

School Health: Immunizations Update

In July 2001, Disease Prevention News reported on the continuing shortage of tetanus and diphtheria (Td) vaccine (Vol. 62 No. 24). The shortage is now over, and this report describes Advisory Committee on Immunizations recommendations for resumption of providing Td vaccination as well as protocols for children who failed to receive recommended vaccinations during the Td shortage. Also included in this report is information on a recent legislative amendment regarding the grace period for administration of all vaccines for children and students.

Resumption of Td Boosters

The supply of tetanus and diphtheria toxoids (Td) in the US is now sufficient to allow resumption of the routine schedule for Td vaccination as recommended by the Advisory Committee on Immunization Practices (ACIP).

As a result of the Td vaccine shortage during school year 2001/02, many students did not receive their 10-year booster dose. Because of the large number of such students, the Texas Department of Health (TDH) has developed a plan to allow time for providers and schools to work together to vaccinate students. Some important points to remember regarding Td vaccination.

The deferral for the 10-year Td booster remains in effect through school year 2002/03 and ends on July 31, 2003. This deferral will allow providers time to vaccinate students who will need to meet the school requirement for the 10-year booster dose of Td for the 2003/04 school year. Subsequently, on August 1, 2003, all students will be expected to be current on all of their immunizations, and school records must be complete.

TDH recommends that schools notify students who did not receive their 10-year booster dose of Td during school year 2001/02 and request completion of this booster by grade level, starting with the oldest students or those who are anticipated to leave school at the end of the year.

TDH requests that schools review immunization records during the 2002/03 school year and refer all students who need a Td booster dose to a primary care provider (physician, PA, nurse practitioner, or the public health department). TDH does not recommend mass Td vaccination clinics at this time.

Legislative Amendment of Immunization Grace Period

On September 6, 2002, the Texas Board of Health adopted an amendment to legislation concerning immunization requirements for children and students (Title 25 Health Services, §97.63 of the Texas Administrative Code). The amendment allows vaccinations administered up to 4 days before the minimum interval or age to meet immunization requirements for school admission. The purpose of this amendment is to allow approval of vaccinations when a review of vaccination records indicate that a particular vaccine has been administered before the minimum interval or age. The 4-day grace period is **NOT** to be used when scheduling future vaccination visits.

This change was in response to the February 2002, General Recommendations on Immunizations by ACIP and the American Academy of Family Physicians, which states that administering a vaccine dose a limited number of days earlier than the minimum interval or age is unlikely to have a substantially negative effect on the immune response to that dose. Therefore, ACIP now recommends that vaccine doses administered up to 4 days before the minimum interval or age be counted as valid. ACIP further recommends that doses administered five days or more before the minimum interval or age should not

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be counted as valid doses and should be repeated as age-appropriate. To view the new General Recommendations on Immunizations go to: www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm.

Changes reflecting the four-day grace period can be viewed at the Office of the Secretary of State's Web site: <http://info.sos.state.tx.us>. From this site, select Texas Administrative Code and go

to Title 25, Part 1, Chapter 97, Subchapter B, 97.63.



Prepared by Monica Gamez, Compliance Coordinator, TDH Immunization Division.

For further information on childhood immunization requirements, contact Monica Gamez by phone: 512/458-7284 or E-mail: monica.gamez@tdh.state.tx.us.

Tar Wars®: Teaching Tobacco Prevention

Remember! The Great American Smokeout is on November 21!

Statistics show that in Texas approximately 60,000 children under age 18 become new daily smokers every year. About 90% of all adult tobacco users started before age 18. Doctors Ought to Care (DOC), a national organization of physicians, developed Tar Wars® in 1988 to combat this epidemic of tobacco use among children. In June 2000, the American Academy of Family Physicians (AAFP) acquired full ownership and operation of the Tar Wars® Program. This free, nationwide tobacco prevention education campaign is targeted for fourth and fifth graders. The curriculum is consistent with the Centers for the Disease Control and Prevention (CDC) report, *Guidelines for Tobacco-Free Schools*. Now available in all 50 states in the US and in many other countries as well, Tar Wars® has reached about 2.5 million children worldwide.

Program Components

Interactive in-class presentation.

The interactive classroom lesson uses effective, innovative methods to teach students about the short-term consequences and financial implications of tobacco use, reasons why people use tobacco, and deceptive tactics used in tobacco advertising. Students learn why people start smoking and the truth about tobacco advertising.

Poster contest. A follow-up poster contest reinforces the Tar Wars® classroom activity by giving students the opportunity to creatively express a positive message about staying tobacco-free. Winning posters from each Texas school are entered in the state contest, and this winner is entered in the National Tar Wars® Poster Contest, sponsored by the American Academy of Family Physicians. The next national poster contest will be held in Washington DC in July 2003.

Program Mission

- To educate youth about how to lead a tobacco-free lifestyle, make positive health choices, and promote personal responsibility for their well-being

Program Goals

- Educate and motivate youth to choose a healthy lifestyle
- Mobilize health care professionals to become proactive in the health education efforts of their communities
- Encourage community involvement with and support of the Tar Wars® program
- Evaluate the Tar Wars® Program curriculum and effectiveness

For more information about Texas Tar Wars®, go to www.tdh.state.tx.us/otpc/tarwars. You may also contact Janie Dykes, Texas Tar Wars® Coordinator, TDH Office of Tobacco Prevention and Control by phone: 512/458-7402 or by E-mail: janie.dykes@tdh.state.tx.us.

TDH Preparedness for Children's Needs in the Event of an Act of Biological or Chemical Terrorism

The Texas Department of Health was involved in preparedness planning for potential acts of biological or chemical terrorism long before the events of September 11, 2001. For many decades now, health officials at the state and national level have contributed to the foundation of these efforts through epidemiology and laboratory programs and a vast and comprehensive emergency response system.

Since 1999 TDH has received federal funding to work on issues related to bioterrorism preparedness. The new Office of the State Epidemiologist leads the preparedness effort, which includes enhancement of Texas' capacities to

- conduct disease surveillance
- provide epidemiological and laboratory services
- communicate rapidly and effectively via the Health Alert Network*
- ensure that the public health workforce is equipped and trained to respond to disease and other public health emergencies

In addition, TDH has received federal grant funds to assess and, when necessary, enhance the capability of Texas hospitals and other medical facilities to respond to mass outbreaks of a disease.

In 1985 the federal government began granting funds to state emergency services providers to implement regional collaboration to address the unique health needs of children in emergency situations. The potential medical/health

care needs of ill and injured children are often very different than those of adults. Additionally, it is very likely that an emergency situation such as a terrorist attack would occur while a community's children are in school, on the way to or from school, or at a school-sponsored event. In such a scenario, it is important to clarify the roles of intermediaries (eg, the school nurses, teachers, administrators) between the students and their parents and the other medical/health services providers. Procedures for securing the safety of the students, reporting incidences, and acquiring necessary medical/health care for ill and/or injured students must be determined and taught to all appropriate school staff.

Texas is one of five southwest states that comprise the federally-funded Red River Emergency Medical Services for Children Alliance. At the Alliance annual conference last August, participants agreed on the importance of a collaborative relationship between local emergency medical services (EMS) providers and school/health district nursing staff and administrators. This relationship, it was decided, must be determined not at the time of a disaster or terrorist event but long beforehand.

At TDH the School Health Program is working with the Office of the State Epidemiologist, the Bureau of Emergency Management, and Public Health Practice/Nursing to explore ways to the coordinate emergency response efforts of school districts and EMS providers.

* See Page 4 for a description of the Texas Health Alert Network.

For further information on this topic, contact the TDH School of Health Program by phone: 512/458- 7111 x2140 or E-mail: schoolhealth@tdh.state.tx.us.



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Texas Health Alert Network

The Texas Health Alert Network (HAN), implemented with funds from the Centers for Disease Control (CDC) and the Texas Telecommunications Infrastructure Fund Board (TIFB), is designed to rapidly disseminate health alert and response information about any health threat or emergency to key health personnel around the state, including those in private practice, hospitals, health departments, and law enforcement agencies. HAN relies on a fulltime, broadband telecommunication infrastructure to optimize Texas' public health workforce response to bioterrorism and other health threats through various multimedia capabilities. It also provides a means by which vital health data can be securely transported and monitored for signs, symptoms, and patterns that are used for early identification of outbreaks.

The Texas HAN is a collaboration of the Texas Department of Health (TDH) and the Texas Association of Local Health Officials (TALHO), which represents 64 local health departments. HAN uses a shareable directory (database) of critical response personnel that is accessible via an Internet Web-Portal that can be accessed only by assigned users. Due to the critical nature of today's health threats, especially as they relate to bioterrorism, HAN is a vital tool that will ensure the protection of Texans by improving health response mechanisms.

To access and use HAN,

- Send e-mail to Michael.McElwain@tdh.state.tx.us requesting access.
- If the access is going to be at the local administrator level, note same in your email. ONLY local administrators can enter, edit, or delete other's contact information. Login information, user name and password, will be sent promptly.
- After logging in, click on the icon "Contact Database".
- Fill in the requested information following the steps and guidelines, and save the record.

Individual and/or groups can be accessed in the database via a search screen that will accept a wide range of search parameters into its algorithm.