



## Message From The Section Administrator

**Robert M. Griffin**

Welcome to the 2017 third quarter issue of IMMU-NEWS.

This time of year brings two annual national health observances of note—World Hepatitis Day, July 28, 2017, and National Immunization Awareness Month (NIAM) during the entire month of August. Both observances aim to promote awareness and disease prevention through immunization.

In this issue, you will also read about the human papillomavirus (HPV), travel vaccines, the Centers for Disease Control and Prevention's (CDC) 2017 Childhood Immunization Champion Award, immunization-related events and activities throughout the state, and much more.

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

Daeshja Padin with the Florida SHOTS Helpdesk Team was promoted to Operations Analyst I with the Vaccines for Children (VFC) program.

The Florida SHOTS Helpdesk Team welcomes Mikayla Price as an Operations Analyst I.

Sharon Mayfield, BSN, RN, has joined the Clinical/Quality Improvement team as a Community Health Nursing Consultant.

Doreen Pinkham has joined the Immunization field staff in Area 6 as an Immunization Analyst.

Welcome aboard Mikayla, Sharon, and Doreen! We look forward to working with you all, and congratulations to Daeshja on her promotion!

We want to wish everyone a safe, happy and healthy fall. Stay cool, and enjoy the beautiful weather and the great Florida outdoors!

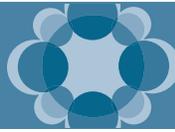
Enjoy this issue, and visit us at [ImmunizeFlorida.org](http://ImmunizeFlorida.org)!

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



## National Immunization Awareness Month

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination. NIAM was established to encourage people of all ages to make sure they are up to date on the vaccines recommended for them. Communities have continued to use the month each year to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases. In observance of NIAM, the Department's Immunization Section displayed NIAM awareness posters in all buildings at the Central Office.

The National Public Health Information Coalition (NPHIC) created a toolkit to promote the importance of immunizations. The 2017 edition of the toolkit contained key messages, vaccine information, sample news releases and articles, sample social media messages, links to web resources from CDC and other organizations, as well as logos, web banners, posters, and graphics to use with social media. It also included a media outreach toolkit and the ability to share your NIAM activities and also view what others did to promote NIAM 2017.

For more information on the observance, and to view these resources, please visit NPHIC's [NIAM website](#).



## Let's Talk About Vaccines

### The immune system: How your body fights disease

Microorganisms, or microbes, are microscopic living organisms such as bacteria, viruses and parasites. Some microbes exist in the body without causing harm—some are even good for you! Others cause disease.

When harmful microbes invade your body, they attack and multiply. This invasion is called an infection, and an infection is what causes you to become sick.

When your immune system encounters a harmful microbe, it recognizes it as foreign (in other words, not a usual part of your system) and begins to produce tools called antibodies to fight the infection.

When your body first encounters a particular microbe, it can take several days for your immune system to produce enough antibodies to conquer the infection, so you get sick.

After you recover from an infection, your immune system remembers how to protect you against that microbe so it can't make you sick again. This protection is called immunity.

### How vaccines work

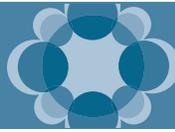
Vaccines help you develop immunity to diseases without getting sick first. The active ingredients of vaccines, called antigens, look like disease-causing microbes to your immune system. The antigens fool your immune system into recognizing them as foreign, destroying them and remembering them. After being vaccinated, if you encounter the real microbe in the future, your immune system can recognize it and destroy the infection before it can make you sick.



*Adapted from TampaBayTimes.com/nie*

## Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- AFX: 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
- SRAHEC: Suwannee River Area Health Education Center
- VFC: Vaccines For Children



## 9th Annual Southwest Florida Immunization Workshop

The 9th Annual Southwest (SW) Florida Immunization Workshop was held at the State College of Florida at Lakewood Ranch. There were 165 health care, school health, and immunization program professionals in attendance.

Dr. Greg Savel, CDC's 2015 Florida Childhood Immunization Champion, and practicing Clearwater pediatrician, and Andrea Peaten, Community Immunizations Liaison, DOH-Pinellas and Florida Leading Immunization Network of Coalitions (FL LINC), were keynote speakers. Dr. Savel and Andrea provided an inspirational message on becoming a vaccine advocate in an era of vaccine hesitancy and mistrust. Dr. Savel and Andrea reviewed the negative impact vaccine hesitancy is having with meeting CDC and Florida Department of Health immunization coverage goals. As a practicing pediatrician, Dr. Savel provided information on best practices for talking with parents and other relatives regarding the importance of immunizations. Dr. Savel also addressed the need to create a standard of care within each immunization clinic that helps educate parents and the community on the importance of immunizations. Dr. Savel and Andrea stressed the importance of community coalition-based activities that provide accurate immunization-related information as well as connecting with other vital immunization program partners. It is through a community approach that the public becomes better informed on the importance of timely immunizations as well as their safety. This will help increase adolescent immunization coverage levels.

Other featured speakers included Susan Vadapampil, PhD, MPH, Senior Member of the Moffitt Cancer Center and Professor at the University of South Florida Morsani College of Medicine. Dr. Vadapampil provided an update on the Moffitt Cancer Center HPV Project and Stakeholder's Survey. There was encouraging news that HPV immunization coverage levels among adolescents is increasing. However, there is more work to do to meet the CDC and Florida Department of Health immunization coverage goals. The new two-dose and three-doses series recommendations for adolescents has also helped increase vaccine series completion and compliance. In addition, intense community education activities by the various local and state adolescent immunization coalitions as well as the public service announcements related to HPV vaccine as a key to cancer prevention has also helped increase adolescent vaccine coverage.

Donna Weaver, MN, RN, CDC Nurse Educator once again provided an excellent update on vaccine usage and schedule changes for this past year. This was Donna's last time to present at the SW Florida Immunization Workshops as she plans to retire at the end of this year. We wish Donna a happy and healthy well-deserved retirement!

Samantha Staley and Andrea Peaten of Pinellas Immunization Team for Community Health (PITCH) helped energize workshop participants by facilitating an interactive role play exercise that involved parents and grandparents who were hesitant on having family teenagers immunized with HPV vaccine. The exercise was entertaining and educational as it helped equip workshop

participants with the communication skills necessary to provide HPV vaccine to all eligible teenagers.

Michael Drennon, MSPH, MPA, DOH-Sarasota Epidemiologist, and Carrie Harter, MPH, DOH-Manatee once again provided insightful information related to the most notable vaccine-preventable disease activities in west central and SW Florida. Michael and Carrie received rave reviews on the workshop evaluation forms, and we are most fortunate to have Michael and Carrie's continued support for this annual workshop.

The workshop closed with well-received presentations by Keenan Farrar, Florida SHOTS Education Consultant, and Dearline Thomas-Brown, MPH, BSN, RN, Executive Community Health Nursing Director for the Department of Health Immunization Section. Keenan provided updated information related to the status of bi-directional data flow between Florida SHOTS and private provider electronic health record systems as well as notable Florida SHOTS program updates and upcoming activities. Dearline provided important information related to the updated *School and Childcare Immunization Guidelines* that are currently being finalized and reviewed in Tallahassee as well as important changes and updates related to Florida SHOTS electronic *DH Form 680* certification.

Plan now to attend the 10th Annual SW Florida Immunization Workshop on Thursday, May 17, 2018, at the State College of Florida at Lakewood Ranch, Sarasota. Free nursing CE credits will be provided. Keep an eye on future emails for more information and online registration.

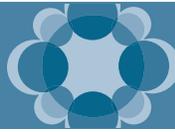
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## Unity in the Community 2017

DOH-Gadsden, School Health Section, participated in *Unity in the Community*, an annual back-to-school event which was held at two different local schools. The purpose of the educational event was to inform community members of the changes that will go into effect in the 2017–2018 school year. Participants received pertinent information regarding back-to-school immunizations, required vaccinations, and the importance of receiving the HPV vaccination. Parents and adolescents learned about HPV and HPV-related cancers in men and women and how cancer can affect individuals and their families. They received an abundance of immunization education materials. Children also received free bookbags, school supplies, and vital information for entering college!





## Florida Obstetric and Gynecologic Society Annual Meeting

**Program being highlighted:** The Florida Department of Health Immunization Section

**Event Date:** August 11–12, 2017

**Location:** Hilton Orlando Bonnet Creek, 14100 Bonnet Creek Resort Lane, Orlando, FL

The Florida Department of Health Immunization Section, and Florida SHOTS program sponsored an exhibitor booth during the Florida Obstetric and Gynecologic Society (FOGS) annual meeting. Florida SHOTS (State Health Online Tracking System) is a free, statewide, centralized, online immunization registry provided by the Florida Department of Health Immunization Section. The purpose of the exhibitor booth was to market the use of Florida SHOTS and to provide vaccine education and increase awareness to obstetrician/gynecologist (OB/GYN) providers regarding benefits of Tdap and influenza vaccines for pregnant women. FOGS is a nonprofit medical society that has a membership of more than 2,900 physician and resident OB/GYNs from the state of Florida.

## The Florida Chapter of American Academy of Pediatrics Annual Meeting

**Program being highlighted:** The Florida Department of Health Immunization Section

**Event Date:** September 1–3, 2017

**Location:** Disney's Grand Floridian Resort & Spa Orlando, FL

The Florida Department of Health, Immunization Section, and Florida SHOTS program sponsored an exhibitor booth during the Florida Chapter of American Academy of Pediatrics (FCAAP) Annual Meeting 2017. Florida SHOTS is a free, statewide, centralized, online immunization registry provided by the Florida Department of Health, Immunization Section. The FCAAP annual meeting is designed to meet the continuing educational needs of pediatricians and pediatric nurse practitioners. Currently there are over 2,100 members who promote the health and welfare of Florida's children (newborns, infants, children, adolescents and young adults), and support pediatricians and pediatric specialists as the best qualified provider of their health care.

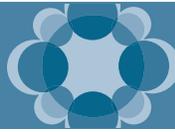
## Florida LINC

Florida's Leading Immunization Network of Coalitions (FL LINC) is a statewide network of immunization coalitions, organizations, and stakeholders who share one common vision of raising immunization rates for a healthier Florida. This umbrella network serves to build partnerships, share best practices and resources, and effectively coordinate and implement statewide efforts. The mission of FL LINC is to improve the health of all Floridians by raising immunization rates through a statewide network of collaborative partners. Andrea Peaten from the DOH-Pinellas and Cortlyn Starr, MPH, Health Educator and Outreach Coordinator, DOH Immunization Section, were the facilitators of the bimonthly conference call. Launched in July 2015 with only a handful of immunization coalitions and immunization partners, FL LINC has grown to include participants from more than 53 CHDs, immunization coalitions, and 15 state and national partners.

While DOH-Pinellas started the network, it is the membership that keep it alive. Monthly conference calls serve as a forum for sharing ideas, best practices, and valuable resources that are beneficial to all participants throughout their individual communities and priority areas. Calls typically start with a guest presentation by experts in health care or advocacy, followed by a roundtable discussion and member updates. Featured guest presenters have included Dr. Susan Vadaparampil from Moffitt Cancer Center; Lisa Posard, *The Invisible Threat* producer; CDC Immunization Champions Dr. Julie DeCesare and Dr. Greg Savel; and advocacy leaders and experts from organizations such as FCAAP, American Cancer Society (ACS), Immunization Action Coalition (IAC), and Coalitions Work, to name a few.

The outcome from all of this networking among public and private partners has been the formation of new partnerships, the strengthening of old ones, and the inspiration to move forward with great ideas. Out of the member base from FL LINC's first year came a solid group of partners who planned and implemented the *First Annual Florida Immunization Summit* in February 2016 in St. Petersburg. This group will continue this initiative year after year.





## World Hepatitis Day 2017

World Hepatitis Day (WHD) is recognized annually on July 28th, the birthday of Dr. Baruch Blumberg (1925-2011). Dr. Blumberg discovered the hepatitis B virus in 1967 and two years later developed the first hepatitis B vaccine. For these achievements, he won the Nobel Prize. Viral hepatitis is caused by infection of one of five viruses – hepatitis A, B, C, D or E. Viral hepatitis is the seventh leading cause of death globally, accounting for 1.4 million deaths per year! This is more deaths than HIV/AIDS, tuberculosis, or malaria. Together, hepatitis B and C viruses cause 80 percent of most liver cancer cases in the world. Ninety-five percent of those living with viral hepatitis are not aware of their status. With the availability of effective vaccines and treatments for hepatitis A and B, and a cure for hepatitis C, elimination of viral hepatitis is achievable. However, greater awareness of the disease and the risks needs to be brought to the forefront to aid in prevention.

The first step in eliminating hepatitis B is universal vaccination. The vaccine for hepatitis B, which is administered in 3–4 doses, offers long-lasting 95 percent immunity. The hepatitis B vaccine was first licensed in the United States in 1981. Additionally, the vaccine is the first to protect against cancer, and it is the only vaccine administered at birth.

An estimated 800 U.S. newborns are still becoming chronically infected with the hepatitis B virus (HBV) each year from exposure at birth or during the first months of life. The Perinatal Hepatitis B Prevention Program (PHBPP) was created to identify and manage infants born to women who are positive for HBV.

Each year in the U.S., more than 24,000 infants are born to mothers who are chronically infected with HBV. Florida Statutes require the testing of all pregnant women for the hepatitis B surface antigen (HBsAg). The presence of HBsAg indicates an infectious person, regardless of whether the infection is acute or chronic. According to statute, all HBsAg-positive persons are required to be reported to the local health department. If the infected person is a woman of childbearing age and is deemed to be pregnant, PHBPP case management activities are initiated by the PHBPP coordinator in the county where the woman resides.

The PHBPP has three primary goals:

1. Identify pregnant women who are HBsAg positive and make appropriate referrals for treatment and follow up if indicated.
2. Ensure proper prophylaxis and testing of the infants and identified household contacts of the mother.
3. Maintain tracking system for perinatal hepatitis B case management activities.

Florida's birth hospitals also share in the responsibility of identifying HBV-exposed infants and providing prophylaxis with one injection each of the hepatitis B vaccine and hepatitis B immune globulin (HBIG), within 12 hours of birth. The birth hospitals are obligated to determine every pregnant woman's hepatitis B status. This is usually

determined from information included in the prenatal records from the obstetrician. If the prenatal records are not present or the woman has not received prenatal care, the HBsAg blood test is performed by the birth hospital. To help ensure compliance, the PHBPP coordinators also notify the birth hospitals when a HBV-positive pregnant woman plans to deliver at their facility, along with the due date and instructions for notifying the PHBPP coordinators after the infant is born. By providing the infant's birth statistics and the date and time of administration of the hepatitis B vaccine and HBIG. Post-exposure prophylaxis of newborns born to infected mothers is 85%–95% effective when both the hepatitis B vaccine and HBIG are administered within 12 hours of birth.

Upon discharge from the hospital, pediatric health care providers become responsible for providing necessary vaccines to Florida's infants and children. Pediatricians caring for HBV perinatally exposed children should be made aware of the child's status as soon as possible so that the recommended HBV immunization schedule and post-vaccine serology testing (PVST) are strictly adhered to. The PHBPP coordinators are in contact with the pediatricians to ensure that the hepatitis B vaccines are administered on time and PVST is done. The success of the PHBPP is dependent upon the coordinated efforts of the pregnant clients, obstetric care providers, birth hospitals, pediatricians, and the PHBPP coordinators.

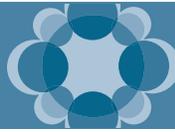
Another strategy to prevent perinatal HBV transmission is administration of the birth dose of the hepatitis B vaccine within 24 hours of birth. Prior to February 2017, the recommendation was for the administration of the hepatitis B vaccine prior to hospital discharge. Most of the birth hospitals were administering the hepatitis B vaccine 2–3 days after birth—just prior to hospital discharge. The CDC's Advisory Committee of Immunization Practices (ACIP) took further steps to stress the importance of vaccinating infants against hepatitis B as soon as possible after birth, and the updated recommendation "within 24 hours of birth" became official in February 2017.

There are three main reasons why the hepatitis B birth dose is recommended: it prevents mother-to-infant transmission, it prevents household transmission by protecting infants from infected family members and caregivers, and it provides protection if medical errors occur by creating a "safety net." Adoption of the hepatitis B birth dose in the hospital setting provides this safety net when medical errors occur. If an error does occur, and an HBV-infected mother is not identified, the hepatitis B vaccine alone, starting at birth, will prevent transmission of the virus in 70%–95% of infants born to infected mothers. Approximately 85% of the birth hospitals in Florida have incorporated standing orders to administer the hepatitis B birth dose to all infants.

Hepatitis B is only one type of viral hepatitis. There is also hepatitis A, C, D, and E. Hepatitis A only causes acute hepatitis, and, as mentioned above, there is a vaccination for hepatitis A.

Hepatitis C is mainly spread through blood-to-blood contact. Treatment for chronic hepatitis C aims to eradicate the virus. Hepatitis C can be cured in 8–12 weeks with new, direct-acting

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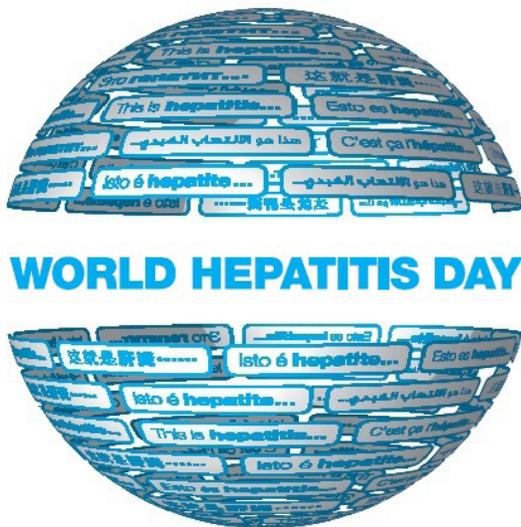


antiviral drugs, which can elicit sustained response in 94%–99% of patients. Given the number of available drugs, the odds of finding an effective cure for any given patient are high. Unfortunately, the high costs of the medications are a major obstacle to more widespread treatment. There is currently no vaccination for hepatitis C.

Hepatitis D is spread through contact with infected blood. Hepatitis D is only found in people who are already infected with the hepatitis B virus. Conditions may improve with administration of alpha interferon; however, no effective antiviral therapy is currently available for hepatitis D.

Hepatitis E is mainly transmitted through eating food or drinking water that has been contaminated by the feces of an infected person or by eating raw shellfish that have come from water contaminated by sewage. There is a vaccine to prevent hepatitis E, but it is not widely available. Risk of exposure can be reduced by practicing good hygiene and sanitation, and avoiding drinking water that has come from a potentially unsafe source. There is no treatment for hepatitis E; however, it is usually self-limiting.

WHD brings the world together to raise awareness of the global burden of viral hepatitis and to influence change in disease prevention and access to testing, treatment, and care.



## Florida's 2017 CDC Childhood Immunization Champion

In observance of National Infant Immunization Week (NIIW), the Centers for Disease Control and Prevention (CDC) announced the winners of the 2017 Childhood Immunization Champion Award. Tommy Schechtman, MD, MSPH, FAAP, was selected as Florida's 2017 CDC Childhood Immunization Champion. Dr. Schechtman has been a pediatrician for 18 years and has focused his career on "providing exceptional care for all children." His life and work demonstrate the proven protection of vaccines is essential to keeping kids healthy and safe. As demonstrated through his practice, advocacy, and education of his peers, Dr. Schechtman has become an authority on pediatric immunization throughout Florida.

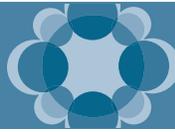
Outside of his medical practice, Dr. Schechtman ensures that children get the best care by supporting various vaccine campaigns, speaking on panels, and educating other doctors about their roles in childhood vaccines. He is a medical consultant for Palm Beach County School District, supporting local efforts to immunize young children. He also advocates locally for all pediatric vaccines, especially encouraging all local hospitals to administer the hepatitis B vaccine at birth. In addition to participating in local childhood vaccine efforts, Dr. Schechtman brings change at the state level and beyond. He often lectures at various workshops and state summits, reminding pediatricians to advocate for immunization and increase community awareness about vaccines. Through Immunization Coalition activities, he builds partnerships and encourages other participants to work together to offer immunization and support services throughout Florida. Congratulations to Dr. Schechtman—he is truly a Childhood Immunization Champion!



Dr. Tommy Schechtman

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## Travel Vaccines

As families travel to various vacation destinations, health care providers must stress the importance of safe travel.

**Routine and Travel Vaccines:** Prior to travel, all travelers should ensure that they are up to date on all routine vaccinations. Measles is more prevalent worldwide in countries outside of the United States with reported outbreaks in Europe, Africa, and Asia. Measles is transmitted via airborne droplets spread through coughing, sneezing, and breathing. Infants ages 6 months through 11 months who will be traveling internationally should receive one dose of the measles, mumps, rubella (MMR) vaccine prior to departure. Children 12 months and older should receive two doses of MMR vaccine, separated by at least 28 days, prior to departure.

**Gastrointestinal Infections:** Diarrhea is the most common illness experienced during travel. It can be acquired by consuming contaminated water and foods. While visiting less developed countries, travelers should only eat foods that are thoroughly cooked and served hot. Fruits and vegetables should be washed in clean water and peeled prior to eating. Travelers should only consume beverages from sealed containers or water that has been boiled and treated if clean water is not available. Dehydration can occur when one experiences diarrhea; the best treatment for dehydration is to drink plenty of fluids. Travelers visiting international destinations where typhoid fever and cholera are more prevalent should be vaccinated for those infections prior to travel. Proper hand hygiene, such as hand washing or use of alcohol-based hand sanitizers should be performed frequently to decrease the chance of developing a gastrointestinal illness. If traveling with infants, breastfeeding is the best way to decrease their chances of acquiring diarrhea due to contaminated food and water.

**Insect Bites:** Infections such as yellow fever, malaria, Zika, and others are transmitted by mosquito bites. Travelers should use EPA-approved topical insect repellent (with DEET) to decrease the risk of transmission of such infections from mosquitos. Travelers should also wear long sleeves and long pants; for additional protection, permethrin can be applied to clothing.

Yellow fever vaccine is recommended for travelers ages 9 months through 59 years who will be visiting areas with increased risk for yellow fever virus transmission, such as South America and Africa.

Malaria transmission mainly occurs in areas located in sub-Saharan Africa and south Asia. Medications used for malaria prophylaxis will depend upon the country of travel. Special considerations such as drug to drug interactions and medical contraindications should be considered when prescribing malaria prophylactic medications. It is important to stress that no antimalarial drug is 100 percent protective and additional protective measures (i.e., long sleeves and pants, insect repellent, and insecticide-treated bed nets) should be used in conjunction with the medication.

Zika travel notices have been issued in Mexico, the Caribbean, and the Pacific Islands. Zika travel notices have also been issued for certain countries in Africa, Asia, Central America and South America. For a comprehensive list of countries with Zika travel notices, please visit [wwwnc.cdc.gov/travel/page/zika-travel-information](http://wwwnc.cdc.gov/travel/page/zika-travel-information)). It is important to reiterate that pregnant women should avoid traveling to these areas. The Zika virus can cause severe birth defects in the fetus, such as microcephaly. Microcephaly is a condition in which the newborn's head is much smaller than normal for a newborn of that age and gender. Infants with microcephaly may also have a small brain, which may result in an intellectual disability.

**Animal Bites:** Travelers may be at risk of becoming infected with rabies due to animal bites. However, children are more prone to rabies infection than adults because they are more likely to attempt to touch strange animals. If a traveler is bitten by an animal, they should cleanse the area with soap and water and obtain medical attention as soon as possible.

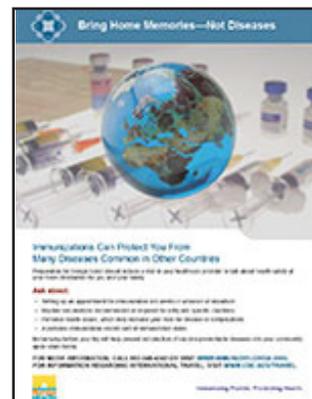
Travelers will decrease their chances of becoming ill if the necessary precautions are taken before and during travel. Receiving appropriate vaccinations, using insect repellent, refraining from petting strange animals and eating thoroughly cooked foods will ensure that everyone has a safe and enjoyable vacation!

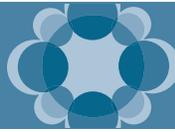
### References:

Centers for Disease Control and Prevention. Traveling with Children. Retrieved from [wwwnc.cdc.gov/travel/page/children](http://wwwnc.cdc.gov/travel/page/children).

Visiting Another Country? Protect Your Family please visit: [www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html#travel](http://www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html#travel).

Bring Home Memories-Not Diseases please visit: [www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html#travel](http://www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html#travel).





## Current Vaccine Information Statements

Vaccine Information Statements (VISs) are produced by the CDC to explain the benefits and risks of a particular vaccine. Federal law requires all vaccine providers to provide patients, or their parents/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](http://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 (7/20/16) **UPDATED**
- Hepatitis B (7/20/16) **UPDATED**
- Hib (*Haemophilus influenzae* type b) (4/2/15)
- HPV - Gardasil-9 (12/2/16) **UPDATED**
- HPV - Gardasil (5/17/13) [Interim]
- Influenza - Live, Intranasal (8/7/15)
- Influenza - Inactivated (8/7/15)
- Measles/Mumps/Rubella (MMR) (4/20/12) [Interim]
- Measles/Mumps/Rubella & Varicella (MMRV) (5/21/10) [Interim]
- Meningococcal ACWY (MenACWY and MPSV4) (3/31/2016)
- Serogroup B Meningococcal (MenB) (8/9/16) **UPDATED**
- Pneumococcal Conjugate (PCV13) (11/5/15)
- Pneumococcal Polysaccharide (PPSV23) (4/24/15)
- Polio (7/20/16) **UPDATED**
- Rotavirus (4/15/15)
- Shingles (Herpes Zoster) (10/06/09)
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15)
- Td (Tetanus, Diphtheria) (4/11/17) **UPDATED**
- Varicella (Chickenpox) (3/13/08) [Interim]

## I Want Health Insurance for My Child. Whom 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 applying for this insurance, Florida KidCare will check which program your child may be eligible for based on age and family income.

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/mailling-list.html](http://www.floridahealth.gov/programs-and-services/immunization/mailling-list.html).

