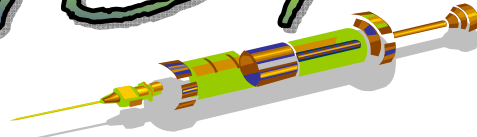


SHOT TALK



October 2008 Volume 11.3

Influenza Season 2008 – 2009

Beginning with the 2008–09 influenza season, annual vaccination of all children aged 6 months through 18 years is recommended. This new recommendation can be implemented as soon as vaccine is available. Annual vaccination of all children aged 6 months–4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue. Children and adolescents at high-risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.

The Centers for Disease Control and Prevention (CDC) has announced the week of December 8-14, 2008, as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza vaccination, as well as to foster greater use of flu vaccine through the months of November, December, and beyond. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Flu vaccine can be given to any person aged 6 months and older to decrease the chance of becoming ill or of transmitting flu to others. Take the time now to protect yourself, your family, and your patients from the flu and get vaccinated each year.



Get a flu vaccine. Your patients are counting on you.

Annually, one or more virus strains in the vaccine might be changed on the basis of global surveillance for influenza viruses and the emergence and spread of new strains. All three (3) vaccine virus strains were changed for the recommended vaccine for the 2008–09 influenza season, compared with the 2007–08 season. The 2008-2009 trivalent vaccine virus strains include: A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. Viruses for both types of currently licensed vaccines, trivalent inactivated influenza vaccine (TIV) and live attenuated influenza vaccine (LAIV) are grown in eggs and are antigenically equivalent to the annually recommended strains.

TIV can be used to vaccinate persons 6 months and older, and the LAIV (FluMist) should be used for healthy, nonpregnant persons aged 2 – 49 years.

I can't cover my shift.



Flu doesn't fight fair.

Even if you're healthy, you can get sick and spread the flu to your co-workers, patients, or even bring it home to your family.

Fight back.

DON'T GET THE FLU. DON'T SPREAD THE FLU. GET VACCINATED.

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Vaccines for Children (VFC) providers began receiving flu vaccine for eligible patients on October 6th and will continue to receive their flu vaccine over the coming months as more vaccine becomes available from manufacturers. All providers are encouraged to offer flu vaccine throughout the fall, winter, and into 2009 in order to provide maximum influenza protection for patients.

The San Antonio Metropolitan Health District (SAMHD) will be providing VFC flu vaccination for eligible clients 6 months to 18 years of age in SAMHD clinics beginning October 8th. The SAMHD also has limited flu doses, beginning October 8th for adults and will utilize these doses for high-risk individuals which include:

- All persons age 50 and older.
- Other adults at risk for medical complications from influenza or more likely to require medical care.
- All persons who live with or care for persons at high-risk for influenza related complications, including contacts of children less than 6 months of age.

To locate a clinic in your neighborhood or near your worksite, you can access the American Lung Association's flu clinic locator at <http://www.flucliniclocator.org/> To list your flu clinic on the American Lung Association's Online Flu Clinic Directory go to the link to learn all you need to know about the site and how to promote your flu events!

Synagis®

The San Antonio Metropolitan Health District (SAMHD) is currently conducting a 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. Each year, up to 125,000 infants are hospitalized due to severe RSV disease and about 2,500 of these infants die.

Becoming infected with RSV does not establish any immunity to the virus. Therefore, children can become infected again. Synagis® was developed to prevent these children from developing severe infections and complications. Synagis® is given by injection once a month through the RSV season (October to March). It has been proven to prevent serious disease and reduce hospitalization due to RSV infection. Please contact your pediatrician to determine if your child will require this medication. If you have questions or would like additional information, please contact 207-3968 or 207-3965.

Back-To-School Wrap-up 2008

The San Antonio Metropolitan Health District held two (2) back-to-school clinics in August, just before the start of the school year. Although this was a decrease from the number of clinics offered last year, SAMHD still immunized 963 children with a total of 2,487 shots.

These clinics were successful due to the collaboration between SAMHD and the University Health System to provide adequate staffing for these large clinics. SAMHD was also able to provide and disseminate comprehensive listings of clinics taking place throughout the city so that the public would be aware of the many opportunities available to them. In the past, this information was available from various sponsors, but a comprehensive community guide was developed as a result of the partnerships established from the *Immunize San Antonio* immunization collaborative (IZSA).

The SAMHD always encourages parents to keep their children's shots up-to-date throughout the year because immunizations should not be limited to a back to school activity. Just like doctors' offices, the Metro Health clinics are open year round and parents can avoid long waits if they visit their child's doctor or the immunization clinic as soon as the child is due for a vaccination. For more information about the nearest immunization clinic to you, please call (210) 207-8750 or visit www.sanantonio.gov/health.

2008 Epidemiology & Prevention of Vaccine-Preventable Diseases

The self-study series, Epidemiology & Prevention of Vaccine-Preventable Diseases is offered free of charge in DVD and Web-on-Demand formats. It is no longer presented as a live satellite broadcast or live webcast. This four-part self-study series provides the most current information available in the constantly changing field of immunization.

Together, the four sessions offer a comprehensive overview of immunizations. Session ONE discusses principles and general recommendations on immunizations. Sessions TWO, THREE, and FOUR discuss specific vaccine-preventable diseases and their respective vaccines. Each of the four sessions is three hours in duration. For more information on how to order the DVD or to access the web-on-demand version, visit the Centers for Disease Control and Prevention's website at: www.cdc.gov/vaccines/ed/epivac/default.htm

The series is recommended for all immunization providers: physicians, nurses, nurse practitioners, pharmacists, physician's assistants, medical assistants, and any person interested in learning more about the importance of immunizations. Continuing education credits are available.

Safety and Effectiveness of the Human Papillomavirus Vaccine (HPV)

In June of 2006, Gardasil® became the first vaccine licensed by the Food and Drug Administration (FDA) to prevent cervical cancer and genital warts caused by the human papillomavirus (HPV). Recently, the news has been flooded with reports of consumers, parents, and health care professionals questioning the safety of the HPV vaccine. The Centers for Disease Control and Prevention (CDC) and FDA closely monitor the safety and effectiveness of the vaccine and take all concerns about vaccine safety seriously.

The FDA and CDC monitor the safety of all vaccines through the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD) Project, and Clinical Immunization Safety Assessment (CISA) Network. The FDA has also analyzed adverse events (possible side effects) associated with individual lots since the vaccine was licensed and has yet to find any unusual patterns while observing HPV vaccine lots.

A summary of talking points follow that may help you quickly answer questions regarding Gardasil®.



Human Papillomavirus (HPV) Vaccination

- The CDC has not changed its recommendations for the use of Gardasil[®] because of its importance for the health of women. The CDC maintains that this is a safe and effective vaccine. The FDA has not made any changes to the prescribing information for how the vaccine is used or to the vaccine's precautions. The FDA routinely reviews manufacturing information, and has not identified any issues affecting the safety, purity, and potency of Gardasil[®].
- The routine recommendation is to administer the three (3) dose HPV vaccine at ages 11 and 12 years. The vaccine is also recommended for girls and women ages 13-26 years who have not yet been vaccinated or who have not received all three (3) doses.
- HPV disease and vaccine information is available at www.cdc.gov/vaccinesafety.

HPV Vaccine and VAERS

- As of June 30, 2008, there were 9,749 VAERS reports of adverse events following Gardasil[®] vaccination with 94% being classified as non-serious events, and 6% as serious events.
- A report to VAERS does not mean there is a connection between the vaccine and the report. It means the event took place following vaccination, regardless of the interval between vaccination and the event. Non-serious VAERS reports following HPV vaccination have included pain at the injection site, headache, nausea, fever, and syncope (fainting) which is a common event occurring with needle injections and vaccinations, especially in adolescents. CDC recommends that patients who receive HPV vaccine remain in the clinic for 15 minutes after vaccination to avoid potential injury from a fall.
- Serious VAERS Reports following HPV vaccination have included Guillain-Barré Syndrome (GBS), Thromboembolic disorders (blood clots), and death.
- Guillain-Barré Syndrome (GBS) is a rare neurological disorder that causes muscle weakness. It occurs spontaneously in unvaccinated individuals after a variety of specific injections. The FDA and CDC have reviewed the reports of GBS that have been submitted to VAERS and to date have found no evidence of an association between Gardasil and GBS. No evidence has been found to support that Gardasil has increased the rate of GBS above that expected in the population.
- Thromboembolic disorders (blood clots) were reported in people whom had received Gardasil. Most of the individuals had risk factors for blood clots such as use of oral contraceptives which are known to increase the risk of clotting.

Thromboembolic disorders as well as other medical events are being studied through the VDS in previous planned controlled studies. The manufacturer has also committed to conduct a large postmarketing study to further assess the vaccine's safety.

- As of June 30, 2008, research concluded that of the 20 deaths reported to VAERS, there was no common pattern that would suggest the vaccine caused the deaths. The cause of death was explained by factors other than the vaccine in cases where autopsy, death certificate, and medical records were available.
- Information on Gardasil vaccine reports to VAERS can be found on the Immunization Safety Office's web page at www.cdc.gov/vaccinesafety/vaers/gardasil.htm.
- Providers are encouraged to report any adverse events to the Vaccine Adverse Event Reporting System at <http://vaers.hhs.gov> (phone 1-800-822-7967).

Based on the review of available information from the FDA and CDC, Gardasil[®] continues to be safe and effective, and its benefits continue to outweigh its risks. Public health and safety are priorities for the FDA and CDC. As a result, Gardasil[®] will continue to be closely monitored for its safety and effectiveness as a vaccine that will potentially benefit the health of millions of women by providing protection against cervical cancer and genital warts.

Vaccines for Children (VFC) Program: Vaccine Storage Equipment

The Centers for Disease Control and Prevention (CDC) has recently updated the federal Vaccine for Children (VFC) Operations Guide. One section of this manual identifies the requirements of vaccine storage equipment used in all VFC provider sites. Equipment includes thermometers, refrigerators, and freezers. In accordance with these guidelines, the following changes will become effective in the Vaccines for Children (VFC) Program beginning January 1, 2009, and will be reviewed during the annual site visits, and VFC in-services conducted in 2009.

Providers enrolled in the VFC program will be required to have certified calibrated thermometers in all refrigerators and freezers used for vaccine storage. Use of continuous recording devices, temperature alarm systems, and other equipment will not replace the need to have certified thermometer in each refrigeration/freezer unit.

Certified thermometers require periodic recalibration to retain the certified status. VFC guidelines for replacement and/or re-calibration will be determined and communicated prior to January 1, 2009. The

certificate accompanying Certified Thermometers should be retained as proof of certification.

The second change in the requirements that will affect some VFC providers specifies the types and conditions of refrigerators and freezers that are acceptable for vaccine storage. The following four (4) criteria all apply:

-All refrigerators and freezers must be able, year round, to maintain the required vaccine storage temperatures of 36-46 degrees Fahrenheit, and 5 degrees Fahrenheit or lower, respectively

-The unit(s) must be large enough to hold the year's largest inventory.

-The unit(s) must be dedicated to storage of vaccines. (Food and beverages must not be stored in vaccine storage units)

-A refrigerator/freezer combination unit must have separate exterior doors for the refrigerator and freezer compartments; or be stand-alone separate refrigerator and freezer units.

-Refrigerators with a freezer unit inside may be used to store a clinic's single-day supply of refrigerated vaccine.

The VFC Program would like to **THANK** the Texas Vaccines for Children (TVFC) Program for providing certified thermometers for use in VFC enrolled provider offices. If you have any questions about Vaccine storage equipment, please call Wilma Camacho, VFC Accountability Supervisor at 207-2862, Anthony Johnson, Vaccine Management Supervisor at 207-4015, or Kenya Wilson, QA/AFIX Program Supervisor at 207-3974.



Veteran's Day
Tuesday
November 11, 2008

Thanksgiving Day & Day
After Thanksgiving
Thursday & Friday
November 27- 28, 2008

Don't Fall Behind...Immunize on Time!

Fall is here and the Quality Assurance/AFIX (QA/AFIX) team would like to remind providers to ensure their clients do not fall behind when it comes to keeping their immunization status up to date. Most parents have confidence in the benefits of immunizations for their children. However, healthcare providers may encounter parents who question the

need for, or safety of, childhood vaccines. Such parents may choose to delay or forgo immunizing their children. To assist parents in making fully informed immunization decisions, providers are encouraged to continue to try to understand differing views of vaccine risks and benefits, and be prepared to respond effectively to concerns and questions. If the parent remains reluctant to consent to recommended children's vaccines, it is important to document in writing all immunization discussions, and parental refusals, in the patient's record to protect the provider in cases of liability.

The QA/AFIX Team is always willing to assist you in arranging an appointment for a site visit to benefit your facility. Site visits provide valuable information to providers on their immunization practice patterns and immunization rates.

Visits are designed to identify 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.

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

Por Vida Academy Charter High School, Helotes Pediatrics, Stone Oak Pediatrics, Central Women's Healthcare, Dr. Ostrower, Pinkston Family Practice, Valley Clinic, Dr. Nora I Valdes, San Antonio A thru Z Pediatrics, Leon Springs Pediatrics, Kellum Medical Group-Adkins, University Family Health Center S.W., Dr. Pedro A. DeLeon, Pediatric Associates Clock Tower, Dr. Montemayor, Kellum Medical Clinic-Nogalitos, Dr. Howard H. Galarneau Jr., University Health System-South Flores Clinic, Little Spurs Pediatric Urgent Care, San Antonio Metropolitan Health District-Adolescent/Adult Immunization Program, Child Care Associates, Southtown Clinic, CentroMed Children's Shelter, University Family Health Center-S.E., Metropolitan Methodist Hospital, Dr. Do-SW Military, CentroMed Clinic-Samm Shelter, Pediatric Medicine, San Antonio Pediatrics Associates-Medical, Bandera Family Health Care, University Center For Community Health, Universal City Family Practice, Dr. Do-New Braunfels, South San Antonio Medical Associates, Dr. Luna, University Family Health Center-North, Hector Garza Residential Treatment Center, Dr. Jalomo, San Antonio Pediatric Associates-San Saba, Dr. Al-Shalchi, Dr. David Ochoa, Blanco Rd. Medical Clinic, San Antonio Pediatric Associates-Main, Alamo Heights Pediatrics, Dr. Mary George, La Paloma CentroMed Clinic, Northwest Pediatric Associates, Residential Treatment Center Clinic, ABCD Pediatrics-Stone Oak,

Family Clinics Of San Antonio, South Alamo Pediatric Clinic-Barlite, and Garcia Medical Group.

Congratulations are in order for the following providers that achieved outstanding immunization coverage rates during the past quarter: Stone Oak Pediatrics (100%), Dr. Ostrower (100%), Leon Springs Pediatrics (100%), Pediatric Associates Clock Tower (100%), Dr. Montemayor (100%), University Health System-South Flores Clinic (100%), Child Care Associates (100%), Infant's Shelter (100%), Pediatric Medicine (100%), Dr. Do-New Braunfels (100%), San Antonio Pediatric Associates-Main (100%), Alamo Heights Pediatrics (100%), ABCD Pediatrics (100%), Northwest Pediatric Associates (100%), Kellum Medical Clinic-Adkins (92%), University Family Health Center S.W. (92%), Dr. Jalomo (88%), Helotes Pediatrics (86%), San Antonio A thru Z Pediatrics (86%), Blanco Rd. Medical Clinic (84%), South Alamo Pediatric Clinic-Barlite (84%), Dr. DeLeon (83%), South San Antonio Medical Associates (83%), San Antonio Pediatric Associates-San Saba (83%), Kellum Medical Clinic-South (82%), University Family Health Center S.E. (82%), and University Family Health Center North (80%). 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, 3 Hep B, and 1 Var by 24 months of age. All of these facilities invested substantial efforts of time towards improving children's immunization coverage levels within their practices. **JOB WELL DONE!!** Keep up the great work!!

Special congratulations go out to Stone Oak Pediatrics, Dr. Ostrower, Leon Springs Pediatrics, Pediatric Associates Clock Tower, Dr. Montemayor, University Health System-South Flores Clinic, Child Care Associates, Infant's Shelter, Pediatric Medicine, Dr. Do-New Braunfels, San Antonio Pediatric Associates-Main, Alamo Heights Pediatrics, ABCD Pediatrics, and Northwest Pediatric Associates. These facilities surpassed the National Immunization Program (NIP) goal of 90% immunization coverage for the 4:3:1:3:3:1 series, receiving a perfect score of 100%. In fact, this is the seventh consecutive year that the Office of Dr. Montemayor has received a perfect score; fifth consecutive year that the Office of Dr. Ostrower and Stone Oak Pediatrics have received a perfect score; fourth consecutive year that Pediatric Medicine has received a perfect score; third consecutive year Leon Springs Pediatrics has received a perfect score; and the second consecutive year that ABCD Pediatrics and Northwest Pediatric Associates have received a perfect score! Immunizing on time is definitely a top priority for these offices. Impressive work!!

We would like to once again **THANK** our VFC providers for your outstanding dedication and commitment toward keeping the children in our

community healthy. Your continued participation in our VFC Program is sincerely appreciated, we commend you all for the excellent work you do!!



Immunization Resource Sites

SAMHD: www.sanantonio.gov/health

DSHS: www.dshs.state.tx.us/immunize

CDC: www.cdc.gov/vaccines

IAC: www.immunize.org

Vaccine Education Center: <http://vaccine.chop.edu>

American Academy of Pediatrics: www.aap.org

Immunization Division Contacts

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Dina Guillen, RN	
Hepatitis B & Rubella Program:	207-2088
Tom Gonzalez, MLT	
Vaccines for Children Coordinator:	207-2868
Vivian B. Flores, MA	
Vaccine Management:	207-4015
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QA/AFIX Program Supervisor:	207-3974
Kenya Wilson, MA	
Vaccines for Children Supervisor:	207-2862
Wilma Camacho, MPH	
WIC Linkage Supervisor:	207-2865
Miryam Pacheco-Gregory	
Foreign Travel:	207-8872
Matthew Whitson, RN	



Office of Dr. Do – New Braunfels



UHS- South Flores Clinic



Leon Springs Pediatrics



Pediatric Associates Clock Tower



Child Care Associates



Infant's Shelter



Office of Dr. Ostrower



Office of Dr. Montemayor

