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ABSTRACT

Two documents are presented here. One is a report of the Texas state health department concerning the immunization needs of the state's population, the extent of federal, state, and private financial support for public vaccination programs, legislation and current efforts to extend immunization to all children, and future directions for immunization outreach. The second document is a teacher's guide for educating limited-English-speaking or low-literate adults about the need for and sources of immunization. Materials for both teacher and students are included for a lesson at three different ability levels: beginning English-as-a-Second-Language (ESL) students, intermediate ESL students, and advanced ESL and ABE students. Suggestions are offered to teachers for using the materials, which contain, depending on level: cartoons with dialogues; illustrations; new vocabulary words; dialogue practice exercises; a reading passage containing a woman's personal narrative; comprehension exercises; exercises in calling a clinic, recording an appointment, and filling out a form; a group project using a telephone directory; homework assignments; and additional information about childhood diseases. (MSE) (Adjunct ERIC Clearinghouse on Literacy Education)

Immunization in Texas

Progress and Challenges

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IMMUNIZATION IN TEXAS

Progress and Challenges

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Executive Summary

The Problem

In 1992, Texas ranked 50th nationwide in the percentage of two-year-old children who were appropriately immunized.

Acute care for vaccine preventable diseases is expensive. During a measles outbreak in 1990, 12 children died. In Dallas and Harris counties alone, 800 children were hospitalized during this outbreak at a cost of over $12 million.

Most of Texas' children rely on the public sector for immunizations. An estimated 77% are either on Medicaid, have no insurance, or have insurance that does not cover the cost of immunizations.

The Solution

Immunizations save more lives and money than any other preventive medical measure. According to CDC, every dollar spent on the measles mumps rubella vaccine potentially saves $21. Every dollar spent on the DTP vaccine can save $30. Implementing a successful immunization system requires equal attention to four components:

- Vaccine availability and distribution
- Accessible service providers
- A tracking system
- Outreach and education

If any of these components is inadequately funded or implemented, the effectiveness of the entire system is limited.

Funding

For the 94-95 biennium, Texas' immunization program received $72.5 million in state general revenue, $56.4 million from the federal government, and $300,000 from the private sector. In FY 94, 87% of all funding went toward the purchase of vaccines and contracts with regional and local health departments.

Meeting the Challenge

Senate Bill 266, passed by the 73rd Legislature, requires that every child in the state be immunized against vaccine-preventable disease. This requires at least four visits to a health care provider before the child is two years old--for a minimum of 14 doses of five different vaccines which will protect them against nine diseases.

During FY 94, 4.9 million doses of publicly purchased vaccines were administered to children (19 years of age or younger). This is an increase of 20% over FY 93.

In FY 94, about 55% of Texas infants received their recommended shots on time. This rate is a substantial increase over previous years and is extremely encouraging, but the state will need to do much more to reach the national goal of fully immunizing 90% of all two-year-olds by 1996.

The Future

Some trends *are* in place and must be addressed:

- More children are getting immunizations.
- The cost to immunize each child is rising.
- New vaccines are on the horizon.
- More children are returning to private providers.
- Emergencies happen and we must be prepared to protect the public health of Texans.

The Problem

In 1992, the Children's Defense Fund published the results of a survey which ranked Texas 50th nationwide in the percentage of two-year-old children who were appropriately immunized. Immunization rates published at that time were 30%. Other immunization surveys and assessments of immunization clinic records reported even lower rates in certain Texas cities and counties.

In 1990, Texas experienced its worst measles outbreak since 1971: 101 counties reported almost 4,500 cases with 12 deaths. Dallas, Denton, El Paso, Harris, Tarrant, and Travis counties experienced major epidemics: almost 1,900 cases were reported in Dallas County.

In Dallas and Harris counties alone, almost 800 children were hospitalized during the 1990 outbreak. Over $12 million was spent on hospital care for these cases.

Texas accounted for half of the nation's measles cases in 1992.

Smaller measles outbreaks in 1991 in Lubbock and Travis counties, and 1991 and 1992 in South Texas, represented over 1000 cases. Texas accounted for half of the nation's measles cases in 1992.

Tetanus is another disease of concern to Texas public health officials. In addition to tetanus shots during infancy and childhood, booster shots every ten years are required for full protection. Death rates for people with tetanus are high, and hospital and medical costs can be overwhelming for survivors. A 1991 TDH survey revealed that almost $1 million was spent on hospital care for only ten cases of tetanus. More recent data show that other vaccine-preventable diseases cost the public staggering amounts.

Tetanus cases cost $1 million in 1991.

Hospital Admissions and Medicaid Billings, Selected Diseases

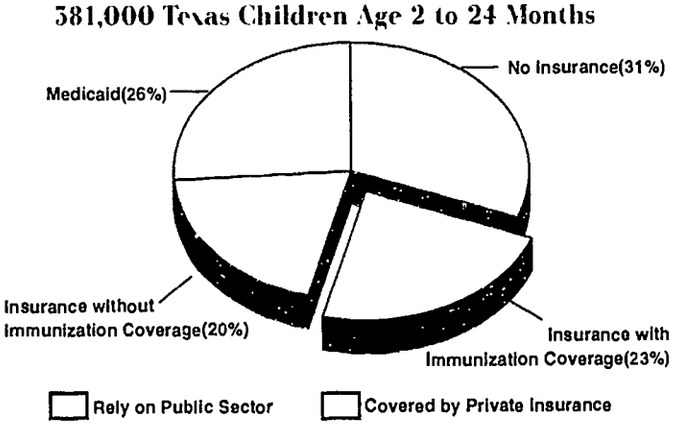
Disease	FISCAL YEAR 93		FISCAL YEAR 94	
	Number Clients	Total $ Billed	Number Clients	Total $ Billed
Pertussis	56	497,487	50	290,224
Hemophilus Meningitis	4	36,604	5	95,824
Chickenpox*	142	848,067	177	1,055,776
Measles, Rubella	10	57,103	8	831,879

*Vaccine will soon be licensed for routine use.

Findings such as these are alarming and point to the need for medical and health professionals in the public and private sector to act to avoid outbreaks of vaccine-preventable disease. The cost of prevention may seem high, but it pales in comparison to the potential costs of treatment.

The state picks up most of the costs of prevention. According to a recent survey of 4,832 households with children under the age of two, an estimated 77% of Texas' children are either on Medicaid, have no health insurance, or have insurance that does not cover the cost of immunizations. These babies are either immunized in the public health system or by private providers using publicly purchased vaccine.

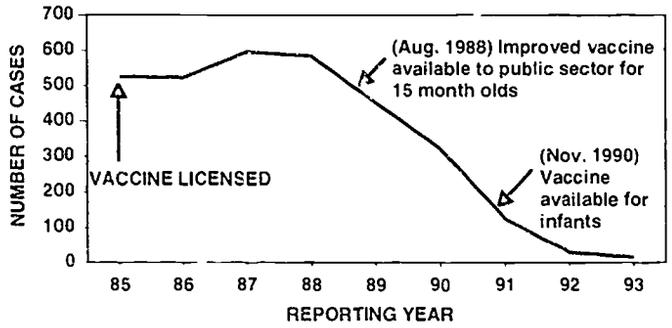
Insurance Coverage, September 1994
581,000 Texas Children Age 2 to 24 Months



The Solution

Immunizations save more lives and money than any other preventive medical measure. According to the national Centers for Disease Control and Prevention (CDC), every dollar spent on the measles mumps rubella (MMR) vaccine potentially saves $21 in medical and societal costs. Every dollar spent on the diphtheria tetanus pertussis (DTP) vaccine, can save $30. Disease rates decline dramatically when vaccines become available in the public sector.

Reported *H. influenzae* infections in Texas Children Less Than 5 Years of Age



Although the cost-efficiency of immunizations is undisputed, fully immunizing all children is not an easy enterprise. Developing and implementing a successful immunization system require equal attention to four components:

- Vaccine availability and distribution
- Accessible service providers
- A tracking system
- Outreach and education

If any of these components is inadequately funded or implemented, the effectiveness of others is limited.

Every dollar spent on the MMR vaccine, potentially saves over $21; every dollar spent on the DTP vaccine can save $30.

Vaccine Availability and Distribution

The Texas Department of Health has distributed vaccine to local health departments/districts, public health regions and private physicians for 20 years. In September 1993, TDH implemented a revised vaccine distribution policy which increased the availability of state-purchased vaccines to both public and private health care providers. This policy has enabled private practitioners to offer lower cost vaccines in their offices or clinics rather than referring children to public health clinics.

The new distribution policy was made possible by Senate Bill 266 and the funding level approved by the 73rd Legislature. As a result, the number of physicians who received vaccines from the Texas Department of Health increased 24% in FY 94.

The TDH Pharmacy Division and manufacturers ship vaccine directly to the local health departments/districts and the public health regions. In most areas, the local health departments/districts and public health regional field offices redistribute vaccines to providers and private physicians. To save state funding, TDH has requested that the manufacturers ship directly to local health departments districts and public health regions rather than the Pharmacy Division in Austin.

In some areas with large preschool populations and high numbers of participating private providers, manufacturers will soon ship vaccines directly to physicians' offices. By December 1995, private physicians in Dallas and Harris counties will be able to receive vaccine by direct shipments, and other counties will be added as needed.

Accessible Providers

Twenty to thirty years ago, vaccines were fewer and much less expensive, immunization schedules were simpler, the majority of young mothers stayed home with their children, and most families used private doctors for all their health care needs. All this has changed.

Fear of liability associated with vaccine administration caused some health care professionals to stop administering vaccines. Complex rules for obtaining informed consent lengthened the time necessary to give shots. Dramatic increases in cost, coupled with the loss of readily available health insurance, drove many parents to choose between not immunizing their children and accessing the public sector. The public sector has responded admirably to the increased need for immunizations.

Immunizations in WIC Clinics

In March 1993, the Women, Infants, and Children Nutritional Program (WIC) began offering immunizations to clients and their children during regularly scheduled WIC visits. Most of the WIC clinics (82%) are now providing on-site immunizations.

WIC provides services to approximately 500,000 infants and preschool children each month, making WIC clinics an excellent opportunity to reach children who may otherwise be unimmunized. In only one year (March 1993-March 1994), WIC clinics immunized 100,000 children with 281,000 doses of vaccine.

WIC clinics immunized 100,000 children in a year.

There were 105 deaths from measles, 107 deaths from pertussis, and 180 deaths from polio.

A taskforce of WIC providers has convened to review immunization policies and procedures and to develop strategies to make service delivery even more effective.

Local and Regional Health Departments

Most state-purchased vaccines are administered in public health clinics that receive funds from TDH. Local and regional health departments are working hard to make immunization services readily available to Texas families. Special initiatives, flexible clinic hours, more efficient staffing patterns, and non-restrictive eligibility policies have resulted in more children being appropriately immunized. Examples of these initiatives include:

- In March 1994, the Fort Worth-Tarrant County Health Department opened a new clinic at the Town Center Shopping Mall. Thought to be the first of its kind in the nation, the clinic is now open from 10:00 a.m. to 7:00 p.m. during the week, as well as one Saturday a month. In 1994, this clinic immunized 7,909 people. WIC services and well-child exams are also available at the clinic.

- By holding special and extended hour clinics, Public Health Region 8 increased the doses of vaccine administered in FY 94 by 32%. The regional office is holding immunization clinics in the colonias in Del Rio and Eagle Pass and in the Eagle Pass public schools.

Immy shows children that coming to get a shot isn't all tears.

- Public Health Region 7 in Central Texas has worked closely with the Texas Department of Human Services (TDHS) to increase the demand for and availability of immunizations. Efforts include:

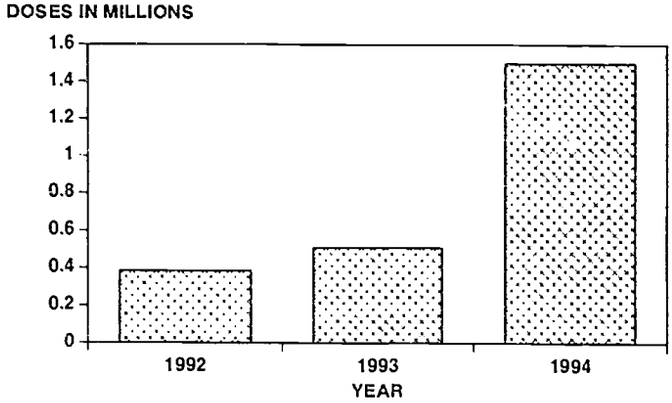
  - Training recipients of Aid to Families with Dependent Children (AFDC) to mentor other mothers on welfare about the importance of immunizations and evaluate immunization records.

  - Holding immunization clinics in TDHS offices in rural areas.

Medicaid

In July 1993, the Medicaid program implemented a $3 per dose payment to providers who vaccinate Medicaid-eligible children. Between September 1993 and August 1994, the number of physicians who requested and received vaccines from the Texas Department of Health to immunize these children increased 24%. Currently there are about 2,000 Medicaid providers in Texas who give immunizations as part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. Other providers also give immunizations to Medicaid-eligible children separate from the EPSDT screen, accounting for about 22% of the shots given to this population.

Doses of Childhood Vaccines (Public Vaccine) Administered by Medicaid Providers



Both the number of Medicaid providers and the number of immunizations they give are increasing. Between FY 92 and FY 93, the doses of vaccine administered by Medicaid providers increased by 44%. By the end of FY 94, Medicaid providers had administered 1.5 million doses of vaccine, doubling the number of doses administered the year before.

Military Initiatives

The *Partnership for Health: Civil Military Cooperative Action Program for Texas* brings together the resources of the Texas Department of Health, the U.S. Army, and the Texas Army National Guard (TARNG) to offer free preventive medical services to an underserved population. At these one- to three- day clinics, military and civilian

Military personnel immunize an infant at a free clinic in Starr County.

public health personnel work side by side to administer the vaccines. In 1993, two large clinics were held in Starr County, Texas. Over 5,800 people attended the clinics, and more than 9,200 doses of vaccines were given. In August of 1994, the TARNG gave over 2,000 immunizations at various sites in Houston.

Planning is underway for a similar preventive health clinic in Jefferson County.

Non-traditional Providers

Over the past year TDH has also encouraged, promoted, and worked with a variety of other nontraditional vaccine providers; these include:

- Emergency room staff
- Emergency medical personnel
- School district personnel

In Public Health Region 7, paramedic volunteers have immunized more than 3,700 people in a year.

New Providers

The Texas Department of Health, Texas Pediatric Society, and the Texas Medical Association have worked hard to encourage and make it possible for more private practitioners to give vaccines in their offices to all their pediatric patients. Efforts have included:

- Providing government-purchased vaccines to private physicians who see Medicaid, underinsured, or uninsured children.

- Allowing private practitioners who vaccinate underinsured and uninsured children with public vaccines to charge a reasonable fee to cover administration costs.

- Working with trial lawyers to review laws relevant to immunization liability. The *Liability Risks Associated with Immunizing Children* was prepared to dispel many myths about immunization liability risks. It was distributed in April 1994 to all pediatricians and family practitioners in Texas.

These and other efforts to recruit and train new providers have greatly increased the number of doses of vaccines given to the children of Texas. Options other than public health clinics not only increase accessibility, but also reinforce the importance of immunizations as a vital component of health care.

The 73rd Legislature demonstrated a commitment to the health of Texas' children when it mandated that *all* hospitals and physicians review every child's immunization record at the time of *any* examination. The Texas Hospital Association showed its support by mailing an explanation of the new legislation to all affected hospitals in the state. Children who need one or more vaccines are either immunized on the spot or referred to another medical provider for appropriate immunizations.

TDH dropped the measles and polio campaigns and concentrated on rubella campaigns in schools.

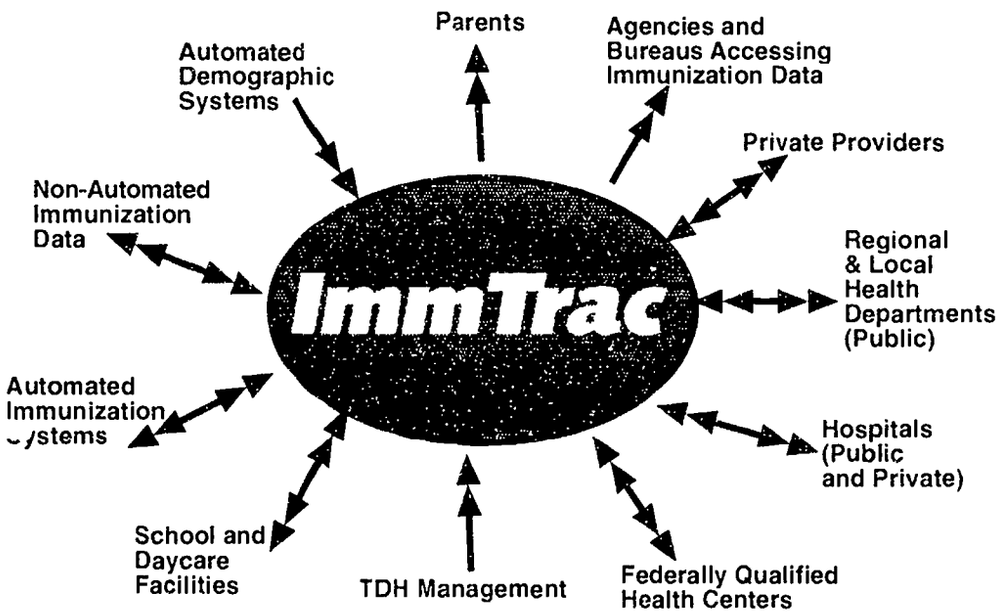
A Tracking System

Children who start immunizations late or fall behind usually stay behind, facing the risk of disease. Contacting parents and other caregivers to remind them their child is due or overdue for shots--the way dentists and veterinarians remind their clients--minimizes the risks. Although some providers who do not have automated record keeping systems send reminder cards, it is tedious and time consuming. A manual system is also less effective, especially when families move or change providers. Some providers have computerized systems, but few, if any, are linked to any other provider--public or private--and there is no system to share information between the public and private sector.

An immunization tracking system linking all public and private providers has the capacity to solve problems like lost records, family mobility, multiple providers, and parent forgetfulness. Entering a child into a centralized system at birth means that any provider in Texas can immediately determine the child's immunization status and act accordingly. Reminder and recall notices can also be generated automatically. With the capacity to identify and locate children who need shots, education outreach workers can go directly to those families, eliminating the guesswork that currently drives many outreach efforts. Vaccine supplies can be stocked locally and regionally according to documented need. Areas with insufficient numbers of providers can be targeted for capacity building. Accurate immunization rates can be determined easily, quickly and inexpensively.

ImmTrac, a system to track vaccines administered to Texas children, is under development and will be implemented in phases, starting in the public sector. The first phase, a database with children's demographic and immunization provider data, is scheduled to be in place by June 1995. A voice response component, which will allow public and private providers and parents to dial in by phone and retrieve their patients' and children's immunization records, is scheduled to go on-line in July 1995. The next phase, to be implemented in August 1995, will implement automated reminder notices to parents.

By October 1995, private providers will have three different modes of access to *ImmTrac*: the voice response system; their existing clinic management software; and special software developed for the project.



Outreach and Education

Immunizations protect children against measles, rubella, mumps, polio, diphtheria, pertussis (whooping cough), tetanus, *Haemophilus influenzae* type b (Hib) infections, and hepatitis B, but for most of these diseases, one shot is not enough. To be fully protected, each child must get shots four times before the age of two and one more time before starting school. Every child who misses or delays getting a shot is needlessly at risk for disease and puts other children at risk.

Education and outreach efforts are critical because parents and other care givers need to understand the importance of immunizations, when to immunize their children and where to take them for shots.

Shots Across Texas

The *Shots Across Texas* Initiative began in 1993 to increase awareness for immunizations among health care providers, parents and guardians. Texas legislators, the Governor's and Lieutenant Governor's offices, local officials, private companies, health care providers, service organizations, state agencies, medical societies, and others have all contributed significantly to increasing immunization levels in Texas children through this initiative.

By creating an office to coordinate non-traditional outreach and community participation activities, Texas has been able to accomplish more than almost any state in the nation. Through *Shots Across Texas*, TDH supports the formation of public-private partnerships, sponsors immunization activities, facilitates the development of local coalitions, works toward increasing access and decreasing barriers to immunization, and markets and advertises immunization services. Highlights of this initiative include:

- Over 200 local immunization coalitions are functioning in Texas.
- Thirty corporations, foundations, and organizations have contributed funds or made in-kind contributions valued at almost $1 million. The Aetna Foundation of Hartford Connecticut contributed $500,000.
- More than 800 Texas television and radio stations have aired public service announcements promoting immunizations.
- *Shots Across Texas* developed and produced English and Spanish versions of brochures, posters, and press kits.

Recommended Schedule for Routine Immunization

At Birth	2 Months	4 Months	6 Months	12-15 Months	4-6 Years	Every 10 Years
HBV	HBV		HBV			
	DTP	DTP	DTP	DTP	DTaP/DTP	Td
	OPV	OPV	OPV		OPV	
	HibCV	HibCV	(HibCV)*	HibCV		
				MMR	MMR	

HBV Hepatitis B vaccine, this schedule refers to infants born of HBsAg-negative mothers
DTP Diphtheria and tetanus toxoids and pertussis vaccine
DTaP Diphtheria and tetanus toxoids and acellular pertussis vaccine
Td Tetanus-diphtheria toxoids
OPV Oral polio vaccine
HibCV *Haemophilus influenzae* type b conjugate vaccine *Recommended schedules vary by manufacturer consult package inserts
MMR Measles mumps, and rubella vaccine

In 1971, Texas passed a law requiring immunizations for school enrollment. By 1973 vaccine-preventable diseases decreased significantly--diphtheria by 68%, pertussis by 59%, polio by 100%, measles by 94%, and rubella by 74%.

- TDH, in conjunction with the Texas Medical Association, sent comprehensive provider education packets to more than 13,000 primary care physicians in Texas.

- *Shots Across Texas* developed and distributed training packets addressing coalition building, media relations, fund raising and strategies for solving immunization problems.

During the remainder of the biennium, *Shots Across Texas* will continue to expand citizen involvement in immunization activities.

Examples include:

- The state-level coalition plans to raise an additional $3 million in private support or donations, including $1 million to buy computers for WIC clinics and local health departments to connect to the centralized tracking system.

- To heighten awareness about the importance of immunizations, a media campaign featuring Texas celebrities representing various ethnic groups will be implemented.

- Special media campaigns targeting Hispanic and African-American Texans will be developed.

- Hundreds of events will be held for *Shots Across Texas* month, April 1995. State and local officials will be asked to participate

- *Your Child's Health Record*, a permanent health record for parents will be completed. Jointly produced by the *March of Dimes* and TDH, these records will be distributed to families of all babies born in Texas hospitals as well as migrant families with small children and children in foster care.

Texas-Mexico Border Immunization Initiative

Federal, state, and local funds have been used to immunize children who live in cities, rural areas and colonias along the Texas-Mexico border. In the last two years this program has tripled the average number of immunization clinics held monthly in the Rio Grande Valley, increasing the number of people served each month from 1,300 to 3,250. Children living along the border are now among those with the highest immunization rates in the state.

Texas VISTA Health Corps

During the summer in 1993, a pilot project of 100 VISTA Volunteers did outreach for immunization in five Texas communities. Their summer-long efforts helped to relieve pressure on the public health system during August when children get shots before school starts. The door-to-door outreach techniques were so effective that a larger project was initiated. In February 1994, 165 VISTA Volunteers were sworn in for a year-long commitment to the Texas VISTA Health Corps. The VISTAs make referrals to three public health programs--Immunization, WIC, and EPSDT.

Typical VISTA activities include:

- Door-to-door outreach
- Hospital visits to new mothers
- Cooperation with school nurses and daycare staff to locate children who are behind in their shots and get them up-to-date
- Presentations about immunization at worksites and military bases
- Health fairs

Currently 329 VISTAs are working in 47 Texas communities, making this project the largest in VISTA's 30-year history. Most of them live in the communities and neighborhoods where they work, and many were on welfare before becoming VISTAs. They are all gaining skills and experience that will prepare them for a more diverse job market.

Over 284,000 people have received immunizations as a result of contact with the Texas VISTA Health Corps. Arizona, Iowa, Idaho, Washington, and California are now implementing programs modeled after the Texas program, and by the end of 1995, a dozen more states are expected to follow.

Special Initiatives with State Agencies

In July 1993, the Texas Deptment of Health and the Texas Department of Human Services (TDHS) signed a Memorandum of Understanding in which the agencies agreed to cooperate in providing improved immunization services to AFDC participants. TDHS has since adopted a

More than 284,000 people have been immunized as a result of contact with a VISTA Volunteer.

policy that requires immunizations for participants in public assistance programs. TDH is providing input for the development of final standards for this policy.

TDH plans to collaborate in a variety of ways with TDHS to provide educational and clinic support for immunizations. Activities under consideration include:

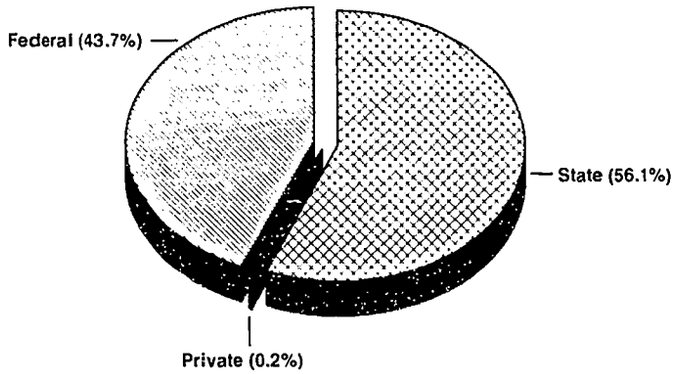
- Training TDHS case workers about the importance of infant immunizations and how to assess immunization records.
- Providing health department staff to give shots at TDHS sites.
- Recruiting and training AFDC mothers to assess immunization records at TDHS sites as part of their six-month-long, 20-hour-a-week JOBS work training.

Funding

Sources of Funds

For the '94-95 biennium, Texas' immunization program received $72.5 million in state general revenue, $56.4 million from the federal government, and $300,000 from the private sector. *Shots Across Texas* brought in an additional $600,000 in cash and in-kind contribntions.

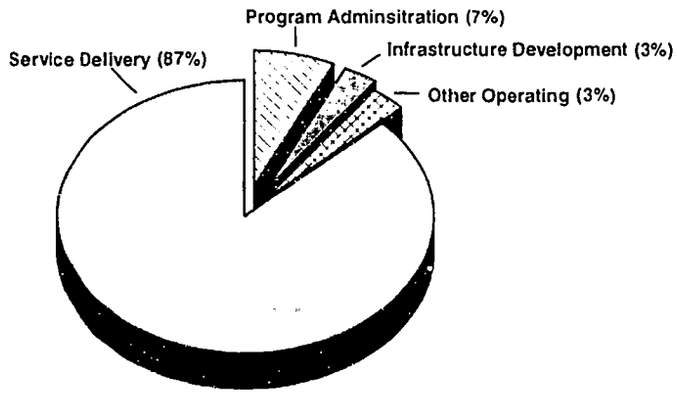
Source of Immunization Funding FY 94-95 ($129,232,070)



Maximizing Service Delivery

The Texas Department of Health is committed to maximizing the resources for immunization service delivery. For this biennium, 87% of the funds were allocated for the purchase of vaccines and contracts with regional and local health departments.

Expenditure of Immunization Funds FY 94-95



Uncertainties

Continued Federal funding for health and entitlement programs is tenuous. There have already been attempts to eliminate the Federal Vaccines for Children program.

Because immunizing Texas children is an ongoing process, cuts to the immunization program are likely to stop the progress that has already been made. Funds that are currently allocated to preventing disease would most likely have to be redirected to disease control and responding to epidemics of disease.

Over the next biennium, more than 320,000 new baby Texans are expected to rely on the public sector for immunizations. And 45% of today's preschool children are not fully protected.

Every $1 million cut means the loss of enough money to buy vaccine to completely immunize 7,519 children.

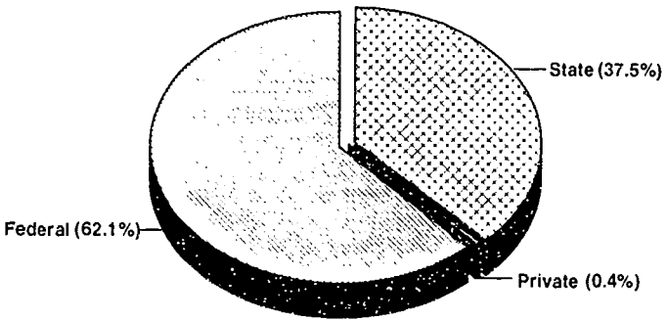
A cut of this much . . .	. . . means the loss of enough money to buy the full vaccine series for this many children.
$1Million	7,519
$10 Million	75,188
$15 Million	112,782
$20 Million	150,376

Texas must also be in a position to take advantage of new vaccines. The state cannot retreat from the prevention of disease through immunizations, because the alternative is for Texans to access publicly funded acute care. The choice is clear: pay now or pay a lot more later.

The choice is clear: pay now or pay a lot more later.

If overall federal funding levels do remain constant, the resources expected to be available for immunizations are shown below.

Source of Immunization Funding FY 96-97 ($127,107,705*)



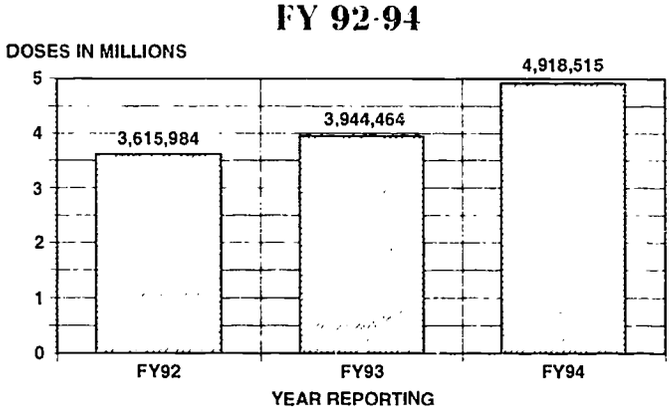
* Projected

Meeting the Challenge

Senate Bill 266, passed by the 73rd Legislature, requires that every child in the state be immunized against vaccine-preventable disease according to the state-adopted immunization schedule. Immunizing a child on time requires at least four visits to a health care provider before the child is two years old. Each child should receive a minimum of 14 doses of five different vaccines for protection against nine diseases.

The commitment of resources by the Legislature has made a significant, positive impact on the immunization program in Texas, especially for children, the priority population. Total doses of publicly purchased vaccines administered to children age 19 or younger have increased significantly since FY 92.

Total Doses of Public Vaccines Administered to Texas Children FY 92-94



According to a 1994 survey of Texas households, during the first year of the biennium, about (55%) of the 660,000 children 24 months old or younger received all the immunizations appropriate for their age. This rate is a substantial increase over previous years.

First year no case of paralytic polio occured in Texas.

In FY 94, 32,000 more Texans were immunized on time in their first year of life than in the previous year.

Texas' progress is extremely encouraging, but the state will need to do much more to reach the national goal of fully immunizing 90% of all two-year-olds by 1996.

Note: The output measure reported annually to the LBB includes doses of both child and adult routine immunizations plus special vaccines such as rabies and meningococcal vaccine.

The Future

Predicting the future can be risky. Immunizations have changed so much in the last few years that it is especially difficult to forecast what will happen over the next biennium. Some trends *are* already in place, however, and must be addressed.

More children are getting immunizations.

Texas parents are responding to the message that their children need to be immunized. The number of doses of publicly purchased vaccines administered to children age 19 or younger increased by a million doses from FY 93 to FY 94. Half of these shots were the hepatitis B vaccine, which was added to the routine schedule in mid-FY 93.

As the tracking system comes on line at the end of 1995, it should increase the return on each dollar spent for education and outreach, but it will also increase the demand for immunizations, potentially driving up the costs to the state.

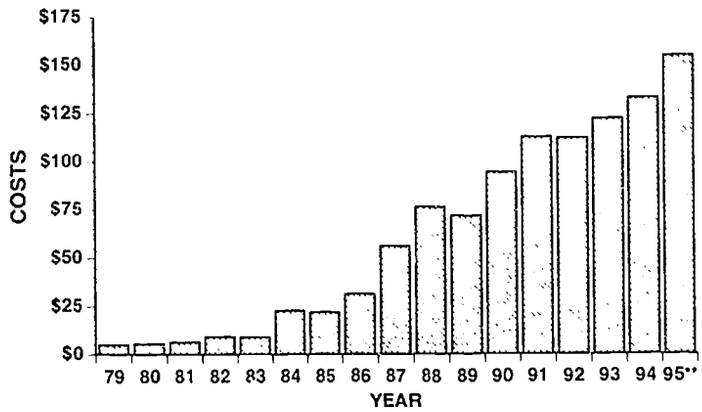
The cost to immunize each child is increasing.

Since the 1994/1995 biennial budget was prepared and submitted, the average cost per child for vaccine has increased $8. The cost to administer vaccines has also increased in some sectors, and contractors require more funding to maintain their current program and bring in new clients.

New vaccines are being developed and licensed.

New vaccines will be added to the routine immunization schedule. Varicella (chickenpox) vaccine is projected to be licensed this year. Public costs per dose could be anywhere between $20 and $35. Acellular pertussis vaccine, which costs more but produces fewer side affects than whole-cell vaccine, will soon replace whole-cell pertussis vaccine in the four-dose DTP series. A vaccine against respiratory seyntial virus, a common cause of pneumonia in infants in the United States, is under development and is anxiously awaited by the medical community. Although new vaccines raise the cost of immunizing children, they prevent disease, reduce suffering and cut medical costs.

Costs to Immunize a Child from Birth through 5 years - 1979 -1994



* Costs do not include needles and syringes

** Projected pending licensure of varicella vaccine

More children are returning to a medical home.

The good news is more and more children are returning to a "medical home," a private practitioner, for immunizations. The availability of publicly purchased vaccine at private doctors' offices for children who are on Medicaid or who are under or uninsured has made this possible. Medical homes are important because they can provide other services and screening to little Texans and keep them healthy and happy long past the time they are through with their immunizations.

Emergencies happen!

Some vaccines are not needed on a routine basis; however, when outbreaks or other unfortunate emergencies occur, these immunizations can be life saving. Long lines at special immunization clinics for meningococcal outbreaks attest to Texans' desire to protect themselves and their children from diseases which they see kill and cripple their neighbors' children. If a child is bitten by a rabid animal, parents do not need special convincing to get the child vaccinated against rabies. The Texas Department of Health must be able to respond to these legitimate public health emergencies.

The only year no one in Texas died from tetanus.

Immunizations - Myth and Reality

Myth	Reality
One trip to the doctor does it.	Age-appropriate immunizations require at least four visits to the clinic or doctor's office before a child is two years old.
My health care provider will tell me when my child needs a shot.	Many providers do not have a reminder system.
Measles is just a harmless childhood disease. I had measles and I got better.	In 1964, the year after the measles vaccine was licensed, but well before it became common practice, Texas had 71,629 cases and 68 deaths. Nobody needs to get measles anymore. And nobody needs to die from this disease.
All children have to be immunized to go to school so there's no problem.	Preschoolers are most at risk for complications from vaccine-preventable disease. From 1988 to 1993, 4,500 preschool children had measles and 12 of them died.
Parents who immunize one child on time get the rest of their children immunized on time.	The youngest children in the family are the least likely to be immunized on time.

TEXAS DEPARTMENT OF HEALTH

IMMUNIZE YOUR LITTLE TEXAN BY TWO

SHOTS ACROSS TEXAS

RESOURCES

The Texas Department of Health initiated the Shots Across Texas campaign in 1993 to get children ages birth to two-years-old fully immunized. The immunization rate for two-year-olds has climbed from an estimated pre-campaign rate of 40 percent to a current 71 percent. Clearly the initiative has made significant progress, but the campaign still has a long way to go to reach its goal of **90 percent infant immunization rate by 1996.**

Shots Across Texas is a **public-private** partnership that includes a **statewide coalition** of leaders from hundreds of businesses, associations, agencies, and non-profit organizations. These leaders have pledged to **mobilize their members/volunteers** throughout the state.

The statewide, public-private Shots Across Texas coalition is complemented by **local coalitions or local contacts** in almost all of Texas' 254 counties. Local coalitions are being advised to form committees that address **long-term** infrastructure/provider service changes, as well as consumer-education and **outreach** strategies. Local coalitions participate in statewide Shots Across Texas media campaigns that include press tours and **statewide primetime media coverage.**

Statewide and local coalitions' membership consists of **ethnic** groups, **political** groups, **service** and **civic** organizations, **child advocacy** and **child care** organizations, **religious** organizations, **senior citizen** volunteer groups, **elected** state officials, **education** groups, **health-care** groups, **professional** medical and nursing societies, and more.
Whether public or private, statewide or local, the Shots Across Texas campaign depends upon a wide variety of volunteer groups that are bringing their **money, in-kind donations, publicity,** and **volunteers** to supplement Texas Department of Health resources. Donations may be sent to Shots Across Texas Inc., P.O. Box 4068; Austin, TX 78765. Shots Across Texas Inc., is a 501(c)(3) tax-exempt, charitable organization.

RESOURCES AVAILABLE by calling **1-800-252-9152** (in Texas) or 512-458-7449 (in Austin); or through the Internet: immunize@comm.tdh.state.tx.us

* Informational Packet with sample brochures & posters
* Newsletters
* Posters and brochures (in Spanish or English)
* Local coalition leader or member guidebooks
* Volunteer Appreciation Certificates
* Payroll & sack stuffers
* Local coalition funding
* Articles & captioned photo for your newsletters
* Order Forms (to place your order for brochures, etc.)
* Networking opportunities with local coalitions
* Technical support to local coalitions
* Support to individuals, businesses, media, organizations, & groups interested in supporting childhood immunizations
* Businesses' Idea List

1100 West 49th Street
Austin, Texas 78756-3199
512-458-7449
Toll-Free: 1-800-252-9152
Fax: 512-458-7288

Shots Across Texas

Shots Across Texas is the Texas Department of Health's initiative to fully immunize all children ages 0-2 in Texas. Since the campaign's inception in early 1993, the immunization rate has risen from 40 percent to its current rate of 71 percent for two-year-old children. The initiative has set the goal of raising Texas' immunization rate to 90 percent by 1996. The Shots Across Texas initiative consists of several strategies to reach this goal, both within the state, regional and local health departments, and with many other private and not-for-profit partners throughout the state.

A major component of the Shots Across Texas initiative has been the development and support of a state-level Shots Across Texas Coalition so that immunization strategies could be more widely and effectively implemented by a broad-based coalition of community-based organizations working with the health department.

The coalition membership consists of ethnic groups, political groups, service and civic organizations, child advocacy and child care organizations, religious organizations, senior citizen volunteer groups, elected state officials, education groups, health-care groups, professional medical and nursing societies, and more.

The coalition held its first organizational meeting in the fall of 1993. At that time, Governor Ann Richards gave a "charge to action" to the coalition members, urging them to work diligently and collaboratively to find solutions to this major public health problem.

Complementary to the development of the state-level coalition is the development of local immunization coalitions throughout the state. The Texas Medical Association Alliance has taken a leadership role in forming immunization coalitions in many counties. Other leaders in the coalition-forming project include the Texas Red Cross, the Texas Agricultural Extension Service, Kiwanis, Rotary, the University of Texas System, and the regional immunization staff of the Texas Department of Health. Local coalitions have formed committees which address longterm infrastructure/provider service changes, as well as consumer-education and outreach strategies.

All of the local coalitions participate in a statewide Shots Across Texas immunization blitz in April of each year, at which time a state-level primetime media campaign for childhood immunizations is launched. The theme of the campaign is "Shots Across Texas: Immunize Your Little Texan By Two." Texas events coincide with events around the nation in April during National Infant Immunization Week.

The Shots Across Texas initiative depends upon a wide variety of volunteer groups which have joined their local coalitions and are bringing their resources of money, in-kind donations, publicity, and volunteers to supplement health department resources. The initiative is being recognized nationally and within the state for its effective use of volunteers and creative approach to targeting immunization information. The Corporate Fund for Children awarded Shots Across Texas its Texas Leadership Award, the Governor's Office of Volunteer Leadership gave Shots Across Texas honorable mention for Outstanding Volunteer Program, and the National Wellness Institute awarded the program a Bronze Award in the National Health Information Awards for 1994.

For Shots Across Texas information, call 1-800-252-9152, or 512-458-7449, or write to: Shots Across Texas, Immunization Division, Texas Department of Health, 1100 W. 49th Street, Austin, TX, 78756.

Shots Across Texas

Shots Across Texas is the Texas Department of Health's initiative to fully immunize all children ages 0-2 in Texas. Since the campaign's conception in early 1993, the immunization rate has risen from 40 percent to its current rate of 57 percent for two-year-old children. The initiative has set the goal of raising Texas' immunization rate to 90 percent by 1996. The Shots Across Texas initiative consists of several strategies to reach this goal, both within the state, regional and local health departments, and with many other private and not-for-profit partners throughout the state.

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TEACHER'S GUIDE

OBJECTIVES:

1) We want students to know what vaccinations are and that they are available at little or no cost;

2) We want to remind students who already know about vaccinations that they need to get themselves and/or their children immunized; and

3) We want students to know how, where and when they can get shots.

LEVELS:

There are three levels of lessons. Levels 1 and 2 are intended for beginning and intermediate ESL students. Level 3 is intended for advanced ESL students and ABE students. The levels may not correspond exactly to the levels in your program. Feel free to mix and match material from the different levels to suit your students' needs. **Level 1 may be too high for the students in your program. If this is the case, please try to communicate the information it contains in any way you think will be helpful.**

Below are some suggestions for using the material.

LEVEL 1

I. At the Clinic:

A. Cartoon: Read the cartoon aloud. Make sure the students understand the vocabulary. Use pantomime, pictures or realia as necessary to explain words they don't know. For example, you could bring in a baby doll and toy hypodermic needle to illustrate "shot." To get across the idea of preventing illness, you might use pictures of babies cut from a magazine for "before" and "after" stories. Show two healthy babies for the before part. Pantomine a shot for one baby but not for the other. Then show the baby who got a shot unchanged and the baby who did not get a shot covered in red spots.

B. Have students practice the dialogue if possible. Two of the better students might act it out in front of the class.

II. Vaccinations:

A. Read each question and answer aloud. Use the illustrations to help them understand.

B. As a follow-up activity, photocopy enough copies of the text and the illustrations for each pair of students. Cut out the pictures and the text separately. Give each pair of students a set of pictures and sentences. Have the students match the pictures with the text.

III. Making Appointments:

A. Discuss the meaning of making an appointment.

B. Doctor's office dialogue. (Also applicable to making clinic appointments.)

1) Model the dialogue by yourself or with a student. Use real or toy telephones if possible.

2) Have students practice once in pairs.

3) Have students practice with substitutions.

C. Clinic dialogue: A "disappearing" dialogue gives students extra practice. By the time they finish with this, they will have memorized the entire dialogue. Proceed as follows.

1) Write dialogue on board before class.

2) Have students listen to dialogue as you model it and then have them practice in pairs.

3) Erase one or two words from each line. Have one pair of students (volunteers) say the dialogue inserting the missing words from memory. Then all pairs practice.

4) Repeat steps 1 through 3 until the entire dialogue is erased.

IV. Group Project:

A. Look up the public health clinics in your area in the phone book and bring a list to class. If the class is held during business hours and the students are up to it, have a few call the clinics on the list and note the information. If not, call the clinics closest to the school before class and find out how people can get immunizations there. Give the students the information in class. Show them on a map where the clinics are located if they can read a map, or consider a field trip to the nearest clinic so they will know how to find it.

V. Writing:

This will be a good opportunity to review filling out forms. Make sure they notice that the form must be filled in for the person being immunized. Those members of the class who have children can practice filling it in for one of their children.

LEVEL 2

I. Cartoon: Have students read cartoon silently and listen to you model the dialogue. Go over new vocabulary and discuss. Let them practice cartoon dialogue once in pairs.

II. Vaccinations: To let them show you what they already know, ask students the questions about vaccinations before having them read the answers in the section "vaccinations."

III. Anna's Story: Have students read Anna's story silently in class or for homework, or read it out loud to them as they read along. Go over the new vocabulary in class.

IMMUNIZATION

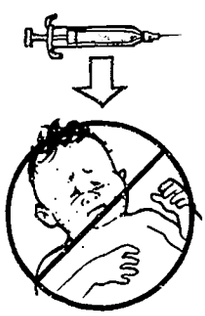
AT THE CLINIC:

NEW WORDS

shot
vaccination
safe
healthy
measles
disease

VACCINATIONS

Why do we need vaccinations?



Vaccinations stop people from getting sick with some bad diseases.

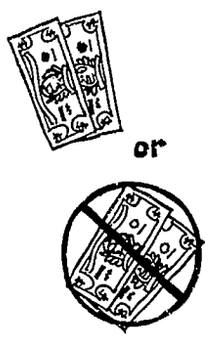
When do we need vaccinations?

Children need shots at 2 months, 4 months, 6 months, and 12 to 15 months of age. If they missed their shots, they need them now.

Where do we get vaccinations?

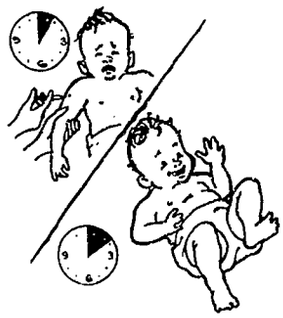
We can get vaccinations at a health clinic or doctor's office.

How much do they cost?



Shots can be cheap or free. Ask your clinic or doctor.

Do vaccinations hurt my child?



The shots hurt for a minute, but vaccinations are safe. They help your child be healthy.

MAKING APPOINTMENTS

I. Practice the dialogue below with a partner.

A: Hello, doctor's office. Can I help you?
B: Yes. I want vaccination shots for my child.
A: O.K. Can you come *tomorrow morning at 10:00?*
B: No, we're busy *tomorrow morning.*
A: Can you come *tomorrow afternoon at 3:00?*
B: Yes, that's fine.
A: What's your child's name?
B: _____ _____ .
A: Can you spell the last name?
B: Yes. _____
A: Thank you. Goodbye.
B: Goodbye.

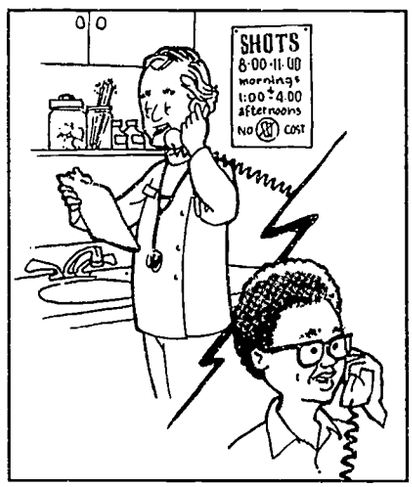
II. Practice the dialogue below substituting days and times below.

Example: *Tuesday morning - 9:30 / Wednesday afternoon - 3:00*
B: I want vaccination shots for my child.
A: O.K. Can you come *Tuesday morning at 9:30?*
B: No, we're busy *Tuesday morning.*
A: Can you come *Wednesday afternoon at 3:00?*

1. Thursday morning – 11:00 / Thursday evening - 5:00
2. Monday afternoon – 2:30 / Tuesday morning - 10:15
3. Wednesday evening - 6.00 / Friday morning - 8:30

III. Practice the dialogue below with a partner.

A: Clinic. Can I help you?
B: Yes. My baby needs vaccination shots.
A: We give shots every morning from 8:00 to 11:00 and every afternoon from 1:00 to 4:00.
B: Do I need an appointment?
A: No.
B: How much are the shots?
A: They're free.
B: Thank you. Goodbye.

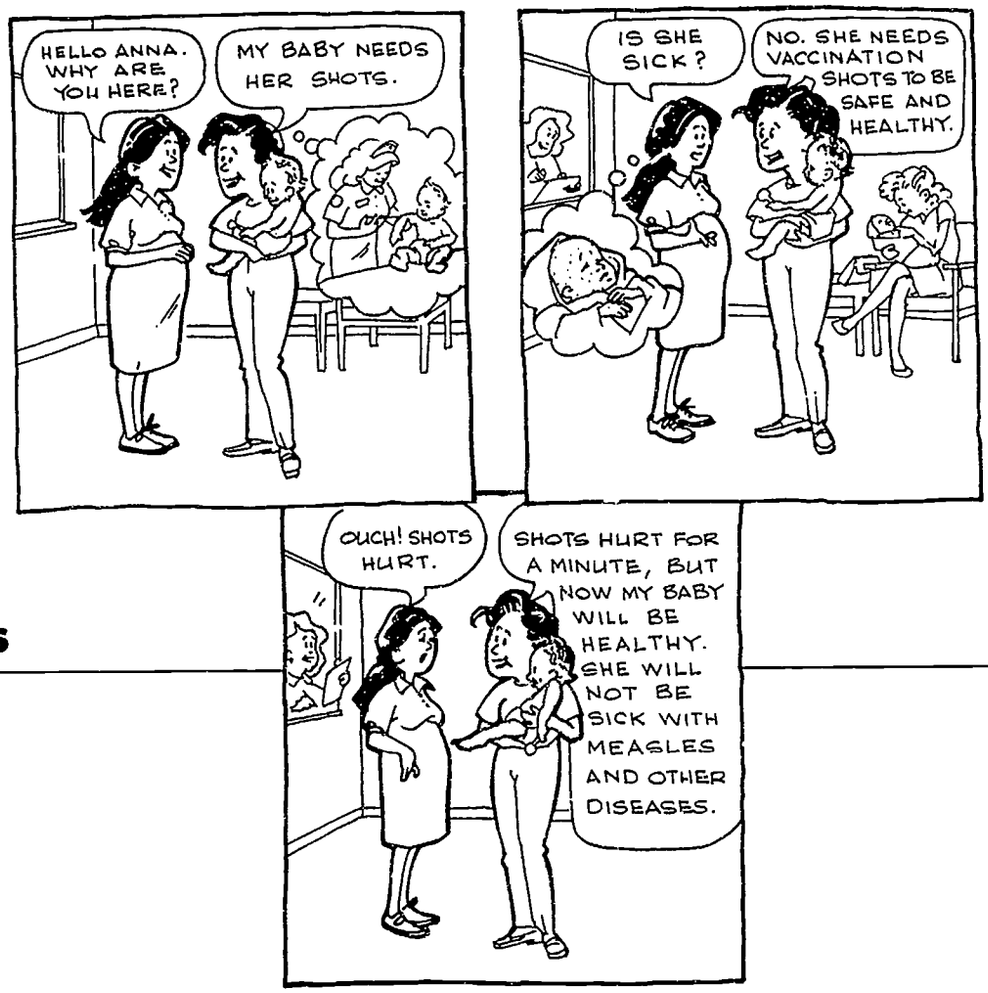


GROUP PROJECT

Ask your teacher for a list of the clinics near you. Call them and ask when they give immunizations.

IMMUNIZATION

AT THE CLINIC:



NEW WORDS

shot
vaccination
safe
healthy
measles
disease
dangerous

VACCINATIONS

Why do we need vaccinations? Vaccinations stop people from getting sick with some dangerous diseases.

When do we need vaccinations? Children need shots at 2 months, 4 months, 6 months, and 12 to 15 months of age. If they missed their shots, they need them now.

Where do we get vaccinations? We can get vaccinations at a health clinic or doctor's office.

How much do they cost? They can be cheap or free. Ask your clinic or doctor.

Do they hurt the child? Shots hurt for a minute, but they help keep your child safe and healthy.

ANNA'S STORY

Hi. My name is Anna. In 1990 many people in Texas had the measles. My oldest daughter was in school. She had her vaccinations before school started, so she was all right. But my baby, Luisa, was only two years old – too young for school. She didn't have her vaccination shots yet because I didn't think she had to. I made a big mistake.

The boy next door got the measles. Three days later, Luisa woke up with measles too. At first I wasn't very worried. When I was a child, everybody got the measles and we were okay. But Luisa got very sick. She coughed a lot and she was very weak. Finally I took her to the hospital.

We were in the emergency room all night. The doctors did tests. I was very frightened and Luisa cried and cried. The doctors said she needed to stay in the hospital.

Luisa was in the hospital for one week, and of course I stayed with her. It was a terrible week. I worried all day and all night. Luisa cried a lot. And I almost lost my job because I missed so much work.

Later on, I learned that twelve people died from measles in 1990. Like Luisa, they didn't need to get sick. Babies can get shots that will protect them from measles and other diseases for all their life.

My youngest child is almost one year old now. She had her shots at two months, four months and six months and I'm taking her next month again. I'm not taking any chances this time. I want my baby to be safe.

New Vocabulary:

worried	weak	protect
frightened	pneumonia	safe
terrible	miss	chance

Comprehension:

I. Answer the following questions with your partner(s).

1. How old was Luisa in 1990?
2. Did she have her vaccination shots?
3. Where did Anna take Luisa? Why?
4. How long was she in the hospital?
5. How many people died from measles in 1990?
6. At what ages should babies get shots?
7. Why didn't Anna take Luisa for her shots? What do you think are some other reasons why parents don't take their children for their shots?

IMMUNIZATION

Elsa: Hi, Maria. How are you?

Maria: Fine, thanks. And you?

Elsa: I'm fine, but my little girl is sick.

Maria: What's the matter?

Elsa: She has a rash and a fever.

Maria: Maybe she has measles.

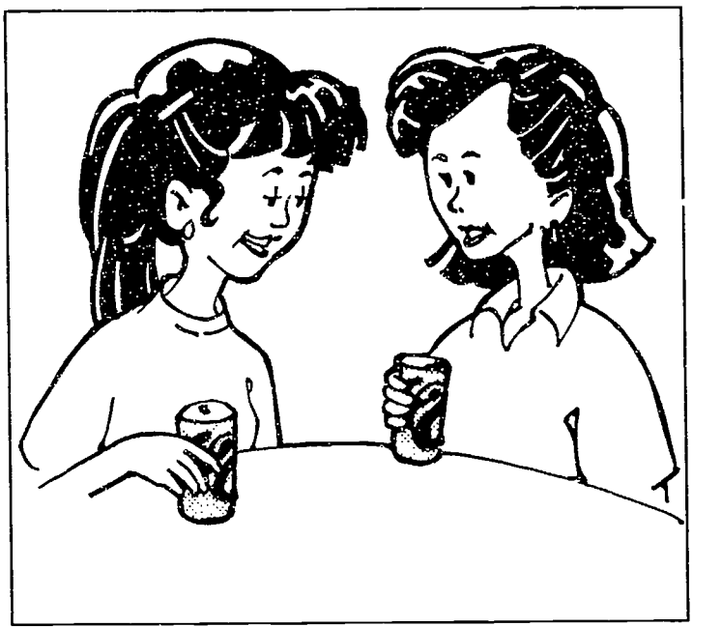
Elsa: I don't think so.
She had all her shots.

Maria: What shots?

Elsa: Vaccination shots.
They prevent measles.

Maria: Hmm. It must be
something else.
Maybe you should take her
to the doctor tomorrow.

Elsa: I will.



VACCINATIONS

Why do we need vaccinations?
Vaccinations prevent certain dangerous diseases.

When do we need vaccinations?
Children need shots at 2 months, 4 months, 6 months, and 12 to 15 months of age. If they missed their shots, they need to start them now.

Where do we get vaccinations?
We can get vaccinations at a health clinic or doctor's office.

How much do they cost?
They are often inexpensive or free. Ask your clinic or doctor.

Do they hurt the child?
Shots hurt for a minute, and some children have a sore arm or leg after some shots. But they help keep your child safe and healthy. Ask the doctor or nurse what to expect.

WHAT DO YOU KNOW?

Ask your teacher or use your dictionary to find the meaning of the words you don't know. Circle YES or NO for each of the following.

1. There are vaccines for the following diseases:

a)	measles	YES	NO
b)	chickenpox	YES	NO
c)	AIDS	YES	NO
d)	German measles (rubella)	YES	NO
e)	the common cold	YES	NO
f)	polio	YES	NO
g)	tuberculosis (TB)	YES	NO
h)	asthma	YES	NO
i)	tetanus	YES	NO
j)	cancer	YES	NO
k)	whooping cough (pertussis)	YES	NO
l)	mumps	YES	NO

2. Vaccines cure diseases. YES NO

3. Vaccines prevent diseases. YES NO

Look at the information box on page 3 to check your work.

ANNA'S STORY

Hi. My name is Anna. In 1990 there was a measles epidemic in Texas. My older daughter was in school. She had her vaccinations before school started, so she was all right. But my baby, Luisa, was only two—too young for school. I hadn't taken her to the clinic for vaccination shots yet because I didn't think I had to. I made a big mistake.

The boy next door got the measles. I tried to keep Luisa away from him, but it was too late. She woke up with a rash and a fever three days after he did. At first I wasn't very worried. After all, when I was a child, everybody got the measles and we were okay. But Luisa got sicker and sicker. She was coughing a lot and she was very weak. Finally she was so bad I had to take her to the hospital.

We stayed in the emergency room all night while the doctors did tests. I was very frightened and Luisa cried and cried. The doctors finally said she had pneumonia, a common complication of measles. She needed to stay in the hospital.

Luisa was in the hospital for one week, and of course I stayed with her. It was the worst week of my life. I was worried sick that she wouldn't get better. She didn't like the treatments that she needed and she cried a lot. I hated to see her unhappy and in pain. And on top of it all, I almost lost my job for missing so much work.

Later on, I learned that I was lucky. Twelve children died during that measles epidemic. Like Luisa, they didn't need to get measles. If they had been immunized when they were 12 to 15 months old as they were supposed to, they wouldn't have gotten sick.

My youngest child is almost a year old now. She had her shots at two months, four months and six months and I'm taking her next month again. I don't like to wait around doctor's offices or clinics any more than anyone else, but I'm not taking any chances this time. I know better now.

New Vocabulary:

epidemic	weak	treatment
pneumonia	immunize	complication
common		

Comprehension:

I. Answer the following questions with your partner(s)

1. What was Anna's big mistake?
2. What did Luisa get from her neighbor?
3. Where did she go?
4. What was wrong with her?
5. How long was she in the hospital?
6. How many people died from measles in 1990?
7. At what ages are children supposed to get shots?
8. Why didn't Anna take Luisa for her shots? What do you think are some other reasons why parents don't take their children for their shots?

FOR YOUR INFORMATION: There are shots to prevent the following diseases:

Disease	Symptoms	What can happen
measles	rash, fever	brain damage, death
rubella	rash, fever	birth defects, miscarriage
chicken pox	rash, fever	ear or skin infections, death
mumps	fever, swollen glands	meningitis, deafness
diphtheria	membrane grows in the throat, fever	death
pertussis	cough, fever	pneumonia, death
tetanus	headache, stiff jaw and muscles	muscle spasms, death
Hib	headache, cough, fever	meningitis, brain damage, death
polio	fever, headache, nausea sore throat, sore muscles	paralysis, death

CALLING THE CLINIC

A: Clinic. How can I help you?
B: Do you give vaccination shots?
A: Yes. We do immunizations every morning from 8:00 to 11:00 and every afternoon from 1:00 to 4:00.
B: Do I need an appointment?
A: No.
B: Do I need to bring anything?
A: If your child was immunized before, bring his vaccination record.
B: How much do the shots cost?
A: They're free.
B: Thank you very much.

ASSIGNMENT I

Find the clinic nearest you in the blue pages of the phone book. Call the clinic and ask on what days and at what times they do immunizations. Bring the results to class and compile your results with your classmates' results to make an information booklet.

ASSIGNMENT II

Work with one or two other students to write a short play about Anna's experience. Perform it for your class or another class to teach them about immunization.

MAKING APPOINTMENTS

I. Look at the following page from a date book. Fill it in with your schedule for this week.

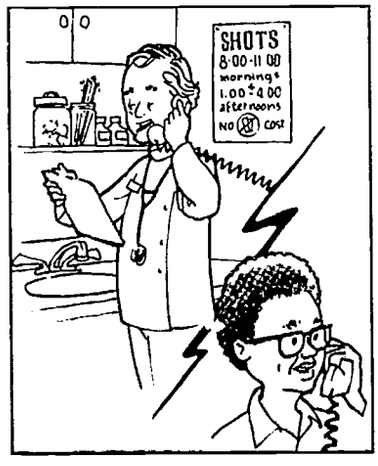
Monday 13	**Thursday 16**
Tuesday 14	**Friday 17**
Wednesday 15	**Saturday 18** / **Sunday 19**

II. Practice the dialogue below with your partner.

A: Hello, doctor's office. How can I help you?
B: I'd like to make an appointment to immunize my child.
A: O.K. Can you come *tomorrow morning at 10:00*?
B: No, we're busy *tomorrow morning*.
A: Can you come *tomorrow afternoon at 3:00*?
B: Yes, that would be fine.
A: What's your child's name?
B: _____ _____
A: Could you spell the last name please?
B: Yes. It's _____
A: Thank you very much.

III. Practice the above dialogue with different days and times substituted for the words in italics. Check your schedule to see if you can go to the appointment offered.

IV. Practice the dialogue below with a partner.



A: Clinic. How can I help you?
B: Do you give vaccination shots?
A: Yes. We do immunizations every morning from 8:00 to 11:00 and every afternoon from 1:00 to 4:00.
B: Do I need an appointment?
A: No.
B: How much do the shots cost?
A: They're free.
B: Thank you.
A: You're welcome.

FOR YOUR INFORMATION: There are shots to prevent the following diseases:

Disease	Symptoms	What can happen
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rubella	rash, fever	birth defects, miscarriage
chicken pox	rash, fever	ear or skin infections, death
mumps	fever, swollen glands	meningitis, deafness
diphtheria	membrane grows in the throat, fever	death
pertussis	cough, fever	pneumonia, death
tetanus	headache, stiff jaw and muscles	muscle spasms, death
Hib	headache, cough, fever	meningitis, brain damage, death
polio	fever, headache, nausea sore throat, sore muscles	paralysis, death

GROUP PROJECT

Work together with your teacher to find the public health clinics near you in the blue pages of the telephone book. Call them and ask when they do immunizations.

WRITING - FILLING OUT A FORM

1. **Fill out the forms below for you or your child.** (Insert copies of both immunization forms—personal record and clinic record. Circle the part that needs to be filled out in red)

CONSENT FOR IMMUNIZATONS
SIDE A: DELEGATION OF AUTHORITY TO CONSENT
(Complete applicable side only)

I give permission for _____
(Name of Adult giving consent)

to consent for _____ DOB __ / __ / __ to

receive the appropriate immunizations _____

Relationship of adult to minor: _____

_____
Signature/Parent Managing Conservator Guardian or Authorized Person — Date of Signature

_____
Signature Initials of Counselor — Date of Interview

TEXAS DEPARTMENT OF HEALTH

Immunization Record
Registro de Immunizaciones

Name (Nombre) _____
(Last Name) (First Name) (MI Initial)

Date of Birth (Fecha de Nacimiento) Sex (Sexo)

Address (Direccion) _____

City (Ciudad) _____ State (Estado) _____ Zip (Codigo Postal) _____

Social Security Number (Numero de Seguridad Social)

Medicaid Number (Numero de Medicaid)

WIC Number (Numero de WIC)

Clinic Identification Number (Numero de Identificacion de la Clinica)

WRITING - FILLING OUT A FORM

I. Fill out the forms below for you or your child.
(Insert copies of both immunization forms– personal record and clinic record. Circle the part that needs to be filled out in red)

Immunization Form A:

CONSENT FOR IMMUNIZATONS
SIDE A: DELEGATION OF AUTHORITY TO CONSENT
(Complete applicable side only)

I give permission for _____
(Name of Adult Giving Consent)

to consent for _____ DOB ___/___/___ to

receive the appropriate immunizations._____

Relationship of adult to minor: _____

_____
Signature/Parent, Managing Conservator, Guardian, or Authorized Person — Date of Signature

_____
Signature/Initials of Counselor — Date of Interview

TEXAS DEPARTMENT OF HEALTH

Immunization Form B:

Immunization Record
Registro de Immunizaciones

Name (Nombre) _____
Last (Appellido) First (Nombre) MI (Inicial)

Date of Birth (Fecha de Nacimiento) _____ _____ Sex (Sexo) _____

Address (Dirección) _____

City (Ciudad) _____ State (Estado) _____ Zip (Código Postal) _____

Social Security Number (Número de Seguridad Social) _____

Medicaid Number (Número de Medicaid) _____

WIC Number (Número de WIC) _____

Clinic Identification Number (Número de Identificación de la Clínica) _____

IV. Comprehension exercise: Have students work in pairs and discuss their answers.

V. For Your Information: This chart shows students the diseases that can be prevented by immunizations and stresses once again that these diseases can be deadly. If you want them to become familiar with the names of the diseases, you could play password: Give each student a slip of paper with the name of one of the diseases and have them describe the disease without saying its name. The other students listen and guess which disease it is. This activity works especially well if students are divided into small groups or if the class is divided into teams for a game.

VI. Doctor's or clinic appointment dialogue:

A. Filling in a date book: To model, show a page of a date book on the overhead projector and fill it in for your schedule for the coming week. Then have the students fill in theirs.

B. Have students practice the dialogue substituting new dates and times for the italicized ones in the dialogue.

VII. Clinic dialogue: Disappearing dialogue

A. Write dialogue on board before class.

B. Model the dialogue with a student and then have students practice in pairs.

C. Erase one or two words from each line. Have one pair of students (volunteers) say the dialogue through inserting the missing words from memory. Then have all pairs practice.

D. Repeat steps A through C until the entire dialogue is erased.

After completing the appointment-making practice, you might want to discuss the differences between clinics and doctors' offices (e.g., that the clinic is usually cheaper, that some clinics don't require appointments for immunizations, etc). In addition, discuss the fact that babies not only need immunizations, but need to go to a doctor or clinic regularly for well-baby checkups to make sure they are developing normally in every way.

VIII. Group assignment: Work together with the class to find the clinics in the blue pages. Show them where they are located on a map of the area. If the class is held in the daytime, practice calling the clinic during class. If not, have students call for homework.

LEVEL 3/ABE

I. Dialogue: Have students read the dialogue silently to introduce the topic. Answer any questions they have about vocabulary.

II. Vaccinations: Ask them the questions before they read this section to give them a chance to show what they know. This is a good opportunity for discussion.

III. What Do You Know: This will be easier for ABE students since they probably already know the diseases, but it is a useful exercise for ESL students as well, since they will probably want to know the names of these common diseases. Let students work together in pairs or small groups to generate discussion.

IV. Anna's Story: Have students read Anna's story silently in class or for homework. Go over the new vocabulary in class.

V. Comprehension exercise: Have students work in pairs and discuss their answers.

VI. For Your Information: This chart shows students the diseases that can be prevented by immunizations and stresses once again that these diseases are deadly. If you want them to become familiar with the names of the diseases, you could play password: Give each student a slip of paper with the name of one of the diseases and have them describe the disease without saying its name. The other students listen and guess which disease it is. This activity works especially well if students are divided into small groups or if the class is divided into teams for a game.

VII. Calling the Clinic: If you think they need the practice, have students read the dialogue aloud in pairs. Otherwise, have them read it silently.

VIII. Assignments: These assignments are time-consuming. Allow each student to choose one and share the results in class.

Assignment 1: You might want to do the phone book activity in class, and as with the lower levels, show them where the clinics are on a map.

Assignment 2: This is a difficult assignment that will probably only appeal to certain students. They may need help with writing a dialogue.

MORE ABOUT CHILDHOOD DISEASES

MEASLES causes a high fever and rash. The disease can also cause pneumonia, deafness, brain damage or even death.

RUBELLA or **GERMAN MEASLES** doesn't make children very ill, but if a child passes the disease to a pregnant woman, she could lose her baby, or the baby might be born deaf or with brain damage.

CHICKENPOX causes a fever and a rash of itchy blisters all over the body. Most healthy children recover from chickenpox in 10 to 14 days. Some children with chickenpox have to go to the hospital because they get pneumonia or encephalitis. Before we had a vaccine, chickenpox killed about 90 children every year in the United States.

MUMPS causes glands to swell and hurt. It can spread to the brain or spinal cord.

DIPHTHERIA is fatal for one of every ten people who catch it. A child with this disease may not be able to breathe or swallow.

PERTUSSIS (WHOOPING COUGH) causes hard coughing spells that make breathing very difficult. It can also lead to pneumonia, seizures or swelling of the brain.

TETANUS germs invade the body through a scratch, cut or deep wound. Once inside, the germs grow and produce a poison that attacks the nervous system, causing muscle pain and spasms. Three out of ten people with tetanus die.

HIB can cause meningitis or brain inflamation. This can lead to brain damage and sometimes death. Hib can also cause pneumonia and infections of the blood, joints, throat or heart.

POLIO starts with fever and muscle pain. Some people who get it will never again be able to move their arms or legs. There is no treatment for polio.