

MESSAGE FROM THE SECTION ADMINISTRATOR

Robert M. Griffin

Welcome to the Winter 2016 edition of IMMU-NEWS.

Winter is here yet again—the Christmas and New Year's holiday celebrations have come and gone. As we all embark on a brand new year, we welcome 2016 and are certain the Immunization Section will have another successful year!

Winter time usually brings cooler weather, colds and the dreaded flu. Be sure to get your flu shot this season—It's not too late! Flu season is here and what better way to protect your friends and family than with immunization. In this issue you will learn about cervical cancer, HPV, influenza vaccination and the importance of vaccinations across the lifespan, National Infant Immunization Week (NIIW) and other immunization-related information.

The Immunization Section has had a few staff changes of note since the last issue.

Pete Garner has been selected as the new Manager of the Florida SHOTS Unit. During his 13 years with the Department, Pete has worked with the Epidemiology Program, and for the last 10 years has provided technical consulting and assistance on many Florida SHOTS initiatives. Congratulations to Pete on his promotion!

Halsey Rhodes has been assigned as the new CDC Senior Public Health Advisor for the Immunization Section. Many of you may remember Halsey from his previous tenure with the Department from 2010 to 2012. Welcome back Halsey and we look forward to working with you again!

The Immunization Section would also like to welcome a new field staff member. Michele Watterson has joined Area 3 as an Immunization Analyst. Welcome aboard Michele—we look forward to working with you!

We wish everyone a happy and healthy new year. Stay safe, enjoy the cooler weather, and remember to get your flu shot.

Enjoy this issue and visit us at ImmunizeFlorida.org!

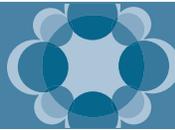
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Immunization Section
Division of Disease Control and Health Protection
Florida Department of Health





January is Cervical Health Awareness Month

January is Cervical Health Awareness Month, and the National Cervical Cancer Coalition (NCCC) urges every woman to make a New Year's resolution to talk to her health care provider about preventing cervical cancer. The NCCC website includes resources and ideas to help health care and social services professionals get the word out about cervical cancer prevention, including promoting vaccination against HPV infection.



For more information, visit: [NCCC Cervical Health Awareness Month website](#).

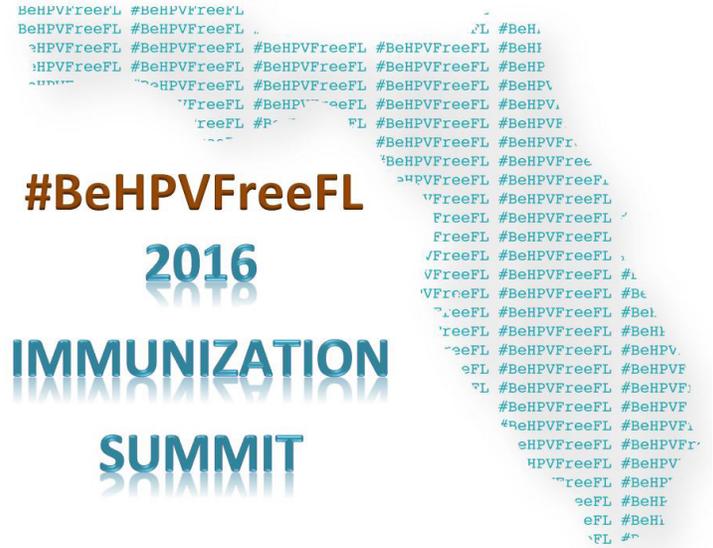
Florida Immunization Summit 2016: Be HPV Free

Cancer Prevention through HPV Vaccination was the focus of the 2016 Florida Immunization Summit. The summit was held February 11–12, 2016, at the Hilton Downtown Bayfront, Saint Petersburg, Florida. Medical providers, educators, community advocates, and HPV-associated cancer survivors were invited to share and discuss evidenced-based practices used in the prevention and treatment of HPV and HPV-related diseases. The summit goal was to improve the rates of HPV vaccination and reduce the incidence and mortality rates of HPV-related diseases in Florida. The two-day event was coordinated by the Department of Health-Pinellas staff, Andrea Peaten and Samantha Staley in collaboration with Pinellas Immunization Team for Community Health (PITCH) and the Florida Leading Immunizations Network of Coalitions (FL LINC).

As part of the summit, PITCH and the partners of “Shots across the Bay” hosted a half-day workshop, **Train the Trainer**, with a focus on creating Immunization Champions and an emphasis on improving HPV vaccination rates in Florida. The vaccination tools they learned about will enable participants to become advocates and trainers of their staff and clients in their communities. The three

hour workshop was held on February 11, 2016. The workshop was a “kickoff boot camp” for those in attendance of the full two-day summit. For those who were unable to attend the entire summit, this workshop was an ideal alternative.

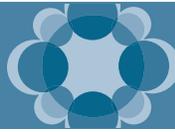
For additional questions regarding the summit, contact Andrea Peaten at Andrea.Peaten@flhealth.gov or Samantha Staley at Samantha.Staley@flhealth.gov.



#BeHPVFreeFL

Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- AFIIX: Assessment, Feedback, Incentives, eXchange
- CDC: Centers for Disease Control and Prevention
- CHD: County Health Department
- DOH: Florida Department of Health
- DTaP: Diphtheria-Tetanus-Pertussis vaccine
- FL LINC: Florida Leading Immunizations Network of Coalitions
- Florida SHOTS™: Florida State Health Online Tracking System
- HIV: Human Immunodeficiency Virus
- HPV: Human Papillomavirus
- NIIW: National Infant Immunization Week
- PDF: Portable Document Format
- PITCH: Pinellas Immunization Team for Community Health
- VFC: Vaccines For Children
- WHO: World Health Organization
- WIW: World Immunization Week



HPV—Questions & Answers

What is HPV?

Human papillomavirus (HPV) is the name of a group of skin viruses that includes more than 100 different types. More than 40 of these viruses infect the genital area, including the skin of the penis, vulva, or anus, and the lining of the vagina, cervix, rectum, or throat. Some of these viruses are "high-risk" types; they may cause abnormal Pap tests and can also lead to cancer of the cervix, vulva, vagina, anus, penis or throat. Others are considered "low-risk" types that may cause mild Pap test abnormalities or genital warts.

How does HPV spread?

HPV is spread through contact with infected skin. Most infected people have no symptoms and are unaware they are infected and can transmit the virus to a partner. Rarely, a pregnant woman can pass HPV to her baby during vaginal delivery.

How common is HPV in the United States?

HPV is the most common sexually-transmitted infection in the United States. About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually-active men and women will get at least one type of HPV at some point in their lives. An estimated 33,000 HPV-associated cancers occur annually in the U.S., including an estimated 12,600 HPV-associated cancers in males.

What are the symptoms of HPV?

Most people who become infected with HPV have no symptoms. Some people develop visible genital warts, or have pre-cancerous changes in the cervix, vulva, anus, or penis. Genital warts usually appear as soft, moist, pink, or flesh-colored swellings, usually in the genital area. They can be raised or flat, single or multiple, small or large, and sometimes cauliflower shaped. They can appear on the vulva, in or around the vagina or anus, on the cervix, and on the penis, scrotum, groin, or thigh. After sexual contact with an infected person, warts may appear within weeks or months, or not at all.

How serious is HPV?

Most HPV infections don't cause any symptoms and eventually go away, as the body's own defense system clears the virus. Women with short-term HPV infections may develop mild Pap test abnormalities that recede with time. A small percentage of people infected with HPV develop persistent (chronic) HPV infection. Women with persistent, high-risk HPV infections are at greatest risk for developing cervical cancer precursor lesions (abnormal cells on the lining of the cervix) and cervical cancer.

How is HPV infection diagnosed?

Genital warts in men and women are diagnosed by visual inspection. Most women are diagnosed with HPV infection on the basis of abnormal Pap tests. Additionally, a specific test is available to detect

HPV DNA in women. The test may be used in women with mild Pap test abnormalities or in women more than age 30 years at the time of Pap testing. In April 2014, the FDA approved the first HPV DNA screening test for women age 25 years and older that can be used to help a health care professional assess the need for additional diagnostic testing for cervical cancer. The test also can provide information about the patient's risk for developing cervical cancer in the future. HPV tests are not yet available for men.

How can people reduce their risk for acquiring genital HPV infection?

The surest way to eliminate risk for genital HPV infection is to refrain from any genital contact with another individual. For people who are sexually active, in a long-term, mutually monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. However, it is difficult to determine whether a partner who has been sexually active with another partner in the past is currently infected. It is not known how much protection a condom provides against HPV, since skin that is not covered by a condom can be exposed to the virus. However, condoms may reduce the risk of genital warts and cervical cancer. People can also reduce their risk by getting the HPV vaccine.

Who should get this vaccine?

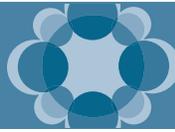
The CDC's ACIP recommends routine vaccination of boys and girls at age 11 or 12 years with catch-up vaccination for females through age 26 years, and for males through age 21 years. In addition, vaccination is also recommended for men age 22 through 26 years who have sex with men or are immunocompromised as a result of disease (including HIV) or medication. The vaccination series can also be started as young as age 9 years, at the clinician's discretion. Females can receive either Gardasil, Gardasil 9 or Cervarix. Males should receive Gardasil or Gardasil as the FDA has not approved Cervarix for use in males.



How effective are the HPV vaccines?

Gardasil and Cervarix are highly effective in preventing infection with types of HPV included in the vaccines. Studies have shown that both Gardasil and Cervarix prevent nearly 100 percent of the precancerous cervical cell changes caused by the types of HPV included in the vaccine for up to 8 years after vaccination. Among males, efficacy of Gardasil for prevention of genital warts was 89 percent and efficacy for the prevention of precancerous lesions of the anus was 78 percent.

Continued on next page



How long does vaccine protection last? Will a booster shot be needed?

The length of immunity is usually not known when a vaccine is first introduced. So far, studies have shown people to still be protected after eight years. More research is being done to determine how long protection will last, and if a booster dose will eventually be recommended.

Can HPV vaccine cause HPV?

No. HPV vaccines are inactivated so they cannot cause disease-like symptoms, HPV disease, or cancer.

Do women still need to get a Pap test if they've been vaccinated against HPV?

Yes. Women should continue to receive regular cervical cancer screening for three reasons. First, the vaccine does not provide protection against all types of HPV that cause cervical cancer. Second, women may not receive the full benefits of the vaccine if they do not complete the vaccine series. Third, women may not receive the full benefits of the vaccine if they were infected with HPV before receiving the vaccine. In addition, vaccinated people should continue to practice protective sexual behaviors since the vaccine will not prevent all cases of genital warts or other sexually transmitted infections.

Adapted from Immunization Action Coalition

Flu Vaccination: The Best Way to Protect Yourself and the Ones You Love from Flu

Have you gotten your flu vaccine this season? If not, now's the time. An annual flu vaccination is the best way to prevent the flu as well as flu-related complications that could lead to severe illness, hospitalization and even death. Health experts across the country recommend that everyone 6 months and older get a flu vaccine. Flu vaccination can reduce flu illnesses, doctors' visits, missed work and school due to flu, as well as prevent flu-related hospitalizations and deaths.

Influenza is among the most common respiratory illnesses in the United States, infecting millions of people every flu season. Every year, flu spreads across the country, from person to person, among families and communities. The severity of flu illness can vary from mild to severe. CDC estimates that from the 1976–1977 season to the 2006–2007 flu season, flu-associated deaths in the United States ranged from a low of about 3,000 to a high of about 49,000 people. And each season it's estimated that more than 200,000 people are hospitalized because of flu-related complications.

Over the years, the number of people recommended for flu vaccination has grown as experts have learned more about who is

at high risk from flu complications or who bears the greatest burden of illness and is likely to spread flu in the community. Scientists and public health experts have come to recognize that while the flu is particularly dangerous for certain people, it can cause severe illness and even death for anyone, regardless of whether or not they are "high-risk." Even healthy children and young adults can get very sick from the flu.



"One of the greatest challenges we face from the flu is the uncertainty of the disease," explains Dr. Anne Schuchat, previous Director of the National Center for Immunization and Respiratory Diseases at the CDC. "Flu viruses are constantly changing. Each flu season, different flu viruses can spread, and they can affect people differently based on their body's ability to fight infection." Since flu viruses are constantly changing and immunity declines over time, annual vaccination is needed for optimal protection.

People with certain long-term health conditions are at high risk of serious flu-related complications. During the 2013–2014 flu season, 89 percent of reported adult hospitalizations from flu had at least one underlying medical condition that increased their risk for flu complications; as did 60 percent of the reported flu hospitalizations in children. Asthma, diabetes and chronic heart disease are examples of long-term health conditions.

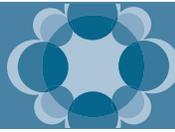
While the flu vaccine is the best way to prevent flu, how well the vaccine works can vary. Sometimes, people who are vaccinated still get flu. For that reason, CDC recommends that if you are at high risk of serious flu complications and get flu symptoms, you should get in touch with your doctor or another health care professional. If you do have the flu, your doctor may write you a prescription for a flu antiviral drug. Treatment with flu antiviral drugs can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.

For a list of people at high risk, please visit:
www.cdc.gov/flu/about/disease/high_risk.htm.

For additional information on flu prevention visit:
www.floridahealth.gov/programs-and-services/prevention/flu-prevention/index.html.

Article adapted from CDC.

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



National Infant Immunization Week

Observance of National Infant Immunization Week (NIIW) is scheduled for April 16–23, 2016. This annual observance is to promote and highlight the importance of protecting infants from vaccine-preventable diseases through immunizations and improvement of the health of children two years old or younger. Since 1994, local and state health departments, national immunization partners, health care professionals, community leaders from across the United States, and the CDC have worked together through NIIW to highlight the positive impact of vaccination on the lives of infants and children, and to call attention to immunization achievements.

To make your celebration a success, find out more information about NIIW and how to plan your activities and events by visiting the links below:

NIIW home at: www.cdc.gov/vaccines/events/niiw/index.html

The planning guide is available at: www.cdc.gov/vaccines/events/niiw/planning.html.

Overview of NIIW at: www.cdc.gov/vaccines/events/niiw/overview.html

NIIW logos, banners, buttons, print ads, and posters are available at: www.cdc.gov/vaccines/events/niiw/promotional.html.

Report NIIW activities and events your organization plans to celebrate at: www.cdc.gov/vaccines/events/niiw/activities/activity-form.html.

Check weekly to get ideas from other organizations as well as see your submission on our Activities and Events website: www.cdc.gov/vaccines/events/niiw/activities.html.

For more information on NIIW week visit: www.cdc.gov/vaccines/events/niiw/overview.html to find planning ideas, promotional materials and educational resources.



National Infant Immunization Week

**IMMUNIZATION.
POWER TO PROTECT.**



Remembering Jean Dorestant

The Florida Department of Health Miami-Dade (DOH–Miami-Dade) reported the passing of a wonderful employee, Jean Dorestant, on November 9, 2015. Jean was the immunization manager for DOH–Miami-Dade, and he knew his inventory better than anyone else. His knowledge and resources were beyond compare. He started his DOH–Miami-Dade career as an OPS senior clerk in 1996. Jean worked in practically every position in immunizations, except nursing, until his promotion to Operations Management Consultant I. Jean was a hard worker, never complained, and went above and beyond to meet the needs of the Immunization Program that he loved. He supported the Department of Health programs in his own way and always delivered. Jean contributed to the many successes at DOH–Miami-Dade—he was a professional, hardworking, humble, gentle man who always carried a smile.

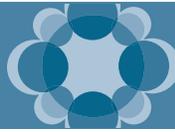


Those who worked closely with Jean knew he was the most genuine and caring co-worker you could have. He was a doer, a peacemaker, a "stress-free," and lovable man. Every morning you knew when Jean arrived at work. He always said kind words and a "good morning" to his work family and clients. He also took the time to listen. He was everyone's advocate.



Left to right; Jean Dorestant, Rosalind Blake and Rosabla Munoz

Jean is dearly missed by his family, friends, and co-workers.



8th Annual Southwest Florida Immunization Workshop—Vaccine Updates Including Adolescent Vaccines

MARK YOUR CALENDARS NOW!

DATE: Thursday, May 19, 2016

TIME: 9:00 a.m. – 3:30 p.m.

REGISTRATION: 8:00 a.m. – 9:00 a.m.

WHERE:

State College of Florida at Lakewood Ranch
7131 Professional Parkway East
Sarasota, FL 34240

www.scf.edu/AboutSCF/Locations/SCFLakewoodRanch/

KEYNOTE SPEAKERS:

- Dr. Tommy Schechtman, Florida Chapter of the American Academy of Pediatrics (FCAAP)
- Dr. Susan Vadaparampil, Moffitt Cancer Center

ALSO FEATURING:

JoEllen Wolicki, RN, BSN, Nurse Educator, CDC

PRESENTATIONS TO INCLUDE:

- Immunization Schedule and ACIP recommendation changes
- Emphasis on HPV and other adolescent vaccines
- Improving vaccine communication efforts with parents
- Florida SHOTS Update and Epi Updates for SW Florida
- A special PITCH exercise!

CONTINUING EDUCATION:

FREE CEU's being offered through the DOH Office of Public Health Nursing and Physician CME through Swanee River AHEC and Pitch

For Further Information or Questions Contact:

David Fee, State Immunization Section at 239-461-6115 or email

david.fee@flhealth.gov

OR

Lori Wright, State Immunization Section at 850-728-3853 or email

lori.wright@flhealth.gov

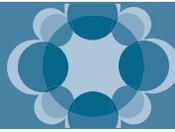
REGISTER NOW AT:

www.planetreg.com/E12168531573582

8th Annual Immunization Workshop Agenda

Facing the Challenge—Adolescent Vaccinations Including HPV and Meningitis

8:00 a.m.–8:55 a.m.	Registration
8:55 a.m. –9:00 a.m.	Welcome and Introductions – SCF Provost for the College of Nursing and David Fee, Immunization Program
9:00 a.m. –10:00 a.m.	JoEllen Wolicki, BSN, RN, Nurse Educator, CDC – ACIP and Immunization Schedule Updates for Children and Adolescents and Barriers to Receiving Adolescent Vaccines Including HPV
10:00 a.m. –10:15 a.m.	Break
10:15 a.m. –10:45 a.m.	Samantha Staley and Andrea Peaten of PITCH – Immunization Exercise and Presentation
10:45 a.m. –11:30 a.m.	Dr. Susan Vadaparampil – Moffitt HPV Project and Stake Holder's Survey
11:30 a.m. –12:15 p.m.	2016 Epidemiology highlights and challenges from this past year – Michael Drennon, DOH-Sarasota and Carrie Harter, DOH-Manatee Epidemiology Departments
12:15 p.m. –1:15 p.m.	LUNCH, Vendor Displays and Nursing Lab tours
1:15 p.m. –2:15 p.m.	Dr. Tommy Schechtman – FCAAP Adolescent Vaccines and making vaccine profitable in today's health care environment
2:15 p.m. –2:45 p.m.	Keenan Farrar, Florida SHOTS Education Consultant – Florida SHOTS Updates and directional data flow with EHRs.
2:45 p.m. –3:15 p.m.	Dearline Thomas-Brown, MPH, BSN, RN Immunization Section Program Updates and School Immunization Requirements for 2016–2017
3:15 p.m. –3:30 p.m.	Additional Q & A, closing Remarks and door prizes – Workshop Planning Committee members



2016 Collier–Lee Workshop

Adolescent Health Challenges... Including HPV and Meningitis

When:

Saturday, March 12, 2016

Registration and Box Lunch:

11:00 a.m.–12:30 p.m.

Workshop:

12:30 p.m.–5:00 p.m.

Where:

The Cohen Center on the Campus of Florida Gulf Coast University
10501 FGCU Blvd S, Fort Myers, FL 33965-6565

Keynote Speaker to Include:

Lynn Bozof, President, National Meningitis Association
Dr. Tommy Schechtman, President, FCAAP

Register at:

www.planetreg.com/E1216744673959

Offering:

Four free CME Physician credits and four free CEU Nursing credits

Florida Department of Health– Monroe High School HPV Immunization Pilot Program

Problem/Opportunity Statement:

Human Papillomavirus (HPV) immunization rates remain low in Monroe County, in the State of Florida, as well as the United States. In Monroe County, HPV immunization rates were as low as seven percent for some cohorts. The Department of Health-Monroe (DOH-Monroe) believes the low immunization rate is due to many factors: the relative newness and lack of knowledge about the vaccine; the propaganda by anti-immunization persons and groups, and social/religious reservations and objections. The DOH-Monroe staff believe there is an opportunity to significantly increase HPV immunizations among persons under 19 years of age by targeting high school-aged students. Additional benefits were derived by offering students other catch-up immunizations for hepatitis A series, meningococcal (series), and Tdap booster. Students lacking the recommended second dose of varicella were referred to DOH-Monroe.

Business Case:

Morbidity and mortality from HPV-related cancers causes a financial burden to society in terms of treatment expenses and years of productive life lost. Adequate immunizations of students will prevent infection by certain cancer-causing strains of HPV vaccine, e.g. cervical, tongue, throat, tonsil, rectal, penile, vulvar, and others.

Strategic Alignment:

The mission of the Florida Department of Health is “to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.” The vision of the Department, “Healthiest State in the nation.” An effective HPV immunization program is consistent with this vision and supports the mission by protecting young people of Florida from a majority of the known HPV-related cancers. In addition, the community education component of an effective HPV immunization program serves to promote healthy decisions and habits, thereby promoting health.

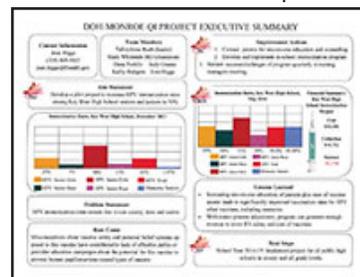
Scope of work:

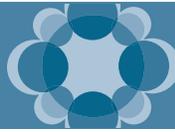
The high school registered nurse (RN) contacted students' parents/guardians to discuss the immunization program being implemented by the school. The RN discussed immunization opportunities, provided education, answered questions and discussed concerns pertaining to the HPV vaccine, as well as other vaccines being offered at the school. Parents wanting to participate in the immunization program were sent informational packets, via the student. The packets contained Vaccine Information Statements (VISs), vaccine permission slips, and insurance coverage information. The Vaccine for Children (VFC) program was used for qualifying students and private insurance was billed for qualifying students. Vaccines for students who have reached their 19th birthday were available through Monroe County Board of Commissioners stock.

Vaccines requested for each student were given in the school clinic. Parents/guardians were pleased with the program on several levels: They received one-on-one education on the vaccines being offered; they could contact a nurse if they had questions; they did not have to take time off from work; and students did not have to miss school. The billing for insured vaccines covered the labor cost for the RN managing the HPV immunization program in the high school.

FDOH-Monroe Qi Project Executive Summary:

This reflects data for the inception of this project for school year, December 2013–May 2014. To date this program has been sustainable and continues to have comparable and/or improved data.





Perinatal Hepatitis B Prevention Program

An estimated 800 U.S. newborns are still becoming chronically infected with hepatitis B each year from exposure at birth or during the first months of life. What can be done to decrease exposure to the hepatitis B virus (HBV) for these vulnerable infants?

In 1990, Perinatal Hepatitis B Prevention Programs (PHBPP) began on a national level. Federal funding became available through the CDC to develop and implement the new PHBPPs nationwide. The Department's PHBPP was created to identify and manage infants born to women who are hepatitis B surface antigen positive (HBsAg+). PHBPP coordinators at the local county health departments oversee the case management and reporting of corresponding activities into the Florida MERLIN Communicable Disease Tracking System.

The main objective of the PHBPP is to identify pregnant women who are HBsAg+ and ensure that their infants receive post-exposure prophylaxis (PEP) of the hepatitis B vaccine and hepatitis B immune globulin (HBIG) injections within 12 hours of birth, followed by completion of the hepatitis B vaccine series, and post-vaccine testing to determine the infant's immune response. A second objective is to identify the mother's contacts and household members then provide immunization and educational services, as needed.

The hepatitis B vaccine was first licensed in the United States in 1981 and is the only vaccine given at birth. It is also the first vaccine to prevent a sexually-transmitted disease and the first cancer prevention vaccine. In 2005, in an effort to improve the proportion of infants receiving their first dose of hepatitis B vaccine at birth, the CDC's Advisory Committee of Immunization Practices (ACIP) recommended routine administration of a birth dose of the hepatitis B vaccine to all medically stable infants. This recommendation is also supported and endorsed by the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.



Why is the birth dose of hepatitis B so important? It is the first step in creating a vaccine safety net which will protect infants from hepatitis B infection acquired through contact with an infected mother, household member, or caregiver.

Many of those infected with chronic hepatitis B were exposed as an infant through "vertical" transmission from the mother, which occurs either in utero or during the birthing process, or through "horizontal" transmission, which occurs when the child is

exposed to an infected household contact. The hepatitis B virus is not a fragile virus; it can live on surfaces for up to seven days!

Vertical HBV transmission results in 85%–95% of infants becoming infected if no PEP is given. A child who becomes infected with HBV during the first five years of life has a 15% to 25% increased risk for premature death from liver disease, including liver failure or liver cancer, due to chronic HBV infection. If an adult becomes infected with HBV, they have a 95% likelihood of resolving the acute HBV infection, and only a 5% risk for developing a chronic HBV infection. Infants have higher premature death rates due to longer chronic exposure over their lifetimes.

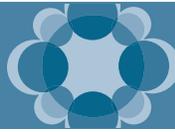
The hepatitis B vaccine alone, starting at birth, will prevent transmission of the HBV in 70%–95% of infants born to chronically-infected mothers. However, administration of both HBIG and the hepatitis B vaccine (PEP) prevents transmission in 85%–95% of infants. Each year in the U.S., more than 24,000 infants are born to mothers who are chronically infected with HBV. If none of these infants were to receive PEP at birth, it is estimated that almost 10,000 would become chronically infected with HBV, and 2,500 would eventually die of liver failure or liver cancer as early as the second decade of life.



It is important to remember that in spite of the Florida Statutes in place for the testing of all pregnant women for the HBsAg and subsequent reporting of all HBsAg+ laboratory results to the Department, errors do occur. Errors are made by a wide range of perinatal health care providers, including obstetricians, family physicians, pediatricians, nurses, lab technicians, and clerical staff in offices and hospitals. A few examples of these errors include unreported HBsAg+ lab tests, an incorrect test ordered/performed, and misinterpreted/miscommunicated test results. Due to the broad scope of the errors, one can conclude that many high-risk infants are not being identified and subsequently protected against perinatal HBV infection. These statistics help to point out the importance of the hepatitis B vaccine birth dose for all infants.

Data from the July 2011–June 2012 National Immunization Survey (NIS) found that 70% of U.S. newborns received a dose of the hepatitis B vaccine by 3 days of age. Clearly, there is room for improvement! One of our goals in Florida is to increase the number of birth hospitals adopting written policies and standing orders to implement hepatitis B prevention protocols. All birth hospitals have an opportunity to protect the future health of infants born in their facilities by implementing a "universal birth dose policy" to ensure that every newborn receives the first dose of hepatitis B vaccine at birth. This policy will help prevent HBV infection for any at-risk newborn, including infants not identified because the mother did not receive prenatal care, errors made by health care professionals, or

Continued on next page



exposure to chronically-infected members of the household. Many of the birth hospitals in Florida have already implemented these measures.

One method to assist the hospitals in adopting universal birth dose policies, is by conducting medical record reviews to inspect random mother/baby hospital charts for births occurring during a specific time period. Statistics regarding prenatal HBsAg screening (from prenatal records and hospital lab results) and administration of the hepatitis B vaccine and HBIG (if indicated) can be obtained from the hospital's medical records. After the medical record reviews are completed, statistics are presented to the hospital's management staff, and recommendations are made based on these statistics.

The benefits and effectiveness of the hepatitis B birth dose and HBIG (if indicated) are well known, but the recommendations don't stop there. Exposed infants must also complete the recommended hepatitis B vaccine series and post-vaccine testing. The county DOH PHBPP coordinators play an important role here by closely monitoring the infants to ensure that all hepatitis B shots are given on schedule and post vaccine testing is done. Post-vaccination serologic testing (PVST) assesses an infant's immune response to the hepatitis B vaccinations. If the response is inadequate, a second series of the hepatitis B vaccine is indicated.

Through the cooperative efforts of health care providers, birth hospitals, laboratories, and DOH PHBPP case managers, we can all make a difference by protecting our infants from chronic hepatitis B infection and its devastating long-term effects.

Adults Need Immunizations Too

Immunizations are not just for children. Protection from childhood vaccines can wear off over time.

Every year thousands of adults in the U.S. suffer serious illness, are hospitalized, and even die due to vaccine preventable diseases, such as whooping cough, hepatitis A and B, flu, pneumococcal diseases, and shingles (zoster).

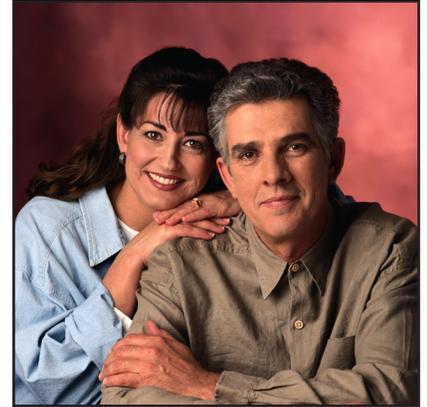
In the U.S., vaccines have greatly reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children, and adults. However, the viruses and bacteria that cause vaccine-preventable diseases and death still exist and can be passed on to people who are not protected by vaccines.

Vaccines are an important step in protecting adult health. Even if you were fully vaccinated as a child, the protection from some vaccines you received can wear off. You may also be at risk for other disease due to your age, job, lifestyle, travel, or health conditions. The CDC recommends vaccines for prevention and spreading of disease. Vaccines are especially important for older adults and those with chronic health conditions who are at increased risk to develop complications from certain vaccine-preventable diseases.

Complications from typical childhood diseases can be more severe in adults.

Each time you visit your health care provider, ask what vaccines you might need or benefit from.

Health care providers should assess the patient's need for vaccines at every visit. Education and recommendation of needed vaccine(s) should be provided. Health care providers should administer the recommended vaccines or refer the patient to an authorized immunization provider.



All adults need:

- Influenza (flu): All adults should get flu vaccine every year
- Tetanus-diphtheria-pertussis (Tdap): Every adult should get one dose of Tdap vaccine. Then, every 10 years after that, get a Td (tetanus-diphtheria) vaccine. Pregnant women should get a dose of Tdap during every pregnancy, even if they have had it before.

Vaccines that may be needed depending on age, job, lifestyle, travel, or health conditions:

- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningococcal (MCV4, MPSV4)
- Pneumococcal (PCV13, PPSV23)
- Varicella (Chickenpox)
- Zoster (shingles)
- *Haemophilus influenzae* type b (Hib)

Please visit CDC's website for more specific guides on adult vaccines at:

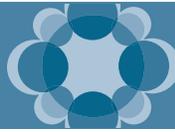
www.cdc.gov/vaccines/adults/rec-vac/index.html.

The 2015 Recommended Adult Immunizations Schedule is located at: www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf.

Remember immunizations are not just for children. Talk to your health care provider at your next visit regarding which vaccines are right for you! Keep your vaccinations up to date.

For more information, call 850-245-4342 or visit:

www.ImmunizeFlorida.com.



Take a Stand™

National Adult Immunization Standing Orders Training Initiative

Each year, vaccine-preventable diseases kill thousands of adults in the United States, causing a significant human toll and a severe economic burden on our health care systems. Unfortunately, adult immunization rates remain low with long-standing gaps between national goals and actual adult immunization rates.

Health care providers serve a critical role in vaccination but are increasingly challenged by time, patient treatment focus, and prioritization of other preventative measures. The strength and impact of a health care provider's recommendation is paramount to overcoming low compliance. Thus, it is increasingly important that every health care professional who has competence to provide immunization assessment and recommendations, and to administer vaccines, be empowered to do so.

Fortunately, there is strong evidence showing that the use of Standing Orders in medical practices can improve immunization rates in the adult population. Standing Orders Programs (SOPs) authorize nurses, pharmacists, physician assistants, or medical assistants – when permitted under state law – to assess a patient's immunization status and then administer the needed vaccines according to standing orders that have been pre-approved by a physician or another authorized provider. SOPs are recommended by the Centers for Disease Control and Prevention (CDC) and by the United States Community Preventive Services Task Force.^{1, 2}

Regrettably, standing orders are not being utilized sufficiently for adult immunizations. Recent studies demonstrate low utilization of this proven strategy. One study indicates that only 23% of internal medicine and family medicine physicians reported consistent use of SOPs for both influenza and pneumococcal polysaccharide vaccines.³ An increase in utilization of SOPs in medical practices can be achieved through a sustained provider education effort.

An optimal education program should include demonstrating the value of a standing orders program and providing clear instruction about the requirements and steps needed for implementation. Additionally, the training should inform vaccinators about the specific regulations in their states that control who is allowed to administer vaccines using standing orders, thus dispelling misunderstandings that create false barriers to implementation of an SOP.

What is Take a Stand™?

Take a Stand™ is a new national program developed by the Immunization Action Coalition (IAC) in partnership with Pfizer, Inc., aimed at boosting adult immunization rates through increased utilization of standing orders in medical practices.

The program is being offered to medical practices and facilities of multiple sizes that are currently administering at least one adult vaccine. IAC will provide basic support to these practices

for one year following their participation in the training workshop. The NO-COST, interactive 4-hour workshops are being conducted in at least 20 locations across the country. Led by a multidisciplinary team of experts in adult immunizations, each workshop has four goals:



1. Reinforce the value of adult vaccines,
2. Demonstrate the benefits of instituting standing orders to raise rates within practices,
3. Describe legal principles related to SOPs, and
4. Teach how to establish and implement standing orders.

How will the program benefit patients and/or practices?

Take a Stand™ will train practices to implement new SOPs or improve SOPs that are currently in place. The program also provides a year of support from IAC to assist practices in implementing SOPs. In addition to raising adult immunization rates, Take a Stand™ will:

- Improve patient care through enhanced practice efficiency in delivering adult vaccines,
- Streamline clinician time in providing vaccinations to adults, and
- Provide access to evidence-based tools, model standing orders, and a step-by-step guide for improving the SOP and enhancing the quality of patient care.

Where can I go for more information or to register for a workshop?

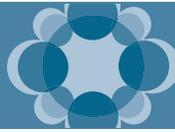
Please visit the Take a Stand™ website at: www.StandingOrders.org.



Download Flyer for April 12 Workshop in Orlando



Download Flyer for April 13 Workshop in Ft. Lauderdale



Updates to Vaccine Immunization Statements

Vaccine Information Statements (VISs) are produced by the CDC to explain the benefits and risk of a vaccine. Federal law requires all vaccine providers to give patients, or their parents or legal representatives, the appropriate VIS whenever a vaccination is given.

VISs are available in English and many other languages at the CDC website: www.cdc.gov/vaccines/hcp/vis/index.html.

Multi-, Routine-, & Non-Routine-Vaccine VISs

Multiple Vaccines (DTaP, Hib, Hepatitis B, Polio, and PCV13) (11/5/15)

UPDATED

This VIS may be used in place of the individual VISs for DTaP, Hib, Hepatitis B, Polio, and PCV13 when two or more of these vaccines are administered during the same visit. It may be used for infants through children receiving their routine 4-6 year vaccines.

Routine

- DTaP (5/17/07)
- Hepatitis A (10/25/11) [Interim]
- Hepatitis B (2/2/12) [Interim]
- Hib (Haemophilus Influenzae type b) (4/2/15)
- HPV - Cervarix (5/3/11) [Interim]
- HPV - Gardasil-9 (4/15/15) [Interim] **NEW**
- HPV - Gardasil (5/17/13) [Interim]
- Influenza - Live, Intranasal (8/7/15) **UPDATED**
- Influenza - Inactivated (8/7/15) **UPDATED**
- Measles/Mumps/Rubella (MMR) (4/20/12) [Interim]
- Measles/Mumps/Rubella & Varicella (MMRV) (5/21/10) [Interim]
- Meningococcal (10/14/2011) [Interim]
- Serogroup B Meningococcal (MenB) (8/14/15) [Interim] **NEW**
- Pneumococcal Conjugate (PCV13) (11/5/15) **UPDATED**
- Pneumococcal Polysaccharide (PPSV23) (4/24/15)
- Polio (11/08/11) [Interim]
- Rotavirus (4/15/15)
- Shingles (Herpes Zoster) (10/06/09)
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15)
- Td (Tetanus, Diphtheria) (2/24/15)
- Varicella (Chickenpox) (3/13/08) [Interim]

I Want Health Insurance for My Child. Who Do I Call?

Florida KidCare is the state health insurance program for uninsured children under age 19. It includes four different programs: MediKids, Healthy Kids, Children's Medical Services, and Medicaid. When you apply for the insurance, Florida KidCare will check which program your child may be eligible for based on age and family income.

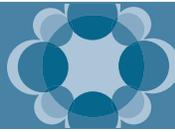
To apply for Florida KidCare, call 1-888-540-5437, apply online, or print an application and instructions. For more information, visit: www.floridakidcare.org.

Fl  rida KidCare



If you would like to be added to the Immunization Section's mailing list and receive **IMMU-NEWS** electronically via email, please visit our mailing list registration page at: www.floridahealth.gov/programs-and-services/immunization/ mailing-list.html.





HPV Vaccination

These HPV and Flu vaccination publications, and many more, are available as Adobe Acrobat PDFs and may be downloaded at: www.floridahealth.gov/programs-and-services/immunization/publications/index.html.

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.ouzts@FLHealth.gov, to request print-ready PDFs.

HPV Is Out There.

Make Sure Your Teen Is Protected.

Increasingly teens and young adults are being infected with the human papillomavirus (HPV). This highly contagious virus infects 6 million new people each year in the United States. HPV is contracted through sexual contact and can be passed along even when the carrier is not exhibiting symptoms of HPV.

The results can be serious for both men and women. Certain HPV strains can cause cervical, vaginal, anal and penile cancers and genital warts. Even if your teen is not sexually active, they should be protected. Twenty million Americans are currently infected with HPV and the number is growing every day. There is no test to determine if males are infected with HPV and often carriers do not show symptoms, causing the spread of HPV.

The HPV vaccine is safe and effective. The vaccine is not a live vaccination, so your child will not be infected with HPV. The immunization can protect your child from serious consequences of this prevalent disease.

Cost is not a barrier to vaccination. Children ages 11 and younger who don't have insurance or whose insurance doesn't cover vaccines are eligible to receive free HPV vaccinations through participating Vaccines for Children Program providers or the county health department.

Talk to your child's healthcare provider today about the HPV vaccine and safeguarding your child's shot record in Florida SHOTS, the statewide, online immunization registry.

Immunization Section: 850-245-4342 / www.immunizeflorida.com | Vaccines for Children Program: 800-483-2543
www.immunizeflorida.com | Florida SHOTS: 877-888-7468 / www.flshots.com

Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today" and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and gives an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CDC RESEARCH SHOWS: The HPV vaccine is cancer prevention. Average mothers strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING: HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

CDC RESEARCH SHOWS: Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING: HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many new pre-invasive conditions requiring treatment that can have lasting effects.

CDC RESEARCH SHOWS: Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

TRY SAYING: We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, so in the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CDC RESEARCH SHOWS: Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING: Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

CDC RESEARCH SHOWS: Parents might believe their child won't be exposed to HPV because they aren't sexually active or may not be for a long time.

TRY SAYING: HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, we're all here one partner in the future, he/she could still be exposed if their partner has been exposed.

CDC RESEARCH SHOWS: Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

TRY SAYING: I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children. Experts like the American Academy of Pediatrics, cancer doctors, and the CDC also agree that this vaccine is very important for your child.

CDC RESEARCH SHOWS: Understanding that the side effects are minor and emphasizing the extensive research that vaccines meet ongoing can help parents feel reassured.

TRY SAYING: HPV vaccine has been specifically studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, generally pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 22 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

CDC RESEARCH SHOWS: Parents want to know that HPV vaccine is effective.

TRY SAYING: In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

CDC RESEARCH SHOWS: Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

TRY SAYING: I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and get those appointments on your schedule before you leave the office today!

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. www.cdc.gov/vaccines/teens | www.flshots.com

If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.

www.cdc.gov/vaccines/teens

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