

TDCJ OFFENDER IMMUNIZATION GUIDELINES

VACCINE	WHO GETS IT *	WHEN THEY GET IT	DOSE/ROUTE
HPV Vaccine	Females age 9 to 26 years if not previously vaccinated.	On Intake	0.5 ml IM
Td/Tdap Booster	Offenders > 10 years since previous dose or > 5 years with a dirty wound (Table 1). Offenders under age 19 without documentation of immunity or pregnant offenders.	Every 10 years (Tdap is given in place of Td once in non-pregnant offenders who have never received the vaccination. Pregnant offenders will receive Tdap with each pregnancy as outlined in policy.)	0.5 mL IM
Influenza	All offenders	Annually between October – February or later depending on the discretion of the providers.	0.5 mL IM
Pneumo-coccal	Certain chronic disease patients; immunocompromised; > 65 years old; asplenic	Once; some patients need booster at 5+ years	0.5 mL IM or SUBQ.
Measles-Mumps-Rubella (MMR)	All offenders born after 1956 without proof of immunity; immigrants who have not completed the series; female offenders**	Once, on intake. ***	0.5 mL SUBQ.
Hepatitis A	Susceptible offenders with ESLD, chronic viral hepatitis or HIV	After baseline evaluation of newly diagnosed offenders with ESLD, chronic viral hepatitis or HIV patients	2 doses of 1.0 mL IM at 0 and 6-12 months
Hepatitis B	High risk offenders to include but not limited to offenders with HIV infection, chronic hepatitis C or end stage liver disease; offenders who have an occupational exposure; offenders receiving hemodialysis; offender workers in high risk job classifications; offenders 18 years old or younger (< 18) that have not completed the basic vaccination series.	On intake or DOI review, after baseline evaluation for Hep C, ESLD, or HIV, post review of occupational exposure, or when assigned a qualifying job	3 doses of 1.0 mL IM at 0, 2 and 4 months
Meningo-coccal	Asplenic patients not previously vaccinated	On intake or DOI review, or post splenectomy.	0.5 mL SUBQ at 0 and 2 months, then every 5 years.
Varicella	Non-immune HIV- offenders under age 19, Non-immune HIV positive offenders with a CD4 count greater than 200, or close contacts of a case	At intake, during annual DOI/chronic care clinic, or after exposure	2 doses of 0.5 mL SUBQ at 0 and 4 weeks
Other vaccines	As clinically indicated		

*Unless contraindicated

** Female offenders of child bearing age who do not have proof of immunity to rubella. Proof of immunity for offenders under age 18 is two doses of a measles- containing vaccine at least one month apart, after 12 months of age, and one dose of mumps and rubella vaccines. See Procedure V.D.1 for alternative criteria for presumption of immunity.

*** Offenders under age 18 who do not have proof of immunity to measles should receive a second dose of MMR at least one month after the first

Live and Killed Vaccines

Live Virus or	Non-Living Vaccines
Bacterial Vaccines	
Measles	Tetanus diphtheria toxoid (Td)
Mumps	Pneumococcal vaccine
Rubella	Parenteral Influenza
Oral Polio (OPV)	Inactivated Polio (eIPV)
Oral Typhoid	Hepatitis B
Yellow Fever	Meningococcal
Varicella	Rabies
Smallpox	
Influenza nasal vaccine	

Table 1**Tetanus Prophylaxis for Wounds**

Previous doses of tetanus toxoid received	Clean, minor wounds		All other wounds *	
	Td	TIG ⁺	Td	TIG ⁺
Uncertain or <3	Yes	No	Yes	Yes
>3 **	No ***	No	No ****	No

Adapted from Update on Adult Immunization Recommendations of the Immunization Practices Advisory Committee (ACIP) MMWR 40(RR12):11/15/1991

* Such as, but not limited to: wounds contaminated with dirt, feces, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

** If only three doses of fluid toxoid have been received, a fourth dose of toxoid, preferably an adsorbed toxoid, should be given

*** Yes, if >10 years since last dose.

**** Yes, if >5 years since last dose. (More frequent boosters are not needed and can accentuate side effects.)

+ TIG = Tetanus immune globulin

NOTE: Offenders who do not have written documentation of at least 3 previous doses of tetanus toxoid should be managed as a patient with uncertain vaccination status.

Booster Dose of Pneumococcal Vaccine

Recommendations for revaccination with pneumococcal vaccine

Groups for which vaccination is recommended	Revaccination
Immunocompetent persons	
Over age 65	Single revaccination if patient received vaccine ≥ 5 years previously and were aged < 65 years at the time of the first vaccination.
Persons aged 2–64 with functional or anatomic asplenia	Single revaccination 5 years after previous dose
Persons aged 2–64 years vaccinated for other reasons except immunocompromise	Not Recommended
Immunocompromised persons	
	Single revaccination 5 years after previous dose

Adapted from: CDC. Prevention of Pneumococcal Disease: Recommendations of the ACIP; MMWR 46(RR-8) 4/4/97.

Figure 1

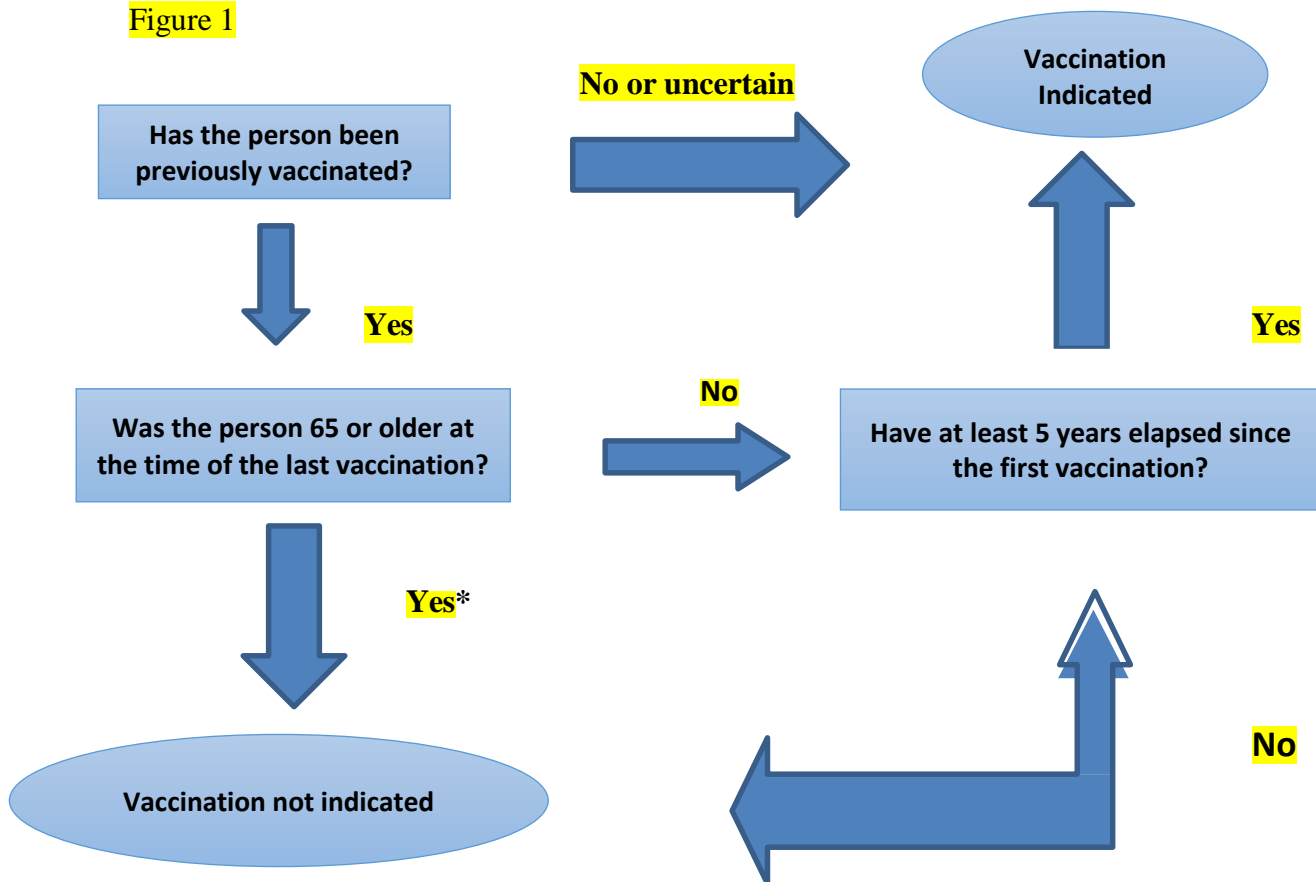


Figure 1 Revaccination of Pneumococcal Vaccine for Person over 65

*Persons first vaccinated at age 65 or later do not require subsequent revaccination

Medical Conditions for which Influenza Vaccine Should be Offered

- ◆ Persons aged 50 years or older
- ◆ Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- ◆ Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including moderate to severe asthma, but excluding hypertension or hyperlipidemia without other evidence of cardiovascular disease
- ◆ Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- ◆ Women who are pregnant

Medical Conditions for which Pneumococcal Vaccine Should be Offered

- ◆ Persons aged 65 years or older
- ◆ Persons at increased risk for severe disease include those with chronic illness such as:
 - ◆ chronic cardiovascular disease (e.g., congestive heart failure [CHF] or cardiomyopathies)
 - ◆ chronic pulmonary disease (e.g., COPD or emphysema, but not asthma unless it is accompanied with COPD or long-term systemic steroid use)
 - ◆ diabetes mellitus
 - ◆ alcoholism
 - ◆ chronic liver disease (cirrhosis)
 - ◆ CSF leaks.
- ◆ Persons with functional or anatomic asplenia
 - ◆ Sickle cell disease
 - ◆ Splenectomy
- ◆ Persons who are immunocompromised
 - ◆ HIV infection
 - ◆ Many cancers, including Hodgkin's lymphoma and multiple myeloma.

Table 2.

Vaccine history assessment - additional doses required

Vaccine	Offender Group	Documented Previous Doses*			
		0	1	2	3 or more
MMR	Offenders born before 1957	None needed	None needed	None needed	None needed
	Males and females born after 1956 who: Attended school in Texas Did not attend school in Texas	None	None	None	None
		1 dose	None	None	None
Td	High risk offenders	1 dose**	1 dose**	1 dose**	1 dose**
Varicella	Under age 19, attended 10 th grade in a Texas public school after 3/1/05	None needed	None needed	None needed	n/a
Hepatitis B	Under age 19, attended 10 th grade in a Texas public school after 3/1/05	None needed	None needed	None needed	None needed

This table is based on the assumption that all offenders have received adequate basic vaccination against Td, and those who attended public school in Texas after 1972 received at least one dose of measles vaccine. In the event of a wound requiring tetanus prophylaxis, only documented immunizations should be counted.

* Documented doses can only be counted if they are administered at proper minimum intervals, and the first dose was administered after 2 months of age for tetanus and after 12 months for measles or MMR.

** If last dose was administered more than 10 years previously according to written documentation or verbal history from the offender.