

VACCINES FOR CHILDREN



Dallas County
Health and Human Services

SPRING 2015 - NEWSLETTER

National Infant Immunization Week! April 18-25, 2015 (NIIW)



National Infant Immunization Week (NIIW) 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, and the Centers for Disease Control and Prevention (CDC) have worked together through NIIW to highlight the positive impact of vaccines on the lives of infants and children, and to call attention to immunization achievements. This year, National Infant Immunization Week, is from April 18th-25th, NIIW will be celebrated as part of World Immunization Week (WIW), an initiative of the World Health Organization (WHO). During WIW, all six WHO regions, including 180 states, territories, and regions will simultaneously promote immunizations, advance equity in the use of vaccines & universal access to vaccination services, and enable cooperation on cross-border immunization activities. Several important milestones already have been reached in controlling vaccine-preventable diseases among infants worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the United States and other countries. In addition to decreasing disabilities and deaths, many curable diseases through vaccines have brought vaccine awareness to the forefront.

NIIW provides an opportunity to:

- Highlight the dangers of vaccine-preventable diseases.
- Educate parents and caregivers about the importance of vaccination.
- Initiate efforts to protect children against vaccine-preventable diseases.
- Broaden communication between parents and health care professionals.
- Provide awareness to caregivers to make and keep needed immunization appointments.
- Provide parents and caregivers with a toll-free number, 800-CDC-INFO (800-232-4636), to locate a facility that offers immunizations through the Vaccines for Children's (VFC) program.

For additional information on infant immunizations, recommended vaccine schedule, or other resources please visit

<http://www.dshs.state.tx.us/immunize/default.shtm>.

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Measles

According to the Center for Disease and Control (CDC), the United States has seen an increase of Measles from December of 2014 to current, largely linked to an amusement park in California, that has given rise to a Measles outbreak, with more than 50 cases noted from 12 different states. The signs and symptoms of someone having the Measles are as follows:

- Fever
- Runny nose
- Sneezing/coughing
- Sore throat
- Red watery eyes
- Rash (usually starting at the hairline of the face & spreading down toward the trunk of the body)

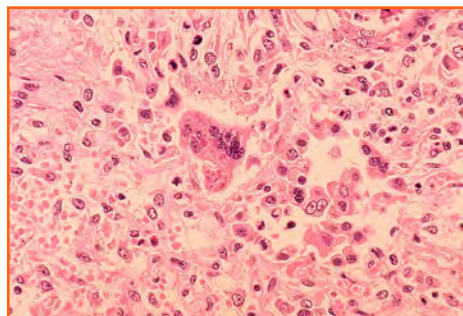
Measles were eradicated in the United States by 2000, thanks to a highly effective vaccination program, better measles control in the United States, and more awareness of the disease and long term effects from contacting it. It wasn't until 2008, that a measles case was reported in the United States.

Complications

Common complications from measles include otitis media, bronchopneumonia, laryngotracheobronchitis, and diarrhea.

Even in previously healthy children, measles can cause serious illness requiring hospitalization.

- One out of every 1,000 measles cases will develop acute encephalitis, which often results in permanent brain damage.
- One or two out of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.



Histopathology of measles pneumonia

- Subacute sclerosing panencephalitis (SSPE) is a rare, but fatal degenerative disease of the central nervous system characterized by behavioral and intellectual deterioration and seizures that generally develop 7 to 10 years after measles infection.

People at High Risk for Complications

People at high risk for severe illness and complications from measles include:

- Infants and children aged <5 years
- Adults aged >20 years
- Pregnant women
- People with compromised immune systems, such as from leukemia and HIV infection

Transmission

Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Diagnosis and Laboratory Testing

Healthcare providers should consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. Healthcare providers should report suspected measles cases to their local health department within 24 hours.

Vaccination

Measles can be prevented with measles-containing vaccine, which is primarily administered as the combination measles-mumps-rubella (MMR) vaccine. The combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children aged 12 months through 12 years for protection against measles, mumps, rubella and varicella. Single-antigen measles vaccine is not available.

One dose of MMR vaccine is approximately 93% effective at preventing measles; two doses are approximately 97% effective.



Rashes on face - one of the Measles symptoms

Vaccine Recommendations

Children

CDC recommends routine childhood immunization for MMR vaccine starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age or at least 28 days following the first dose.

Students at post-high school educational institutions

Students at post-high school educational institutions without evidence of measles immunity need two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose.

Adults

People who are born during or after 1957 who do not have evidence of immunity against measles should get at least one dose of MMR vaccine.

International travelers

People 6 months of age or older who will be traveling internationally should be protected against measles. Before travelling internationally,

- Infants 6 through 11 months of age should receive one dose of MMR vaccine
- Children 12 months of age or older should have documentation of two doses of MMR vaccine (the first dose of MMR vaccine should be administered at age 12 months or older; the second dose no earlier than 28 days after the first dose)
- Teenagers and adults born during or after 1957 without evidence of immunity against measles should have documentation of two doses of MMR vaccine, with the second dose administered no earlier than 28 days after the first dose

For more information and updates regarding measles, visit <http://www.cdc.gov/measles/cases-outbreaks.html>.

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Vaccine Borrowing

The Centers for Disease Control and Prevention (CDC) is requiring state immunization programs to enhance oversight of all vaccine borrowing within VFC provider sites. As such, the Texas Department of State Health Services (DSHS) Immunization Branch is enforcing their policy of not allowing vaccine borrowing between VFC and non-VFC (privately-insured) clients. VFC providers are expected to maintain an adequate inventory of vaccine for both their VFC eligible clients and privately insured clients; vaccines supplied by the VFC program cannot be provided to a non-VFC eligible client. Undocumented borrowing and administering VFC vaccines to a non-VFC eligible client is considered fraud. Providers cannot administer a VFC vaccine as a replacement system for filling the vaccine needs of a non-VFC (privately insured) client. If a VFC dose is accidentally administered to a non-VFC eligible client, the provider must:

- Complete a VFC Vaccine Borrowing Form (EF11-14171); each vaccine that was administered to a non-VFC eligible client must be listed on a separate row on the form.
- Obtain provider signature; making the provider aware that a VFC vaccine was administered to a non-VFC client.
- Contact their DCHHS VFC representative and inform him or her of the incident; this also includes faxing the Vaccine Borrowing Form to DCHHS within a timely manner.
- Replacing the vaccine immediately and document the replacement vaccine in the Electronic Vaccine Inventory (EVI) System.
- The Vaccine Borrowing Form must be kept as part of the VFC Program records for a minimum of five years and be made easily available to the Local Health Department (LHD) or Department of State Health Services (DSHS).

Reading & Clearing Thermometer Memory

The Texas for Vaccine Children's program implemented a new temperature recording form (EC-105), starting January 1, 2015. The updated temperature recording form allows for additional data to be recorded, including the recording of the storage units minimum and maximum temperatures within a 24-hour period.



Minimum and Maximum Temperature readings should be logged **EACH MORNING** and cleared at the end of each business day. This is not the High and Low setting for the thermometer alarm.

- 1 To switch between Refrigerator and Freezer temperatures press and release **S1/S2** Minimum and Maximum temperatures must be recorded for S1/S2 probes.
- 2 Press and release **Mode** once to show the minimum reading for the day and the time display will show when it was recorded.
- 3 Press and release **Mode** once to display the maximum reading for the day and the time display will show when it was recorded.
- 4 To clear the daily readings of both minimum and maximum press and release **Clear** once while you are viewing the minimum or maximum readings. All readings of both will be reset to the current readings and times.
- 5 Press and release **Mode** three times to return to normal temperature displays.

Texas Vaccines for Children (TVFC) Program Vaccine Borrowing Form

Guidance:
Texas Vaccines for Children (TVFC) providers are expected to maintain an adequate inventory of vaccine for both their TVFC eligible and privately insured clients. Vaccines supplied by the TVFC Program cannot be provided to a non-TVFC eligible client. Borrowing TVFC vaccines for non-TVFC eligible clients is not allowed. If a TVFC dose(s) is accidentally administered to a non-TVFC eligible client, the provider must complete the TVFC Vaccine Borrowing Form and replace the vaccine immediately. TVFC vaccines should not be used as a replacement system for filling the vaccine needs of a non-TVFC privately insured client.

Directions for use of this form:
The TVFC provider must complete the Vaccine Borrowing Form (EF11-14171) for each dose that was borrowed and administered to a non-TVFC eligible client. Each vaccine that was administered to a non-TVFC eligible client must be listed on a separate row on the Vaccine Borrowing Form. Once the provider replaces the borrowed dose and completes the Vaccine Borrowing Form, a copy must be faxed immediately to the appropriate DSHS Health Service Region (HSR). Please follow HPAI guidelines when faxing this form to the HSR. The Vaccine Borrowing Form must be kept as part of the TVFC Program records for a minimum five years and be made easily available.

Vaccine Type	Vaccine Lot Number	Patient Name/Patient Identifier	Patient's DOB	Date Vaccine Was Borrowed	Reason Borrowing Occurred	Date Vaccine Was Replaced
MCV4	U4678AA	Smith, John	1/13/03	4/2/15	Accidentally administered to private pay client.	4/3/15
Tdap	AC7AG	Smith, John	1/13/03	4/2/15	Accidentally administered to private pay client.	4/3/15

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3729) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form have been accurately reported and conducted in accordance with VFC provisions for each borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

Provider PIN: 030000

Provider Signature: Jane Smith

Provider Name: Jane Smith

Date: 4/3/15

TEXAS Department of State Health Services

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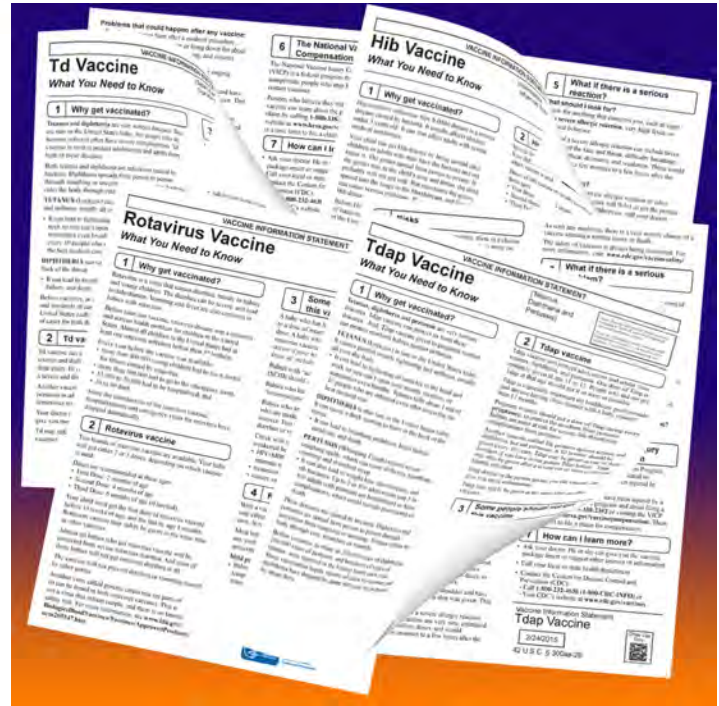


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Reminders

- Please complete & submit monthly temperature logs & EVI updates by the 5th of each month.
- Minimum & maximum temperatures are to be recorded daily.
- All temperature recordings are to be recorded on updated (revised 1/1/15) temperature recording forms. These can be obtained at <http://www.dshs.state.tx.us/immunize/tvfc/default.shtm>
- Room air temperatures recordings are required, when an out of range temperature is recorded (please refer to The TVFC Provider manual).
- Thermometer replacement- thermometer expiration dates are rapidly approaching, please be aware of thermometer expiration dates and replace or recalibrate as necessary. (Refer to page 29 of the TVFC Provider Manual)



To order literature, visit
<http://www.dshs.state.tx.us/immunize/>



1-800-232-9152

www.immunizetexas.com

Latest VIS Updates!

Td- 2/24/2015

Tdap- 2/24/2015

Hib (Haemophilus Influenzae Type b) - 4/2/2015

Rotavirus- 4/15/2015

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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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