

SHOT TALK

Visit www.sanantonio.gov/health/immunizations.html for news about the control and prevention of vaccine-preventable diseases.

Metro Health Welcomes New Public Health Director

Dr. Thomas Schlenker, M.D., M.P.H., was appointed Director of the Public Health Department after a national search was conducted earlier this year, which included many prominent leaders in the Public Health and Medical communities. Dr. Schlenker joins the City of San Antonio with more than 20 years of public health experience and has been practicing and teaching medicine for more than 30 years. Dr. Schlenker served as the Director of Public Health for Madison-Dane County, Wisconsin for five years, where he was responsible for merging the public health functions of both the City of Madison and Dane County into one consolidated Public Health Department. He also served as the Executive Director for the Salt Lake City Health Department in Utah, and as the Deputy Commissioner for Medical Affairs for the Milwaukee Health Department in Wisconsin.

Dr. Schlenker has faced numerous critical encounters during his public health tenure, ranging from a measles outbreak in unvaccinated children in a polygamist community in Utah, more than 400,000 people sickened from contaminated drinking water in Milwaukee, to babies suffering from whooping cough in Chiapas, Mexico. Dr. Schlenker also brought national attention to key public-health issues such as black infant mortality rates in Madison County. Dr. Schlenker's many years with public health have given him unique insights that will serve as valuable tools in his new position.

On behalf of the Immunization Division, we would like to welcome Dr. Thomas Schlenker aboard and wish him the best as he prepares to lead Metro Health forward.



Dr Schlenker greets Nurse Pam Long at the Main Immunization Clinic

New VFC Team Member

Please join us in welcoming Marquita L. Hall to the Vaccines for Children (VFC) Program. Marquita recently joined the Immunization Division and is rapidly learning the details of the VFC & AFIX Programs. As the Administrative Associate for the QA/AFIX Program, Marquita will assist with scheduling and conducting AFIX site review and assessment visits in VFC enrolled provider offices. Welcome aboard Marquita!!



Clinical Trials

Metro Health is currently collaborating with Novartis Vaccines and Diagnostics in conducting two different meningitis trials to evaluate the safety and effectiveness of a meningococcal conjugate vaccine when administered with routine infant vaccinations to healthy infants at 2 months through 15 months of age. This new meningococcal vaccine has been administered to over 15,000 participants in previous Novartis trials and has been approved for licensure in the US as a single dose in adolescents and adults ages 11 to 55 years. Epidemiologic studies suggest that the most cost-effective approach to reducing meningococcal disease is to vaccinate adolescents, as well as toddlers.

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Metro Health has also been collaborating with Sanofi Pasteur for several years in conducting vaccine clinical trials and has assisted in providing new and innovative vaccines to the community. The most recent collaboration includes an investigational research study to evaluate the safety and effectiveness of a single dose of Adacel[®] vaccine (Tdap) in persons 10 to 11 years of age. The Adacel[®] vaccine was licensed in the United States in 2005 for use in persons 11 through 64 years of age. Several US states have instituted a requirement that children receive Tdap vaccine before entering 6th grade or middle school. Since some students are 10 years of age at school entry when the Tdap vaccine is required, Sanofi Pasteur is conducting this trial to demonstrate vaccine safety and effectiveness in persons 10 years of age. The results of this study will allow support of an extension of the licensed age indication to include children 10 years of age.

Highlights of June Meeting of the Advisory Committee on Immunization Practices (ACIP)

On June 23 and 24, 2011, the Advisory Committee on Immunization Practices (ACIP) met to discuss and recommend guidance for several vaccine and immunization-related issues. The following are some relevant highlights on these discussions and recommendations voted on for release.

Meningococcal Vaccine

The Committee voted to recommend the use of Menactra[®], meningococcal conjugate vaccine (MCV4) among persons aged 9 through 23 months who are at increased risk for meningococcal disease (approved by the FDA in April 2011). The Committee also voted to include this in the VFC program. However, the Committee removed children with functional or anatomic asplenia from the population at increased risk and will continue to review data and discuss a recommendation for this population separately in the future. The committee recommended the following specific groups of children meeting the criteria above to receive a two-dose series of Menactra[®] taken 3 months apart:

- Infants needing protection prior to traveling or moving to an area where meningococcal disease is epidemic or highly endemic. Travelers can receive their two doses 2 months apart to accommodate travel schedules.
- Infants with complement component deficiencies such as C3, C5-9, properdin, factor H, and factor D deficiencies.
- Infants in a defined risk group for a community or institutional outbreak.
- Infants with HIV, if another indication for vaccination exists.

Other considerations include requiring a two-dose series for any child whose first dose was received prior to their 2nd birthday, and a booster dose 3 years after the primary series for those who remain at increased risk for meningococcal disease.

The high-risk recommendation is to recognize that all infants <1 year have higher rates of disease compared to other age groups and a focus on specific groups with medical conditions or exposure risks. The Committee will conduct further review of data on the impact of MCV4 vaccination on pneumococcal disease protection and PCV vaccination.

Pertussis

The Committee voted to recommend Tdap vaccination for pregnant women, preferably during the third or late second trimester (after 20 weeks gestation), to prevent infant pertussis (if up to date on Td). The Committee chose this option over an alternative which would have recommended either vaccination during pregnancy or immediately postpartum. Vaccination during pregnancy is simpler; easier to implement because it does not pass the buck. It is also likely to be more cost effective than “cocooning” alone. The Committee separately voted to include the recommendations in the VFC program.

Increased rates of pertussis led to the new recommendation for Tdap. More than 9,100 cases of pertussis were reported in California last year, including more than 800 hospitalizations and nine infant deaths. The committee believed that the mother will produce antibodies against pertussis that she'll pass along to the newborn.

For those women with unknown or incomplete tetanus vaccination, three vaccinations containing tetanus and reduced diphtheria toxoids are recommended, with Tdap being used for one dose, preferably during the third or late second semester. If a booster vaccination is indicated (i.e., wound management, more than 10 years since previous Td), Tdap may given, preferably during the third or late second semester. If Td is given during pregnancy, then Tdap should be given immediately postpartum.

The Committee reviewed data on the effectiveness of “cocooning.” Some studies have found that cocooning is successful, but cocooning is insufficient as a national strategy to prevent pertussis morbidity and mortality in newborn infants. The Committee continues to recommend cocooning: vaccination of adolescents and adults who have or anticipate having close contact with an infant aged less than 12 months (e.g. parents, siblings, grandparents, child-care providers and healthcare providers).

Influenza

The Committee spent considerable time discussing the use of influenza vaccine for egg-allergic patients. The Committee concluded that individuals with minor egg-allergies, particularly hives, should receive the vaccine. They should be monitored for 30 minutes after vaccination.

Inactivated influenza vaccine (TIV) should be used and live attenuated influenza vaccine (LAIV) should not be used (due to lack of data with LAIV).

Strains for upcoming season will be the same as last season. There are studies documenting that anti-body response does wane after vaccination and may not protect throughout the following season. So vaccination is recommended even if the vaccine is the same as the previous year. CDC will continue to keep their seasonal influenza website updated throughout the year at <http://www.cdc.gov/flu/>.

Human Papillomavirus Vaccines

The Committee received data on the long-term effectiveness of quadrivalent HPV vaccine (Gardasil® (HPV4) vaccine continues to be generally safe and well-tolerated up to 7 years following vaccination) and had further discussion about HPV vaccination in males.

The cost effectiveness of HPV vaccination was studied. Male vaccination is potentially cost-effective if female coverage rates remain less than 50% and if the vaccine has a lower cost. Male vaccination is potentially not cost-effective if female coverage is high, if the vaccine is high priced, and if few disease outcomes are considered.

Although the work group seems to favor a routine male vaccination, and the Committee seems ready to consider routine vaccination; continuing the current permissive recommendation and also considering a high-risk recommendation for men who have sex with men are still viable options on the table. A vote could occur at the October 2011 meeting.

MMR Work Group Update

The work group is reviewing available data and discussing potential changes to the current MMR recommendations. New data is available on the safety and immunogenicity among persons with HIV and relating to the use of a third dose of MMR for mumps outbreak control. The work group is also reviewing and updating the existing recommendations into a single document.

The ACIP also received an update on measles in the United States from 1995 to the present. At 191 cases, there are more cases in 2011 than any year since 1996. There are a large number of imported cases related to recent increases in measles cases in other countries, particularly France and other European countries. Outbreaks and spread of the disease has been limited due to high 2-dose MMR vaccination coverage and rapid and efficient outbreak control efforts by public health. The U.S. needs to increase awareness of measles and vaccination among travelers and remain vigilant with the routine the 2-dose series.

Immunization Registry Update

The San Antonio Metro Health Immunization Division is pleased to announce that on July 11, 2011, the enhanced San Antonio Immunization Registry System (SAIRS) was successfully launched. Patient and vaccination data was migrated from the old immunization registry system to the new enhanced system on July 8th, 2011. Approximately 1.2 million patients and 14.3 million vaccine records were converted to the enhanced SAIRS. Registry Staff began entering patient and vaccination data immediately following the data migration into SAIRS.

Now, when logging into the new registry system, registered users will be directed to new a state-of-the-art internet web based application. New features include a sophisticated vaccine recommender based on current ACIP recommendations, direct-entry access for real time updates, vaccine inventory tracking module, and HL7 data exchange capabilities. Currently, Phase One launch of the new system is a view-only application, with full data entry capability coming later in the year.

If your facility has not yet submitted your Facility Enrollment Form and User Confidentiality and Security Forms please do so immediately. Access to SAIRS will only be granted to users and facilities that have completed these forms. These forms can be obtained by visiting, www.sanantonio.gov/health/immunizations-SAIRS.html or by calling the SAIRS Helpdesk at 210-207-5071.

Starting in September, after the "Back to School" rush, the SAIRS Team will begin to work with individual medical practices, to transition from "Paper Submission" to "Direct Entry". A SAIRS Team member will work closely with each medical provider to help ensure a smooth integration of SAIRS into the office workflow. The SAIRS Team anticipates the capacity to transition 10-20 provider locations each month.

We would like to thank participants for their dedication and efforts to make the enhanced SAIRS a success.

Epi-Vac 2011 Now Available Online

The newest version of the Epidemiology and Prevention of Vaccine-Preventable Diseases free online course is now available on the Centers for Disease Control and Prevention (CDC) Web site at <http://www.cdc.gov/vaccines/ed/epivac/default.htm>. This course consists of ten sessions, which outline the contents of the CDC's print publication of the same name, otherwise known as the Pink Book (12th ed). DVDs of this course are also available at the link above. Continuing education credits are available.



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In addition, the *Immunization Update*, an annual presentation that highlights current and late-breaking immunization issues is also available at the CDC web site found at: <http://www.cdc.gov/vaccines/ed/imzupdate/default.htm>.

Thank you for remaining up-to-date on all the important immunization information to help protect our community from serious diseases.

Success Continues with VFC Site Visits

Since our last newsletter, the Quality Assurance/AFIX (QA/AFIX) team has been focused and continues to schedule Vaccines for Children (VFC) site visits and record assessments at "Hot Shot" offices. These visits help to ensure children are up-to-date with their required age appropriate immunizations. To date 47 provider offices have exceeded the "Healthy People 2020" goal which consists of 4 DTaP, 3 Hep B, 1 MMR, 3 Hib, 3 IPV, 1 VAR, and 4 PCV.

Immunization providers play a key role in helping to ensure the safety and efficacy of vaccines through proper vaccine storage and administration, timing and spacing of vaccine doses, and educating parents about vaccine benefits and risks.

The QA/AFIX Team is always willing to assist you in arranging an appointment for a site visit to benefit your facility. Each visit is designed to provide assistance with identifying possible barriers to immunization that may result in low vaccination coverage or missed opportunities. The primary role of the QA/AFIX Team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities.

Please feel free to contact Maria Torres, QA/AFIX Supervisor at (210) 207-6916 or Kenya Wilson, MA, Vaccines for Children Program Coordinator at (210) 207-3974 should you need additional information.

The members of the QA/AFIX Team would like to thank the following providers and their staff for participating in the QA/AFIX site review visit process during this past quarter: Dr. Leonel Tano, South Texas Center for Pediatric Care-E. Southcross, South Texas Center for Pediatric Care-Stone Oak, Alamo City Medical Group-Schertz, Dr. Lee Kirchner, Meridian Medical Group, Dr. John S. Garcia, South Texas Center for Pediatric Care-Huebner Rd., Somerset I.S.D., Little Texans Pediatrics, Dr. Khusro Rashid, ABCD Pediatrics-Schertz, Health Texas Medical Group-Holy Cross Clinic, UHS FFACTS Clinic, South Texas Center for Pediatric Care-E. Houston, South San Antonio Medical Associates, Dr. Roberto J. Ruiz, Pedi Docs, Pedi Place @ Westover Hills, Dr. Elizabeth Brickman, La Altura Pediatrics, Health Texas Medical Group-Leon Valley, Bishop Ernest T. Dixon Clinic, Gruesbeck Medical Clinic, Valley Clinic,

Harry Hernandez-FM 78, Dr. Gloria B. Abraham-Cox, First Steps Pediatrics, Centro Med-Commercial, Children First Pediatrics, Night and Day Pediatrics, Harry Hernandez-Nacogdoches, South Texas Center for Pediatric Care-Briggs, Through the Years Pediatrics, Northeast Pediatric Associates-Schertz, San Antonio Metropolitan Health District-Main Immunization Clinic, Dr. Keisha Loftin, Dr. Khanh Gia Do, Helotes Pediatrics, Dr. Nora Valdes, Southwest Clinic, Northeast Pediatric Associates-Oak Centre, Dr. Valerie Ostrower, Little Spurs Pediatric Urgent Care, San Antonio Metropolitan Health District-Goodwill Clinic, Leon Springs Pediatrics, Dr. Francisco J. Montemayor, UT Medicine Children's Health Center, Kellum Medical Group-Nogalitos, Stone Oak Pediatrics, and Dr. Pedro A. DeLeon.

Congratulations go out to the following providers that achieved outstanding immunization coverage rates during the past quarter:

Dr. Leonel Tano (97%), South Texas Center for Pediatric Care-E. Southcross (100%), South Texas Center for Pediatric Care-Stone Oak (100%), Meridian Medical Group (81%), Dr. John S. Garcia (80%), South Texas Center for Pediatric Care-Huebner Rd. (100%), Somerset I.S.D.-Barrera Elementary (100%), Somerset Elementary (100%), Somerset I.S.D.-Early Childhood Elementary (100%), Somerset I.S.D.-Savannah Heights Intermediate (100%), Somerset Junior High (100%), Somerset High School (100%), Little Texans Pediatrics (100%), ABCD Pediatrics-Schertz (100%), Health Texas Medical Group-Holy Cross Clinic (89%), UHS FFACTS Clinic (100%), South Texas Center for Pediatric Care-E. Houston (100%), South San Antonio Medical Associates (100%), Dr. Roberto J. Ruiz (100%), Pedi Docs (100%), Pedi Place @ Westover Hills (100%), Dr. Elizabeth Brickman (100%), La Altura Pediatrics (100%), Health Texas Medical Group-Leon Valley (100%), Bishop Ernest T. Dixon Clinic (100%), Gruesbeck Medical Clinic (100%), Valley Clinic (100%), Harry Hernandez-FM 78 (100%), Dr. Gloria B. Abraham-Cox (100%), First Steps Pediatrics (100%), Centro Med-Commercial (100%), Children First Pediatrics (100%), Night and Day Pediatrics (100%), Harry Hernandez-Nacogdoches (100%), South Texas Center for Pediatric Care-Briggs (100%), Through the Years Pediatrics (100%), Northeast Pediatric Associates-Schertz (100%), San Antonio Metropolitan Health District-Main Immunization Clinic (100%), Helotes Pediatrics (100%), Dr. Nora Valdes (95%), Southwest Clinic (100%), Northeast Pediatric Associates-Oak Centre (100%), Dr. Valerie Ostrower (100%), Little Spurs Pediatric Urgent Care (97%), San Antonio Metropolitan Health District-Goodwill Clinic (100%), Leon Springs Pediatrics (100%), Dr. Francisco J. Montemayor (100%), UT Medicine Children's Health Center (91%), Kellum Medical Group-Nogalitos (96%), Stone Oak Pediatrics (100%), and Dr. Pedro A. DeLeon (80%).

VACCINES

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Special Congratulations go out to these "Hot Shot" Offices:

South Texas Center for Pediatric Care-E. Southcross, South Texas Center for Pediatric Care-Stone Oak, South Texas Center for Pediatric Care-Huebner Rd., Somerset I.S.D.-Barrera Elementary, Somerset Elementary, Somerset I.S.D.-Early Childhood Elementary, Somerset I.S.D.-Savannah Heights Intermediate, Somerset Junior High, Somerset High School, Little Texans Pediatrics, ABCD Pediatrics-Schertz, UHS FFACTS Clinic, South Texas Center for Pediatric Care-E. Houston, South San Antonio Medical Associates, Dr. Roberto J. Ruiz, Pedi Docs, Pedi Place @ Westover Hills, Dr. Elizabeth Brickman, La Altura Pediatrics, Health Texas Medical Group-Leon Valley, Bishop Ernest T. Dixon Clinic, Gruesbeck Medical Clinic, Valley Clinic, Harry Hernandez-FM 78, Dr. Gloria B. Abraham-Cox, First Steps Pediatrics, Centro Med-Commercial, Children First Pediatrics, Night and Day Pediatrics, Harry Hernandez-Nacogdoches, South Texas Center for Pediatric Care-Briggs, Through the Years Pediatrics, Northeast Pediatric Associates-Schertz, San Antonio Metropolitan Health District-Main Immunization Clinic, Helotes Pediatrics, Southwest Clinic, Northeast Pediatric Associates-Oak Centre, Dr. Valerie Ostrower, San Antonio Metropolitan Health District-Goodwill Clinic, Leon Springs Pediatrics, Dr. Francisco J. Montemayor, and Stone Oak Pediatrics.

All these facilities continue to invest substantial efforts towards improving children's immunization coverage levels and surpassed the National Immunization Program (NIP) goal of 90% immunization coverage for the 4:3:1:3:3:1:4 series. WAY TO GO!!! Keep up the great work.

Immunization Division Contacts

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Infant/Childhood Education & Outreach Supervisor: Audrey Munoz, LVN, AAHA	207-6917
Vaccines Studies Coordinator: Marcela Martinez	207-3968
Registry Project Coordinator: Walter Widish, MS	207-8792

Immunization Resource Sites

DSHS: www.dshs.state.tx.us/immune
CDC: www.cdc.gov/vaccines
IAC: www.immunize.org
Vaccine Education Center: <http://vaccine.chop.edu>
American Academy of Pediatrics: www.aap.org
Vaccine Information for the Public & Health Professionals: www.vaccineinformation.org
Healthy People 2010: www.healthypeople.gov

Need Forms??

VFC Reports, Blast Fax, and In-Service Materials:

www.sanantonio.gov/health/Immunizations-VFCResources.html

Consent Forms:

www.sanantonio.gov/health/Immunizations-SAIRS.html

VISs:

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

VFC Stars



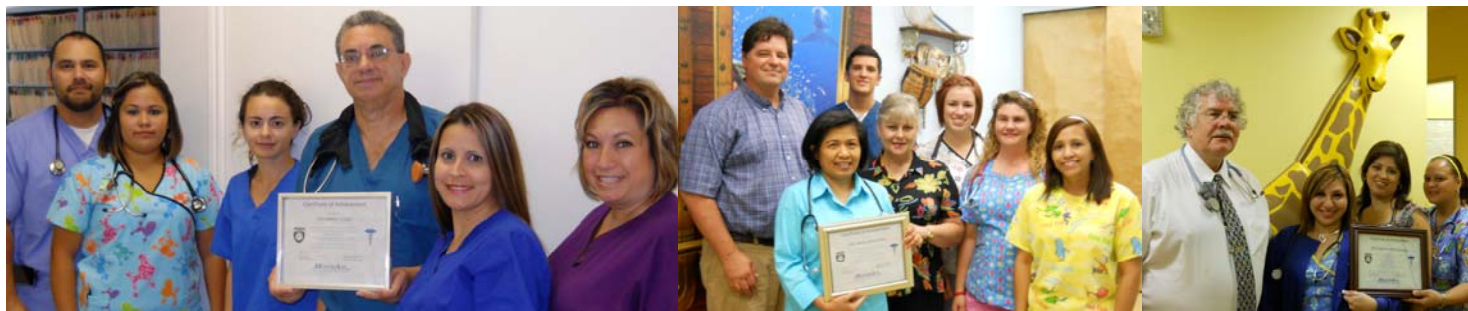
San Antonio Metropolitan Health District-Goodwill Clinic



San Antonio Metropolitan Health District-Main Clinic

VACCINES

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 Southwest Clinic

 Leon Springs Pediatrics

 Pedi Place @
Westover Hills



 Dr. Gloria B. Abraham-Cox

 Dr. Elizabeth Brickman

 ABCD Pediatrics-Schertz




 Dr. Francisco J. Montemayor

 La Altura Pediatrics



 South Texas Center for Pediatric Care
Medical Center

 South Texas Center for
Pediatric Care - Stone Oak

 Night and Day Pediatrics



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Pedi Docs



**South Texas Center for Pediatric Care
Southeast**



CentroMed-Commercial

Health Texas Medical Group-Leon Valley



**South Texas Center for
Pediatric Care-Downtown**

First Steps Pediatrics

Little Texans Pediatrics



Northeast Pediatric Associates-Schertz

Stone Oak Pediatrics

Immunization Updates

The use of most Vaccine Information Statements (VIS) is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs. If you have outdated VISs, print current ones from one of these sources: CDC's website at www.cdc.gov/vaccines/pubs/vis (has VISs in English) or IAC's website at www.immunize.org/vis (has VISs in more than 30 languages).

DTaP/DT/DTP.....5/17/07 PCV.....4/16/10 Hepatitis A.....3/21/06 PPSV.....10/6/09 Hepatitis B.....7/18/07 Polio.....1/1/00 Hib.....12/16/98
 HPV (H. papillomavirus).....5/3/11 Rotavirus.....12/6/10 Meningococcal.....1/28/08 Varicella.....3/13/08 MMR.....3/13/08
 Influenza (LAIV).....7/26/11 Influenza (TIV).....7/26/11 Td/Tdap...11/18/08