

SHOT TALK

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

The Resurgence of Measles

The Centers for Disease Control and Prevention (CDC) reported that the number of measles cases in the United States in 2011 more than tripled from approximately 60 cases each year between 2001 and 2010, to 222 cases in 31 states in 2011. The revival of measles cases was largely attributed to unvaccinated individuals mostly children and teens that caught the virus overseas or from someone who traveled abroad. Increasing rates of vaccine refusal also contributed to the surge in measles cases.

Healthcare providers are the frontline of defense in recognizing and managing the resurgence of measles. Providers play critical roles in educating parents and guardians, addressing concerns about vaccine safety, and implementing vaccination recommendations.

Vaccination is the key to prevention! Without vaccination, almost all susceptible individuals exposed to measles will become infected. Measles spreads easily, and can be serious, causing hospitalization and even death. Young children are at highest risk for serious complications from measles. The immunization schedule recommends that children receive their first dose of MMR vaccine at 12 months of age with the second dose administered by 4 yrs of age provided at least 4 weeks have elapsed since the first dose. For more information regarding the measles outbreak, see the CDC's Morbidity and Mortality Weekly Report 04/20/12; Measles-United States, 2011.

In order to avoid long lines at your office, consider calling these students in to your office to receive their vaccinations now. That way, students will be protected sooner and still be ready for school. Plus, please don't forget about any patients who you may have that are graduating from high school. If they plan to attend college in Texas, they will need a meningococcal vaccine in order to enroll. Thinking ahead will prepare all of our students to continue learning and succeeding!

Red Book Online

Stay updated with the latest FDA-approved vaccines with the Red Book Online Vaccine Status Table, which is updated whenever a biologics license application for a vaccine is submitted to the FDA. Tables include when applications were submitted to the FDA and when they were approved or if they are still in review. In addition, age indications for each vaccine are listed. Links to American Academy of Pediatrics and Centers for Disease Control and Prevention recommendations are also available. To access the Vaccine Status Table, visit the Red Book Online home page at: <http://aapredbook.org>.

Red Book Online, the online version of the authoritative guide to pediatric infectious diseases, provides important updates between editions of the Red Book. Regularly updated features on "Red Book Online Special Alerts" at: http://aapredbook.aapublications.org/news_sub/idnews.dtl and the "Influenza Resource Page" at: <http://aapredbook.aapublications.org/flu/>.

Schedule Back-to-School Events Early

This school year has just come to a close. What better time to start thinking about updating students for next school year? Those students who are entering kindergarten or seventh grade will likely need vaccinations in order to attend school next year.

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New Logo

The San Antonio Metropolitan Health District (Metro Health) has a new logo! It features an adaptation of the national public health logo. This logo (see below) was designed by the National Association of County and City Health Officials (NACCHO) "to become more visible and recognizable to policymakers, the media, and the general public, convey a pride in public health that increases the morale of public health workers, and achieve equal recognition among other first responders and local health departments."



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

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Report on Public Stakeholder Meetings on Meningococcal Vaccine for Children

In 2011, the National Center for Immunization and Respiratory Diseases at CDC undertook a project designed to get the views from diverse interested organizations and members of the public on issues related to meningococcal vaccines and infants/toddlers. The project engaged 277 local stakeholders and interested members of the general public through two national stakeholder meetings in Washington, DC and Atlanta, GA in May, and four public meetings held in Concord (New Hampshire), Chicago, Seattle and Denver in October. In addition, the two stakeholder meetings involved participants from a number of national-level organizations, including the American Academy of Pediatrics, the American Academy of Family Physicians, the National Association of Pediatric Nurse Practitioners, the Heritage Foundation, the National Meningitis Association, Meningitis Angels, and Women in Government.

These meetings were a pilot project intended to augment CDC and the Advisory Committee on Immunization Practices' (ACIP) immunization decision-making processes about adding new vaccines to the childhood immunization schedule. One of the primary reasons for these meetings was to gain insights into the values that people and organizations use to make informed vaccine decisions. This information was summarized and provided to ACIP and the leadership of CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The final engagement report provides an in-depth look at the project including its key findings and activities as well as summaries from the stakeholder and community meetings.

The following are some of the values that surfaced most often during stakeholder and public meeting discussions:

- Choice – Freedom and the option for parents to choose and decide about vaccine for their children. Give them the facts and provide recommendations, not requirements for vaccines
- Awareness – Parents should be aware of, and have access to, infant meningococcal vaccines and any FDA licensed vaccines
- Access/Affordability – Vaccine cost and the ability to pay should not be a barrier to vaccines
- Availability – If a vaccine is FDA licensed, parents should be able to get it; a permissive recommendation (such as was formerly used for HPV in males) should not inhibit vaccine availability
- Safety – Safe vaccine free from side effects and serious risks

The public and stakeholder participants used these values, informed by the discussion and deliberation with other participants, and the information provided by CDC experts during the meeting to work through some of the vaccine program decisions facing the ACIP.

On the subject of whether to provide a universal or permissive recommendation, the participants were more in favor of a universal recommendation (2/3) as it was more in line with their values (although some also had a desire for access and choice), and provided clear direction for physicians and parents and foster the greatest opportunity for access and education. About one third of the meeting participants favored a permissive recommendation when it came to meningococcal vaccines and infants. Some saw this choice as more in line with a value of personal choice, but conceded that this approach could also limit educational awareness, access, and availability of these vaccines and could lead to inconsistencies in meningococcal vaccine use.

There were however, participants that expressed dissatisfaction with the available options (i.e., universal or permissive) and wanted additional recommendation choices. They did not believe that meningococcal disease incidence and/or protection provided by vaccines warranted a universal recommendation; however, they also did not believe a permissive recommendation would result in physician or parent awareness, availability of vaccines, or address inconsistency regarding use of meningococcal vaccines for infants.

After reviewing the results from the public meetings, the stakeholders deliberated in their second meeting and offered these views:

- The process should, at some point, factor in cost effectiveness and economic considerations
- The process of public and stakeholder review of meningococcal vaccines for infants highlighted the challenges related to immunization financing and vaccine costs, including pricing when determining the cost effectiveness of vaccines
- Immunization recommendations should ensure equity and foster access to FDA licensed vaccines for infants and children

The emphasis on economic considerations during the stakeholder meetings prompted concerns that ACIP and CDC would focus too much attention on economic considerations to the detriment of equity and access. Many of the stakeholders placed a high priority on access to new meningococcal vaccines for all children, and feared that a permissive recommendation would lead to unintended inequities among providers with their own interpretation of the recommendations.

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It would be helpful to examine and/or expand ACIP's options when it comes to newly licensed childhood vaccines.

The stakeholders echoed sentiments from the public meetings and highlighted the advantages of a broader less constrained set of options to establish ACIP recommendations. An option for providing broad education and access without a mandatory meningococcal requirement was cited. The stakeholder meeting participants also considered the public meetings' call for an education strategy that recognizes the desire of many parents to have a more active role when it comes to childhood vaccines.

Vaccine recommendations should come with provider, parent, or public education and other resources to foster awareness, adoption, and assessment of success.

The public and stakeholder engagement made it clear that wanting options and/or access to meningococcal vaccines for infants was not the same thing as wanting or believing there should be a recommendation that all children be vaccinated. Many participants believed that parents and providers should be aware of and have access to vaccines even if there is not a universal vaccination recommendation, but they agreed that universal vaccination recommendations produced the broadest parent and physician awareness and access.

Although this instance of public engagement concentrated on the meningococcal vaccine, the outcomes are likely to have an impact on future ACIP vaccine recommendations and decisions. To view the complete engagement report, go to the CDC website: <http://www.cdc.gov/vaccines/vpd-vac/mening/downloads/engage-proj-report.pdf>

Source: "Meningococcal Vaccines for Children: 2011 Public & Stakeholder Engagement Report," CDC, The Keystone Center, and fhi360

Ask the Experts

The Ask the Experts is a highly informative section that routinely appears in the Immunization Action Coalition (IAC) publications such as the IAC Express, Needle Tips and Vaccinate Adults, and contains timely Q&A's pertaining to relevant topics about vaccines and immunizations. The "experts" are well respected Medical Epidemiologists from CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This information is from the February 2012 additions of IAC Express and discusses several new recommendations from the Advisory Committee on Immunization Practices (ACIP).

Q: Is it true that ACIP no longer specifies a time interval between administering doses of Td and Tdap to teens and adults?

A: In January 2011, CDC issued updated ACIP recommendations on the use of Tdap vaccine. They clearly state that pertussis vaccination, when indicated, should not be delayed and that Tdap should be administered regardless of the interval since the last tetanus- or diphtheria-toxoid-containing vaccine was given. This means that if Td was administered inadvertently when Tdap was indicated, the dose of Tdap can be given on the same day the dose of Td was given.

Q: If a teen or adult patient received a dose of Td vaccine 2 years ago, should I wait approximately 8 more years before administering a dose of Tdap to the patient?

A: No. ACIP recommends that people age 11 through 64 who have not yet received Tdap receive their one-time Tdap dose now. ACIP specifies no waiting interval between administering Td and Tdap to anyone in this age group. Adults age 65 years and older do not need to delay Tdap vaccination following Td either.

Q: If a teen or adult mistakenly received a dose of Td when they should have received Tdap, what is the optimal time to give the missing Tdap dose?

A: As soon as possible, even if it is the same day.

Q: Is there any reason not to administer Tdap vaccine to adults age 65 and older who want the vaccine but are not in contact with an infant? It seems like it would be a good idea to vaccinate them to protect them, their family, and their community from pertussis.

A: No medical reason exists for withholding Tdap from adults age 65 and older unless they have a medical contraindication.

Q: We intend to start vaccinating family contacts of pregnant women with Tdap to protect the newborn. Can you tell me how long it takes for the Tdap vaccine to provide protection?

A: To best protect infants, CDC recommends that teens and adults who haven't been vaccinated receive Tdap 2 weeks or more before having contact with an infant.



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Q: Since we know that children with functional or anatomic asplenia are at high risk for contracting *Neisseria meningitidis*, why aren't they included in the latest recommendations to vaccinate certain high-risk children against meningococcal disease beginning at age 9 months?

A: Though what you say is true, these children are also at higher risk of *Streptococcus pneumoniae*. Data show that the MCV4-D vaccine (Menactra; sanofi pasteur) may interfere with the immunologic response to PCV13 if these two vaccines are given too close together. Therefore, ACIP recommends that MCV4 vaccination be delayed until age 2 years to ensure that these children get age-appropriate vaccination with PCV13, and to improve the likelihood that these children are not vaccinated simultaneously with PCV13 and MCV4.

Q: Can we vaccinate a 2-year-old boy with functional or anatomic asplenia against meningococcal disease if he has not completed a series of PCV13?

A: You should first be certain that he is up to date with PCV13 vaccine before you vaccinate him with MCV4. If you are going to give him MCV4-D (Menactra; sanofi pasteur), you need to wait at least 4 weeks after he completes the PCV13 series before giving him the MCV4-D. There is no similar space consideration if MCV4-CRM (Menveo; Novartis) is used; it may be given simultaneously with PCV13 or at any interval since receipt of PCV13.

Q: Please describe the new recommendations for the use of HPV4 vaccine in males and explain how these new recommendations differ from the previous ones.

A: ACIP recommends routine vaccination of males age 11–12 years with HPV4 (Gardasil; Merck) administered as a 3-dose series. The vaccination series can be started beginning at age 9 years if approved by the provider. Vaccination with HPV4 is recommended for males age 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males age 22 through 26 years may be vaccinated with HPV4.

ACIP recommends that immunocompromised males who have not been vaccinated previously or who have not completed the 3-dose series receive routine vaccination with HPV4 through age 26 years.

Men who have sex with men (MSM) are at higher risk for infection with HPV types 6, 11, 16, and 18 and associated conditions, including genital warts and anal cancer.

ACIP recommends that MSM who have not been vaccinated previously or who have not completed the 3-dose series receive routine vaccination with HPV4 through age 26 years.

Previously, ACIP had issued permissive recommendations for HPV4 use in males age 9-26 years for the prevention of genital warts.

Q: If a patient's vaccination history indicates she received the third dose of HPV vaccine earlier than the recommended minimum interval of 24 weeks, should she be given a fourth dose?

A: Maybe. If the 3-dose series was given with minimum intervals of at least 4 weeks between dose #1 and dose #2 AND at least 12 weeks between dose #2 and dose #3, do not repeat any doses. If the third dose was given at less than 12 weeks from dose #2, repeat dose #3 at least 12 weeks after the invalid dose.

Q: If HPV vaccine is given subcutaneously instead of intramuscularly, does the dose need to be repeated?

A: No, the dose does not need to be repeated. Vaccines should always be administered by the route recommended by the manufacturer; however if a vaccine is inadvertently administered SC instead of IM, or IM instead of SC, ACIP recommends that the dose be counted as valid with two exceptions: Hepatitis B or rabies vaccine administered by a route other than IM should be repeated.

Q: ACIP and CDC's Vaccine Storage and Handling Guide say that refrigerated vaccines should be stored between 35°–46°F, but some vaccine package inserts list 36°–46°F as the proper range. Should I use 35°F or 36°F as the low boundary of the range?

A: On the Celsius scale, the appropriate storage range for refrigerated vaccines is 2°C–8°C. Because 2°C converts to 35.6°F, some manufacturers have rounded the Fahrenheit reading to 36°F. However, 35°F is still considered acceptable for storage of any refrigerated vaccine. Providers should make an effort to store vaccines toward the midpoint of the range (approximately 40°F or 5°C) rather than at either end of the scale.

Q: If you place a needle on a pre-filled syringe and then don't administer the vaccine, how long can you store the pre-filled syringe with the needle attached?

A: In general, a vaccine should not be prepared until the provider is ready to administer it to a patient.

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This is because once the syringe cap is removed or a needle is attached, the sterile seal is broken. However, if a sterile seal has been broken, staff should be sure to maintain the syringe at the appropriate temperature and either use it or discard it at the end of the clinic day. CDC's Pink Book has a new chapter about vaccine storage and handling.

QA/AFIX Springs Forward

The QA/AFIX team is off to a great start in 2012! The Quality Assurance/AFIX (QA/AFIX) Team has been scheduling Quality Assurance/ VFC site visits at Vaccines for Children (VFC) provider locations throughout the area. Since the beginning of the year, the team has conducted 37 site visits. The purpose of conducting site visits is to ensure that enrolled VFC providers are immunizing patients according to ACIP guidelines and adhering to VFC program guidelines.

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. Each visit is designed to help identify 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: Metropolitan Methodist Hospital, Little Spurs Pediatric Urgent Care, CentroMed Respite Wellness, Bethesda Pediatrics, Dr. Migdalia Molina, Central Women's Healthcare, Complete Urgent Care, Thousand Oaks Pediatrics, Alamo Heights Family Medicine, Acorn Pediatrics of San Antonio, UHS-Express Med Clinic, Clinica del Norte Pediatrics, CentroMed Palo Alto, Kellum Pediatric Clinic, CentroMed South Park Medical, South Alamo Medical Group-South Alamo, Family First Care Clinic, Alpha Pediatrics, Dr. Lucina Trevino, CentroMed City Base Clinic, Kellum Medical Group-Schertz, Caring for Kids Pediatrics, VIVA Pediatrics-Barlite, South Central Texas Primary Care,

Kubena Pediatrics, Health Texas Medical Group Holy Cross Clinic, CentroMed Walzem Clinic, Pegasus Pediatrics, Kid-Doc Pediatrics, South Alamo Medical Group, Christus Santa Rosa Family Practice, West Kirk Medical Practice, Dr. John S. Garcia, Pinkston Family Practice, Dr. Rebecca A. Olivares, Huebner Pediatrics, and Practical Approach Pediatrics & Pediatric Dentistry.

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

Little Spurs Pediatric Urgent Care (100%), CentroMed Respite Wellness (100%), Bethesda Pediatrics (93%), Dr. Migdalia Molina (100%), Complete Urgent Care (100%), Thousand Oaks Pediatrics (100%), Alamo Heights Family Medicine (100%), Acorn Pediatrics of San Antonio (100%), UHS-Express Med Clinic (100%), Clinica del Norte Pediatrics (100%), CentroMed Palo Alto (100%), Kellum Pediatric Clinic (100%), CentroMed South Park Medical (100%), South Alamo Medical Group-South Alamo (87%), Alpha Pediatrics (100%), Dr. Lucina Trevino (100%), CentroMed City Base Clinic (85%), Kellum Medical Group-Schertz (88%), Caring for Kids Pediatrics (100%), VIVA Pediatrics-Barlite (100%), South Central Texas Primary Care (80%), Kubena Pediatrics (100%), Health Texas Medical Group Holy Cross Clinic (91%), CentroMed Walzem Clinic (100%), Pegasus Pediatrics (100%), Kid-Doc Pediatrics (100%), South Alamo Medical Group (100%), Christus Santa Rosa Family Practice (100%), West Kirk Medical Practice (100%), Dr. John S. Garcia (87%), Pinkston Family Practice (88%), Dr. Rebecca A. Olivares (100%), Huebner Pediatrics (100%), and Practical Approach Pediatrics & Pediatric Dentistry (100%).

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

Thousand Oaks Pediatrics, Acorn Pediatrics of San Antonio, Clinica del Norte Pediatrics, CentroMed Palo Alto, Kellum Pediatric Clinic, CentroMed South Park Medical, Alpha Pediatrics, Dr. Lucina Trevino, Caring for Kids Pediatrics, VIVA Pediatrics-Barlite, Kubena Pediatrics, CentroMed Walzem Clinic, Pegasus Pediatrics, Kid-Doc Pediatrics, South Alamo Medical Group, Christus Santa Rosa Family Practice, Huebner Pediatrics, and Practical Approach Pediatrics & Pediatric Dentistry.

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, receiving a perfect score of 100%. WAY TO GO!!! Keep up the great work.

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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>

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 2020: www.healthypeople.gov

Immunization Updates

The use of the most current **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 PCV13.....4/16/10 Hepatitis A.....10/25/11 PPSV.....10/6/09 Hepatitis B.....2/12/12 Polio.....11/8/11 Hib.....12/16/98

HPV (H. papillomavirus).....5/3/11 Rotavirus.....12/6/10 Meningococcal.....10/14/11 Varicella.....3/13/08 MMR.....4/20/12

Influenza (LAIV).....7/26/11 Influenza (TIV).....7/26/11 Td/Tdap...1/24/12

VFC Stars



**Family Care and Minor
Emergency Center**



Kubena Pediatrics



CentroMed Palo Alto

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 Viva Pediatrics-Barlite



 Pegasus Pediatrics



 Caring for Kids Pediatrics



 South Alamo Medical Group-Tezel



 Centromed -Walzem



 Kid-Doc Pediatrics



 Huebner Pediatrics



 Trinity Family
Medicine Clinic



 Thousand Oaks
Pediatrics



 Priority Pediatrics



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 Summit Children's Clinic



 CentroMed-South Zaramora



 Office of Dr. Graciela Moreno



 Acorn Pediatrics of San Antonio



 Clinica del Norte Pediatrics



 Gruesbeck Medical Clinic- NW
24th Street



 Office of Dr. Josephine Ruiz-
Healy



 CommuniCare -
Dr. Frank Bryant Health Center

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Office of Dr. Federico Ng



**Gruesbeck Family Medicine –
Nacogdoches**



**Kellum Medical Group –
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Alpha Pediatrics



Kellum Pediatric Clinic



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