

SHOT TALK

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

Medical Journal Retracts Flawed Autism Study

The British Medical Journal *The Lancet* issued a full retraction of a controversial 1998 paper that linked MMR vaccine to autism.

Dr. Wakefield, the lead author of the study theorized that the measles vaccine caused gastrointestinal problems, and that those GI problems led to autism. A study conducted years later by Columbia University, Massachusetts General Hospital, and the Centers for Disease Control and Prevention (CDC) found no relationship between the timing of the vaccine and children getting GI disorders or autism.

The study led by Dr. Wakefield was discredited due to unethical practices in conducting research. The General Medical Council (GMC), which oversees doctors in Britain, said "there was a biased selection of patients in *The Lancet* Paper" and that his "conduct in this regard was dishonest and irresponsible."

The Lancet stated "It has become clear that several elements of the 1998 paper by Wakefield *et. al* are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been proven to be false."

CDC issued a statement, saying "It builds on the overwhelming body of research by the world's leading

scientist that concludes there is no link between MMR vaccines and autism. We want to remind parents that vaccines are very safe and effective and they save lives. Parents who have questions about the safety of vaccines should talk to their pediatrician or their child's health care provider."

Since the controversial paper was published, vaccination rates plummeted, resulting in a resurgence of measles, especially in Europe.

Inside Talk	Page
H1N1 REPORTING	2
POLIO RECOMMENDATION	2
NEW CINICAL TRIAL STUDY	3
PERTUSSIS PROGRAM	3
QA/AFIX UPDATE	3
VFC UPDATE	5
DIVISION CONTACTS	6
RESOURCES	6
VFC STARS	6
VIS DATES	9

National Influenza Vaccination Week

National Influenza Vaccination Week was celebrated during the week of January 10-16, 2010 highlighting the importance of the H1N1 vaccine. The Immunize San Antonio (IZSA) Immunization Collaborative recognized partner independent school districts for their contribution to 2009/2010 H1N1 vaccination events. During December and January, approximately 335 school vaccination clinics were conducted by the school districts. There are an additional 32 school vaccination events scheduled for February and March, 2010. Most school districts focused on vaccinating elementary and/or other high risk children during the month of December. Many will continue vaccination efforts through March 2010 to serve the remainder of their school populations. This is a true collaboration of partners and IZSA would like to gratefully acknowledge the districts for their efforts. The participating independent school districts as follows:

Alamo Heights, Edgewood, East Central, Harlandale, Judson, Northside, Northeast, San Antonio, Somerset, South San, Southside, and Southwest.

H1N1 Vaccination is the Best Protection Against Influenza Complications

As we enter 2010, SAMHD wishes to recognize the hard work and dedication of providers promoting the safety of children by vaccinating them against 2009 H1N1 Influenza. SAMHD would like to also take this opportunity to remind providers that children 6 months – 9 years of age need 2 doses of the vaccine to be fully protected against the 2009 H1N1 influenza.

Vaccination is the best form of prevention against complications of influenza. Studies indicate that a second (booster) dose given 28 or more days after the first dose is needed to achieve optimal protection in children 6 months-nine years of age.

Complications from influenza infection can be severe in unvaccinated children. Since April 26, 2009, CDC has received over 250 reports of laboratory confirmed influenza associated deaths among children caused by the 2009 H1N1 flu in the United States, and CDC estimates that over 1,100 deaths among children have probably occurred.

LOVE LIFE IMMUNIZE!!

Furthermore, children younger than 5 years of age have higher rates of hospitalization caused by the 2009 H1N1 influenza than any other age group, with school age children have the highest rates of infection.

Provider support during the 2009-2010 flu season has been instrumental to the success of this unprecedented national vaccination program. SAMHD encourages providers to continue vaccination efforts to ensure all children 6 months – 9 years of age receive both required doses of the vaccine to protect against the 2009 H1N1 influenza.

How to Report Administration of H1N1 Vaccine

Over the past few months, the San Antonio Metropolitan Health District (SAMHD) has received numerous H1N1 vaccine consent forms in error from a number of provider offices. **SAMHD is not the intended recipient of your H1N1 vaccine consent forms**, if you are ordering your H1N1 vaccines thru the Department of State Health Services (DSHS).

Below, you will find three ways to report the administration of H1N1 vaccine to ImmTrac as DSHS intended:

- 1.) Enter H1N1 administered doses for clients directly into ImmTrac;
- 2.) Submit data electronically in a Delimited File to DSHS by their predefined format;
- 3.) Submit data electronically in an Excel Spreadsheet to DSHS by their predefined format. (To obtain additional information contact ImmTrac Customer Support via telephone at 1-800-348-9158.)

Please do not utilize the SAMHD consent form that you normally use to report any H1N1 vaccinations. **If other vaccines are administered on the same day as H1N1, two different consent forms should be used for reporting purposes. ImmTrac consent form for H1N1 information and SAMHD consent form detailing all other vaccines administered.** SAMHD will not be able to receive or process any consent forms sent into our office containing H1N1 information. All H1N1 consent forms sent into our office will have to be returned to your facility for proper submission to DSHS, the intended recipient. For more information, please visit: http://www.dshs.state.tx.us/immunize/immtrac/imm_h1n1training.shtm.

New Polio Vaccine Recommendations

In the fall of 2009, the Centers for Disease Control and Prevention (CDC) published *Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination (Morbidity and Mortality Weekly Report (MMWR), August 7, 2009 / 58(30);829-830.*) This report updates the ACIP recommendations for routine poliovirus vaccination.

These updates aim to:

- Emphasize the importance of the booster dose at 4 years of age or older.
- Extend the minimum interval from dose 3 to dose 4 from 4 weeks to 6 months.
- Add a precaution for the use of minimum intervals in the first 6 months of life.
- Clarify the poliovirus vaccination schedule when specific combination vaccines are used.

On June 17, 1999, the ACIP recommended that all poliovirus vaccine administered in the U.S. be an inactivated poliovirus vaccine (IPV). (Effective January 1, 2000.) This policy was implemented to eliminate the risk for vaccine-associated paralytic poliomyelitis, a rare condition that has been associated with use of the live oral poliovirus vaccine (OPV). Since 1999, no OPV has been distributed in the U.S.

Under these original ACIP recommendations, the routine IPV vaccination schedule in the U.S. consists of 4 doses administered at ages 2 months, 4 months, 6 to 18 months, and 4 to 6 years with the minimum interval between all IPV doses as 4 weeks.

Since the ACIP recommendation was made 10 years ago, 3 different combination vaccines containing IPV have been licensed for routine use in the U.S. Because of potential confusion in using different vaccine products for routine and catch-up immunization, the ACIP recommends the following:

- The 4-dose IPV series should continue to be administered at ages 2 months, 4 months, 6 to 18 months, and 4 to 6 years.
- The final dose in the IPV series should be administered at 4 years of age or greater, regardless of the number of previous doses.
- The minimum interval from dose 1 to dose 2, and from dose 2 to dose 3, remains 4 weeks.
- The minimum interval from dose 3 to dose 4 is extended from 4 weeks to 6 months.
- The minimum age for dose 1 remains age 6 weeks.

LOVE LIFE IMMUNIZE!!

The ACIP also is making a new recommendation concerning the use of minimum age and minimum intervals for children in the first 6 months of life. Use of the minimum age and minimum intervals for vaccine administration in the first 6 months of life are recommended only if the vaccine recipient is at-risk for imminent exposure to circulating poliovirus (e.g., during an outbreak or because of travel to a polio-endemic region). The ACIP is making this precaution because shorter intervals and earlier start dates lead to lower seroconversion rates.

In addition, the ACIP is clarifying the poliovirus vaccination schedule to be used for specific combination vaccines. When DTaP-IPV/Hib (Pentacel[®]) is used to provide 4 doses at ages 2, 4, 6, and 15 to 18 months, an additional booster dose of age-appropriate IPV-containing vaccine (IPV [IPOL[®]] or DTaP-IPV [Kinrix[®]]) should be administered at 4 to 6 years of age. This will result in a 5-dose IPV vaccine series, which is considered acceptable by the ACIP. DTaP-IPV/Hib is not indicated for the booster dose at 4 to 6 years of age. The ACIP recommends the minimum interval from dose 4 to dose 5 should be at least 6 months to provide an optimum booster response.

In accordance with existing recommendations, if a child misses an IPV dose at 4 to 6 years of age, the child should receive a booster dose as soon as feasible.

For additional information regarding this information, the MMWR report can be accessed on the internet at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s_c_id=mm5830a3_e

SAMHD Respiratory Syncytial Virus Clinical Trial Study

The San Antonio Metropolitan Health District (SAMHD) is currently conducting a study program for the prevention of Respiratory Syncytial Virus (RSV) infections in infants and young children less than two years of age. RSV is a very common virus that causes mild cold-like symptoms. It can cause serious respiratory infections in young babies, especially those born prematurely, who have heart or lung disease, or who are immunocompromised. Outbreaks of RSV infections typically begin in the fall and run into the spring.

Becoming infected with RSV does not establish any immunity to the virus. Therefore, children can become infected again. RSV is spread easily by physical contact including touching, kissing and shaking hands with an infected person. The Synagis[®] medication is provided to prevent these children from developing severe infections and complications. Synagis[®] is administered by injection once a month throughout the RSV season (October to March).

It has been proven to prevent serious disease and reduce hospitalization due to RSV infection. For more information about RSV, please contact (210) 207-3968 or (210) 207-3965.

Pertussis Protection Program

As part of SAMHD's recently awarded ARRA (Federal Stimulus) Grant, the Outreach and Education Program will focus new efforts on protecting infants from pertussis, otherwise known as "whooping cough." An infant is not fully protected against pertussis until three doses of DTaP have been received, recommended by six months of age. It is important to protect these babies until immunity from the vaccine has fully developed.

University Health System (UHS) clinics and nursery will serve as partners in this effort. UHS clinics and University Hospital's Newborn Care Services will identify close contacts of newborns (e.g. parents, older siblings, grandparents, babysitters) who are not immunized with Tdap. Up to four vouchers, per infant birth, will be distributed for these close contacts to receive ARRA-funded Tdap vaccination at UHS Eastside, Brady Green, and West End locations free of charge. Ideally, the immunization process should occur before the birth of the baby; however, vouchers may be distributed after birth. Considering the concept of herd immunity, we "cocoon" and protect the infant by immunizing those in close contact with the infant, thereby protecting those infants from pertussis until they become fully protected. Upon successful completion of this model with UHS, this may be duplicated in other area hospital and clinic settings.

Another Impressive Year for Immunization Rates

Yet another successful year has come to an end, surpassing the impressive numbers from the previous year. The QA/AFIX team successfully completed **206** VFC assessment and site review visits during 2009 reviewing **6,758** immunization records in VFC enrolled provider offices. We are pleased to report that **110** facilities received certificates this year in recognition of achieving 80% or higher for their immunization coverage rate.

94 of these VFC providers were successful in reaching and exceeded the Healthy People 2010 Goal. **71** of the aforementioned provider offices received an immunization coverage rate score of 100% - Exceptional Performance! Congratulations to all VFC providers for a job well done! The QA/AFIX Team is always willing to assist you in arranging an appointment for a site review visit to benefit your facility.

LOVE LIFE IMMUNIZE!!

Site Review Visits provide valuable information to providers on their immunization practice patterns and immunization rates. Each visit is designed to help identify possible barriers to immunization that may result in low vaccination coverage or missed opportunities for immunization. The primary role of the QA/AFIX Team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities.

Throughout the year, the QA/AFIX Team identified the following problems in VFC provider locations, which lead to low immunization coverage levels:

1. It is important that all staff is knowledgeable of the ACIP Immunization Requirements for assessing a client's immunization status. Our team has noticed that immunization coverage levels sometimes drop in provider offices due to staff scheduling immunization appointments for clients inappropriately causing invalid spacing between vaccine dosages. This can be eliminated by ensuring that front office staff know and understand the immunization schedule.
2. Immunization histories documented on numerous sheets in a client's record, instead of on one uniform immunization sheet.
3. Failure to transcribe immunization histories for clients that received immunizations outside of their medical home. (i.e. immunizations administered at SAMHD or another medical facility)
4. Failure to document a date for the birth dose of Hepatitis B vaccine routinely administered before hospital discharge. "At birth or at hospital" is not accepted documentation that the infant received the birth dose of Hepatitis B. If the precise date of immunization, including the month, day, and year cannot be retrieved or verified for any dose of vaccine, it cannot be counted as a valid dose. The facility must repeat the dose when proof of vaccination is incomplete.
5. Facilities that lack an effective reminder/recall system. Reminder/recall systems will help facilities identify clients who are due/past due for immunizations, helping to ensure that each child completes their immunization series on time.
6. Lack of documentation for clients that have moved or gone elsewhere for services. Implementing a reminder/recall system will help to identify clients that fall into this category that have lapsed with their immunizations and may not be active in the facility anymore.
7. Referring clients out for immunizations. This practice should not occur in any provider office, unless the facility does not have a specific antigen in stock that a client needs (i.e. Varicella).

8. Referring clients out for needed immunizations creates barriers to immunization. When circumstances arise which necessitate referring a client for immunizations it is the primary care provider's (PCP) responsibility to ensure that all needed immunizations are received.
9. Capturing and recording a date for Varicella (Chicken Pox) vaccine. Each client's record should have a documented date for either the date the client had the disease or the date the vaccine was administered.
10. Administering the 4th dose of Diphtheria, Tetanus, Pertussis (DTaP) inappropriately. It is important to follow the Advisory Committee on Immunization Practices (ACIP) "Recommended Childhood and Adolescent Immunization Schedule". It states, "The 4th dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months."
11. Improper spacing when administering Hepatitis B vaccine. It is important to remember the following rules when administering Hepatitis B: there should be a 4 week minimal interval between the 1st and 2nd dose; there should be an 8 week minimal interval between the 2nd and 3rd dose or 3rd and 4th and the child should be at least 6 months before receiving this dose; there should be at least 16 weeks between the 1st and 3rd dose.

The members of the QA/AFIX team would like to thank the following providers and their staffs for participating in the QA/AFIX site visit process during this past quarter:

CentroMed Residential Treatment Center, South Alamo Pediatric Clinic, Dr. G. Scott Cuming, Kellum Medical Group-Lytle, Dr. Pedro A. DeLeon, University Family Health Center-Northwest, Northside Pediatric Clinic, Wesley Primary Care Medical Clinic, Dr. K. Job Chacko, San Antonio Pediatric Associates- Zarzamora, Children of Texas Pediatrics, Kellum Pediatric Wellness Clinic, Valdez Family Clinic, San Antonio Pediatric Associates-Stone Oak, Dr. Maria Aguirre, CommuniCare Health Center-Barclay, University Family Health Center-SE, Family Care & Minor Emergency Center, San Antonio Pediatric Associates-San Saba, Dr. Ruben Tenorio, Dr. Xavier Cortada, Gruesbeck Medical Clinic-Walzem, Pediatric Care, San Antonio Pediatric Associates-Walzem, Shavano Family Practice, Wellmed at Westlakes, Pediatrics & Adolescents, A thru Z Pediatrics, CentroMed Haven for Hope, Southwest Children's Center, Viva Pediatrics-Downtown, Holy Cross Family Practice, Dr. Hector Samaniego, Trevino Family Clinic-Castroville, UHS- South Flores Clinic, Little Buddies Pediatrics, Dr. Robert K. Johnson & Associates, UHS-Kenwood, Priority Pediatrics, Dr. Francisco Barrera, La Mision Family Health Care, Dr. Thomas Wascher, UHS-Highway 90 Clinic, Toepperwein Family Practice, Tejas Pediatrics, Bexar County Juvenile Detention Center-Mission Road, N.E. Pediatric Associates.-Village Dr., UHS-Naco-Perrin Clinic, UHS-Eastside Branch, Dr. Mahendra Patel, UHS-Zarzamora Clinic, Gruesbeck Medical Clinic-N.W. 24th St.,

LOVE LIFE IMMUNIZE!!

South Central Texas Primary Care-Lockhill-Selma, UHS-West End Multi-Service Center, San Antonio Pediatric Associates-Culebra, UT Community Health Partners-Avance Clinic, UHS-Ricardo Salinas Clinic, Dr. Abigail Rios Barrera, BCJSCTF-Southton Juvenile Detention Center, Health Texas Southwest, Dr. Henry Hernandez-Kirk, Lopez Family Practice, Dr. Bhanumathi Nandakumar, ComuniCare Health Center-Dr. Frank Bryant Health Center, SAMHD Outreach Perinatal Hep B Program, SAMHD-Main Immunization Clinic, SAMHD-Goodwill Immunization Clinic, CentroMed Somerset Family Clinic, Christus Santa Rosa Healthcare-Pharmacy, SAMHD Adolescent/Adult Immunization Program, University Physician Group-Family Health Center, Dr. Federico R. Ng, Southwest General Hospital, University Health System-Pediatric Inpatient, Dr. Cantu, Dr. Federico Padua, Jefferson Family Practice, Barlite Medical Clinic, Trinity Family Medical Clinic, Baptist Medical Center Maternal/Infant Unit, Dr. Josephine Ruiz-Healy, Gruesbeck Family Medicine-Nacogdoches, Stone Oak Urgent Care, Metropolitan Methodist Hospital, San Antonio Institute of Medicine, Dr. Howard H. Galarneau, Jr.-Culebra, Dr. Graciela Moreno, Nacogdoches Walk-In Medical Clinic, Step by Step Pediatrics, Dr. Hugo E. Muzza, Dr. Lucina Trevino-Seton Home.

Congratulations go out to the following providers that achieved outstanding immunization coverage rates during the past quarter: CentroMed Residential Treatment Center (100%), Dr. G. Scott Cuming (100%), Northside Pediatric Clinic (100%), Dr. K. Job Chacko (100%), Children of Texas Pediatrics (100%), Kellum Pediatric Wellness Clinic (100%), San Antonio Pediatric Associates-Stone Oak (100%), Family Care & Minor Emergency Center (100%), Dr. Xavier Cortada (100%), Southwest Children's Center (100%), Viva Pediatrics-Downtown (100%), Little Buddies Pediatrics (100%), Dr. Robert K. Johnson & Associates (100%), UHS-Kenwood (100%), Priority Pediatrics (100%), UHS-Highway 90 Clinic (100%), Tejas Pediatrics (100%), N.E. Pediatric Associates-Village Dr. (100%), UHS-Naco-Perrin Clinic (100%), UHS-Eastside Branch Clinic (100%), UHS-Zarzamora Clinic (100%), UT Community Health Partners-Avance Clinic (100%), UHS-Ricardo Salinas Clinic (100%), SAMHD-Main Immunization Clinic (100%), SAMHD-Goodwill Immunization Clinic (100%), Dr. Federico Padua (100%), Barlite Medical Clinic (100%), Trinity Family Medical Clinic (100%), Stone Oak Urgent Care (100%), San Antonio Institute of Medicine (100%), Valdez Family Clinic (96%), San Antonio Pediatric Associates-Walzem (96%), South Alamo Pediatric Clinic (95%), University Family Health Center-Northwest (95%), San Antonio Pediatric Associates-Zarzamora (95%), A thru Z Pediatrics (95%), Trevino Family Clinic-Castroville (91%), Pediatrics & Adolescents (90%), Dr. Josephine Ruiz-Healy (89%), San Antonio Pediatric Associates-San Saba (88%), UHS-South Flores Clinic (88%), ComuniCare Health Center-Barclay (87%), Dr. Maria Aguirre (86%), BCJSCTF-Southton Juvenile Detention Center (86%), Dr. Bhanumathi Nandakumar (85%), Wellmed at Westlakes (84%), Kellum Medical Group-Lytle (82%), Holy Cross Family Practice (82%), Dr. Thomas Wascher (82%), Dr. Abigail Rios Barrera (82%), and Dr. Adelaida Tabet (82%).

These facilities worked proactively to ensure that over 80% of the children seen by their practices are up-to-date on their required immunizations of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3Hep B, 1 Var, and 4 PCV by 24 months of age. All of these caregivers invested substantial efforts towards improving immunization coverage levels within their practices. **JOB WELL DONE!!** Keep up the great work!!

Special Congratulations go out to: CentroMed Residential Treatment Center, Dr. G. Scott Cuming, Northside Pediatric Clinic, Dr. K. Job Chacko, Children of Texas Pediatrics, Kellum Pediatric Wellness Clinic, San Antonio Pediatric Associates-Stone Oak, Family Care & Minor Emergency Center, Dr. Xavier Cortada, Southwest Children's Center, Viva Pediatrics-Downtown, Little Buddies Pediatrics, Dr. Robert K. Johnson & Associates, UHS-Kenwood, Priority Pediatrics, UHS-Highway 90 Clinic, Tejas Pediatrics, N.E. Pediatric Associates-Village Dr., UHS-Naco-Perrin Clinic, UHS-Eastside Branch Clinic, UHS-Zarzamora Clinic, UT Community Health Partners-Avance Clinic, UHS-Ricardo Salinas Clinic, SAMHD-Main Immunization Clinic, SAMHD-Goodwill Immunization Clinic, Dr. Federico Padua, Barlite Medical Clinic, Trinity Family Medical Clinic, Stone Oak Urgent Care, San Antonio Institute of Medicine, Valdez Family Clinic, San Antonio Pediatric Associates-Walzem, South Alamo Pediatric Clinic, University Family Health Center-Northwest, San Antonio Pediatric Associates-Zarzamora, A thru Z Pediatrics, Trevino Family Clinic-Castroville, Pediatrics & Adolescents.

These facilities surpassed the National Immunization Program goal of 90% immunization coverage for the 4:3:1:3:3:1:4 series, receiving a perfect score of 100%. In fact, this is the seventh consecutive year that **Viva Pediatrics-Downtown** has received a perfect score. It's the sixth consecutive year for **Southwest Children's Center** and **UHS-Zarzamora Clinic**. It's the fifth consecutive year for **Priority Pediatrics** and **Tejas Pediatrics**. And the second consecutive year for **Dr. Xavier Cortada, Dr. Robert K. Johnson and Associates, Children of Texas Pediatrics, UHS-Highway 90 Clinic, N.E. Pediatric Associates-Village Dr., UHS-Naco-Perrin Clinic, UHS Eastside Branch Clinic, UHS Ricardo Salinas Clinic, and SAMHD Goodwill Immunization Clinic**. Immunizing on time is definitely a top priority for these offices. Impressive work!!

Vaccines for Children Program (VFC): Required Vaccine Storage Equipment

As of January 1, 2010, CDC has mandated that all VFC enrolled provider offices must have stand alone refrigerator/freezer units or combination refrigerator/freezer units with separate doors in place as main storage units. VFC providers are **no longer allowed** to permanently store VFC vaccine in dormitory style refrigeration units.

LOVE LIFE IMMUNIZE!!

Dorm style units should only be used to store a clinic's single-day supply of refrigerated vaccine (excluding Varicella). All unused vaccine should be returned to the main refrigerator storage unit at the end of each clinic workday. Vaccine shipments will be suspended for provider offices that do not conform to the terms listed above.

If you have any questions about Vaccine Storage Equipment please contact Anthony Johnson, VFC Vaccine Manager (207-4015) or Kenya Wilson, VFC Coordinator (207-3974).

Immunization Division Contacts

Director of Health: Fernando A. Guerra, MD, MPH	207-8730
Immunization Program Manager: Vivian B. Flores, MA	207-8794
CDC Public Health Advisor: Thomas Finke, MPA	207-2870
Clinical Operations Supervisor: Dina Guillen, RN	207-8804
Foreign Travel: Gus Alejos, RN	207-8872
Vaccines for Children Coordinator: Kenya Wilson, MA	207-3974
Vaccine Management Supervisor: Anthony Johnson	207-4015
QA/AFIX Program Supervisor: Vacant-Contact Kenya Wilson, MA	207-3974
Hepatitis B/Surveillance Program Supervisor: Tom Gonzalez, MLT	207-2088
Outreach & Education Coordinator: Clark Petty	207-2869
Adult/Influenza Program Supervisor: Sandra Hermosa, LMSW	207-2084
Infant/Childhood Education & Outreach Supervisor: Audrey Munoz, LVN, AAHA	207-6917
WIC Linkage Supervisor: Miryam Pacheco-Gregory	207-2865
Vaccines Studies Coordinator: Marcela Martinez	207-3968
Registry Project Coordinator: Walter Widish, MS	207-8792
Registry Project Supervisor: Derek Taylor	207-2089

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



Live Oak Pediatrics, PA



CentroMed Children's Shelter



CentroMed La Paloma Clinic



CentroMed Residential Treatment Center

LOVE LIFE IMMUNIZE!!



 **UT Community Health Partners-Avance**



 **All Star Pediatrics**



 **SAMHD Goodwill Immunization Clinic**




 **Dr. Xavier R. Cortada**



 **ABCD Pediatrics-Stonehue**



 **Alamo Heights Pediatrics**



 **Dr. G. Scott Cuming**




 **Dr. K. Job Chacko**




 **Children's Night Clinic**



 **UHS-Ricardo Salinas Clinic**



 **UHS-Kenwood Clinic**

LOVE LIFE IMMUNIZE!!



Kellum Pediatric Wellness Clinic



Viva Pediatrics-Downtown



SAMHD Main Immunization Clinic



Northside Pediatric Clinic



**San Antonio Pediatric Associates-
Oak Center**



**Family Care & Minor
Emergency Center**



UHS-Highway 90 Clinic



Southwest Children's Center



Kellum Medical Group-Marbach

LOVE LIFE IMMUNIZE!!



Dr. Robert K. Johnson & Associates



Little Buddies Pediatric Clinic



Priority Pediatrics



Tejas Pediatrics



UHS-Naco-Perrin Clinic



UHS-Eastside Branch Clinic



N.E. Pediatric Associates-Village Dr



UHS-Zarzamora Clinic

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**.....12/9/08 **Hepatitis A**.....3/21/06 **PPV**.....7/29/97 **Hepatitis B**.....7/18/07 **Polio**.....1/1/00 **Hib**.....12/16/98
HPV (H. papillomavirus).....2/2/07 **Rotavirus**.....8/28/08 **Meningococcal**.....1/28/08 **Varicella**.....3/13/08 **MMR**.....3/13/08
Influenza (LAIV).....8/11/09 **Influenza (TIV)**.....8/11/09 **Td/Tdap**...11/18/08