SHOT TALK

Metro Health Immunization Program Newsletter - October 2019

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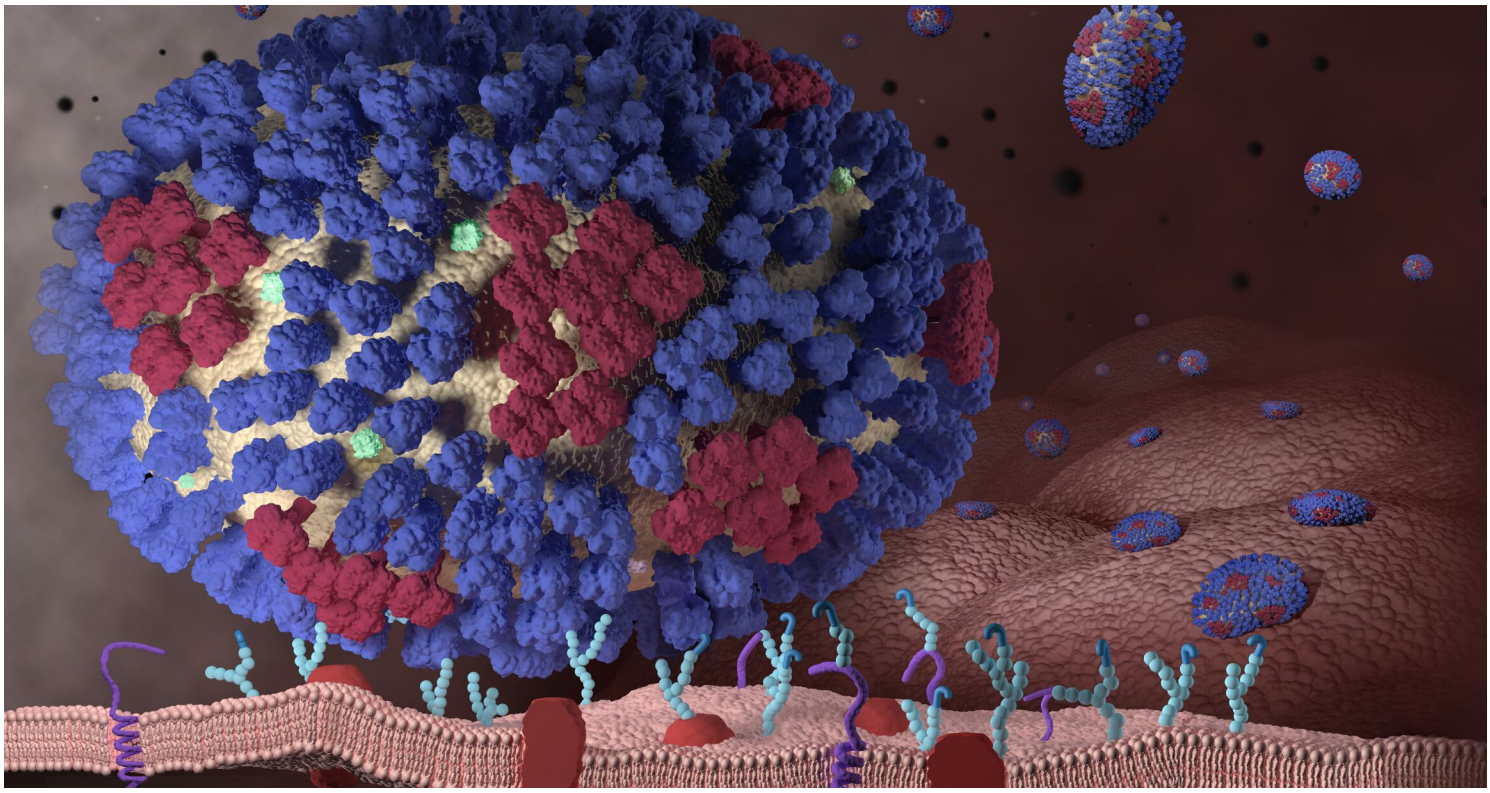
In This Issue...

2018-2019 Flu Season Data Released by CDC

As we prepare to enter the 2019-2020 flu season, it is important to review the most recent data on influenza vaccination rates, coverage, and vaccine effectiveness in order to improve our efforts during the current flu season.

Each year, the Centers for Disease Control and Prevention (CDC) analyzes data from two telephone surveys, the National Immunization Survey-Flu (NIS-Flu) and the Behavioral Risk Factor Surveillance System (BRFSS), to estimate flu vaccination coverage for the U.S. population during the flu season. The 2018-19 BRFSS data for Bexar County was released on September 26, 2019 and shows a noticeable increase in flu vaccination coverage rates. For adults at the end of the 2017-18 flu season, the overall coverage rate was just over 34%. That rate climbed to 49.1% for the end of the 2018-19 season. The trend was similar among children in Bexar County, with coverage rates increasing from 60.6% in May 2018 to 69.8% in May 2019.

While these numbers are an improvement over the previous flu season, they still fall well short of the Healthy People 2020 goal of 80% seasonal flu vaccination coverage among all age groups. Providers and all public health professionals should continue to make strong recommendations for flu vaccination throughout the flu season.
For the full 2018-2019 NIS-Flu and BRFSS data, visit the CDC website at:
https://www.cdc.gov/flu/fluvaxview/interactive.htm



Cumulative monthly influenza vaccination coverage estimates* among adults 18 years and older, Texas-Bexar County, Behavioral Risk Factor Surveillance System (BRFSS), 2017-18 influenza season

Selected groups	Sample Size	July %	August %	September %	October %	November %	December %	January %	February %	March %	April %	May %
Adults												
18+ yrs	336	—§	—§	6.3	17.8	24.8	26.2	27.7	31.0	31.5	34.2	34.2
18-64 yrs	221	—§	—§	—§	15.1	21.0	21.5	23.1	27.0	27.1	27.1	27.1
18-64 yrs at high risk‖	45	0.0	—§	—§	—§	—§	—§	—§	—§	—§	—§	—§
18-64 yrs not at high risk‖	175	—§	—§	—§	14.3	21.0	21.0	22.9	25.7	25.8	25.8	25.8
18-49 yrs	148	—§	—§	—§	14.0	20.3	20.3	22.3	27.3	27.3	27.3	27.3
18-49 yrs at high risk‖	—	—**	—**	—**	—**	—**	—**	—**	—**	—**	—**	—**
18-49 yrs not at high risk‖	129	—§	—§	—§	13.2	20.1	20.1	22.4	25.8	25.8	25.8	25.8
50-64 yrs	73	0.0	—§	—§	—§	—§	25.6	25.6	25.6	26.1	26.1	26.1
65+ yrs	115	—§	—§	—§	28.8	39.7	44.1	45.2	46.4	48.0	55.9	55.9

Cumulative monthly influenza vaccination coverage estimates* among adults 18 years and older, Texas-Bexar County, Behavioral Risk Factor Surveillance System (BRFSS), 2018-19 influenza season

Selected groups	Sample Size	July %	August %	September %	October %	November %	December %	January %	February %	March %	April %	May %
Adults												
≥18 years	518	—§	—§	9.6	26.7	35.4	40.8	43.8	45.7	47.8	49.1	49.1
18-64 years	315	0.0	—§	9.2	23.0	29.1	34.0	37.8	40.1	42.3	43.4	43.4
18-64 years at high risk‖	88	0.0	—§	—§	24.1	26.7	37.2	46.7	52.9	58.4	63.3	63.3
18-64 years not at high risk‖	221	0.0	—§	—§	23.3	29.8	33.2	35.4	36.7	37.9	37.9	37.9
18-49 years	200	0.0	—§	—§	19.6	26.3	30.8	34.8	36.7	36.7	36.7	36.7
18-49 years at high risk‖	39	0.0	0.0	—§	—§	—§	—§	38.0	48.0	48.0	48.0	48.0
18-49 years not at high risk‖	158	0.0	—§	—§	19.3	26.6	30.9	33.7	33.7	33.7	33.7	33.7
50-64 years	115	0.0	—§	—§	32.9	37.5	43.5	46.8	50.1	57.4	61.3	61.3
≥65 years	203	—§	—§	11.1	41.0	59.0	66.5	66.5	66.5	68.5	70.0	70.0

Cumulative monthly influenza vaccination coverage estimates* among children 6 months through 17 years, Texas-Bexar County, National Immunization Survey-Flu (NIS-Flu), 2017-18 influenza season

Selected groups	Sample Size	July %†	August %†	September %†	October %†	November %†	December %†	January %†	February %†	March %†	April %†	May %†
Children												
6 mos-17 yrs	1,955	1.9	9.5	19.8	37.7	47.4	51.2	57.0	59.1	60.4	60.4	60.6
6 mos-4 yrs	601	—‡	6.6	17.1	35.2	48.6	54.7	57.8	61.9	64.7	64.7	64.7
5-12 yrs	833	—‡	9.8	19.4	36.7	46.8	50.4	57.6	59.9	60.7	60.7	61.1
13-17 yrs	521	—‡	11.1	22.5	41.4	47.4	49.9	55.2	55.4	56.4	56.4	56.4

Cumulative monthly influenza vaccination coverage estimates* among children 6 months through 17 years, Texas-Bexar County, National Immunization Survey-Flu (NIS-Flu), 2018-19 influenza season

Selected groups	Sample Size	July %†	August %†	September %†	October %†	November %†	December %†	January %†	February %†	March %†	April %†	May %†
Children												
6 mos-17 yrs	2,128	1.5	8.5	20.1	41.0	54.9	59.7	63.0	65.4	67.8	68.6	69.8
6 mos-4 yrs	675	—‡	9.0	18.8	40.5	54.8	62.3	67.1	68.0	75.3	76.8	77.6
5-12 yrs	833	—‡	8.5	22.7	45.1	57.7	61.5	64.9	68.8	70.3	70.6	70.6
13-17 yrs	620	2.1	8.1	16.9	35.0	50.4	54.6	56.8	57.9	58.9	59.9	63.3

* All coverage estimates are for persons who reported being vaccinated July 2017 through May 2018.
All estimates are for adults interviewed September 2017 through June 2018.

‡ Month of vaccination was imputed for respondents with missing month of vaccination data. Percentages are weighted to the U.S. population. For more information on imputation and statistical methods see http://www.cdc.gov/flu/fluvaxview/coverage-1718estimates.htm#data.

§ Estimates not reliable because relative standard error is >0.3.

‖ Selected high-risk conditions includes people with asthma, diabetes, heart disease, chronic obstructive pulmonary disease, or cancers other than skin cancer.

** Estimates not reliable because sample size is <30.

Influenza (flu) is a contagious respiratory illness that can cause mild to severe health complications, sometimes resulting in hospitalization or even death. Some people are more likely to develop severe illness from flu, especially people aged ≥65 years, children aged ≤5 years, people with certain high-risk medical conditions, and pregnant women. Flu vaccination is the best way to prevent serious complications and death caused by flu.

The Advisory Committee on Immunization Practices recommends annual flu vaccination for all persons aged ≥6 months who do not have contraindications to vaccination. People not yet vaccinated this season should get a flu vaccination as soon as possible. To improve flu vaccination coverage for the 2019–2020 flu season, healthcare providers are encouraged to strongly recommend and offer flu vaccination to all of their patients. People not visiting a provider during the flu season have many convenient places they can go for a flu vaccination.

For more information from Metro Health, including frequently asked questions, flu activity reports, and where to get your vaccination, please visit the Metro Health website.

Metro Health Kicks Off 2019-2020 Flu Vaccination Season

While many people think of fall season as a time for cooler weather, pumpkin spice, and bonfires, the Metro Health Immunization Program thinks about FLU SEASON! With the flu vaccine shipments starting to arrive throughout the region, flu season is rapidly approaching. We want to give a special thank you to our San Antonio Mayor Ron Nirenberg and City Council members Adriana Rocha Garcia, Manny Pelaez, Shirley Gonzales, Rebecca Viagran, and John Courage for helping lead the way this flu season by getting their flu shot on September 18 with San Antonio Metro Health! Metro Health's Immunization Program will be providing immunization events across the city to reach as many citizens as possible.

CDC and ACOG Immunization Recommendations for Expectant Mothers

Through their cooperative agreement with CDC, the American College of Obstetricians and Gynecologists has developed free infographics and materials on prenatal influenza and Tdap immunization.

These resources can be used on practice websites, patient portals, and social media pages. Health care providers are encouraged to post these graphics, to help ensure patients have access to accurate information on maternal immunization outside of the office setting.

For additional information, clinical guidance, and patient and provider resources on maternal immunization, please visit the ACOG immunization webpage and ACOG's Immunization for Women website.

CDC Webinar: Influenza Update 2019 – 2020

CDC presented a Current Issues in Immunization NetConference on October 2 at 12:00 p.m. (ET). The topic was "Influenza Update—2019–2020," with guest speaker Lisa Grohskopf, MD, MPH, medical officer, Influenza Division, NCIRD, CDC.

Immunization NetConferences are live, 1-hour presentations combining an online visual presentation with simultaneous audio via telephone conference call, plus a live question and answer session. On-demand replays and presentations will be available shortly after each event.

Registration is now closed, but a recording will be available at the link above shortly after the event.

2019 Texas Immunization Conference Registration Information

The Texas Department of State Health Services is bringing immunization partners together to share information, discuss current issues, and recommend strategies for improving immunization rates across Texas. The 2019 Texas Immunization Conference is taking place October 23-25, 2019 at the Renaissance Dallas Addison Hotel, 13201 Dallas Parkway, Addison, Texas 75001.

The conference is targeted towards private and public sector healthcare professionals from throughout Texas. This includes physicians and residents, physician assistants, nurse practitioners, pharmacists, nurses, epidemiologists, public health staff, health educators, healthcare and public health students, school personnel, coalition members, stakeholders, and anyone else interested in improving immunization rates in Texas.

Following the Immunization Conference, on Friday, October 25, the Texas Immunizers and Stakeholders Working Groups will conduct its annual meeting from 11:30 am to 2 pm. There is not a charge to attend the meeting. Individuals attending the conference are invited to stay to attend the meeting. Those unable to attend the conference, but wishing to attend the meeting must register separately for the conference and meeting.

For more information or to register, visit https://texasimmunizationconference.com/.

Immunize San Antonio (IZSA) Coalition Updates

The IZSA Coalition, in partnership with The Immunization Partnership (TIP) and UT Health San Antonio, recently hosted a very successful "Understanding and Addressing Vaccine Hesitancy Immunization" Forum on Friday, September 27 at UT Health San Antonio. Over 120 registered to attend this extremely informative presentation, which was facilitated by TIP's Coalitions and Education Program Manager, Katy Gore. The topics covered during the presentations included a discussion on the current immunization schedule and vaccine requirements in Texas schools, new and existing changes regarding immunization-related policies and how they impact Texas schools, and strategies for engaging vaccine hesitant parents in meaningful conversation. Discussions also included the role nurses and other healthcare personnel serve in the formation of immunization laws and policies. This event offered 1.75 contact hours of nursing continuing education provided by Cizik School of Nursing at UT Health. Thank you to all of those who helped plan and organize this wonderful event, as well as to those who attended the forum.

The next IZSA Coalition meeting is scheduled for Wednesday, October 2, 1-2:30pm at the Texas Diabetes Institute Boardroom (701 S. Zarzamora, San Antonio, TX, 78207).

If you are interested in being part of the IZSA Coalition, please contact Vanessa Rodriguez at vanessa.rodriguez@sanantonio.gov or 210-207-2869.

Metro Health's Immunization Program's Outreach, Education, and Partnerships Updates

Metro Health's Immunization Program has been working closely with the UT Health Long School of Medicine and the University of the Incarnate Word Schools of Nursing and Pharmacology to help bring vaccine education to their students. Sarah Williams, LVN/BSW, provides education to the students about vaccines, vaccines preventable diseases, administration practices, and vaccine programs available to residents of Texas.

Metro Health's Immunization Program will also be out in the community with these organizations throughout the flu season, providing flu vaccine to communities in need.

If you would like more information about the events we have scheduled or would like our team to come and provide your staff with an educational presentation, please contact Sarah Williams at sarah.williams@sanantonio.gov or 210-207-6917.

Vaccines for Children Administration Fees and Billing Practices from the 2019-2020 CDC Vaccines for Children Operations Guide

Effective January 1, 2020, Vaccines for Children (VFC) providers who choose to bill for the vaccine administration fee for a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of the vaccine administration. This policy does not apply to vaccine administration fees billed to Medicaid for children who meet the Medicaid eligibility criteria for the VFC program. Unpaid administration fees may not be sent to collections, and the provider may not refuse to vaccinate an eligible child whose parents have unpaid vaccine administration fees.

Some policy reminders:

- Providers cannot deny access to federally purchased vaccines to a patient whose parent is unable to pay the vaccine administration fee.
- Providers cannot charge a vaccine administration fee to non-Medicaid VFC-eligible children that exceeds the federal administration fee cap (Texas= $14.85 or less).
- Medicaid VFC-eligible children: the provider must accept the reimbursement for the vaccination set by the state Medicaid agency or the contracted Medicaid health plans.

If you have any questions concerning prescribed billing practices for VFC-eligible children, please contact Lynna Agado, VFC Coordinator, at lynna.agado@sanantonio.gov or 210-207-3965. You can also contact Brittani Ray, brittani.ray@sanantonio.gov or 210-207-2861.

VFC/Adult Safety Net Re-enrollment 2020 begins October 1, 2019

It's that time of year again! All VFC and Adult Safety Net (ASN) providers will need to re-enroll their site beginning on October 1st. To streamline the process, you should gather the following information before you begin to fill out your re-enrollment form:

- Your ImmTrac2 organization code
- Dates of data logger calibration certificates
- Name, title, email and phone number of the primary and backup vaccine coordinators ·
- Name, title, email, medical license number and NPI of signing clinician and all prescribing authorities
- Patient population numbers collected from doses administered data, Medicaid claims, encounter data or your billing system.
- 2020 VFC/ASN Provider Policy Training Certificates for your primary and backup coordinators
    - For VFC, the number of children vaccinated in your facility in the previous 12 months, separated by age groups
    - For ASN, the number of adults vaccinated in your facility in the previous 12 months
- Centers for Medicare & Medicaid Services letters (applicable only to FQHC and RHC facilities)

Providers that do not re-enroll by October 31, 2019 may have their ordering privileges suspended.

2019-2020 Flu Season Reminders:

Check Electronic Vaccine Inventory (EVI) weekly for special flu orders!

Special orders are located under the "Place Order" tab, but there will be a pop-up reminder when you login as well. If received orders are not accepted each Friday, the allocation of vaccine will go back into the state's pool.

Each site MUST accept the shipment before orders are shipped.

If you have any questions, please contact Anna Ledezma at (210) 207-4308 or anna.ledezma@sanantonio.gov.

Meningitis ACWY and Meningitis B Vaccines: What's the Difference?

The two types of meningitis vaccine are proven to be safe and effective in preventing diseases caused by five different types of bacterial meningitis. While these vaccines can provide a high level of efficacy against these diseases, it is important to clearly distinguish between the separate administration protocols for each vaccine.

MenACWY Vaccines (Menveo and Menactra):

- Routine vaccination is a 2-does series beginning with dose 1 at 11-12 years and completed with dose 2 at 16 years of age.
- Catch-up vaccination at age 13-15 years is one dose now and a booster at age 16-18 with a minimum interval of 8 weeks.
- Catch-up vaccination at age 16-18 years is one single dose.
- There is no need to start the series over if not started at 11-12 years.

MenB Vaccines (Bexsero and Trumenba):

- Either vaccine may be administered to adolescents aged 16-23 years (16-18 preferred).
- Bexsero: 2 doses at least 1 month apart.
- Trumenba: 2 dose series at least 6 months apart; if 2nd dose is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.
- Bexsero and Trumenba are NOT interchangeable; the same product should be used for all doses in a series.

While the CDC and Advisory Committee on Immunization Practices recommended dosing and interval for Meningitis B is "subject to individual clinical decision making", this does not constitute a recommendation to vaccinate an entire demographic subset of patients in a manner inconsistent with those recommendations. The CDC does not routinely recommend MenB vaccination for all adolescents, and their website clearly states that "The preferred age at which to administer the vaccine is 16-18 years old."

Providers are encouraged to seek clarification on the separate and distinct MenACWY and MenB immunization recommendations from the CDC website and always refer to the vaccine package insert for detailed guidance on vaccine administration. If you have any questions or need further clarification, please contact Brittani Ray, VFC Vaccine Educator, at brittani.ray@sanantonio.gov or 210-207-2861.

IIS/ImmTrac2 News and Notes

ImmTrac2 will soon be adding a new feature known as the Texas Immunization Provider Summary (TIPS) report. This report provides each registered organization in ImmTrac2 an overall summary of the user activity, online activity, and data exchange activity for the previous month. The providers will be able to generate a TIPS report in ImmTrac2 under the menu panel. Look for the "Reports" tab (left side), then click on "generate report". You can then select "Texas Immunization Provider Summary (TIPS)" and access the report. The TIPS report will be generated on the first day of each month and overwrites the previous month's report.

For further questions on the TIPS Report or the registry, please contact the ImmTrac2 Customer Support Team at 1 (800) 348-9158 or by email at ImmTrac2@dshs.texas.gov. You can also contact the San Antonio Metro Health Immunization's Help Desk at (210) 207-5071.

Why The Measles Surge Could Open The Door To A Host Of Other Diseases

By Nurith Aizenman, NPR – September 5, 2019

With measles making a comeback in many upper-income countries including the United States and still rampant in some poorer nations such as Democratic Republic of Congo and Madagascar, a leading measles expert is warning of a danger beyond the spread of the disease itself: There's mounting evidence that when a person is infected with measles, the virus also wipes out the immune system's memory of how to fight off all sorts of other life-threatening infections – ranging from gastro-intestinal bugs that cause diarrhea to respiratory viruses that trigger pneumonia.

"All of the sudden you end up having not just more outbreaks of measles, but you might have more outbreaks of rubella or flu or any number of other diseases," says Dr. Michael Mina, a Harvard professor who has authored some of the most ground-breaking research into this so-called "immune-amnesia" effect from measles. Mina says he plans to sound the alarm this weekend at a conference of vaccine researchers in Bilbao, Spain. In the poorest countries, he says, children could be at substantially greater risk of death.

For instance, say a two-year-old girl comes down with a particularly nasty case of flu – complete with a bout of pneumonia — but survives. In the process, her immune system learns how to produce antibodies against that particular virus. The next time the girl comes in contact with it, those antibodies would recognize the pathogen and quash it immediately.

But then imagine that, at age four, that same girl comes down with a case of measles that erases her immune system's record of how to produce antibodies against the flu strain she previously contracted. So if she encounters that particular flu virus again, she's back to square one – likely to come down with pneumonia all over again.

And just because she managed to survive the first time doesn't mean she'll survive again, adds Mina: "Every time we don't die from an infection we can basically think of it as, we got lucky." So by subjecting a child to the same infection a second time, "measles is basically making you play the lottery again."

Of course, in wealthier countries, children are far less likely to die of infections because they have access to better health care. But, says Mina, they're still subjected to other downsides, such as taking antibiotics that can trigger an adverse reaction or mess with the balance of bacteria in their gut.

Also, as more and more children lose immunity to diseases they fought off at a young age, those diseases could start raging through the wider population — not just children but the elderly and adults would be at risk. "We could see an increase in the transmission of all these pathogens that shouldn't be spreading past a certain age because normally kids are immune," says Mina.

Mina is careful to note that the notion that measles produces immune amnesia is still a hypothesis. "But it's a hypothesis with really good data," he says.

For instance, back in the early 1960s, when the measles vaccine was first introduced on a mass scale in many countries, scientists observed that shortly afterward there was a massive drop in childhood deaths from not just measles but many other infections.

But it wasn't until 2015 that Mina and his collaborators were able to do a comprehensive statistical analysis of data reaching back to the 1940s. They found spikes in deaths from other childhood infections were directly predicted by measles outbreaks. And the effect lasted two to three years beyond the measles outbreak.

Since the publication of that finding — in the journal Science — researchers have found additional evidence for the immune amnesia hypothesis.

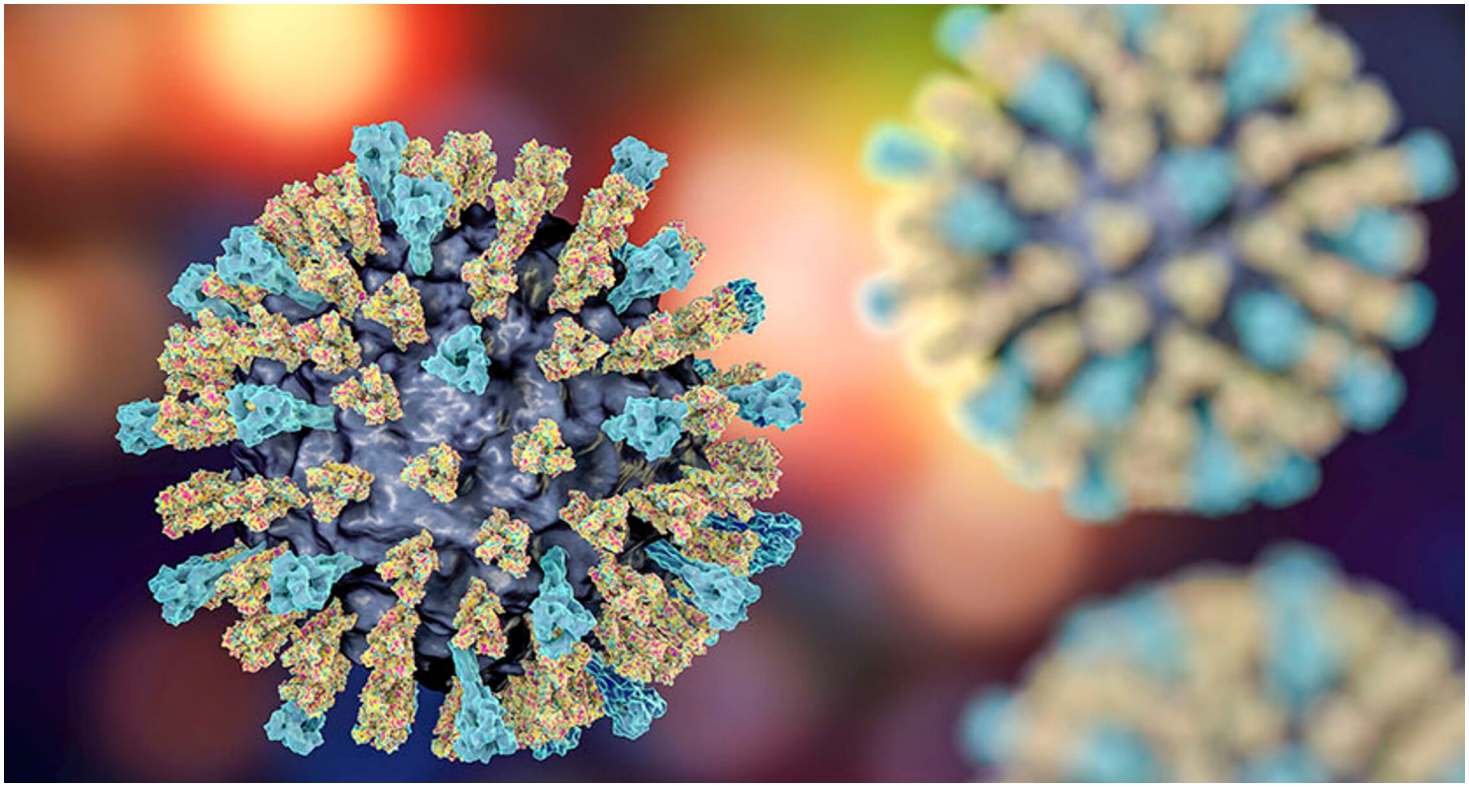
In 2018 a team led by Rik L. de Swart of Erasmus Medical Center in Rotterdam, Netherlands, found that children infected with measles in the United Kingdom were significantly more likely to suffer other infections requiring prescription of antibiotics in the two to five years following the measles infection.

Meanwhile, after decades of decline, measles cases have risen precipitously in recent years — due to a combination of hesitancy by parents in wealthier countries to vaccinate their children and a breakdown in the health infrastructure in less well-off nations. There have been massive outbreaks often involving tens of thousands of children in Brazil, India, the Philippines and Ukraine.

Last month the World Health Organization announced that four European countries – Albania, the Czech Republic, Greece and the U.K. – had all lost their previous measles-free status due to local outbreaks. This spring the number of cases in the United States topped 1,000 for the first time in more than two-and-half decades. And globally the total number of cases rose by 300 percent in the first quarter of 2019 compared to the same period in 2018.

Mina says if the immune amnesia hypothesis is correct, it's only a matter of time before the recent surge in measles infections produces a concurrent surge in other diseases. But he's urging public health officials not to wait to find out: If someone has been infected with measles, he says, "I think we should consider giving them all their childhood vaccines all over again."

Full article available at: https://www.npr.org/sections/goatsandsoda/2019/09/05/757986872/why-the-measles-surge-could-open-the-door-to-a-host-of-other-diseases



"If the immune amnesia hypothesis is correct, it's only a matter of time before the recent surge in measles infections produces a concurrent surge in other diseases."

Notes from the Field: Mumps in Detention Facilities that House Detained Migrants - United States, September 2018–August 2019

Morbidity & Mortality Weekly Report / August 30, 2019 / 68(34);749–750

On October 12, 2018, five confirmed cases of mumps among migrants who had been transferred between two detention facilities were reported by the facilities to the Texas Department of State Health Services (TDSHS). By December 11, eight Texas detention facilities and six facilities in five other states had reported 67 mumps cases to U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) or local health departments. On December 12, TDSHS contacted CDC to discuss mumps control in detention facilities and facilitate communication with IHSC. During January 4–17, 2019, six more state health departments reported new cases in detention facilities, which prompted CDC and IHSC to launch a coordinated national outbreak response.

During September 1, 2018–August 22, 2019, a total of 898 confirmed and probable mumps cases in adult migrants detained in 57 facilities (18% of 315 U.S. facilities that house ICE detainees) were reported in 19 states (Figure); an additional 33 cases occurred among staff members. Private companies operated 34 facilities, 19 were county jails that house detained migrants, and four were ICE-operated. Forty-four percent (394) of cases were reported from facilities that house ICE detainees in Texas. Median patient age was 25 years (range = 17–67); 846 (94%) were male. Based on detainee custody status during their incubation period (12–25 days before symptom onset), most (758, 84%) patients were exposed while in custody of ICE or another U.S. agency; 43 (5%) were exposed before apprehension; and the custody status at the time of exposure of 97 (11%) was unknown. Among those with data on complications, 79 (15%) of 527 male patients reported orchitis, and at least 13 patients were hospitalized. More than half (576, 64%) of cases were confirmed by quantitative reverse transcription–polymerase chain reaction testing or viral culture testing at CDC, state public health laboratories, Association of Public Health Laboratories–CDC Vaccine Preventable Disease Reference Centers, or commercial laboratories. Sequencing of isolates from 70 patients identified genotype G, the most common mumps genotype detected in the United States since 2006. IHSC provided >25,000 doses of measles-mumps-rubella (MMR) vaccine in response to mumps in 56 facilities.

Since 2015, approximately 150 mumps outbreaks and 16,000 cases have been reported in the United States, typically in close-contact settings such as universities, schools, and athletic events.§ This is the first report of mumps outbreaks in detention facilities.

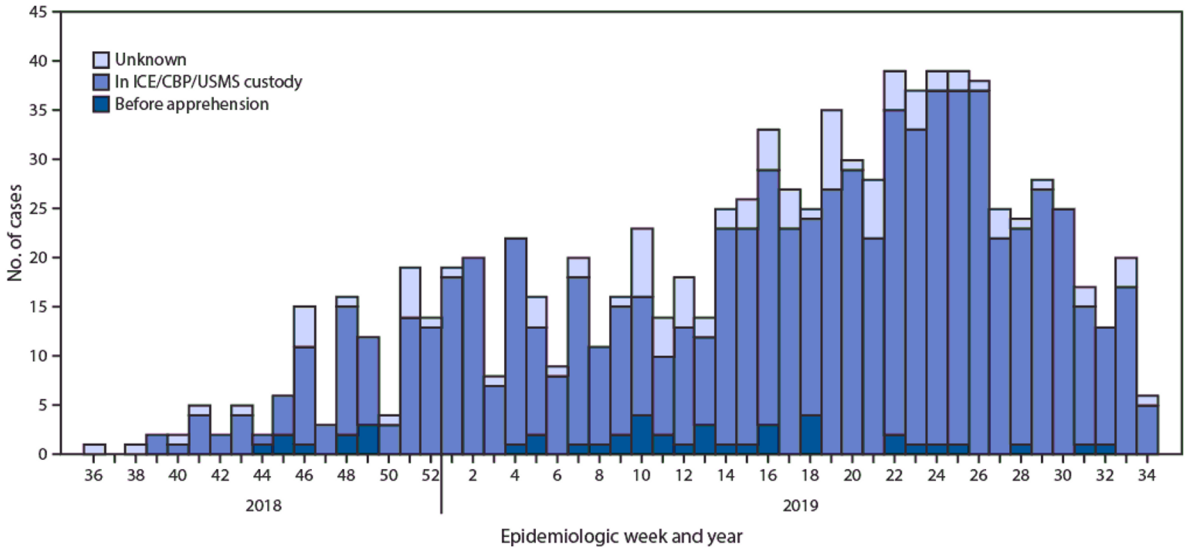


FIGURE: Mumps cases among U.S. Immigration and Customs Enforcement (ICE) detainees, by custody status at time of exposure, by week of onset — United States, September 2018–August 2019 (N = 898)†

Migrant adult detention facility in Tornillo, Texas, 2018. *(Photo by Ivan Pierre Aguirre for the Texas Tribune)*

MMR vaccination efforts differ among detention facilities; facilities should follow local or state health department recommendations for preventing and responding to mumps (3) and should report cases and follow disease control guidance from their health department. Detainees and staff members at increased risk for mumps should be offered MMR vaccine per existing recommendations for vaccination during outbreaks (4,5). MMR vaccine has not been shown to be effective at preventing disease in persons already infected with mumps; facilities should be aware that cases might occur among detainees exposed before vaccination.

Health departments, CDC, IHSC, and facility health administration can work together to develop appropriate control measures based on local epidemiology and the specific needs of each facility. Identifying and vaccinating close contacts of exposed or symptomatic persons with mumps in detention centers is challenging. IHSC can look up transfer history and facilitate vaccine procurement for detainees in ICE custody upon request from facility health services administrators. CDC is coordinating communication among state and local health departments, IHSC, and other federal partners to mobilize appropriate resources and is providing technical support for implementing appropriate disease control and prevention measures. Effective public health interventions require understanding of facility and custody operations, which often involve frequent transfers of detainees (between facilities and states) and multiple entities with authority for operations and detainee custody.

As of August 22, 2019, mumps outbreaks are ongoing in 15 facilities in seven states, and new introductions into detention facilities through detainees who are transferred or exposed before being taken into custody continue to occur.

Source: **http://dx.doi.org/10.15585/mmwr.mm6834a4**

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

IMMUNIZATION SERVICES

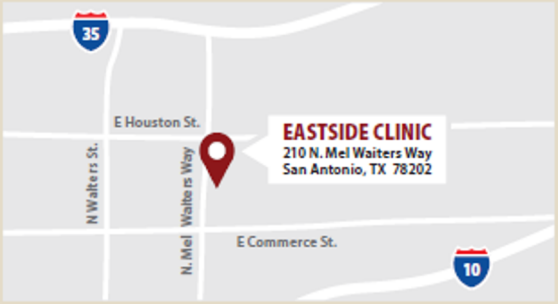
The Metro Health Immunization Program offers vaccines for adults and children, including access to immunization records.

CLINIC LOCATIONS

EASTSIDE CLINIC

WALK-INS WELCOME

CLINIC HOURS:
Monday - Friday: 8 a.m. - 3 p.m.
210 N. Mel Waiters Way
(formerly 210 N. Rio Grande)
San Antonio, TX 78202



FRANK GARRETT CENTER

APPOINTMENTS ONLY

CLINIC HOURS:
Tuesday & Thursday: 8 a.m. - 3 p.m.
1226 NW 18th Street
San Antonio, TX 78207

Call for Appointments or Questions:
(210) 207-8894

TEXAS
Health and Human Services
Texas Department of State Health Services

Texas DSHS - Immunization Unit

Click here for more information on immunizations for Texans - www.ImmunizeTexas.com

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