



Memorandum

TO: Regional Directors, Health Service Regions
Regional Immunization Program Managers, Health Service Regions
Health Department Directors, Local Health Departments
Immunization Program Managers, Local Health Departments

FROM: Karen Hess, Manager
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THRU: Jack C. Sims, Manager
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DATE: August 28, 2007

SUBJECT: Texas Vaccines for Children Program: Expansion of Adult Vaccines Available at Public Health Clinics

Memo Distribution: This memo is intended for Local Health Departments and Health Service Regions only; please do not disseminate to private providers.

The Immunization Branch has received funds from the Centers for Disease Control and Prevention (CDC) to expand the safety-net adult vaccine program. The expansion includes both the addition of new adult vaccines, and the broadening of eligibility criteria for adult vaccines that are already available.

The adult safety-net vaccines are to be made available through Local Health Department and Health Service Region clinics only. Private providers are not authorized to provide vaccine to adults 19 years of age or older with one exception: any person who was TVFC-eligible and started a series before their 19th birthday may finish the series.

ADULT VACCINES

Each of the adult vaccines to be made available through public health clinics is listed below with its respective eligibility criteria.

Hepatitis A Vaccine

All uninsured and underinsured adults.

Hepatitis B Vaccine

All uninsured and underinsured adults.

Exception: Refugee Health Programs (RHP) receive separate funding for hepatitis B vaccine, and therefore clients of RHPs are excluded.

Human Papillomavirus (HPV) Vaccine

All uninsured or underinsured women between the ages of 19-26.

Measles, Mumps, And Rubella (MMR)

All uninsured or underinsured adults who met the following criteria:

- Persons born during or after 1957 should receive at least one dose of MMR unless they have documentation of at least one dose, a history of measles based on healthcare provider diagnosis, or laboratory evidence of immunity. Women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity should also receive one dose of MMR.
- A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.

Meningococcal Conjugate (MCV4)

Uninsured and underinsured adults who are at risk. The following groups are considered at risk:

- Medical indications: adults with anatomic or functional asplenia, or terminal complement component deficiencies. Revaccination after five years might be indicated for adults previously vaccinated with MPSV4 who remain at high risk for infection.
- Other: first-year college students living in dormitories, and
- Uninsured and underinsured persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.

Pneumococcal Polysaccharide Vaccine

Uninsured and underinsured adults who are at risk. The following groups are considered at risk:

- All adults 65 years of age or older, including one-time revaccination of those who have not received vaccine within five years and were less than 65 years of age at the time of primary vaccination. All persons over 65 who have unknown vaccination status should receive one dose of vaccine.
- Adults 19 – 64 who are at risk per ACIP recommendations, which includes the following:
 - Chronic disorders of the pulmonary system (excluding asthma)
 - Cardiovascular diseases
 - Diabetes mellitus
 - Chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis)
 - Chronic renal failure or nephrotic syndrome
 - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]
 - Immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection [vaccinate as close to diagnosis as possible when CD4 cell counts are highest], leukemia, lymphoma, multiple myeloma, Hodgkin disease, generalized malignancy, or organ or bone marrow transplantation)
 - Chemotherapy with alkylating agents, antimetabolites, or high-dose, long-term corticosteroids
 - Cochlear implants
- *Others included:* Alaska Natives and certain American Indian populations

Tdap Vaccine (Adacel®) and Td

All uninsured or underinsured adults.

Note: Tdap is only licensed for adults 19 -64, and Td is indicated for adults 65 and older.

Adacel® is the only Tdap vaccine licensed for adults. Another Tdap vaccine, Boostrix®, is not approved for adult use.

Varicella Vaccine

All uninsured or underinsured adults born after 1980* who are without evidence of immunity to varicella should have received two doses of varicella vaccine. Those who have received only one dose should receive the second dose.

* For healthcare workers, pregnant women, and those born outside the U.S., birth before 1980 should not be considered evidence of immunity.

Note: Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Varicella vaccine is to be administered post-partum only.

Exception: Refugee Health Programs (RHP) receive separate funding for varicella vaccine, and therefore clients of RHPs are excluded.

Zoster Vaccine

All uninsured or underinsured adults 60 years of age and older whether or not they report a prior episode of herpes zoster.

ORDERING AND REPORTING

When ordering the adult vaccines, providers should use the blank lines on the Biological Order Form, C-68 to order four of the vaccines. Indicate the vaccines requested by writing in “Tdap-Adult”, “Hep A-Adult”, or “Hep B-Adult”, or “Zoster”. HPV, MCV4, Pneumococcal Polysaccharide, and varicella vaccines can be ordered on the regular lines since there is no difference in the adult and pediatric formulations.

All adult vaccine doses administered should be reported on the Monthly Biological Report (C-33) under the “19+” Doses Administered column. It is important to accurately report all doses provided to adults. The Immunization Branch uses this information to account for adult usage, and to project and maintain supply.

The adult vaccine chart in the 2007 Operations Manual has been updated and is located at: www.immunizetexas.com. Please replace the old adult chart (page 21) with the updated chart.

The following CDC website offers additional information on adult vaccines, and the adult vaccine schedule: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#print>
If you have questions regarding this policy, please contact your TVFC consultant or Health Service Region.