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TDH Survey of Immunization Clinic Hours and Fees

In February 1993, the Texas Department of Health (TDH) Immunization Division conducted a survey of the immunization schedules and fees of all local health departments and TDH public health region field offices. The purpose of the survey was to ascertain appointment requirements, clinic hours, and fees. Administrative staff at 207 TDH field offices and 69 local health departments were asked to complete the survey. The Immunization Division received 173 completed surveys: 108 from public health region field offices (response rate: 52%) and 65 from local health departments (response rate: 94%).

Eighty-nine percent (154) of the clinics are "walk-in" clinics, not requiring appointments; 11% (19) accept appointments.

Only one clinic requires appointments. Figure 1 (back page) indicates the number of clinics which offer extended hours for immunization services. Two-thirds offer no extended hours. Although most health departments which offer weekend and evening hours are in metropolitan areas - including Houston, Dallas, San Antonio, Ft. Worth, and Austin - Uvalde also provides extended hours. Most sites with weekend hours responded that clinics are held on Saturday mornings.

Figure 2 (back page) provides information regarding charges for immunization services. The five clinics which do not charge for immunization services include Brazoria, Dallas, and Gregg County Health Departments; the Austin Department of Health and Human Services; and Crystal City Regional Sub-Office. Charges differ by both amount and type (i.e., per visit or per dose). Flat fees per visit range

from \$2 - \$10 (mean of \$4). The charge per dose ranges from \$1 - \$10 (with a median of \$4 and a mean of \$3.71).

Seventy-four percent (128) of the clinics charge a sliding scale fee. The sliding scale fee schedule used by public health region offices is the TDH Income Guidelines and Schedules of Charges. City and county health departments also use similar income guidelines. Federal regulations require that clinics receiving federally funded vaccines prominently display a poster which states that immunizations will not be denied due to inability to pay.

In May 1992, the National Vaccine Advisory Committee (NVAC) recommended Standards for Pediatric Immunization

Practices. These national standards are recommended for use by all health professionals providing care in public or private health care settings who are involved in


the administration of vaccines or the management of immunization services. NVAC recommends that the delivery system for immunizations should be "barrier-free" and "user-friendly." To follow these recommendations, public health departments should assure that immunization services be readily available free or for a minimal fee.

Submitted by: Coleen Finnegan, RN; and Cindy Banister, RN, Immunization Division, TDH.

For additional information regarding the survey or the Standards for Pediatric Immunization Practices, please contact Coleen Finnegan at (512) 458-7284

Also in this issue:

Diphtheria-Tetanus Toxoid
and Acellular Pertussis Vaccine
Cholera Surveillance Update

Figures on back page 

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disease prevention news

2

Diphtheria-Tetanus Toxoid and Acellular Pertussis Vaccine

Simultaneous vaccination against diphtheria, tetanus, and pertussis during infancy and childhood has been a routine practice in the United States since the 1940s. Whole-cell pertussis vaccines in the United States have been and continue to be prepared from suspensions of killed *Bordetella pertussis* whole bacteria cells. Routine vaccination with whole-cell vaccines has been highly effective in reducing pertussis morbidity and mortality. Whole-cell pertussis vaccines, although safe, are associated temporally with a variety of adverse events. Recent efforts to develop pertussis vaccines with high efficacy and fewer adverse side effects have culminated in the production of acellular pertussis vaccines.

Acellular pertussis vaccines are immunogenic, yet less likely to cause the adverse reactions associated with whole-cell preparations. Two companies manufacture acellular pertussis vaccine in combination with diphtheria and tetanus toxoids (DTaP): Lederle (ACEL-IMUNE™) and Connaught Laboratories, Inc. (Tripedia™). These vaccines are licensed by the FDA for use as the fourth and/or fifth doses of the recommended DTP series among children aged 15 months through 6 years. Any of the licensed whole-cell DTP or DTaP preparations can be used interchangeably for the fourth and fifth doses of the routine series of vaccinations against diphtheria,

tetanus, and pertussis among children ≥ 15 months of age. DTaP can be administered at the appropriate ages to children as part of the recommended schedule of routine simultaneous vaccination with oral poliovirus vaccine (OPV); measles-mumps-rubella (MMR) vaccine; and *Haemophilus* type b conjugate vaccine (HibCV).

In general, the frequency of local and common systemic events associated with acellular pertussis vaccine is one-fifth to one-half that of whole-cell vaccines. When reactions do occur, they are self-limiting and can be managed safely with symptomatic treatment. Moderate to severe systemic events rarely have been reported after vaccination with DTaP. Severe neurologic events, such as prolonged convulsions or encephalopathy, have not been temporally associated with the administration of approximately 11,000 doses of Tripedia™ and 6,500 doses of ACCEL-IMUNE™ in U.S. studies.

Antibody responses to pertussis toxin (PT) and filamentous hemagglutinin (FHA) following administration of Tripedia™ or ACCEL-IMUNE™ as the fourth or fifth doses of the vaccination series are similar to or higher than those following whole-cell DTP vaccine. The standard single-dose volume for both Tripedia™ and ACCEL-IMUNE™ is 0.5 ml for children and should be administered intramuscularly (IM). The medical contraindications for DTP are the same for DTaP.

Diphtheria-Tetanus Toxoid and Acellular Pertussis Schedule

Vaccine	Age				
	2 Months	4 Months	6 Months	15 Months*	4-5 Years*
DTP ¹	X	X	X		
DTaP ²				X	X

¹ DTP = Diphtheria-Tetanus Toxoid and Whole-Cell Pertussis Vaccine

² DTaP = Diphtheria-Tetanus Toxoid and Acellular Pertussis Vaccine

* Either DTP or DTaP can be used for the 4th and 5th doses in children aged 15 months through 6 years. DTP can be administered to all children aged 2 months through 6 years.

Public Health DTaP Vaccine Availability

Adequate supplies of DTP and DTaP are available for administration by public health regions; local health departments/districts; Early Periodic Screening, Diagnosis, and Treatment (EPSDT) providers; Medicaid providers; and other organizations. Immunization providers should arrange through their usual vaccine suppliers to receive DTaP vaccine.

The TDH Pharmacy Division will begin vaccine distribution based upon current, automated DTP stock levels. The Pharmacy Division will decrease by 20% the maximum reorder point for DTP vaccine and establish a maximum reorder point for DTaP of 20% of the previous DTP reorder point.

For questions concerning DTP/DTaP vaccine distribution, contact Judi Chase Immunization Division, (800) 252-9152, TEXAN 824-9284.

Cholera Surveillance Update

The city of Laredo has identified *Vibrio cholerae* 01 from a Moore swab collected July 19, 1993, from a sewage treatment plant. Moore swabs placed on August 9, 1993, in the two sewage outlets into the plant were negative for *Vibrio cholerae* 01. Surveillance efforts at the two Laredo hospitals, however, did not identify any patients with cholera. Additional Moore swabs will be placed throughout the treatment system.

Questions Regarding DTaP Vaccine

- Q. *Can DTaP ever be used for the first three vaccine doses?*
- A. NO. Only the whole-cell pertussis component DTP vaccines are to be used for the first three doses.
- Q. *Are DTP, ACEL-IMUNE™, and Tripedia™ interchangeable for doses 4 & 5?*
- A. YES. The ACIP states, "Any of the licensed whole-cell DTP or DTaP preparations can be used interchangeably for the fourth and fifth doses of the routine series of vaccinations against diphtheria, tetanus, and pertussis...."
- Q. *What if an infant is given DTaP instead of DTP for one or more of the first doses by mistake. Does this dose have to be repeated with DTP?*
- A. NO. Although the ACIP did not address this question in its statements on DTaP, the Division of Immunization at CDC recommends that the revaccination with DTP is not necessary. The infant's DTP/DTaP immunization series should be continued as if this mistake had not occurred.



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Figure 1
Evening and Weekend Hours

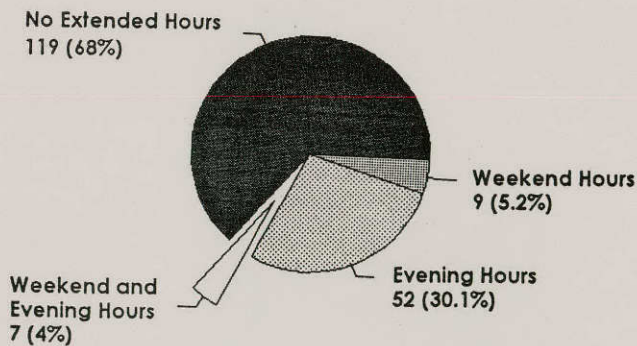


Figure 2
Charges for Services

