



MESSAGE FROM THE SECTION ADMINISTRATOR

CHARLES H. ALEXANDER

Welcome to the Fall edition of IMMU-NEWS.

It is that time of year again where students are back at school and football season is here! We notice a slight coolness in the air as Thanksgiving quickly approaches. Along with these welcome changes, it is also the time for seasonal illnesses such as the flu and pertussis. This issue will focus on flu and cough prevention. Read ahead to learn about the flu and pertussis. You will find interesting facts and tips for prevention. Also read about changes and accomplishments of the Florida Vaccines For Children Program and the Florida SHOTS Team.

We have had some program staff changes of note since the last issue.

Elizabeth Anderson has left the Immunization Section and is now working just across the hall in the Bureau of Epidemiology. We congratulate Elizabeth on her new position. Anne Cordon left the Immunization Section after 3 ½ years of service. We wish her luck in her new opportunity. We thank both ladies for their outstanding service.

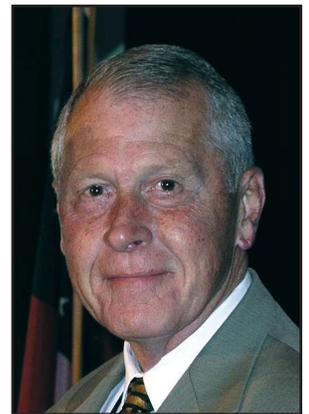
The Immunization Section welcomes several new staff members. We are pleased to announce our new CDC Senior Public Health Advisor, Cristi Chambers. We welcome Mary McBride who joined the Budget Unit as a Government Operations Consultant I. Chelsea Peltier has also joined the Budget Unit as an Administrative Assistant I. The Florida SHOTS Team recently added three new employees. We welcome Utilization Coordinators, Lisa Rodriguez and April Turner, and Implementation Specialist, April Cole.

Lastly, we welcome new Leon County field staff member, Jacquelynn Hairston, as our Area 2 Immunization Consultant.

We are also very pleased to announce that the Florida SHOTS Helpdesk Team won the Division's Constellation Award. What an honor! Congratulations to the Florida SHOTS Helpdesk Team for going above and beyond and receiving this award.

We wish you all a happy and healthy fall. Stay safe, enjoy the cooler weather, and do not forget to get your flu shot.

Enjoy this issue and visit us at ImmunizeFlorida.org!



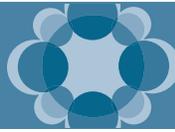
Charles H. Alexander

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IMMU-NEWS is a publication of the:
Florida Department of Health
Division of Disease Control and Health Protection
Immunization Section



Protect Yourself This Fall

Fall is a special time of year. The hot and humid weather gives way to slightly cooler days and crisp evenings. Fall brings a time of thanks and family gatherings. Fall also brings a few things we may not be so thankful for, seasonal illness, coughs and colds. Some seasonal and cough illnesses can be prevented with vaccine, such as the flu and pertussis. Here are some facts about flu and pertussis and how you may be able to prevent them. Please take the opportunity to encourage the recommended vaccines for HPV and meningitis with the seventh grade required Tdap.

Influenza, more commonly known as “the flu,” is a contagious respiratory illness caused by influenza viruses. Influenza is a serious disease that can cause mild to severe illness. It can lead to hospitalization and sometimes even death. Even healthy people can get very sick from the flu and spread it to others. People 65 years and older, people with chronic medical conditions (such as asthma, diabetes, and lung, heart, or kidney disease), people with weakened immune systems, pregnant women, and young children are at increased risk for severe flu-related complications if they become sick.

Flu season typically starts in the fall and peaks in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

Influenza is spread when a person with flu coughs, sneezes, or talks and the droplets containing their germs land in your mouth or nose or are inhaled into the lungs. Although less frequent, touching a surface or object that has the flu virus on it and then touching your mouth, eyes, or nose can also spread influenza. Flu symptoms start 1-4 days after the virus enters the body. You may be able to infect other people as soon as 1 day before your symptoms develop and up to 5-7 days after becoming sick. Children may pass the virus for longer than 7 days.

Flu symptoms can include:

- Fever/chills (100-103 degrees Fahrenheit)
- Sore throat
- Muscle aches

- Fatigue
- Cough
- Headache
- Runny or stuffy nose
- Although gastrointestinal symptoms are rare, nausea, vomiting, and diarrhea can sometimes accompany the flu, especially in children. The term “stomach flu” is not really flu at all, but is often used to describe an illness caused by other viruses, bacteria, or parasites. The flu is a respiratory disease, not a stomach or intestinal disease.

Most people who get the flu will recover within one to two weeks, but some will develop complications. These complications can be life threatening. Flu-related complications may include pneumonia, bronchitis, dehydration, and sinus or ear infections. The flu can also cause chronic health problems to become worse.

Getting an annual influenza vaccine is your best protection against the flu and flu-related complications. The ACIP recommends that all persons aged 6 months and older receive an



annual influenza vaccination. Some everyday practices that can also help stop the spread of flu include:

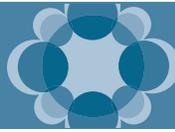
- Avoid touching your eyes, nose, or mouth
- Avoid contact with sick people
- Stay home if you are sick
- Cover your nose and mouth with a tissue when you cough or sneeze

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Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control and Prevention
- CHD: County Health Department
- DOH: Florida Department of Health
- DTaP: Diphtheria-Tetanus-Pertussis vaccine
- Florida SHOTS™: Florida State Health Online Tracking System
- Hep A: Hepatitis A
- Hep B: Hepatitis B

- Hib: Haemophilus influenzae B
- HPV: Human Papillomavirus
- MCV: Meningococcal Conjugate Vaccine
- MMR: Measles-Mumps-Rubella
- MMRV: Measles-Mumps-Rubella-Varicella
- PCV: Pneumococcal Conjugate Vaccine
- PPSV: Pneumococcal Polysaccharide Vaccine
- Tdap: Tetanus-diphtheris-pertussis
- VFC: Vaccines For Children



- Wash your hands often with soap and water. If soap and water are not available, you can use an alcohol-based hand sanitizer.
- Clean and disinfect frequently touched surfaces both at home and work, especially if someone is ill.

Flu viruses are constantly changing, so it is not unusual for new flu virus strains to appear each year. There are several new influenza vaccine options available for the upcoming season. Visit the CDC flu website, www.cdc.gov/flu/about/qa/preventingflu.htm, to learn more about different types of vaccines. The Immunization Action Coalition (IAC) has developed a handout that provides a quick look at the 2013-2014 product names, their manufacturers, their age indications, CPT and Q codes, etc... You can assess this document through the IAC web site at www.immunize.org/catg.d/p4072.pdf.

Most of the influenza vaccine offered for the 2013–2014 season will be trivalent (three components), containing two A viruses, and one of the B viruses. A limited quantity of seasonal influenza vaccine will be quadrivalent (four components), containing two A viruses, and two B viruses. Vaccine virus strains included in the 2013–14 U.S. trivalent influenza vaccines will be an A/California/7/2009 (H1N1)–like virus, an H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011, and a B/Massachusetts/2/2012–like virus. Quadrivalent vaccines will include an additional influenza B virus strain, a B/Brisbane/60/2008–like virus, intended to ensure that both influenza B virus antigenic lineages (Victoria and Yamagata) are included in the vaccine.

A series of new abbreviations was developed to help identify the different types of vaccines available. Changes to influenza vaccine abbreviations, influenza product information on the 2013-2014 flu season vaccine, as well as vaccine recommendations is located on CDC's web link at:

www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm



On September 20, 2013, the CDC published Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2013–14 Influenza Season Morbidity and Mortality Weekly Report (MMWR) September, 20, 2013 / 62(RR07);1-43. Visit www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w to read the entire document.

The CDC does not offer any preferential recommendation for which of the available flu vaccine options people choose this season; this includes deciding between trivalent or quadrivalent vaccine or between injection (the flu shot) or nasal spray vaccine. Although some vaccines are intended for specific age groups, all options

are acceptable. The important thing is to get the influenza vaccine every year.

**DON'T GET THE FLU.
DON'T SPREAD THE FLU.
FLU ENDS WITH U!**

GET VACCINATED.

The CDC has classified health care workers as a high priority group for yearly vaccinations that are highly effective at preventing influenza. The CDC, the ACIP, and the Health care Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers receive annual vaccinations against influenza. Annual vaccinations are important because influenza is unpredictable. Flu viruses are constantly changing and immunity from vaccination declines over time. On September 5, 2013, Charles Alexander, administrator of the immunization section, distributed an announcement strongly encouraging all Health care Personnel in the state of Florida to receive an annual influenza vaccination. It is important that we immunize the general population, but it is vital that those taking care of the sick have protection. Not only are health care workers in danger of contracting influenza, they can spread the illness to their family, co-workers, and patients. Please get your annual vaccine and encourage others to do the same.

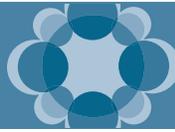
Pertussis

Pertussis, or whooping cough is a very contagious bacterial respiratory illness. It is spread from person to person. People with pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the pertussis bacteria. Symptoms of pertussis usually develop within 7–10 days after being exposed, but sometimes not for as long as 6 weeks.

Pertussis can cause serious illness in infants, children and adults. The disease usually starts with cold-like symptoms and maybe a mild cough or fever. After 1 to 2 weeks, severe coughing can begin. Unlike the common cold, pertussis can become a series of coughing fits that continues for weeks. Pertussis can cause violent and rapid coughing, over and over, until the air is gone from the lungs and you are forced to inhale with a loud “whooping” sound. This extreme coughing can cause you to throw up and be very tired. The “whoop” is often not there and the infection is generally milder in teens and adults, especially those who have been vaccinated.

In infants, the cough can be minimal or not even there. Infants may have a symptom known as “apnea.” Apnea is a pause in the child's breathing pattern. Pertussis is most dangerous for babies. About

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half of infants younger than 1 year of age who get the disease are hospitalized.

Because pertussis in its early stages appears to be nothing more than the common cold, it is often not suspected or diagnosed until the more severe symptoms appear. Pertussis can be diagnosed by taking into consideration if you have been exposed to pertussis and by doing a physical exam and laboratory tests.

Pertussis is generally treated with antibiotics and early treatment is very important. Treatment may make your infection less severe if it is started early, before coughing fits begin. Treatment can also help prevent spreading the disease to close contacts (people who have spent a lot of time around the infected person). Treatment after three weeks of illness is unlikely to help because the bacteria are gone from your body, even though you usually will still have symptoms. This is because the bacteria have already done damage to your body.

The best way to prevent pertussis among infants, children, teens, and adults is to get vaccinated. Also, keep infants and other people at high risk for pertussis complications away from infected people. Many infants who get pertussis are infected by older siblings, parents or caregivers who might not even know they have the disease.



In the United States, the recommended pertussis vaccine for infants and children is called DTaP. This is a combination vaccine that protects against

three diseases: diphtheria, tetanus and pertussis. Vaccine protection for these three diseases fades with time. Before 2005, the only booster available contained protection against tetanus and diphtheria (called Td), and was recommended for teens and adults every 10 years. Today there is a booster for preteens, teens and adults that contains protection against tetanus, diphtheria and pertussis (Tdap).

The easiest thing for adults to do is to get Tdap instead of their next regular tetanus booster—that Td shot that they were supposed to get every 10 years. The dose of Tdap can be given earlier than the 10-year mark, so it is a good idea for adults to talk to a health care provider about what is best for their specific situation.

While pertussis vaccines are the most effective tool we have to prevent this disease, no vaccine is 100% effective. If pertussis is circulating in the community, there is a chance that a fully vaccinated person, of any age, can catch this very contagious disease. If you have been vaccinated, the infection is usually less severe. If you or your child develops a cold that includes a severe cough or a cough that lasts for a long time, it may be pertussis. The best way to know is to contact your doctor.

For more information about pertussis visit the Centers for Disease Control and Health Protection pertussis website at www.cdc.gov/pertussis/.

Keeping Your Vaccine Protected: Tips for Storage and Handling

Good storage and handling practices are essential to maintain effective and viable vaccine. Here are the top ten storage and handling tips you need to know:

1. Immediately unpack, examine and store vaccine deliveries

- Open package immediately
- Check temperature monitor within vaccine package
- Inspect vaccine and check expiration dates
- Compare vaccine received with packing list
- Store vaccine at appropriate temperatures. **DO NOT FREEZE REFRIGERATED VACCINES.**



2. Store vaccines in equipment that maintains appropriate storage temperatures.

- Storage units must maintain temperatures between 35°F and 46°F (2°C and 8°C) for refrigerated vaccines and between -58°F and +5°F (-50°C and -15°C) for frozen vaccines.
- Stand-alone refrigerators and freezers are highly recommended
- Dormitory refrigerators are not acceptable storage units for vaccine

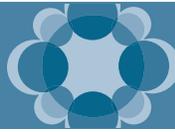
3. Store vaccine in a temperature stable location of the storage unit

- Store vaccines in the middle of refrigerator or freezer unit away from coils, walls, floor, and cold air vents
- Never store vaccines in doors
- Stabilize temperatures with proper placement of water bottles in refrigerator or frozen packs in freezer

4. Use reliable temperature measurement tools

- Use of certified calibrated thermometers is required for all VFC providers

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- Digital thermometers with detachable biosafe glycol-encased probes that measures liquid temperatures is recommended
 - Thermometers should be centrally placed within vaccine storage units
5. Monitor vaccine storage unit temperatures
 - Temperatures should be monitored and logged at least twice daily
 - Continuous monitoring devices are recommended
 6. Report temperature excursions to the manufacturer
 - Providers should document temperature excursions and record maximum time vaccines were exposed to worst temperatures
 - Separate compromised vaccine from viable vaccine
 - Label compromised vaccines “do not use”
 - Continue to store vaccine under appropriate temperature conditions
 - Contact Immunization Section and/or manufacturer
 7. Rotate vaccines with soonest to expire in front
 - Rotating vaccine will ensure oldest vaccine is used first
 8. Remove expired vaccine from storage unit
 - Contact the vaccine manufacturer or Immunization Section for disposal of expired/wasted vaccine
 9. Establish an emergency plan
 - Create an emergency plan for relocation of vaccine in case of a storage unit malfunction, natural disaster, power outage, or other emergency
 - Update your emergency plan at least annually
 - Cold chain should be assured even in emergency
 10. Use Equipment that maintains correct temperatures for transport
 - Monitor temperatures during transport
 - Only limited amounts of vaccine should be transported to off-site clinics

Vaccines for Children (VFC) and Florida SHOTS

The VFC Program just celebrated our one year anniversary of ordering VFC vaccine in Florida SHOTS. Our providers have taken this journey with us and ordering VFC Program vaccine is easier and faster than ever before. As with any big change, there were hiccups and bumps along the way. Florida SHOTS offers timely training webinars and the VFC Program strives to keep providers updated on the latest ordering news through emails or VFC Program blast faxes. With so many changes in the last year, we would like to remind our providers of all the new changes and how to ensure that your VFC account and personnel can access all that we have to offer.

Have a New VFC Vaccine Coordinator?

The VFC Vaccine Coordinator is your lifeline to the VFC Program. This person is responsible for properly managing your VFC vaccine inventory, places your vaccine order request, and who the VFC Program will call first when we have a question. They are also responsible for knowing and maintaining all VFC Program policies and procedures. Don't forget to notify the VFC Program when your Vaccine Coordinators change. Your first call should be to the VFC Program at 800-483-2543 to find out how to update your Coordinator information. Your second call should be to your Immunization Section Field Staff. This team has the answers you need for questions ranging from how to store your vaccine in the refrigerator to how to improve immunization rates in your practice. Not sure who to contact? Use the field staff locator available at: www.floridahealth.gov/prevention-safety-and-wellness/immunization/immunization-program-sections/locate-field-staff/index.html to locate which area your office is in.

Need Access to Florida SHOTS?

All VFC ordering functions are done through Florida SHOTS. Every person who needs to log in to Florida SHOTS must have their own individual user ID. Florida SHOTS users with administrator rights can add new users onto the Florida SHOTS accounts. A user ID and password can easily be created by your administrator. If you don't know who your administrator is, you can also contact the Florida SHOTS Helpdesk at 877-888-SHOT (7468). To gain vaccine ordering privileges, contact the VFC Program at 800-483-2543 after your Florida SHOTS user ID is created.

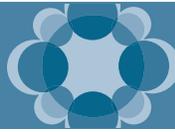
Where Do I Go From Here?

For the latest training materials, visit flshotsusers.com/training/guides/private-provider-guides/. Florida SHOTS has training guides (in PDF format) and online webinars that show you how to maintain your VFC vaccine inventory and create orders. The VFC Program strongly recommends that all provider staff responsible for placing the VFC vaccine orders review the webinar titled “VFC/Florida SHOTS Direct Electronic Ordering.” This step-by-step guide will teach you how to place an order correctly the first time, every time.

Participation in the VFC Program and Florida SHOTS is important to the children who receive their care from you; therefore managing



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your vaccine in these systems is essential. The Immunization Section will provide the tools and resources you need to properly navigate the road ahead.

Florida SHOTS Helpdesk Team Wins Division's Constellation Award

The Florida SHOTS Helpdesk Team won the Division of Disease Control and Health Protection's CONSTELLATION AWARD.

The team highlighted their abilities to work cohesively & effectively. Those values are reflected in reports, and by customer acclaim. During the recent back-to-school season, the busiest time of year for the section, the usual team of four highly trained staff members, for various reasons, dwindled down to one. That one individual found the time to assist in training two new coworkers, while juggling extremely high call volumes. Proper management and team fostering made it possible for two individuals to be added seamlessly.

Further process enhancements continue to be reviewed and implemented, improving effectiveness, and efficiency while always remaining focused on the customer. This team is constantly coming up with ways to save time and money. Team goals were met because the staff worked diligently, efficiently, and effectively as a team.

The positive impact of the team is shown in the myriad of customer satisfaction calls and compliments. There were zero customer complaints during the busiest season of the year for the team. There were times that each staff member had to juggle between multiple active calls, while completing separate tasks, yet no customer felt the need to complain to management about the services they received. The Team has shown exemplary customer service skills.

The Team leader, Don Lawler, emphasized that this staff performed exceptionally well with decreased size and increasing workload. While they continue to track and analyze data related to this team and the processes they work through the team was commended and recognized with the Division's Constellation Award. Way to go Florida SHOTS Helpdesk Team!

FDOH in Brevard County Presented Certificate of Achievement

On Friday October 18th Robert Colon visited FDOH in Brevard County to present a Certificate of Achievement for two year old



coverage levels at the county health department. The Immunization staff has worked very hard and have been very diligent for many years to make immunizations stand out at FDOH in Brevard County.

Influenza FAQs from the CDC

What influenza vaccines will be available during the 2013–14 influenza season?

Seven manufacturers will produce influenza vaccine for the U.S. market for the 2013–2014 season. Inactivated, recombinant (inactivated) and live attenuated vaccines will be produced using egg-based, cell culture-based, and recombinant technologies. The live attenuated vaccine and some of the inactivated influenza vaccines will contain four strains of influenza virus rather than three. A complete listing of influenza vaccine products is available at www.immunize.org/catg.d/p4072.pdf.

A series of new abbreviations will help identify the different types of vaccines available. The abbreviations include IIV for inactivated influenza vaccine, RIV for recombinant hemagglutinin influenza vaccine, LAIV for live, attenuated influenza vaccine, and cIIV for cell culture-based IIV. The addition of either a 3 or a 4 at the end of an abbreviation indicates if the vaccine is trivalent or quadrivalent (for example, IIV3, RIV3, IIV4, LAIV4).

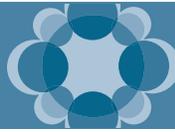


The available products are:

- Afluria (IIV3), CSL Limited
- Fluarix (IIV3, IIV4), GlaxoSmithKline

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Florida Shots™
keeping shots in check



- FluLaval (IIV3), ID Biomedical Corporation of Quebec
- FluMist (LAIV4), MedImmune
- Fluvirin (IIV3), Novartis
- Flucelvax (ccIIV3), Novartis
- Flublok (RIV3), Protein Sciences Corporation
- Fluzone (IIV3, IIV4), sanofi pasteur
- Fluzone High-Dose (IIV3), sanofi pasteur
- Fluzone Intradermal (IIV3), sanofi pasteur

IAC has developed a handout that provides information about these numerous products, their age indications, CPT and Q codes, and other details.

What are the differences in trivalent and quadrivalent influenza vaccines?

Most of the influenza vaccine produced for the 2013–2014 season will be trivalent (three components), containing two A viruses and one of the B viruses. The 2013–2014 trivalent influenza vaccine is made from the following three viruses:

- A/California/7/2009 (H1N1)pdm09-like virus
- A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011
- B/Massachusetts/2/2012-like virus

A limited quantity of seasonal influenza vaccine will be quadrivalent (four components), containing two A viruses and two B viruses. The quadrivalent vaccines will contain the three viruses listed above, plus a B/Brisbane/60/2008-like virus.

If quadrivalent vaccine includes one additional strain, why isn't it preferred for use over trivalent vaccines?

Even though both influenza B viruses are likely to cause disease during an influenza season, traditionally experts have to choose between the two very different B viruses to include with the two A viruses based on which type of B virus is expected to predominate. This can be difficult to predict. The quadrivalent vaccine that will be available for the 2013–14 season includes both B viruses. However, while quadrivalent vaccines may eventually replace trivalent vaccines, it is anticipated that during the coming season only a limited quantity of quadrivalent vaccine will be available. Consequently, ACIP does not express a preference for use of one type of influenza vaccine over another type (that is, live over inactivated, or quadrivalent over trivalent) for persons for whom more than one type of vaccine is indicated and available.

Q: I heard there was a new influenza vaccine that can be given to people with severe egg allergies. Is that true?

A: If someone has a severe allergy to eggs with symptoms suggestive of anaphylaxis, CDC recommends referring patients to a provider experienced in managing allergy. Only inactivated influenza vaccines should be given in this circumstance. If the severe allergy to eggs is diagnosed as anaphylactic allergy, and the patient is age 18 through 49 years, then the provider can consider



using Flublok, the one inactivated influenza vaccine that is egg-free. FDA licensed Flublok, a trivalent influenza vaccine, in January 2013. Unlike current production methods for other available seasonal influenza vaccines, production of Flublok does not use the whole influenza virus or chicken eggs in its manufacturing process.

Flublok has a shorter shelf life than other currently available inactivated

influenza vaccines. It expires 16 weeks from the production date. Other currently available inactivated influenza vaccines expire on June 30, 2014.

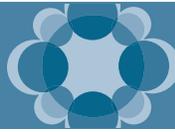
You can find additional information about Flublok on CDC's website:

www.cdc.gov/flu/protect/vaccine/qa_flublok-vaccine.htm.

Q: How many doses of vaccine are recommended for children younger than 9 years who are receiving influenza vaccine for the first time?

A: In settings where adequate vaccination history from prior to the 2010–2011 season is unavailable, children 6 months through 8 years of age need only 1 dose of vaccine in 2013–2014 if they received a total of 2 or more doses of seasonal vaccine since July 1, 2010. Children who did not receive a total of 2 or more doses of seasonal vaccine since July 1, 2010, require 2 doses in 2013–2014. In settings where adequate vaccination history from prior to the 2010–2011 season is available, an alternate approach may be used. This is the alternate approach: If a child age 6 months through 8 years is known to have received at least 2 doses of seasonal influenza vaccine during any prior season, and at least 1 dose of a 2009 (H1N1)-containing vaccine—i.e., either 2010–2011, 2011–2012, or 2012–2013 seasonal vaccine or the monovalent (H1N1) 2009 vaccine—then the child needs only 1 dose for 2013–2014. Otherwise the child needs 2 doses for the 2013–2014 season.

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Q: Why is a higher dose influenza vaccine (Fluzone High-Dose) available for adults 65 and older?

A: Aging decreases the body's ability to develop a good immune response after getting influenza vaccine, which places older people at greater risk of severe illness from influenza. A higher dose of



antigen in the vaccine should give older people a better immune response and therefore provide better protection against influenza. Data from clinical trials comparing Fluzone to Fluzone High-Dose among people age 65 and older indicate that a stronger immune response (i.e., higher antibody levels) occurs after vaccination with Fluzone High-Dose. Whether the improved immune response leads to greater protection against influenza disease after vaccination is not yet known. A study designed to determine how effective Fluzone High-Dose is in preventing illness from influenza, when compared with standard-dose Fluzone, is expected to be completed in 2014–2015.

CDC has stated no preference for using high-dose influenza vaccine or standard-dose influenza vaccine when vaccinating people age 65 and older. CDC stresses that vaccination is the first and most important step in protecting against influenza.

Q: Can a child who needs 2 doses of influenza receive 1 dose of quadrivalent vaccine and 1 dose of trivalent vaccine?

A: Yes. You can give these two vaccines, as long as the 2 doses are appropriately spaced.

Q: Does ACIP recommend one influenza product over another for pregnant women?

A: Pregnant women can receive any of the inactivated vaccines. They should not be given the live quadrivalent attenuated influenza vaccine (FluMist, MedImmune, LAIV4).

Q: If a patient is undergoing treatment for cancer, is it safe to vaccinate her or him against influenza?

A: People with cancer need to be protected from influenza, and they can and should receive inactivated influenza vaccine (not LAIV) even if they are immunosuppressed. Cancer patients and survivors are at higher risk for complications from flu, including hospitalization and death.

Please visit: www.cdc.gov/cancer/flu/. You will find helpful information on cancer and influenza for patients.

Q: If a woman received Tdap in early pregnancy, should she get it again in the third trimester?

A: No, it is not recommended to give another dose of Tdap in such cases. Optimal timing for Tdap administration is between 27 and 36 weeks' gestation because of transplacental antibody kinetics.

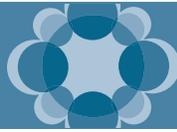
According to ACIP recommendations published in MMWR on February 22, 2013, "Tdap may be administered any time during pregnancy, but vaccination during the third trimester would provide the highest concentration of maternal antibodies to be transferred closer to birth."



Q: Each time there is a pregnancy in the family, should fathers and other family members receive a Tdap booster to ensure adequate protection and boost the cocoon effect to protect the newborn from pertussis?

A: At this time, ACIP does not recommend additional doses of Tdap for fathers or other family members/caregivers. The multiple Tdap recommendation to optimize immunity for the infant applies only to the pregnant woman.

Q&A acquired from www.immunize.org/express/issue1078.asp on October 15, 2013. We thank the Immunization Action Coalition.



Flu Prevention

These Influenza Prevention publications, and many more, are available as Adobe Acrobat PDFs.

Many Immunization Section materials are designed for customizing to display your logo, company name, address, email, web address, and phone number. We grant immunization partners rights to display their logo, provided that no parts of the Immunizations Section's or the DOH's materials, logos, or brand are altered in any fashion. In addition, the Section's products may not be sold. If you are interested in commercial printing of these documents, please contact Jennifer Ouzts at 850-245-4444, extension 2382, or by email at jennifer.ouzs@FLHealth.gov, to request print-ready PDFs.

Be a Part of a Healthier Florida

Protect Your Staff, Your Residents, Their Families, and the Community.

Chapter 400.143, Florida Statutes, requires licensed nursing home facilities:

- Provide immunizations against influenza viruses by November 30 of each year.
- Confirm each resident has received immunizations against pneumonia.
- Annually encourage and promote the benefits associated with immunizations.

FOR MORE INFORMATION, CALL (850) 245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Immunizing Florida, Protecting Health. Bureau of Communicable Diseases Immunization Section

Your Customers Count on You!

Protect Yourself and the Ones You Love

Who Should Get the Seasonal Flu Vaccine?

Anyone who wants to reduce the risk of becoming ill with influenza or transmitting influenza to others. Flu vaccine is the best way to prevent infection. However, some individuals are more likely to get flu complications that result in being hospitalized and occasionally result in death.

- People at high risk for developing flu-related complications: Children younger than 5, but especially children younger than 2 years of age.
- Adults 65 years of age and older, especially all residents of nursing homes or other long-term care facilities.
- All women who will be pregnant during the influenza season.
- Women who are pregnant are also at risk for influenza complications and should be vaccinated.

People who have medical conditions, including:

- A chronic disease of the blood, liver, kidneys, heart, or lungs.
- A weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on steroids).
- People who are morbidly obese (Body Mass Index, or BMI, of 40 or greater).
- Certain muscle or nerve disorders.

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Will You Be Pregnant This Flu Season?

Your Pregnancy. Get Vaccinated.

Severe illness from flu, causing hospitalizations and even death. Pregnant later chance for serious problems for their unborn baby, including miscarriage. Research Foundation shows that flu shots are a safe way to protect yourself and your baby.

Get vaccinated before you get pregnant. The flu shot is the only flu vaccine approved for pregnant women.

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Bureau of Communicable Diseases Immunization Section

Protect Yourself and the Ones You Love

Be Safe. Get Immunized.

As a healthcare worker, you have a special role in the fight against influenza. Because you care for people at high risk for influenza-related complications, it is especially important to get vaccinated annually.

- By getting vaccinated, you can protect your health, your family's health, and the health of your patients.
- Your co-workers need you to be healthy and able to perform your duties.
- Getting a yearly flu vaccine can ensure your time off is spent doing what you want to do, not staying home sick.
- Setting an example and encouraging vaccination of your patients importance of high community coverage.

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Immunizing Florida, Protecting Health. Bureau of Communicable Diseases Immunization Section

Protect Yourself and the Ones You Love

Top 3 Reasons to Get Your Flu Vaccine

- 1 Prevents influenza-related death and severe illness
- 2 Prevents chronic illnesses from worsening
- 3 Protects other people

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Immunizing Florida, Protecting Health. Bureau of Communicable Diseases Immunization Section

Protect yourself and the ones you love.

Get vaccinated

Influenza or "flu" can cause serious illness. Vaccination is the best way to protect yourself and your family.

Cover your cough or sneeze

Cover your mouth and nose with your sleeve or a tissue when you cough or sneeze. Toss your used tissue in the waste basket and wash your hands.

Wash your hands

Wash your hands often with soap and water or use an alcohol-based hand cleaner.

Avoid touching your eyes, nose, and mouth

If you touch surfaces with the flu virus, you can get the flu by touching your eyes, nose, or mouth.

Stay home if you are sick

Flu viruses go wherever you go when you are infected. Stay at home and check with your healthcare provider when needed.

Fight the Flu

It starts with you.

GET MORE INFORMATION AT WWW.IMMUNIZEFLORIDA.ORG OR EMAIL IMMUNIZATION@FLHEALTH.GOV

Fight the Flu Part of a Healthier Florida. Bureau of Communicable Diseases Immunization Section

Patients Count on You!

Protect Yourself. Protect Your Patients. Get Your Flu Vaccine.

The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. healthcare workers get vaccinated annually against influenza.

- Influenza outbreaks in hospitals and long-term care facilities have been attributed to low influenza vaccination coverage among healthcare workers in those facilities.
- Healthcare workers who get vaccinated help reduce the transmission of influenza, staff illness and absenteeism, and influenza-related illness and death – especially among people at increased risk for severe influenza illness.
- You can protect others beginning 1 day before symptoms develop and up to 7 days after becoming sick. You could pass the flu on to someone before you know you are sick, as well as while you are sick.

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Immunizing Florida, Protecting Health. Bureau of Communicable Diseases Immunization Section