



Message From the Section Administrator

Robert M. Griffin

Welcome to the 2018 first quarter issue of IMMU-NEWS.

A new year is upon us! As we embark on the spring season we can all get outdoors and enjoy the fresh air and warm sunny days. This time of year also inspires new growth, a sense of renewal, and new beginnings. As the Immunization Section begins anew, we are looking forward to another successful year!

This quarter marked two national observances of note—January was Cervical Health Awareness Month and February 4 was World Cancer Day. Both aim to promote awareness about cancer and human papillomavirus (HPV) vaccination. The HPV vaccination is cancer prevention!

In this issue, you will read about HPV, the Vaccines for Children (VFC) Achievement Awards program, influenza, immunization-related events and activities throughout the state, and much more.

The Immunization Section had several staff changes of note since the last issue.

Celeste O. Phillips, MN, RN, has joined the Clinical/Quality Improvement team as a Community Health Nursing Consultant.

Brittany Smelt has joined the Florida SHOTS helpdesk team as an Operations Analyst I.

Field staff had four new employees this quarter—Adrian Kinsey has joined the team at Central Office as an Operations Analyst I, Kiara Hayes has joined Area 1 as an Operations Analyst I, Courtney Swaby has joined Area 11 as an Operations Analyst I, and Desiree Rogers has joined Area 3 as an Operations Analyst I.

Welcome aboard Celeste, Brittany, Adrian, Kiara, Courtney, and Desiree—we look forward to working with you all!

We want to wish everyone a safe, happy and healthy spring.

Enjoy this issue, and visit us at ImmunizeFlorida.org!

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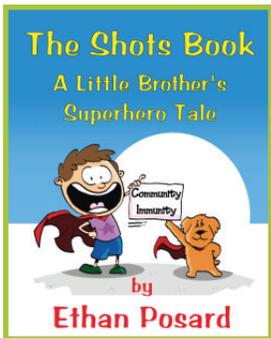


Children's Week 2018: *The SHOTS Book* by Ethan Posard

Children's Week was a week-long annual event in Tallahassee with thousands of attendees. Local coordinators hosted events throughout the week to raise awareness about children's issues and an event was held in Tallahassee at the Capitol. The 2018 celebration began January 22 and the purpose was to advocate to legislators for Florida's children to be healthy, educated and given the opportunity to reach their full potential. During the 22nd anniversary of Children's Week, the board members featured *Storybook Village at the Capitol*. Partners and volunteers created a "village" of interactive reading booths and exhibits for children to explore that featured stories and characters from their favorite books!

The Florida Chapter of the American Academy of Pediatrics, along with the Department's Immunization Section, presented *The Shots Book: A Little Brother's Superhero Tale* by Ethan Posard in this year's Storybook Village. *The Shots Book* is an illustrated children's book that explains why children get vaccines to protect their health and the health of others in their community who cannot be vaccinated. Posard actually wrote the book at the age of 14! The story is about how he learned about herd immunity and how he and his puppy became community immunity superheroes. Thus, children

who participated in the reading activity became their own community immunity superheroes. In support of the Department's priority to increase



Jennifer Ouzts, Web & Publications Manager, DOH Immunization Section reads *The Shots Book* to attendees.

childhood vaccination rates, this outreach activity also recognized the importance of immunizations across the lifespan, emphasizing the rationale for vaccination and educating children and parents on herd immunity. Children's Week also hosted a Storybook Stage. At the end of the journey through the village, groups of children relaxed by the stage to hear stories read by local authors, see performances come to life, and hear stories told through music.



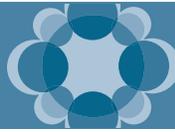
Children participated in a hands-on activity at *The Shots Book* booth.



Left to right: Sharon Mayfield, RN, DOH Immunization Section and Jennifer Ouzts, Web & Publications Manager, DOH Immunization Section at *The Shots Book* booth in the Storybook Village.

Standard Immu-News Abbreviations

- 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



Vaccines for Children Incentives Program

The Immunization Section has implemented an incentives program to recognize Vaccines for Children (VFC) providers with exemplary 2-year-old series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B, 1 varicella, and 4 PCV) and first-dose HPV initiation vaccination coverage rates. For 2017, 74 providers were acknowledged for having vaccination coverage rates at or above 90 percent, with a minimum of 50 patients. Providers are categorized based on rates as either a Platinum Level Provider (95 percent or above) or a Gold Level Provider (between 90–94.9 percent), and received a complimentary back-up continuous monitoring device as a token of appreciation. All qualified VFC providers were presented a *Certificate of Achievement* and are being highlighted on the **Immunization Section's website** to recognize these accomplishments. Rates are generated and assessed annually in the last quarter of each year. Check out some of our Platinum and Gold Providers below.

Congratulations to all selected VFC Providers and VFC Area Consultants!



Left to right: Denise Fackender and Amy Hopkins

2017 Platinum Level Provider

2-Year-Old Series Completion (100 percent)

Pasco County Health Department—Wesley Chapel Clinic

Area 6 VFC Consultant: Doreen Pinkham



Front: Dr. Constance Charles-Logan; Left to Right: Stephanie Harnish; Jill Fernandez; Kimberly Stitik, ARNP; Cassandra Lindsey; and Uniqua Williams.

2017 Gold Level Provider

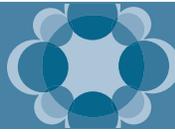
2-Year-Old Series Completion (94.9 percent)

West Coast Pediatrics—Manatee County

Area 8 VFC Consultant: Lori Wright

Increased Focus on Human Papillomavirus Vaccination Coverage for Young Adults (19–26 Years Old)

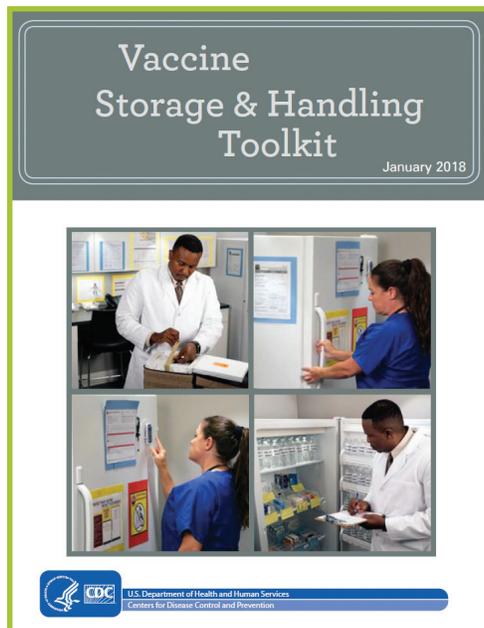
With recent national focus placed on HPV vaccine initiation for adolescents by the Advisory Committee on Immunization Practices (ACIP) starting at ages 11–12 years, it is equally important to offer and recommend the HPV vaccine to young female and male adults. ACIP recommends the HPV vaccine for girls and women age 13 to 26 years of age, and ages 13 through 21 for males. According to the Centers for Disease Control and Prevention (CDC), teens and young adults who start the series later, at ages 15 through 26 years, need three doses of the HPV vaccine to protect against cancer-causing infection. HPV infection causes cancers of the cervix, vulva, penis, anus, rectum, throat, tongue, and tonsils. If your patient is within the recommended age for vaccination, make sure they get protected! For more information about HPV and Cancer, visit www.cdc.gov/hpv/.



Centers for Disease Control and Prevention's Vaccine Storage & Handling Toolkit Update

The new release of the CDC's *Vaccine Storage and Handling Toolkit* has been published. As of January 1, 2018, the federal VFC program requires VFC-enrolled providers to have at least one data logger as a backup thermometer with a valid and current *Certificate of Calibration* readily available. You are not required to use a MicroDAQ-branded LogTag as a backup; however, the data logger you choose to use as your backup thermometer must meet VFC program requirements and be compatible for use with Florida SHOTS. Please review the **2018 CDC Vaccine Storage & Handling Toolkit** and visit the **Florida SHOTS website** for a compiled list of data loggers compatible for use with Florida SHOTS.

Download the new Vaccine Storage & Handling Toolkit



Vaccines Available for Federally Qualified Health Centers

The Immunization Section is collaborating with Federally Qualified Health Centers (FQHCs) to provide state-funded vaccines for underinsured patients. This is a new initiative developed to reduce missed opportunities and ensure adequate protection of individuals who have an interest in getting immunized but their insurance plan may not cover the cost. We currently have 48 FQHCs enrolled in this pilot program, and extend the invitation to additional organizations

that are interested. If you would like to inquire about this opportunity, please contact Halsey Rhodes, Senior CDC Public Health Advisor, by email at Halsey.Rhodes@flhealth.gov.

Select Targeted Assistance with Reminder Recall Project

The Select Targeted Assistance with Reminder/Recall (S.T.A.R.R.) Project is an innovative activity currently being conducted by the Immunization Section with selected private VFC providers across the state. This project is using known best practices, specifically related to reminder/recall, to assist providers in reducing missed opportunities to increase vaccination coverage rates. It is proven that immunization providers who use reminder recall strategies embedded in their electronic health systems produce higher vaccination coverage rates compared to those who do not. This project includes 122 private providers who have sent over 14,199 reminder recall letters. The efforts have yielded a 2.5 percent average increase in vaccination coverage of the 2-year-old series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B, 1 varicella, and 4 PCV) in just 5 months. Reminder recall reports are made available to every VFC provider through Florida SHOTS.

FDA Approves First Two-Dose Hepatitis Vaccine

The U.S. Food and Drug Administration announced the approval of HEPLISAV-B for the prevention of hepatitis B virus (HBV) infection in adults ages 18 and older. HEPLISAV-B is the first new hepatitis B vaccine approved in the U.S. in more than 25 years, and is the only two-dose HBV vaccine approved for adults. The approval of HEPLISAV-B by the FDA was based on data from three phase 3 clinical trials of nearly 10,000 adult participants who received the HEPLISAV-B vaccine.

Hepatitis B is an infectious disease caused by the hepatitis B virus. It is transmitted when blood, semen, or another body fluid from an infected person enters the body of someone who is not infected. This can happen through sexual contact, sharing needles, syringes or other drug injection equipment, or from mother to baby at birth. In the U.S., an estimated 850,000–2.2 million persons are chronically infected with HBV and infections are on the rise.

Getting vaccinated is the best way to prevent becoming infected with HBV. Unfortunately, many at-risk adults are not vaccinated. A 2014 analysis found that vaccination levels for HBV were low among adults 19 years and older. According to the study, only 25 percent of

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adults were vaccinated, clearly indicating the need for new tools and strategies to improve adult vaccination rates.

The approval of the new HBV vaccine supports strategies and actions set forth in the National Viral Hepatitis Action Plan that call for achieving universal hepatitis B vaccination for vulnerable adults. The new vaccine could potentially improve adult vaccination rates because it:

- Requires fewer doses than previously available vaccines
- Can be completed in one month (compared to six months for the previously available vaccines)

Immunization programs are important partners in the fight against viral hepatitis. We encourage all stakeholders to consider how they can join immunization programs, health care providers, and others who serve vulnerable adults.

Adapted from HHS.gov

2017–2018 Flu Season

Flu season is in full swing during early 2018 as we have seen widespread flu activity in 49 states except Hawaii. The predominately circulating strain of influenza for the 2017–2018 flu season is influenza A (H3). There have been at least 30 pediatric influenza-associated deaths nationwide this flu season, including six deaths in Florida at the time of this report. All of these deaths have occurred in unvaccinated children.

Annual vaccination is the best way to provide protection against influenza. Although flu activity is expected to level off, it is not too late for unvaccinated persons to receive the influenza vaccine as flu season typically lasts from September to May. The influenza vaccine is available at local physician offices, county health departments, and retail pharmacies (such as Walgreens, CVS, etc.). Even if an unvaccinated person has contracted the flu this season, they should be encouraged to get vaccinated because there are other circulating influenza viral strains. Influenza infection with one viral strain does not result in immunity to other viral strains of influenza.

It is also recommended that sick persons remain at home until fever-free (no fever without using fever-reducing medications) for at least 24 hours to prevent the spread of influenza and other illnesses. There are simple steps that everyone should take to prevent the spread of influenza. Practice good hand hygiene (hand washing) and cough or sneeze into tissue or into the crease of the elbow if tissue is not available (do not cough or sneeze into hands as this promotes the spread of viruses and bacteria). After sneezing or coughing, discard the tissue and wash your hands immediately. Also, avoid touching your eyes, mouth and nose unnecessarily because the flu virus can be transmitted by touching a surface that an infected

person has touched. Disinfecting frequently touched surfaces, eating nutritious meals and staying hydrated can decrease the spread of influenza.

Facts About HPV

Did you know that 12,000 women in the U.S. get cervical cancer, and 4,000 women die from this disease each year? Almost one-third of women who develop cervical cancer had normal Pap smears within three years of being diagnosed. Approximately 330,000 women undergo the necessary surgery to remove the cervical cancer. The HPV vaccination can help prevent up to 70 percent of cervical cancers and its precursors.

Did you know that 11,000 men and women in the U.S. get cancer of the head and neck caused by HPV each year? Approximately 75 percent of head and neck cancer is caused by HPV, and the incidence is rising. By 2020, the number of head and neck cancer cases will be higher than the number of cervical cancer cases caused by HPV. HPV type 16 causes 94 percent of oropharyngeal cancers.

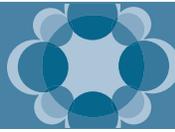
Did you know that 5,000 women and men in the U.S. get anal cancer each year? Of these, two-thirds occur in women, and routine screening is currently unavailable. HPV type 16 causes over 90 percent of anal cancers.

The HPV vaccine has been widely studied and is very safe. The two largest studies—200,000 girls in the U.S. and 1 million girls in Denmark and Sweden—show no increase in over 200 categories of illness, including autoimmune diseases and venous thromboembolic diseases. It was determined that both girls and boys may faint after receiving the vaccine, so observing the patient for 15 minutes after vaccination is recommended.

HPV vaccine works according to population-wide studies. About 80 percent of girls in Australia who received three doses of the vaccine showed an 80 percent decline in cervical precancer, and genital warts have nearly disappeared among these girls.

Getting parents to accept the vaccine is probably the biggest obstacle most providers face. The easiest and most effective approach is to include it with the other vaccines that the child needs when they come in for their visit. Saying your child is “due for three vaccines, the HPV vaccine, tetanus booster and MMR vaccine” is more effective than saying your child is “due for the tetanus booster, the MMR vaccine and the optional HPV vaccine.” Including it with the other two vaccines makes the HPV vaccine just as important and necessary as the other two needed vaccines. This also emphasizes to the parents that you, as the provider, feel the HPV vaccine is as important as the other vaccines.

Adapted from mcaap.org



World Cancer Day—February 4, 2018

Approximately 1.4 million U.S. residents are diagnosed with cancer every year, excluding non-melanoma skin cancers, and approximately 40 percent of adults living in the U.S. will be diagnosed with cancer at some point in their lives.

How can you prevent cancer in general? Because cancer is not a single disease, it does not have a single cause. Many causes or risk factors can contribute to a person's chance of getting cancer, and risk factors are different with each type of cancer. Thus, preventive measures vary depending on the cancer. In fact, we do not know what causes most cancers, but the following preventive measures can reduce the risk of developing cancer in general.

- Avoid tobacco use as well as exposure to tobacco smoke. Thirty percent of all cancers are attributed to smoking or chewing tobacco. Cigarette smoking is associated with cancers of the lung, mouth, pharynx, larynx, esophagus, pancreas, kidney, and bladder. Exposure to secondhand smoke increases the risk of lung cancer.
- Test your home for radon gas using kits and guidance available from your local health department.
- Avoid overexposure to the sun, and avoid indoor tanning beds. Ultraviolet radiation, such as that from the sun and from tanning beds, increases the risk of skin cancer.
- Avoid or at least limit alcohol consumption. Breast cancer has been linked with alcohol intake.
- Reduce the amount of fat and preservatives in the diet, including smoked and salt-cured meats.
- Limit intake of red and processed meats.
- Participate in regular exercise.



- Maintain a healthy body weight throughout life.
- Get annual health check-ups.
- Enjoy consistent periods of relaxation and leisure.
- Exercise care in using pesticides and other household chemicals. Follow the manufacturer's instructions including recommended use of protective masks, eyewear, and gloves.
- Avoid occupational exposures to ionizing radiation and known or suspected carcinogens such as asbestos and certain solvents.

Seek immediate medical care if cancer is suspected.

Adapted from www.cdc.gov/pictureofamerica/pdfs/Picture_of_America_Cancer.pdf

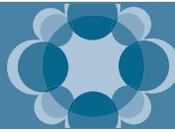
Perinatal Hepatitis B Prevention Program

Hepatitis B virus (HBV) infection is the most common form of chronic hepatitis worldwide. The World Health Organization (WHO) estimates more than 2 billion people have been infected with HBV, 360 million people are chronically infected, and 600,000 people die annually from complications of HBV-related liver disease. Most of those infected with chronic hepatitis B obtained it 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 HBV is not a fragile virus; it can live on environmental surfaces for up to seven days!

In the U.S., approximately 25,000 infants are born annually to hepatitis B surface antigen (HBsAg)-positive pregnant women. Strategies for reducing new perinatal HBV infections in exposed infants include maternal screening for the HBsAg, post-exposure prophylaxis (PEP) consisting of administration of the hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth, completion of the series of hepatitis B vaccines per the recommended schedule, and post-vaccine serology testing (PVST) to determine immunity status upon completion of the hepatitis B vaccine series.

Vertical HBV transmission results in 85–95 percent of infants becoming infected if no PEP is administered. Once infected, 90 percent will become chronically infected. Up to 25 percent of chronically-infected infants will die prematurely from primary liver cancer or cirrhosis of the liver as adults. Conversely, if a person

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becomes infected with HBV as an adult, they have a 95 percent likelihood of resolving the acute HBV infection. Infants have higher premature death rates from liver cancer and cirrhosis due to longer chronic exposure over their lifetimes.

These statistics support the need for Florida's Perinatal Hepatitis B Prevention Program (PHBPP). Starting in 1989, the Florida Department of Health implemented a policy for detection and prevention of perinatal hepatitis B to identify and manage infants born to women who are HBsAg-positive. The program has evolved significantly since then, but the basic goals remain the same.

The PHBPP has three general goals. First is to identify pregnant women who are HBsAg-positive and make appropriate referrals for treatment and follow up, if indicated. Second is to ensure proper immunoprophylaxis and testing of the infants and identified household contacts of the mother. Third is to maintain a tracking system for perinatal hepatitis B case management activities. Electronic tracking began in 2000, and perinatal data are now being entered into the Florida Merlin Communicable Disease Tracking System.

Statewide, each county health department has designated PHBPP coordinators who are responsible for providing case management services for pregnant HBV-positive women, their families, and newborn infants. This can be a very challenging task for various reasons! Starting in January 2018, Sharon Mayfield, RN and PHBPP Coordinator for the state, will lead a quarterly conference call for the county PHBPP coordinators. These calls will provide education, the opportunity to ask questions, and allow for an exchange of information among the coordinators as to what works best in their respective counties. The CDC provides funding and tracks and compares the progress of the PHBPPs in each U.S. state, and there are several areas where there are opportunities for improvements here in Florida.

If you are part of the PHBPP, please join us for these quarterly conference calls to share your struggles and successes. Please contact Sharon.Mayfield@flhealth.gov if there are any personnel changes in the PHBPP coordinators in your county health department (new employees, retirements, employees leaving). You also have the option to notify Sharon prior to the calls about any topics you would like to discuss. Be on the lookout for the email invitations. These calls will provide another opportunity for us to improve the outcomes of the PHBPP, and we welcome your participation.

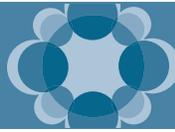
Physicians Receive Vaccine Education Outreach

The Immunization Section and Florida SHOTS partnered to exhibit at the Florida Academy of Family Physician's Winter Summit. The event was held in Nassau County, where education was provided on adult vaccination schedules, flu vaccine awareness, HPV vaccine education and the importance of the 2-year-old vaccination rates. Over 500 family physicians, medical residents and participants received vaccine education materials and information.



Left to right: Fatima Aviles, Florida SHOTS Field Trainer/Coordinator and Cortlyn Starr, MPH, DOH Immunization Section, Health Educator & Outreach Coordinator.





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.

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 and children receiving their routine 4-6 year vaccines.

Routine

- DTaP (5/17/07)
- Hepatitis A (7/20/16)
- Hepatitis B (7/20/16)
- Hib (*Haemophilus influenzae* type b) (4/2/15)
- HPV - Gardasil-9 (12/2/16)
- Influenza - Live, Intranasal (8/7/15)
- Influenza - Inactivated (8/7/15)
- Measles/Mumps/Rubella (MMR) (2/12/18) **UPDATED**
- Measles/Mumps/Rubella & Varicella (MMRV) (2/12/18) **UPDATED**
- Meningococcal ACWY (MenACWY and MPSV4) (3/31/2016)
- Serogroup B Meningococcal (MenB) (8/9/16)
- Pneumococcal Conjugate (PCV13) (11/5/15)
- Pneumococcal Polysaccharide (PPSV23) (4/24/15)
- Polio (7/20/16)
- Rotavirus (4/15/15)
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15)
- Td (Tetanus, Diphtheria) (4/11/17)
- Varicella (Chickenpox) (2/12/18) **UPDATED**
- Zoster/Shingles (Live) (2/12/18) **UPDATED**
- Zoster/Shingles (Recombinant) (2/12/18) **UPDATED**

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.

