVI, and on the explanation portion of your C-33, state if you placed an order using the EVI system".



✓ Vaccine Loss Reports:

- ☐ A Vaccine Loss Report (VLR), is needed when vaccines have expired and/or are considered ruined, the vaccine loss should be documented in Col. "F" on the C-33 form, along with an explanation.
- ☐ A VLR should be completed, and signed by the primary VFC provider.

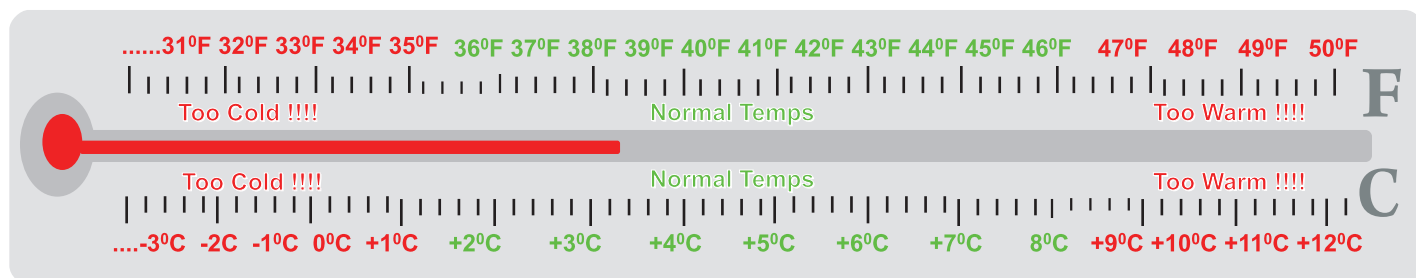


✓ Transferring of vaccines

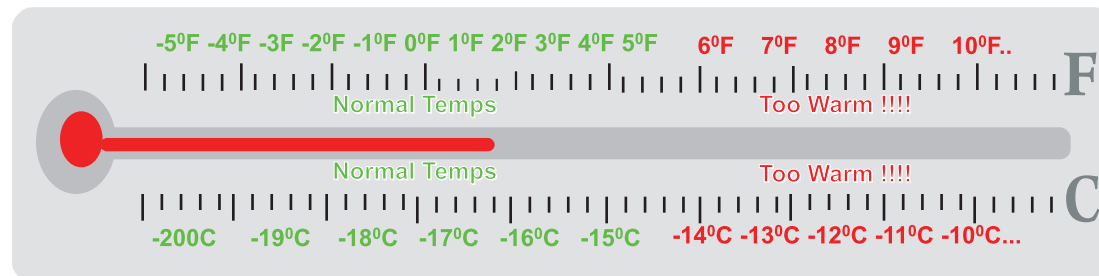
- ☐ When a transfer occurs, please contact your designated person at DCHHS, and inform them of the transfer between VFC providers.
- ☐ Items needed to transfer vaccines:
 - ☐ Transfer form (EC-67).
 - ☐ When transferring refrigerated vaccines, please make sure you use a cooler and ice packs or ice.
 - ☐ When transferring Varicella, please make sure you use a cooler with dry ice.
 - ☐ Please use the transfer form found at the following website, <http://www.dshs.state.tx.us/immunize/tvfc/default.shtm> (located under the TVFC Forms-Vaccine Transfer)
- ✓ **If your clinic has an out of range temperature in the refrigerator or freezer, contact DSHS as soon as possible.**



REFRIGERATOR TEMPERATURE



FREEZER TEMPERATURE



Dry Ice can be purchased at:
Emergency Ice
(214) 747-6746

Your contact persons for the VFC program

Debra Hayes-Camp (214) 819-1925 debra.camp@dallascounty.org
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