



Message from the Section Administrator

Robert M. Griffin

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

Summer is already upon us, and the Florida weather is heating up nicely! As we transition into warmer days and enjoy the abundant Florida sunshine, many of us will venture into the great outdoors and enjoy time with family and friends.

This quarter marked several national observances of note—April 21–28 was National Infant Immunization Week (NIIW), April 24–30 was World Immunization Week, April 24 was World Meningitis Day, and the month of May was National Hepatitis Awareness Month. Posters were placed in all buildings at Central Office to promote vaccine awareness.

In this issue, you will read about hepatitis, updated Advisory Committee on Immunization Practices (ACIP) guidelines, the new shingles vaccine, and immunization-related events and activities throughout the state.

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

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

Brittany Roberts has joined the Clinical/Quality Improvement team as a Government Operations Consultant II.

Chrishonda Jenkins, BSN, RN, has joined the Clinical/Quality Improvement team as Executive Community Health Nursing Director. Chrishonda previously worked as the Director of the Specialty Programs Unit for Children's Medical Services Managed Medical Assistance Plan.

Welcome aboard Holly, Brittany, and Chrishonda—we look forward to working with you!

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

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

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



Hepatitis B Birth Dose Honor Roll

Drum Roll Please...

The Immunization Section is excited to announce that Cape Coral Hospital is the first hospital in Florida to make the *Hepatitis B Birth Dose Honor Roll!* In 2013 the Immunization Action Coalition (IAC) started recognizing hospitals and birthing centers that achieved at least 90% coverage rates of administering hepatitis B vaccine at birth.



On March 8 Suzanne Victor, RN, Community Health Nursing Consultant, Immunization Section, met with Nancy Travis, Director of Women's and

Neonatal Services at Cape Coral Hospital. Ms. Travis was very excited to learn about the Hepatitis B Birth Dose Honor Roll and proactively sought a spot. Cape Coral Hospital in Cape Coral, Florida, reported a coverage rate of 97 percent from 1/1/2017 to 12/31/2017. Congratulations to Cape Coral Hospital!

The Honor Roll currently includes 391 birthing institutions from 40 states, Puerto Rico, Guam, and U.S. military bases abroad. Honorees are recognized in the *IAC Express* newsletter, presented with an award, receive peer recognition within the immunization community, and are recognized on the IAC's online Honor Roll.



To be included in the IAC's Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

- Achieved, over a 12-month period, a coverage rate of 90 percent or greater for administering hepatitis B vaccine before hospital discharge to all newborns (regardless of weight), including those whose parents refuse vaccination. Newborns who are transferred to a different facility after birth due to medical problems do not need to be included in the denominator.
- Implemented written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.

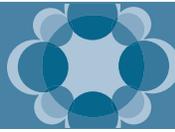
Note: The following criteria are generally required, but exceptions may be made:

- Parents are informed about the importance of the hepatitis B vaccine birth dose and that it is recommended for all newborns.
- All newborns routinely receive hepatitis B vaccine after birth, before hospital discharge.
- A review is performed as to whether the correct screening test, hepatitis B surface antigen (HBsAg), was ordered for the mother during this pregnancy.
- The result of the mother's HBsAg screening test is reviewed. It is best, if at all possible, that the policy calls for review of a copy of the original HBsAg test result, and not a transcribed or hand-entered report.
- An HBsAg blood test is ordered as soon as possible if an incorrect test was ordered on the mother or if no test result is included on her chart.
- Infants born to HBsAg-positive mothers receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
- Infants born to mothers whose HBsAg status is unknown receive hepatitis B vaccine within 12 hours of birth.

Continued on next page

Standard Immu-News Abbreviations

- ACIP: Advisory Committee on Immunization Practices
- AFIX: 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



- Infants who weigh less than 2,000 grams and are born to mothers whose HBsAg status is unknown receive HBIG (in addition to hepatitis B vaccine) within 12 hours of birth.
- Routine newborn admission orders include a standing order to administer hepatitis B vaccine to all infants (similar to standing orders to administer vitamin K and ophthalmic antibiotic).
- Notification of the state or local health department's perinatal hepatitis B prevention program is done prior to discharge (or as soon as known, if after discharge) for all mothers whose HBsAg test result is positive.



NIC 2018 brought together immunization stakeholders and partners to explore science, policy, education, and planning issues related to immunization and vaccine-preventable diseases. Discussions included perceptions, attitudes, and beliefs that influence vaccine practices and behavior; methods and results of quality improvement projects designed to increase human papillomavirus (HPV) vaccination rates; vaccine coverage among children; and new vaccines in development as well as new delivery technology.

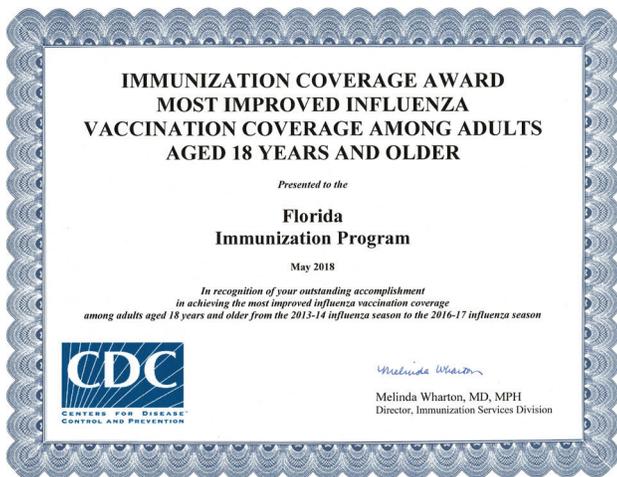
Stakeholders and partners engaged in discussions and nurtured relationships; adding ideas, information, and contacts to one's toolkit aimed at ensuring vaccine viability; continuing the efforts of vaccinating children, adolescents, and adults; and protecting all against vaccine-preventable diseases.

Hospitals can apply online for the Hepatitis B Birth Dose Honor Roll at: www.immunize.org/honor-roll/birthdose.

48th Annual National Immunization Conference

The Centers for Disease Control and Prevention (CDC) hosted its 48th National Immunization Conference (NIC), *Immunization: Prevention, Protection, and Progress* in Atlanta, Georgia on May 15–17. Conference tracks included Adult Immunization, Childhood/Adolescent Immunization, Epidemiology and Surveillance, Health and Risk Communications, and Immunization Information Systems, as well as Programmatic Issues.

The Immunization Section was presented with an immunization coverage award for the *Most Improved Influenza Vaccination Coverage Among Adults Aged 18 Years and Older*.



Coverage award presented to the Immunization Section

2018 Florida Immunization Summit

The Florida Immunization Summit was held May 10–11 at the Hilton Daytona Beach Oceanfront Resort. The theme of this third annual summit was *Immunizations Across the Lifespan*. The summit was designed to provide new, innovative, and evidence-based practices for improving vaccination rates for Florida citizens of all ages. The planning committee included representatives from the Volusia County Health Department including Patricia Boswell, Administrator; Denise Ayers, Executive Nursing Director; Marie Tackett, Administrative Assistant; Holly Smith, Communications Director; and representatives from the Florida Department of Health Immunization Section, Bureau of Epidemiology, and Suwannee River Area Health Education Center (AHEC). An average of 100 participants a day attended, representing county health departments, private medical practices, universities, public schools, Healthy Start coalitions, and vaccine advocacy groups.

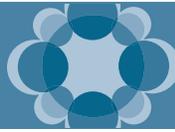
Exhibitors from Merck & Co., Sanofi, Onset, DeltaTrak, and Florida SHOTS provided the participants with information and written materials.

Presentations by highly qualified and interesting speakers provided information on a range of subjects related to vaccine-preventable diseases in children, adults, and pregnant women.

Volusia County has generously made the PowerPoint slide presentations available: volusia.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/2018-conference/index.html.

The summit closed with a personal and moving story by a young woman with recurring cervical cancer, emphasizing the importance of HPV vaccination for all.

A brief description of speakers and topics follows.



Dr. Allen S. Craig, MD, FAAFP, Deputy Director, National Center for Immunization and Respiratory Diseases

Keynote Address—Vaccine Preventable Disease: The State of the Art. The CDC estimates that vaccination of children born between 1994 and 2016 has prevented 381 million illnesses, helped avoid 855,000 early deaths, and saved \$1.65 trillion in total cost to society.

Dr. Kelli T. Wells, MD, Statewide Medical Director, Florida Department of Health

Health of the State: The State Health Improvement Plan (SHIP) includes immunizations as one of its priority areas; goals include to increase access to and rates of immunizations for infants, pregnant women, children, and teens. Statistics on outbreaks of vaccine-preventable diseases in the state.

Helen Medlin, BSN, RN, Senior Community Health Nurse Supervisor, DOH-Brevard

Improving Maternal Influenza and Tdap Vaccination: A quality improvement plan for Brevard County increased rates of influenza doses administered to maternity clients from 15 in the 2012–2013 flu season to 243 in the 2017–2018 season and increased the percentage of tetanus-diphtheria-acellular pertussis (Tdap) doses administered to pregnant women from 9 percent in 2014 to 50 percent in 2017.

Dr. Carina Blackmore, DVM, PhD, Dipl. ACVPM, Director, Division of Disease Control and Health Protection, Florida Department of Health

Flu—Statewide/Global Perspective: The only infectious disease on the top 10 list of leading causes of death in the United States; types of influenza viruses; Florida outbreaks; vaccine types and availability.

Dr. Ellen M. Daley, PhD, MPH, Professor and Associate Dean for Research and Practice, College of Public Health, University of South Florida

The Connection Between HPV and Cancer: 200 types of HPV, 40 sexually transmitted; probability of acquiring HPV with only one sexual partner (males 91%, females 85%); cancers caused by HPV; cervical, vaginal, vulvar, penile, anal, oropharyngeal.

Andrea Peaten, Community Immunization Liaison, DOH-Pinellas

Ask Me About HPV: HPV Ambassadors: Who are they? What do they do? How do you become one?; “Same Way, Same Day” method of communicating HPV vaccine information. HPV vaccine statistics and information.

Dr. Alix Casler, MD, FAAP, Chief of Pediatrics, Orlando Health Physician Associates, Director Quality Improvement Curriculum, University of Florida Pediatric Residency at Orlando Health

HPV Vaccination Quality Improvement—Physician Perspective: Critical components of a vaccination improvement project; set specific goals, know your rates, identify areas of weakness, implement effective, simple and sustainable process improvement procedures.

Dr. Ulyee Choe, DO, Director, DOH-Pinellas

Overview of Pertussis and Meningococcal Disease: at-risk populations, incidence, symptoms, treatment, prevention of pertussis and meningococcal disease.

Katie Kendrick, MPH, Immunizations Surveillance Epidemiologist, Florida Department of Health

Epidemiology of Vaccine-Preventable Disease in Florida: Statewide and national incidence of pertussis, varicella, mumps, other vaccine-preventable diseases; state outbreaks; state immunization surveys.

Dr. Teresa Rojas-Sanchez, MD, Pediatrician, Family Health Source, Deland, Florida

Childhood Vaccines for Adults: Current ACIP recommendations for Hep B, PCV13, PPSV23, Men B, Men ACWY; at-risk populations.

Kimberly N. Scott, MPH, Senior Program Analyst, National Association of County and City Health Officials (NACCHO)

Local Efforts to Prevent VPDs: The 2017 NACCHO Annual Immunization Survey will provide insight into the status of immunization programs at the local health department (LHD) level as well as identify possible challenges and/or best practices experienced by LHD immunization programs.

Keenan Farrar, MPH, Field Training Consultant, Florida SHOTS

Florida SHOTS Across the Lifespan: Valuable tools from Florida SHOTS including vaccine forecasting, electronically certified 680s, reminder recall, assessing immunization coverage levels, extracting reports, ordering and managing VFC inventory.

Linda M. Ryan, HPV survivor

Preventing Cancer with the HPV Vaccine: Moving personal story of recurrent cervical cancer.





Hepatitis B Questions & Answers

What is hepatitis?

Hepatitis means inflammation of the liver. Hepatitis B is a liver disease caused by the hepatitis B virus (HBV).

What's happening in the U.S?

There were an estimated 19,200 new infections in 2014 and 850,000–2.2 million people with chronic HBV infection.

How is Hepatitis B spread?

The hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected. The virus can be spread through:

- Sex with an infected person. Among adults, hepatitis B is often spread through sexual contact.
- Injection drug use. Sharing needles, syringes, and any other equipment to inject drugs with someone infected with hepatitis B can spread the virus.
- Outbreaks. While uncommon, poor infection control has resulted in outbreaks of hepatitis B in health care settings.
- Birth. Hepatitis B can be passed from an infected mother to her baby at birth. Worldwide, most people with hepatitis B were infected with the virus as an infant.

Hepatitis B is **not** spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, hepatitis B is also not spread by contaminated food or water.

What is the incubation period?

Time of exposure to the causative agent until the first symptom is 45–160 days (average is 120 days).

What are the symptoms of an acute infection?

All types of HBV have similar symptoms. These symptoms may co-exist and include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, gray stool, joint pain, and jaundice.

Potential for Chronic Infection?

Among unimmunized persons, chronic infection occurs in >90 percent of infants, 25–50 percent of children ages 1–5 years, and 6–10 percent of older children and adults.

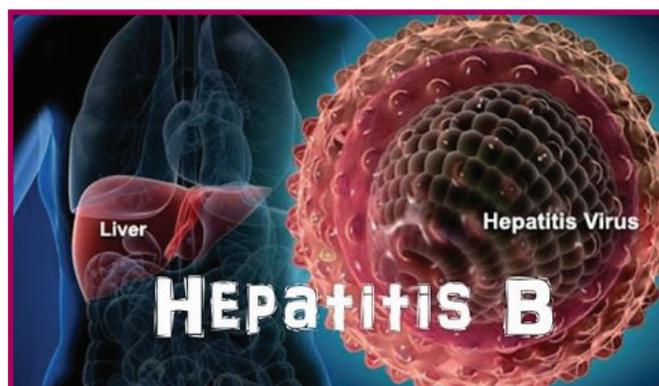
What is the Severity of Hepatitis B?

Most people with acute disease recover with no lasting liver damage; acute illness is rarely fatal. Out of the chronically infected people 15–25 percent develop chronic liver disease, cirrhosis, liver failure,

or liver cancer. Liver disease deaths related to HBV account for 1,800 people in the U.S.

Who should be screened for chronic infection?

Testing for chronic infection is recommended for all pregnant women, those born in regions with intermediate or high rates of HBV, infants born to infected mothers, household sharing persons, needle-sharing persons, or sexual contacts of HBV infected persons, men who have sex with men, injection users, patients with liver enzymes of unknown cause, hemodialysis patients, persons needing immunosuppressive or cytotoxic therapy, HIV infected persons, and donors of blood, plasma, organs, tissues, or semen.



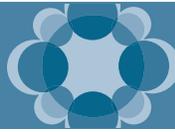
Methods of treatment?

There is no medication available for treatment of acute HBV. Acute illness is best treated through support treatment. Chronic HBV infection is treated through regular monitoring for signs of liver disease progression, and some with anti-viral drugs.

What are the vaccination recommendations?

Hepatitis B vaccine is recommended for infants at birth, older children not previously vaccinated; susceptible sex partners or infected persons; household contacts of infected persons; persons with multiple sex partners; those seeking treatment for an STD; men who have sex with men; injection drug users; health care and public safety workers exposed to blood on the job; persons with chronic liver disease (including HCV-infected persons with liver disease); persons with HIV infection; persons with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis patients; residents and staff of developmentally disabled persons; travelers to regions with intermediate or high rates of HBV; unvaccinated adults with diabetes mellitus 19–59 (for those age 60 or above the discretion of a clinician is required); and anyone else seeking long-term protection. Infants and children should receive 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule. Adults should receive 3 doses given over a 6-month period.

The only way to know if you have Hep B is to get tested!



Recombinant Zoster Vaccine (Shingrix)

Herpes zoster is a localized, painful rash which results from reactivation of the varicella zoster virus. The incidence of herpes zoster increases with age, and the most common complication is postherpetic neuralgia. Postherpetic neuralgia is persistent pain that lasts for at least 90 days following resolution of the herpes zoster rash. The risk of developing postherpetic neuralgia increases with age.



Painful shingles rash

The new recombinant zoster vaccine (RZV), Shingrix, manufactured by GlaxoSmithKline (GSK), was approved for licensure by the Food and Drug Administration (FDA) and recommended for use by the ACIP in October 2017.

Persons age 50 years and older should receive 2 doses of RZV intramuscularly, separated by 2–6 months. If a person in this age group has already received zoster vaccine live (ZVL) or had a past episode of herpes zoster, they can still receive 2 doses of RZV. Persons that previously received ZVL should wait at least 2 months before receiving the RZV. For adults age 60 and older they should receive RZV or ZVL; however, the preferred vaccine is RZV. ACIP made the recommendation for preferential use of RZV over ZVL, based upon increased efficacy against herpes zoster in those persons that received RZV than ZVL.

The most common side effects of RZV include injection site reactions such as pain, redness, and swelling, myalgia, and fatigue. RZV should not be administered to persons with a history of severe allergic reaction to any component of this vaccine. RZV should not be administered during a current herpes zoster infection. There are no data available that determine if it is safe to administer RZV during pregnancy or breastfeeding; therefore, delaying administration of RZV in pregnant and lactating women should be considered.



ACIP Updates Recommendations in its General Best Practice Guidelines for Immunization

ACIP has recently updated its *General Best Practice Guidelines for Immunization* with several changes. The page numbers below correspond to the PDF version:

- Page 29 (Table 3-1): "RZV" and "ZVL" were added to the table.
- Page 93, last paragraph: The first sentence now reads as "For infants and younger children, if more than 2 vaccines are injected in a single limb, the thigh is preferred because of the greater muscle mass; the injections should be sufficiently separated (separate anatomic sites [i.e. ≥ 1 inch] if possible) so that any local reactions can be differentiated." This change clarifies that "separate sites" means two points separated by at least an inch.
- Page 115 (Table 7-1): Now the Celsius storage temperatures are listed first, with Fahrenheit second and in parentheses.
- Page 115 (Table 7-1): "RZV" was added to the table.
- Page 148, second paragraph: In the Special Situations section, language is clarified regarding the use of the IGRA test.

To view the PDF version please visit: [General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices \(ACIP\)](#).

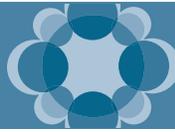
Vaccinating Adults: A Step-by-Step Guide

The IAC's guide on adult immunization provides easy-to-use, practical information covering important "how-to" activities to help providers enhance their existing adult immunization services or introduce them into any clinical setting, including:

- setting up for vaccination services
- storing and handling vaccines
- deciding which people should receive which vaccines
- administering vaccines
- documenting vaccinations (including legal issues)

In addition, the guide is filled with hundreds of web addresses and references to help providers stay up-to-date on the latest immunization information, both now and in the future.

To download *Vaccinating Adults: A Step-by-Step* please visit: www.immunize.org/guide.



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 (2/23/18) **UPDATED**
- 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?

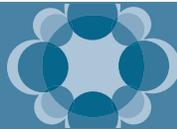
Florida KidCare is the state health insurance program for uninsured children under age 19. It includes four different programs: MediKids, Healthy Kids, Children's Medical Services, and Medicaid. When applying for this insurance, Florida KidCare will check which program your child may be eligible for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

Florida 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.





Back-to-School

These vaccination publications, and many more, are available as Adobe Acrobat PDFs and may be downloaded at: www.floridahealth.gov/programs-and-services/immunization/publications/flyers.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 Department'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 850-901-6793 or by email at jennifer.ouzts@FLHealth.gov to request print-ready PDFs.

2018-2019 SCHOOL ENTRY IMMUNIZATION REQUIREMENTS

Take Action Now!

Immunization Requirements for Childcare

Prior to entry into Florida childcare facilities and family daycare homes, each child shall have a Form DH 680, Florida Certification of Immunization, on file documenting age-appropriate immunizations of the following vaccines:

- Pneumococcal conjugate vaccine (PCV1)
- Diphtheria or tetanus pertussis (DTaP) vaccine
- Polio vaccine (IPV)
- Measles-mumps-rubella (MMR) vaccine
- Varicella vaccine (Shingles)
- Hepatitis B infection type B (HBs) vaccine

* Effective January 1, 2012, PCV1 required for children 6-59 months.

**Varicella vaccine is not required if there is a child or an adult blood donor document by the health care provider.

Refer to Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes, available at www.floridahealth.gov/immunization.

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

Are Your Students Up-to-Date?

and Varicella Phase-In Schedule

Age	DTaP	DTaP							
Age	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95+
1st dose	1	1	1	1	1	1	1	1	1
2nd dose	1	1	1	1	1	1	1	1	1
3rd dose	1	1	1	1	1	1	1	1	1
4th dose	1	1	1	1	1	1	1	1	1
5th dose	1	1	1	1	1	1	1	1	1
6th dose	1	1	1	1	1	1	1	1	1
7th dose	1	1	1	1	1	1	1	1	1
8th dose	1	1	1	1	1	1	1	1	1
9th dose	1	1	1	1	1	1	1	1	1
10th dose	1	1	1	1	1	1	1	1	1

Do Not Wait Until the Last Minute!

What Your Child Needs for 2017-2018 School Entry Attendance

Make sure your child's immunization record is up-to-date before starting school. Review your child's immunization record and make sure all vaccines recommended for school entry are up-to-date.

Required Vaccines:

- Polio vaccine (IPV)
- Diphtheria, tetanus, pertussis (DTaP)
- Measles, mumps, rubella (MMR)
- Varicella vaccine (Shingles)
- Hepatitis B infection type B (HBs) vaccine

Recommended Vaccines:

- Pneumococcal conjugate vaccine (PCV1)
- Human Papillomavirus (HPV)
- Meningococcal conjugate vaccine (MCV4)
- Tetanus, diphtheria, pertussis (Tdap)
- Varicella (Shingles)

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

Ready for 7th Grade

Are your children up-to-date?

Make sure your child's immunization record is up-to-date before starting school. Review your child's immunization record and make sure all vaccines recommended for school entry are up-to-date.

Required Vaccines:

- Polio vaccine (IPV)
- Diphtheria, tetanus, pertussis (DTaP)
- Measles, mumps, rubella (MMR)
- Varicella vaccine (Shingles)
- Hepatitis B infection type B (HBs) vaccine

Recommended Vaccines:

- Pneumococcal conjugate vaccine (PCV1)
- Human Papillomavirus (HPV)
- Meningococcal conjugate vaccine (MCV4)
- Tetanus, diphtheria, pertussis (Tdap)
- Varicella (Shingles)

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

Graduating from High School this Year?

Vaccinate Before You Graduate

Take Charge of Your Health!

Getting vaccinated while you are still in school can get you caught up on your shots before getting a job, going to college, or traveling abroad. Vaccinations can protect you against many diseases that can cause serious health problems.

Check your vaccination records or check with your doctor to be sure you have all the recommended vaccinations. If your vaccinations need to be updated, contact your doctor, school nurse, or local health department.

The Centers for Disease Control and Prevention's Recommended Immunization Schedules are available at www.cdc.gov/vaccines/imz/downloads/.

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

Recommended Childhood Immunizations Schedule

Age: Start when data unless otherwise indicated

Birth: Hepatitis B (Dose 1)

2 months: Diphtheria-Tetanus-Pertussis (DTaP), Hep B, Hemophilus influenzae type B (Hib), Polio (IPV), Pneumococcal Conjugate (PCV), Rotavirus

4 months: DTaP, Hib, IPV, PCV, Rotavirus

6 months: DTaP, Hep B, Hib, IPV, PCV, Rotavirus, Influenza

12-15 months: Measles-Mumps-Rubella (MMR), PCV, Hib, Varicella

15-18 months: DTaP

12 months-18 years: Hepatitis A (Dose 1)

2 doses 6 months apart

4-5 years: DTaP, IPV, MMR, Varicella

11-18 years: Human Papillomavirus (HPV) 3 doses—second dose 2 months after the first dose and third dose 6 months after the first dose

11-18 years: Meningococcal Conjugate (MCV4), Tetanus-Diphtheria-Pertussis (Tdap)

Need health insurance for your child? Apply online at www.floridahealth.gov or call toll-free 1-888-540-5437 for an application.

Florida KidCare

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your child's health. Visit www.floridahealth.gov for related information on vaccines.

4052 Ball Oyster Way, Box A11
Tallahassee, FL 32309-1199
Phone: 850-245-4342
Fax: 850-902-4750
www.immunizeflorida.org

Recommended Immunization Schedule: 7 through 18 Years of Age

Group	Age	Shot
All children	11 to 12	Human Papillomavirus (HPV)
		Meningococcal (MCV4)
Catch-up	7 to 10	Tetanus, Diphtheria, Pertussis (Tdap)
		Influenza (yearly)
Immunizations	7 to 10	Hepatitis B (HepB)
		Inactivated Poliovirus (IPV)
Certain High-risk groups	7 to 10	Measles-Mumps-Rubella (MMR)
		Tdap and/or Td
Certain High-risk groups	7 to 10	Varicella (Shingles)
		Pneumococcal (PPV)
Certain High-risk groups	7 to 10	Influenza (yearly)
		Hepatitis A (HepA)

Need health insurance for your child? Apply online at www.floridahealth.gov or call toll-free 1-888-540-5437 for an application.

Florida KidCare

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your child's health. Visit www.floridahealth.gov for related information on vaccines.

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