VACCINES FOR CHILDREN

Dallas County Health and Human Services

WINTER 2017 - NEWSLETTER

NIVW

NATIONAL INFLUENZA VACCINATION WEEK Dec 3-9, 2017

Flu vaccination coverage estimates from past seasons have shown that few people get vaccinated against influenza after the end of November.

Last season only about 40% of the US population recommended to get a flu vaccine reported having been vaccinated by the end of November. NIVW is designated to remind people that even though the holiday season has begun, it is not too late to get a flu vaccine. As long as flu viruses are spreading and causing illness, vaccination should continue throughout the flu season in order to protect as many people as possible against the flu. Even if you haven't yet been vaccinated and have already gotten sick with flu, you can still benefit from vaccination since the flu vaccine protects against three or four different flu viruses (depending on which flu vaccine you get).

Another goal of NIVW is to communicate the importance of flu vaccination for people who are at high risk of developing serious flu-related complications. People at high risk of serious flu complications include young children, pregnant women, people with certain chronic health conditions like asthma, diabetes, heart disease or lung disease, and people aged 65 years and older. For people at high risk, getting the flu can be more serious than for other people. Flu is

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more likely to lead to hospitalization or death for people at high risk.

Flu vaccine uptake estimates among adults 50 years and older fell by 3 percentage points last year. That means many more adults were left vulnerable to flu and its complications.

Anyone who gets flu can pass it to someone at high risk of severe illness, including infants younger than 6 months who are too young to get the vaccine.

People at High Risk for Developing Flu-Related Complications

- Children younger than 5, but especially children younger than 2 years old (https://www.cdc.gov/flu/parents/index.htm)
- Adults 65 years of age and older (https://www.cdc.gov/flu/about/disease/65over.htm)
- Pregnant women (https://www.cdc.gov/flu/protect/vaccine/pregnant.htm) and women up to two weeks postpartum.
- Also, American Indians and Alaskan Natives

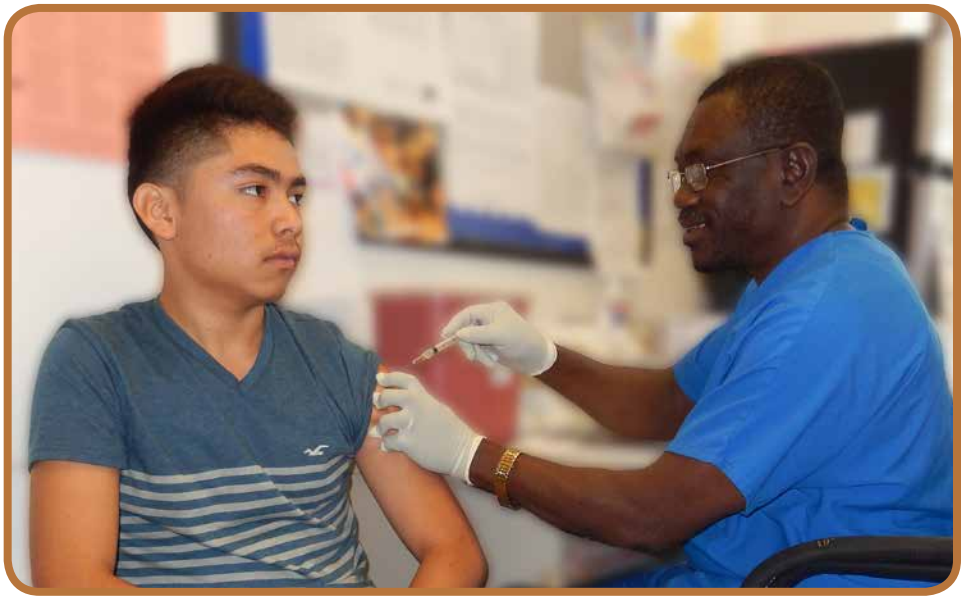
For the 2016-2017 season, CDC recommends use of the flu shot (inactivated influenza vaccine or IIV) and the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017.

The 2016-2017 influenza vaccination recommendations (https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm) are now available.

Hepatitis A

Hepatitis A is caused by infection with HAV, a nonenveloped RNA virus that is classified as a picornavirus. It was first isolated in 1979. Humans are the only natural host. HAV is acquired by mouth (through fecal-oral transmission) and replicates in the liver. HAV infection is acquired primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. Since the virus is present in blood during the illness prodrome, HAV has been transmitted on rare occasions by transfusion. Although HAV may be present in saliva, transmission by saliva has not been demonstrated. Waterborne outbreaks are infrequent and are usually associated with sewage-contaminated or inadequately treated water. After 10-12 days, virus is present in blood and is excreted via the biliary system into the feces. Peak titers occur during the 2 weeks before onset of illness. Virus excretion begins to decline at the onset of clinical illness, and has decreased significantly by 7-10 days after onset of symptoms. Most infected persons no longer excrete virus in the feces by the third week of illness. Children may excrete virus longer than adults. The incubation period of hepatitis A is approximately 28 days (range 15-50 days). The clinical course of acute hepatitis A is indistinguishable from that of other types of acute viral hepatitis. The illness typically has an abrupt onset of fever, malaise, anorexia, nausea, abdominal discomfort, dark urine and jaundice. Clinical illness usually does not last longer than 2 months, although 10%-15% of persons have prolonged or relapsing signs and symptoms for up to 6 months. Virus may be excreted during a relapse. The likelihood of symptomatic illness from HAV infection is directly related to age. In children younger than 6 years of age, most (70%) infections are asymptomatic. In older children and adults, infection is usually symptomatic, with jaundice occurring in more than 70% of patients

All children should receive hepatitis A vaccine at age 1 year (i.e., 12 through 23 months). Vaccination should be completed according to the licensed schedules and integrated into the routine childhood vaccination schedule. Children who are not vaccinated by age 2 years can be vaccinated at subsequent visits. States, counties, and communities with existing hepatitis A vaccination programs for children aged 2 through18 years are encouraged to maintain these programs. Adults 19 years of age and older receive the adult formulation of hepatitis A vaccine according to licensed schedules. Persons at increased risk for HAV infection, or who are at increased risk for complications of HAV infection, should be routinely vaccinated. Persons at increased risk for hepatitis A should be identified and vaccinated. Hepatitis A vaccine should be strongly considered for persons 1 year of age and older traveling to or working in countries where they would have a high or intermediate risk of hepatitis A virus infection



MMR

CDC recommends that people get MMR vaccine to protect against measles, mumps, and rubella. Children should get two doses of MMR vaccine, starting with the first dose at 12 to 15 months of age, and the second dose at 4 through 6 years of age. Teens and adults also should also be up to date on their MMR vaccination. Children may also get MMRV vaccine, which protects against measles, mumps, rubella, and varicella (chickenpox). This vaccine is only licensed for use in children who are 12 months through 12 years of age.

Students at post-high school educational institutions who do not have evidence of immunity(https://www.cdc.gov/measles/hcp/index.html#immunity) need two doses of MMR vaccine, separated by at least 28 days.

Adults who do not have evidence of immunity(https://www.cdc.gov/measles/hcp/index.html#immunity) should get at least one dose of MMR vaccine.

People 6 months of age and older who will be traveling internationally should be protected against measles. Before any international travel—

- Infants 6 through 11 months of age should receive one dose of MMR vaccine. Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 through 15 months of age and another dose separated by at least 28 days).
- Children 12 months of age and older should receive two doses of MMR vaccine, separated by at least 28 days.
- Teenagers and adults who do not have evidence of immunity(https://www.cdc.gov/measles/hcp/index.html#immunity) against measles should get two doses of MMR vaccine separated by at least 28 days

- MMR vaccine is very effective at protecting people against measles, mumps, and rubella, and preventing the complications caused by these diseases. People who received two doses of MMR vaccine as children according to the U.S. vaccination schedule(https://www.cdc.gov/vaccines/schedules/easy-to-read/child.html) are considered protected for life.
- Two doses of MMR vaccine are 97% effective against measles and 88% effective against mumps. One dose of MMR vaccine is 93% effective against measles, 78% effective against mumps, and 97% effective against rubella.

Vaccine Loss Report

When you generate a vaccine loss report (VLR) from the electronic vaccine inventory system (EVI), it requires the signature of your medical authority (generally, this is the individual who signed your TVFC Enrollment Form, E6-102). The Texas Department of State Health Services (DSHS) has made a change to this requirement. Effective immediately, any licensed clinician who has prescribing authority at your facility and is listed on the TVFC Enrollment Form (E6-102, page 2) can sign the VLR.

As a requirement of the TVFC Program, a VLR must be generated in EVI within four days of an incident or discovery of an incident that results in a loss of vaccine and must be submitted immediately to your responsible entity once signed.

Using a stamp for your medical authority's signature is not allowed. It is expected that your prescribing medical authority is aware of all vaccine losses and the signature serves as an acknowledgement.

PIN:
Facility Name:
Address:

Texas Wasted or Expired Vaccines

Phone:
Contact:

Explanation of Loss

Vaccines expired

Step To Prevent Future Losses

Clinic will only order vaccines that are needed

- ☐ Trained staff to notify HSR or LHD 90 days before expiration for any vaccine that will not be used by the expiration date.
- ☑ Trained staff to rotate stock and use the vaccine with the soonest expiration date first.
- ☐ Trained staff to take immediate action to correct out-of-range temperatures and to contact their HD.
- ☐ None of the above

Vaccine	NDC	Lot Number	Expiration	Doses	Reason	Cost
DT (DT), single-dose vial (Ped)	49281-0225-10-P	C4794AA	08/21/2017	1.00	Expired	$34.49
PREVNAR 13 (PCV13), PF (Ped)	00005-1971-02-P	M98916	09/30/2017	10.00	Expired	$1,269.70
				TOTAL COST		$1,304.19

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For most current Vaccine Advisory please visit:
http://www.dshs.texas.gov/immunize/vacadvise/default.shtm

Data Logger required January 2018

National Immunization Survey

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

Change to UNDERinsured Eligibility Category

The TVFC Program previously allowed three options for patients to be eligible for the UNDERinsured category. Due to a recent change from the Centers for Disease Control & Prevention (CDC), there are now only two choices for the UNDERinsured category. They are:

A child who has health insurance, but the coverages does not include vaccines; or

A child whose insurance covers only selected vaccines (the patient is TVFC-eligible for non-covered vaccines only).

The UNDERinsured category that has been REMOVED is "a child whose insurance caps vaccine coverage at a certain amount". Effective immediately, these patients are no longer eligible for the TVFC Program as UNDERinsured.

VACCINES FOR CHILDREN PROGRAM

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

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