

## Message From the Section Administrator

**Amy C. Rigger, BSN, RN**

Welcome to the 2019 second quarter issue of IMMU-NEWS.

Warm weather is here, and summer is already upon us. As many of us prepare for vacations and outdoor adventures with family and friends, it is the perfect time to make sure your family is up to date on their vaccinations, especially travel vaccines. Keep yourself and the ones you love protected!

This quarter marked a few national observances of note—April 24 was World Meningitis Day, April 27–May 4 was National Infant Immunization Week (NIIW), and the month of May was National Hepatitis Awareness Month. All observances promote and raise awareness about the importance of vaccination. *Prevention is key!*

In this issue, you will read about NIIW, meningitis, hepatitis, measles, the Hepatitis B Birth Dose Honor Roll, and other immunization-related events and topics.

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

Crystal Curci has joined the Vaccines for Children (VFC) Team in Area 4 as an OPS Operations Analyst.

Donna Dean has joined the VFC Team in Area 6 as an OPS Operations Analyst.

Carrie Fleig has joined the VFC Team in Area 11 as an OPS Operations Analyst.

Coleshia Shelton has joined the VFC Team at the State Health Office as an OPS Operations Analyst.

Welcome aboard Crystal, Donna, Carrie, and Coleshia—we look forward to working with you!

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

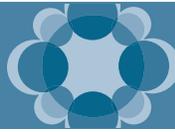
Enjoy this issue, and visit us at [ImmunizeFlorida.org](http://ImmunizeFlorida.org)!

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## National Infant Immunization Week

National Infant Immunization Week (NIIW) was observed April 27–May 4. NIIW has been observed yearly since 1994 to promote the health benefits of immunizations and to improve healthy outcomes in children two years old and younger. NIIW has allowed collaboration among national immunization partners, CDC, and local and state health departments to focus on the positive impact that vaccinations have on infants.

NIIW allows stakeholders to bring awareness to the dangers associated with vaccine-preventable diseases in infants and young children, therefore, emphasizing the importance of receiving immunizations, encouraging effective communication between providers and parents, and reminding parents and caregivers of the importance of scheduling and keeping immunization appointments for their children. NIIW supports efforts to develop events which attract both media interest and community support aimed to increase coverage of stories highlighting the need for childhood vaccination, recognize community partners for their efforts to increase childhood immunization coverage, and provide online resources for health departments and immunization coalitions to create and implement communication strategies to increase immunization awareness and vaccination coverage rates. For more information regarding NIIW, please visit [cdc.gov/vaccines/events/niiw/index.html](https://cdc.gov/vaccines/events/niiw/index.html).



**National Infant  
Immunization Week**  
**IMMUNIZATION.  
POWER TO PROTECT.**

## World Meningitis Day

World Meningitis Day is observed annually on April 24. The Confederation of Meningitis Organisations is dedicated to preventing meningitis globally by ensuring families worldwide have access to early diagnosis, preventative measures, and quick treatment.

Meningitis can kill in 24 hours—recognizing the symptoms and responding to them quickly is key. The main symptoms to look out for are fever, rash, vomiting, headache, stiff neck, sensitivity to light, and drowsiness. The signs and symptoms do not appear in a definite order, may not occur all together, or may not appear at all.

Meningitis and septicemia can strike in a matter of hours, and the after effects can last a lifetime. Examples of side effects include memory loss, deafness, loss of sight, epilepsy, paralysis, loss of limbs, organ damage, and brain damage.

Meningitis currently affects more than 2.8 million people each year globally.

For 2019, the theme of World Meningitis Day was #AfterMeningitis. This theme focused on what life is like for survivors after meningitis.

*Vaccinations are key to meningitis prevention!*

For more information regarding meningitis and to familiarize yourself with the symptoms, please visit [cdc.gov/meningitis](https://cdc.gov/meningitis).



## 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
- FDOH: 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
- OB/GYN: Obstetrician/Gynecologist
- PDF: Portable Document Format
- SRAHEC: Suwannee River Area Health Education Center
- Tdap: Tetanus-Diphtheria-Pertussis vaccine
- VFC: Vaccines for Children



## Measles Outbreak

From January 1 to May 31, 2019, 981 individual cases of measles have been confirmed in 26 states. This is the greatest number of cases reported in the United States since 1994 and since measles was declared eliminated in 2000 (elimination is defined as the absence of continuous disease transmission for 12 months or more in a specific geographic area). However, every year unvaccinated travelers get measles while they are in other countries and bring it back to the United States. They can spread measles to other people who are not immune, which can lead to outbreaks (3 or more cases) in communities with unvaccinated people.

On April 29, the CDC published a *MMWR Early Release* titled ***Increase in Measles Cases—United States, January 1–April 26, 2019***, which addresses the situation of measles transmission from persons who have traveled outside the United States. In summary, the *MMWR* states, "During January 1–April 26, 2019, a total of 704 cases were reported, the highest number of cases reported since 1994. Outbreaks in close-knit communities accounted for 88 percent of all cases. Of 44 cases directly imported from other countries, 34 were in U.S. residents traveling internationally; and most were not vaccinated. Unvaccinated U.S. residents traveling internationally are at risk for acquiring measles. Close-knit communities with low vaccination rates are at risk for sustained measles outbreaks. High coverage with measles, mumps, rubella (MMR) vaccination is the most effective way to limit transmission and maintain elimination of measles in the United States." Health care providers should vaccinate persons without contraindications and without acceptable evidence of immunity to measles before travel to any country outside the United States. Only written (not self-reported) documentation of age-appropriate vaccination, laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957 is considered acceptable presumptive evidence of immunity.

According to the CDC Advisory Committee on Immunization Practices, evidence of measles immunity is defined as documentation of age-appropriate vaccination with a live measles virus-containing vaccine as follows:

- Preschool-aged children: 1 dose
- School-aged children (grades K–12): 2 doses
- Adults not at high risk: 1 dose

Or

- Laboratory evidence (measles-specific IgG antibody that is detectable by any commonly used serologic assay), or
- Laboratory confirmation of disease

- Persons born before 1957 (i.e., born in 1956 or earlier) are assumed to have immunity

If the individual is unsure if they have ever contracted measles, they should be referred to their primary care provider for additional medical history review and possible immunity testing. If serologic testing indicates that the person is not immune, at least one dose of MMR should be administered.

### **MMR vaccine is recommended for the following, if there is no evidence of immunity:**

- Children
- International travelers
- Health care professionals
- Women of child-bearing age and are NOT pregnant
- Caretakers and loved ones of immunocompromised people
- People with HIV with CD4 count of > 200 cells/mm<sup>3</sup> for at least 6 months
- Outbreak associated responses

### **The CDC recommends a second dose (booster) of MMR vaccine for the following persons:**

- Health care personnel born in 1957 or later
- Students in postsecondary educational institutions
- International travelers
- Close personal contacts of immunocompromised persons

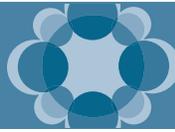
### **Revaccination—at least 1 dose of MMR is recommended for those:**

- Vaccinated before the 1st birthday
- Vaccinated with a killed measles vaccine
- Vaccinated from 1963–67 with an unknown type of vaccine
- Vaccinated with IG in addition to a further attenuated strain or vaccine of unknown type

### **The MMR vaccine is contraindicated in:**

- Persons with a history of severe allergic reaction to past measles vaccine or to any of the ingredients of the vaccine (i.e., neomycin)
- Pregnant women
- HIV/AIDS with CD4 cell count < 200 cells/mm<sup>3</sup>
- Immunosuppression, as determined by a person's health care provider

For more information, please visit [cdc.gov/measles/index.html](https://www.cdc.gov/measles/index.html).



## Hepatitis: Do You Know the Difference?

The month of May is recognized annually as Hepatitis Awareness Month, and May 19th was National Hepatitis Testing Day.

**Q:** What are the transmission routes of hepatitis A (hep A), hepatitis B (hep B), hepatitis C (hep C), hepatitis D (hep D), and hepatitis E (hep E)?

**A:** Hep A is transmitted person-to-person through fecal-oral route or consumption of contaminated food or water.

Hep B is transmitted when blood, semen, or another body fluid from a person infected with the hepatitis B virus (HBV) enters the body of someone who is not infected.

Hep C is a blood-borne virus. Today, most people become infected with the hepatitis C virus (HCV) by sharing needles or other equipment to inject drugs.

Hep D is transmitted through percutaneous or mucosal contact with infectious blood and can be acquired either as a coinfection with HBV or as a superinfection in people with HBV infection.

Hep E is transmitted from ingestion of fecal matter, even in microscopic amounts, and is usually associated with contaminated water supply in countries with poor sanitation. Hep E is rare in the U.S.

**Q:** Is it acute or chronic?

**A:** Hep A is a self-limited disease that does not result in chronic infection.

Hep B is an acute or short-term illness, but for others, it can become a long-term chronic infection. Risk for chronic infection is related to age at infection—approximately 90 percent of infected infants become chronically infected, compared with 2–6 percent of adults. Chronic hep B can lead to serious health issues, like cirrhosis or liver cancer.

Hep C is a short-term illness, but for 70–85 percent of people who become infected with hep C, it becomes a long-term chronic infection.

Hep D can be an acute, short-term infection or a long-term chronic infection.

Hep E is a self-limited disease that does not result in chronic infection.

**Q:** What are the symptoms?

**A:** Hep A: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, diarrhea, clay-colored bowel movements, joint pain, jaundice

Hep B: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, jaundice

Hep C: fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain, jaundice

Hep D: jaundice, nausea, vomiting, abdominal pain, fatigue, loss of appetite, dark colored urine, joint pain

Hep E: fever, fatigue, loss of appetite, nausea, abdominal pain, jaundice, dark urine, clay-colored stool, joint pain

**Q:** Is there a vaccine against the virus?

**A:** Hep A: yes, 2 dose series

Hep B: yes, 3 dose series

Hep C: no

Hep D: no

Hep E: no

**Q:** What is the treatment?

**A:** Hep A: There is no specific antiviral treatment for hep A. Rest, good fluid intake, and alteration in diet may decrease symptoms. Severely ill people require admission to hospital.

Hep B: Antiviral treatment is available and is of benefit to some people with chronic hep B infection. Routine monitoring (at least annually), even when there are no symptoms, can prevent severe liver disease including liver cancer.

Hep C: New treatment guidelines recommend no treatment of acute hep C. Patients with acute HCV infection should be followed and only considered for treatment if HCV ribonucleic acid (RNA) persists after six months. Currently available therapies can achieve sustained virologic response (SVR), defined as the absence of detectable virus 12 weeks after completion of treatment; an SVR is indicative of a cure of HCV infection. Over 90 percent of HCV infected persons can be cured of HCV infection regardless of HCV genotype, with 8–12 weeks of oral therapy.

Hep D: There is currently no specific treatment for hep D infection. Antivirals used to treat hep B have little effect on hepatitis D. Long-term follow-up by a liver specialist is recommended.

Hep E: Usually resolves on its own without treatment. There is no specific antiviral therapy for acute hep E. Physicians should offer supportive therapy. Patients are typically advised to rest, get adequate nutrition and fluids, avoid alcohol, and check with their physician before taking any medications that can damage the liver, especially acetaminophen. Hospitalization is sometimes required in severe cases and should be considered for pregnant women.





## Hepatitis B and the Birth Dose Honor Roll

Hepatitis B is a serious disease caused by the hepatitis B virus (HBV). The virus can enter the bloodstream, attack the liver, and cause serious damage. When babies become infected, the virus usually remains in the body for a lifetime; this is called chronic hepatitis B. About one out of four infected babies will die of liver failure or liver cancer as adults. Hepatitis B is a deadly disease, but it is preventable with vaccination, starting at birth.

Anyone can become infected with HBV at any time during their lives. HBV is spread by contact with an infected person's blood or certain body fluids. For example, babies can contract the virus from their infected mothers at birth, and children can contract it if they live with or are cared for by an infected caregiver, or even by sharing personal care items (such as a toothbrush) with an infected person.

Currently, about one out of twenty people in the U.S. have been infected with HBV, and there is no cure for it. The good news is that HBV can be prevented by vaccination. Medical groups such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the Centers for Disease Control and Prevention recommend that every baby receive the hepatitis B vaccine within 24 hours of birth. It is important to vaccinate babies at birth so they will be protected as early as possible from any exposure to the HBV. The hepatitis B vaccine is very safe and effective—more than 95 percent of infants, children, and adolescents develop immunity to HBV after three to four doses of the properly spaced vaccine.

Most of the birth hospitals in Florida have a newborn standing order to vaccinate infants with the hepatitis B vaccine within 24 hours of birth, if the parent or guardian consents. To help promote this practice of administering the hepatitis B birth dose, the Immunization Action Coalition (IAC) recognizes hospitals and birthing centers nationwide that have attained 90 percent or greater coverage rate for administering the hepatitis B vaccine at birth. For a hospital to be included on IAC's Birth Dose Honor Roll, the facility must obtain a coverage rate of 90 percent or greater for administering the hepatitis B vaccine prior to hospital discharge to all newborns, over any 12 month period. The hospital must also have implemented certain written policies, procedures, and protocols to protect all newborns from HBV infection prior to hospital discharge.

As of May 2019, there were 454 birth facilities on the Birth Dose Honor Roll across the United States. Between 2017 and the present, Florida had 18 hospitals enrolled on the Birth Dose Honor Roll. During their visits to maternity hospitals, the

Immunization Section's Clinical Quality Improvement RNs have been heavily promoting standing orders for the hepatitis B birth dose and encouraging those hospitals with vaccination rates of 90 percent or greater to apply for IAC's Birth Dose Honor Roll.

When a hospital becomes a member of the Birth Dose Honor Roll, there is a written announcement of their achievement in the *IAC Express*, the nation's largest immunization e-newsletter, and the hospital receives a beautiful 8.5" x 11" color award certificate suitable for framing. Peer recognition within the immunization community is also a side benefit of inclusion on the honor roll.

If you would like further information regarding hepatitis B prevention in newborns or the IAC's birth dose honor roll, please visit [immunize.org/honor-roll/birthdose/honorees.asp](https://immunize.org/honor-roll/birthdose/honorees.asp).

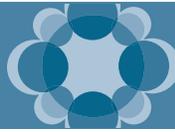
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## National Adult and Influenza Immunization Summit

The National Adult and Influenza Immunization Summit (NAIIS) was held May 14–16 in Atlanta, Georgia. This year's theme was Improving Access to Adult Vaccinations. The keynote address was delivered by Rear Admiral Sylvia Trent-Adams, PhD, RN, U.S. Department of Health and Human Services. Dr. Adams informed stakeholders of the current state of adult immunizations. Speakers at this year's conference included representatives from the CDC, the Immunization Action Coalition, the National Vaccine Program Office, pharmaceutical companies, quality improvement organizations, and universities.

Topics of interest included presentations focused on best practices for implementation and increasing adult immunization coverage rates in various health care settings such as ambulatory care, pharmacies, and public health. Discussion topics included vaccination disparities among minorities, vaccine costs and cost-effectiveness of vaccines, and influenza vaccines. Information regarding the development of *Clostridium difficile*, respiratory syncytial virus, and a plant-based recombinant influenza vaccines was also shared.

The goal of the NAIIS is to assemble stakeholders to identify priorities and implement measures to increase adult and influenza immunization rates. The NAIIS partners include numerous health care and public health professional organizations, vaccine manufacturers and distributors, consumer advocacy groups, quality improvement organizations, and other stakeholders who collaborate on key immunization challenges throughout the year. This year's Summit was a great success!



## 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 at [cdc.gov/vaccines/hcp/vis/index.html](https://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 (8/24/18) **UPDATED**
- Hepatitis A (7/20/16)
- Hepatitis B (10/12/18) **UPDATED**
- 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) (8/24/18) **UPDATED**
- 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**

## 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 [FloridaHealth.gov/programs-and-services/immunization/ mailing-list.html](https://www.floridahealth.gov/programs-and-services/immunization/ mailing-list.html).

