

VACCINES FOR CHILDREN



Dallas County
Health and Human Services

FALL 2011 - NEWS LETTER



Immunizations are an important part of public health, and Texas law requires students in Texas schools/ Child Care Facilities to be immunized against vaccine-preventable diseases. 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.

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent diseases in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines

help prevent infectious diseases and save lives. Vaccines are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib).

RESPECT COMMUNICATE EDUCATE

Most parents believe in the benefits of immunizations for their children. However, healthcare providers may encounter parents who question the need for or safety of childhood vaccines. Such parents may choose to delay or forgo immunizing

their children with some or all of the recommended vaccines. To assist parents in making fully informed immunization decisions, providers should try to understand differing views of vaccine risks and benefits and be prepared to respond effectively to concerns and questions.

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Are you up-to-date! Continued from cover

Vaccines are not just for infants. As kids get older, protection provided by some vaccines they received in childhood can begin to wear off. Kids can also develop risks for more diseases as they enter their pre-teen years. For these reasons, pre-teens need vaccinations too. The best time for your pre-teen to get these vaccines is at a health check up when they are 11 or 12 years old.

As vaccine protection from some childhood vaccines wears off, teens may need a booster shot. When kids get older, they are more at risk for catching diseases, like meningococcal meningitis, so they need protection that vaccines provide. The recommended immunization schedule is regularly updated to include new

vaccines and reflect current research for vaccinations of appropriate age groups. Vaccines can help your preteen and teenage children become healthy adults. The Center for Disease Control and Advisory Committee on Immunization Practices recommend preteens, and teens receive Tdap -A booster to protect against tetanus, diphtheria, and pertussis; Meningococcal conjugate vaccine (MCV4) - A vaccine that protects against meningococcal disease, Human papillomavirus (HPV) vaccine - A vaccine that protects against the types of HPV that cause most cervical cancers, and Influenza (flu) vaccine- A vaccine that protects against different strains of seasonal influenza.


Any visit to the doctor - an annual health checkup or a physical for sports, camp or college - can be a good time for preteens and teens to get the recommended vaccinations.

www.ImmunizeTexas.com

www.cdc.gov/vaccines/recs/acip

www.dsds.state.tx.us/immunize/school



Tdap	HPV	MCV4	Influenza
Tetanus & diphtheria toxoids & acellular pertussis vaccine (Tdap). Summary for ACIP Recs for Tdap: <ul style="list-style-type: none"> Administer Tdap at age 11-12, as well as at age 13-18 if they have not yet received Tdap, followed by Td booster dose every 10 years. Those 7-10 year not fully immunized, never vaccinated, or have unknown status against pertussis should receive single dose of Tdap. Refer to the catch-up schedule if additional doses of Td-containing vaccine are needed. Tdap can be administered regardless of interval since the last Td-containing vaccine. 	Human papillomavirus vaccine (HPV). Summary for ACIP Recommendations for HPV: <ul style="list-style-type: none"> HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females. HPV4 is recommended for prevention of cervical and anal precancers, cancers, as well as genital warts in females. HPV4 may be administered in a 3-dose series to males ages 9-26 years to reduce likelihood of anal cancer and genital warts. Administer the second dose 1 to 2 m after the first dose and the third dose 6 m after the first dose (at least 24 weeks after the first dose). 	Meningococcal conjugate vaccine, quadrivalent (MCV4). Summary for ACIP Recommendations for MCV4: <ul style="list-style-type: none"> Administer MCV4 at age 11-12 with a booster dose at age 16 years. Administer 1 dose at age 13-18 if not previously vaccinated. Persons who received their first dose at age 13-15 should receive a booster dose at age 16-18 years. Administer 1 dose to previously unvaccinated college freshmen living in a dormitory or military recruits living in barracks. Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart. 	Influenza vaccine (seasonal). Summary for ACIP Recommendations for Influenza: <ul style="list-style-type: none"> Annual influenza vaccination is recommended for everyone 6 months of age and older. For healthy nonpregnant persons age 7-18 (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used. 

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National Immunization Awareness Month

Immunizations are one of the most significant public health achievements of the 20th century.

August is recognized as National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations across the life span, from infants to the elderly. August is the perfect time to remind family, friends, co-workers, and those in the community to catch up on their vaccinations. Parents are enrolling their children in school, students are entering college, and healthcare workers are preparing for the upcoming flu season.

Immunizations are one of the most significant public health achievements of the 20th century. Vaccines have eradicated smallpox, eliminated wild poliovirus in the U.S., and significantly reduced the number of cases of measles and other diseases. Despite these efforts, tens of thousands of people in the U.S. still die today from these and other vaccine-preventable diseases.

Vaccinations are one of the most effective ways to protect children and adults against many common infectious diseases. Keeping individuals healthier through vaccinations results in lower associated social and financial costs for families, including time lost from school and work, as well as the expense of medical bills. Recommended vaccinations begin soon after birth and continue throughout life, and it's important to get the right vaccines in the right doses at the right time.

The National Center for Health Statistics declare vaccinating against vaccine preventable diseases as one of the Ten Great Public Health Achievements of the decade. A recent economic analysis indicated that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of diseases, with net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs. The past decade has seen substantial declines in cases, hospitalizations, deaths, and healthcare costs associated with vaccine-preventable diseases.

Maintaining public confidence in immunizations is critical for preventing a decline in vaccinations rates. Communication is a successful strategy for improving vaccination coverage.

When it comes to communication the source of information about vaccines, helps support parents, children and adults in understanding and choosing vaccinations.

Take time to listen.

If parents need to talk about vaccines, give them your full attention. Despite a full schedule, resist the urge to multi-task while a parent talks. Maintain eye contact with parents, restate their concerns to be sure you understand their viewpoint, and pause to thoughtfully prepare your reply. Your willingness to listen will likely play a major role in helping parents with their decisions to choose vaccination.

Solicit and welcome questions.

If parents seem concerned about vaccines but are reluctant to talk, let them know that you want to hear their questions.

Put yourself in parents' shoes and acknowledge parents' feelings and emotions, including their fear and desire to protect their children. Remind parents that you know why they are concerned their infant's health is their top priority. Remind them that it is yours too.

Acknowledge benefits and risks.

Never state that vaccines are risk-free and always discuss honestly the known side effects caused by vaccines.

Document parents' questions and concerns. A thorough record of your discussion will be a helpful reference during the child's future visits.

Follow up.

If parents express extreme worry or doubt, contact them a few days after the visit. A caring call or e-mail will provide comfort and reinforce trust.



Immunization Supervisor, Patricia Cook, of DCHHS provides education to a parent about the required vaccinations for school children

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Reminders

Transferring of Vaccines

Please contact your DCHHS VFC representative, and inform them of any transfers between clinics. Make sure that when transferring any vaccines, that they are documented on the C-33 form, in the proper column. Both parties should count vaccines and agree on the amount being transferred.

Items needed to transfer vaccines:

When transferring refrigerated vaccines make sure you use a cooler and ice packs.



VARICELLA or MMRV can NO longer be transferred on DRY ICE.

Varicella has to be transferred using a VAXI PAC. (If Varicella or MMRV are transported on cold packs, the vaccine must be used within 3 days.) Contact your DCHHS VFC Representative prior to transferring Varicella or MMRV to avoid vaccine loss.

Documentation

Review C-33 or VLR forms for proper documentation. Document month, year, & pin number on each page of the C-33 form. Remember to document an explanation for any numbers noted in columns C, F, G, or I. Upon submitting a transfer form for any transfers, document the transfer in the explanation section of the C-33.

If you are needing training and education for vaccine storage/handling, stock distribution, immunization scheduling, or VFC training/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.)



Sharon Ferguson, DCHHS nurse provides vaccinations for back-to-school

What can YOU do to ensure your patients get fully vaccinated?

- Strongly recommend adolescent vaccines to parents of your 11 through 18 year old patients. Parents trust your opinion more than anyone else's when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
- Use every opportunity to vaccinate your infant and adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.
- Educate parents about the diseases that can be prevented by adolescent vaccines. Parents may know very little about pertussis, meningococcal disease, or HPV.

- Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.
- Patient reminder and recall systems such as automated postcards, phone calls and text messages are effective tools for increasing office visits.

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