# VACCINES FOR CHILDREN



# Dallas County Health and Human Services

**SPRING 2018 - NEWSLETTER** 

Apr 21-28, 2018

ational 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.

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. In addition:

• Through immunization, we can now protect infants and children from 14 vaccine-preventable diseases before age two.

• Routine childhood immunization in one birth cohort prevents an estimated 381 million illnesses, 24.5 million hospitalizations, and 855,000 early deaths over the course of their lifetimes, at a net savings of \$360 billion in direct costs and \$1.65 trillion in total societal costs.

• The National Immunization Survey has consistently shown that childhood immunization rates for vaccines routinely recommended for children remain at or near record levels.

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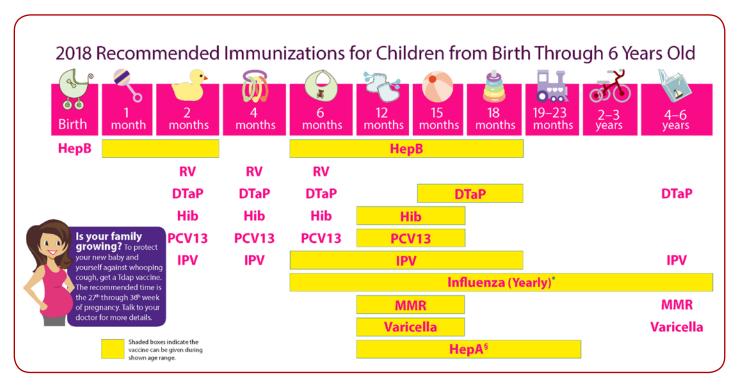
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# VACCINES FOR CHILDREN



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### Mumps

Mumps is a contagious disease caused by a virus. It spreads easily through coughing and sneezing. There is no treatment for mumps, and it can cause long-term health problems.

Mumps usually causes the following symptoms for about 7 to 10 days:

- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite (not wanting to eat)
- · Swollen glands under the ears or jaw

Some people who get mumps do not have symptoms. Others may feel sick but will not have swollen glands. Mumps can spread before swollen glands appear and up to 5 days afterward

The best way to protect against mumps is to get the measles-mumps-rubella shot (called the MMR shot).

### Meningococcal

Meningococcal disease can refer to any illness caused by the type of bacteria called Neisseria meningitidis, also known as meningococcus [muh-ning-goh-KOK-us]. These illnesses are often severe and can be deadly. They include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia).

These bacteria spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Doctors treat meningococcal disease with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine, with a booster dose given at 16 years old. All teens may also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years old.

# VACCINES FOR CHILDREN

DEHHS
Safe families, healthy lives,
Dallas County Health and Human Services

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### **Current College Outbreaks**

### **UMass Amherst**

The University of Massachusetts Amherst (UMass Amherst) is experiencing an outbreak of serogroup B meningococcal disease. Learn more from UMass Amherst. http://www.umass.edu/meningitis

### **Oregon State University**

Oregon State University (OSU) has an ongoing outbreak of serogroup B meningococcal disease. Learn more from OSU. http://studenthealth.oregonstate.edu/student-vaccine-clinics

Get more information about meningococcal vaccine recommendations at: https://www.cdc.gov/meningococcal/vaccine-info.html

The Texas Vaccines for Children (TVFC) program provides low-cost vaccines to eligible children from birth through 18 years of age who meet one or more of the following criteria:

- Eligible for participation in the Medicaid program
- Enrolled in the Children's Health Insurance Program (CHIP) 1
- American Indian or Alaska Native (As defined by 25 U.S.C. 1603)
- Uninsured Children: Children who do not have health insurance
- Underinsured Children: Children with private insurance but coverage 2:
- Does not include vaccines
- · Only includes select vaccines

### ImmTrac2: The Texas Immunization Registry

The Texas Immunization Registry is a no-cost service that consolidates and stores vaccine records from a variety of sources, including:

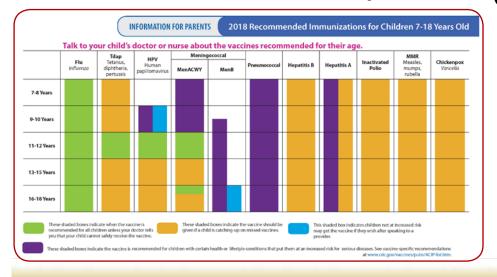
- · health care providers
- · pharmacies
- · public health clinics
- · Medicaid claims administrators

 Texas Department of State Health Services (DSHS), Vital Statistics Unit (VSU).

Regardless of the number of sources, each person's immunization information is in one electronic record. With more than 164 million immunization records, the Texas Immunization Registry is a major component of our initiative to increase vaccine coverage across Texas.



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





### CCINES FOR



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### Reminders



### Effective January 1, 2018

- Data loggers are required as the primary AND back up thermometers
- ▶ Routine and emergency vaccine storage and handling plans must be reviewed and updated annually.

### VIS Undates

Vaccines	Date
Measles/Mumps/Rubella (MMR)	2/12/18
Measles/Mumps/Rubella & Varicella	2/12/18
Varicella (Chickenpox)	2/12/18
Zoster / Shingles (Live)	2/12/18
Zoster / Shingles (Recombinant)	2/12/18
Rotavirus	2/23/18

### **ASN Update**

The DSHS Immunization Unit has made changes to the adult eligibility screening form to collect both the gender and veteran status of each patient. There is also an online survey to collect the number of uninsured female veterans who receive ASN vaccines. The eligibility screening form must be presented to all patients at every immunization visit. A hard copy or an electronic copy of the screening form must be in the patient's record and maintained for five years, in accordance with DSHS ASN requirements. Revised forms and online survey is available at www.dshs. texas.gov/immunize/ASN/publications.aspx#forms.

By the 5th of each month, starting April 5th, 2018, you must use the online survey to document the number of uninsured female veterans who received ASN vaccines in your clinic for the previous month, even if you did not vaccinate any uninsured female veterans.

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



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