



## MESSAGE FROM THE SECTION ADMINISTRATOR

**Robert M. Griffin**

Welcome to the Summer 2016 edition of IMMU-NEWS!

Another season has passed and summer is finally here. The summer heat and afternoon showers are upon us. Many folks are enjoying the great outdoors, beach trips, and summer vacations this time of year. Remember to make those precious moments memorable by taking precautions to keep your family and friends safe. There are steps we can all take to ensure a safe and healthy summer season. Read ahead for summer travel information, tips, flyers and more.

The month of August is recognized annually as National Immunization Awareness Month (NIAM). In this edition, you will find information on NIAM and reasons to vaccinate. The goal of NIAM is to increase awareness about immunizations across the lifespan, from infants to teens to adults to the elderly. Immunizations are NOT just for kids! Whether an adolescent, young adult, middle-aged adult, or senior adult, we ALL need immunizations to stay healthy, protect our loved ones and our communities.

The Immunization Section has had a few staff additions to share. We would like to welcome Amy Rikken to the QI/Clinical team. Amy is the new Community Health Nursing Consultant and Perinatal Hepatitis B Coordinator. In addition, Ronald Montgomery has joined the Florida SHOTS team as a Tester. Welcome to the team Amy and Ronald—we look forward to working with both of you!

Enjoy this issue of IMMU-NEWS, and visit us online at [ImmunizeFlorida.org](http://ImmunizeFlorida.org)!

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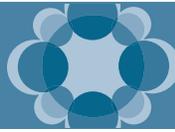
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national  
**IMMUNIZATION**  
awareness month

**Protect yourself and your community. Get vaccinated!**



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



## National Immunization Awareness Month Observed in August

August is National Immunization Awareness Month (NIAM) sponsored by the National Public Health Information Coalition (NPHIC) and the Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases (NCIRD).

NIAM was established to encourage people of all ages to make sure they are up-to-date on all recommended vaccines. Communities have continued to use this month each year to raise awareness about the important role vaccines play in preventing serious, and sometimes deadly, diseases.

The message conveyed throughout NIAM is vaccines are very safe, they protect against serious diseases, and vaccines are recommended throughout our lives. Disease still exists and outbreaks do occur—the best protection is getting vaccinated.

Each week of NIAM focuses on a different stage of the lifespan:

- Adults; Vaccines are not just for kids (Aug. 1–7)
- Pregnant women; Protect yourself and pass on protection to your baby (Aug. 8–14)
- Babies and young children; A healthy start begins with on-time vaccinations (Aug. 15–21)
- Preteens and teens; Ensure a healthy future with vaccines (Aug. 22–28)

To learn more about NIAM visit: [www.cdc.gov/vaccines/events/niam.html](http://www.cdc.gov/vaccines/events/niam.html).

## Family Café

The 18th Annual Family Café was held in Orlando on June 10–12, 2016 at the Hyatt Regency. The Annual Family Café is a three-day statewide event that provides information and networking opportunities among individuals with special needs and/or disabilities along with their families since 1998. Representatives from seven state agencies, including the Department of Health, displayed exhibits and conducted educational sessions on various topics.

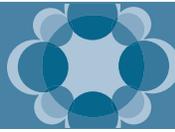
Barbara Sailor, MSN, RN, Community Health Nursing Consultant with the Immunization Section, presented *Disease*

*Prevention Through Immunization* which provided updated immunization information to Family Café attendees based upon the 2016 CDC and Advisory Committee on Immunization Practices (ACIP). The presentation emphasized the importance of receiving vaccines to protect participants, their families, and their community from vaccine preventable diseases (VPDs). In addition, immunization requirements for daycare, preschools, and public and private schools in Florida were highlighted along with available immunization resources.



## Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control and Prevention
- DTaP: Diphtheria, Tetanus, and acellular Pertussis
- DOH: Florida Department of Health
- FCAAP: Florida Chapter American Academy of Pediatrics
- FL CHAIN: Florida Community Health Action Information Network
- Florida SHOTS™: Florida State Health Online Tracking System
- IAC: Immunization Action Coalition
- MMR: Measles, Mumps, and Rubella
- MMRV: Measles, Mumps, Rubella, and Varicella
- Tdap: Tetanus, diphtheria, and acellular pertussis
- VFC: Vaccines For Children



## Summer Travel Notice

### Traveling This Summer? Ensure you are Vaccinated.

According to the CDC, more than one third of Americans have passports. Each year unvaccinated persons contract measles and other vaccine-preventable diseases while visiting other countries and bring it back to the United States. It is important to remember that some types of international travel, especially to developing countries and rural areas, have higher health risks. Vaccines can help protect against a number of serious diseases which are rare in the United States but still occur in developing countries, such as polio. Measles still occur in many countries, including common travel destinations within Europe and Asia. In 2014, many of the cases in the United States were associated with cases brought back from the Philippines, which experienced a large measles outbreak. So far this year, about 170 measles cases have been reported in the United States. Most of these people were not vaccinated or did not know their vaccine status. Nearly all of the cases were associated with international travel.

**Visiting Another Country? Protect Your Family.**

**Think Measles**  
Measles is a serious viral disease that is easily spread through the air by breathing, coughing, or sneezing.

**Before You Travel**  
Talk with your healthcare provider if you are planning an international trip. Measles is common in many countries worldwide, with outbreaks reported in Europe, Africa, and Asia. Infants 9 months through 11 months of age should have at least one dose of measles-containing vaccine prior to travel. Children 12 months of age or older should have two doses, separated by at least 28 days. Adults should review their vaccination records to ensure they are up-to-date.

**After You Travel**  
Call your healthcare provider if anyone gets a fever and rash within 3 weeks of returning from your trip. Describe your symptoms and where you traveled.

**FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLOIDA.ORG. FOR INFORMATION REGARDING INTERNATIONAL TRAVEL, VISIT WWW.CDC.GOV/TRAVEL.**

Immunizing Florida. Protecting Health.

**Bring Home Memories—Not Diseases**

**Immunizations Can Protect You From Many Diseases Common in Other Countries**  
Preparation for foreign travel should include a visit to your healthcare provider to talk about health safety at your travel destination for you and your family.

**Ask about:**

- Setting up an appointment for immunization 4-6 weeks in advance of departure.
- Routine vaccinations recommended or required for entry into specific countries.
- Personal health issues, which may increase your risks for disease or complications.
- A personal immunization record card of immunization dates.

Immunizing before your trip will help prevent introduction of vaccine-preventable diseases into your community upon return home.

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Immunizing Florida. Protecting Health.

Talk with your health care professional if you are planning international travel. Since not all primary health care professionals stock travel vaccines, you may need to visit a travel clinic to receive the recommended vaccines. You may visit: [wwwnc.cdc.gov/travel/page/find-clinic](http://wwwnc.cdc.gov/travel/page/find-clinic) to locate a travel medicine clinic near you, and then follow the steps below to ensure you are protected.

Make an appointment with your health care professional or travel clinic at least 4-6 weeks prior to any international travel. This allows time to complete any vaccine series and gives your body ample time to build up immunity. Please visit: [wwwnc.cdc.gov/travel/destinations/list/](http://wwwnc.cdc.gov/travel/destinations/list/) to find out about vaccine recommendations and requirements for your travel destination.

When talking to your health care professional about your travel plans, make sure you are up-to-date on routine vaccines, such as

MMR prior to travel. You may visit: [wwwnc.cdc.gov/travel/diseases/routine](http://wwwnc.cdc.gov/travel/diseases/routine) to find out more about routine vaccines.

Find out if the country you are visiting requires proof of the yellow fever vaccine. This vaccine can only be given by a registered provider and must be given at least 10 days prior to travel. You may visit: [wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search](http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search) to locate a Yellow Fever Vaccination Clinic.

## Summer Travel—Prevent Mosquito Bites!

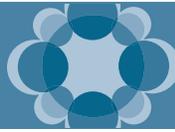
If chikungunya, dengue, or Zika is spreading in the country you're visiting, you and your family are at risk of getting sick from mosquito bites when you visit. Follow these steps to prevent mosquito bites:

- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use insect repellents that are registered with the **Environmental Protection Agency (EPA)** and contain DEET, picaridin, IR3535, oil of lemon eucalyptus (OLE), or para-menthane-diol. Always use as directed.
  - Pregnant and breastfeeding women can use all EPA-registered insect repellents, including DEET, according to the product label.
  - Most repellents, including DEET, can be used on children older than 2 months of age. To apply, adults should spray insect repellent onto hands and then apply to a child's face.
  - It might be difficult to find recommended repellent at your destination—pack enough to last the entire trip.



- Use **permethrin-treated clothing and gear** (boots, pants, socks, tents). You can buy pre-treated items or treat them yourself.\*
- Stay and sleep in screened-in and air conditioned rooms whenever possible.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.
- Mosquito netting can be used to cover babies younger than 2 months old in carriers, strollers, or cribs to protect them from mosquito bites.

**\*Permethrin is not effective in Puerto Rico.**



## Varicella (Chickenpox)

### What is varicella?

Varicella (chickenpox) is a disease caused by the varicella zoster virus which consists of an itchy rash of blisters and a fever. The rash initially appears on the abdomen, back and face, then spreads over the entire body. The rash has the capability to spread inside the mouth, eyelids, and genital area of infected individuals.

### How is varicella spread?

Varicella is spread through the air when an infected person coughs or sneezes and the droplets are inhaled by an uninfected person. Varicella can also be spread by touching blisters on the infected person. A person with varicella can spread the disease from 1 to 2 days before the rash appears until the blisters have formed scabs (usually 5-7 days).

### What are the symptoms of varicella?

Symptoms of varicella are usually mild which include a rash of blisters that are typically itchy, along with loss of appetite, fever, headache, and fatigue. Varicella may cause severe complications among infants, adolescents, adults, pregnant women, and individuals with weakened immune systems such as:

- skin infections
- dehydration
- pneumonia
- swelling of the brain
- bleeding problems
- blood stream infections (sepsis)

### When should the health care provider be contacted?

The health care provider should be contacted if the person is at risk for developing serious complications:

- is less than 1 year of age
- is older than 12 years of age
- has a weakened immune system
- is pregnant

The health care provider should be contacted if a person develops the following:

- fever that lasts longer than 4 days
- fever that rises above 102°F (38.9°C)
- any areas of the rash or any part of the body becomes very red, warm, or tender, or begins leaking pus (thick, discolored fluid), since these symptoms may indicate a bacterial infection

- extreme illness
- difficult waking up or confused demeanor
- difficulty walking
- stiff neck
- frequent vomiting
- difficulty breathing
- severe cough
- severe abdominal pain
- rash with bleeding or bruising (hemorrhagic rash)

### How to decrease the risk of developing varicella?

To decrease the risk of acquiring varicella, children should be vaccinated with 2 doses of varicella vaccine. The first dose is administered to children ages 12–15 months and the second (or booster) dose is administered during ages 4–6 years per the Advisory Committee on Immunization Practices (ACIP) recommendations. Children younger than age 13 years that have never received the varicella vaccine should receive 2 doses spaced at least 3 months apart. Children and adults ages 13 and older should receive 2 doses administered at least 4 weeks (28 days) apart.

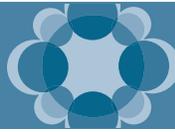


Side effects from the varicella vaccine include:

- soreness, redness, or swelling at the injection site
- fever
- mild rash

Individuals infected with varicella should be excluded from child care facilities, schools, and work until all lesions have crusted over. Special precautions should be taken to ensure individuals infected with varicella do not expose unvaccinated infants, the elderly, and pregnant women to the virus. During an outbreak of varicella in the child care and school settings, all unvaccinated children should be kept at home until it has been deemed safe for them to return to school.

*Adapted from the Centers for Disease Control and Prevention*



## World Hepatitis Day—July 28, 2016

World Hepatitis Day is held annually on July 28 to promote awareness of hepatitis. According to the World Hepatitis Alliance, about 500 million people are currently infected with chronic hepatitis B or C, and one in three people have been exposed to one or both viruses. The World Hepatitis Alliance first launched World Hepatitis Day in 2008, and the United Nations declared official recognition of this event in 2010.

In 2013, viral hepatitis (both B and C) surpassed HIV and AIDS to become the seventh leading cause of death worldwide. Together, the diseases lead to the deaths of approximately 20,000 people every year in the U.S. alone. 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. Screening pregnant women for hepatitis B and subsequent treatment for an exposed newborn can prevent mother-to-child transmission, which is an excellent early strategy in hepatitis B prevention efforts.

An estimated 800 U.S. newborns are still becoming chronically infected with hepatitis B each year from exposure at birth or during the first months of life. Having strong policies and practices in place across all maternity and infant-care settings is critical to protect newborns from early exposure. The hepatitis B virus (HBV) can cause both acute and chronic infections. Approximately 90 percent of children who are infected at birth or during the first year of life will become chronically infected.

While most acute HBV infections in adults result in complete recovery, fulminant hepatitis occurs in about 1–2 percent of acutely infected persons. Although the consequences of acute HBV infection can be severe, most of the serious complications associated with HBV infection are actually due to chronic infection. Only 4 percent of newly-infected adults go on to become chronically infected, compared to 90 percent in the pediatric population. A child infected at birth can face years of liver damage from chronic hepatitis B exposure over their lifetime.

Each year in the U.S., more than 24,000 infants are born to mothers who are chronically infected with HBV. Perinatal transmission from mother to infant at birth is very efficient! If none of these infants were to receive prophylaxis consisting of the HBV vaccine and

Hepatitis B Immune Globulin (HBIG) injections within 12 hours after birth, along with completion of the HBV vaccine series, it is estimated that almost 10,000 would become chronically infected with HBV, and 2,500 would eventually die of liver failure or liver cancer as early as the second decade of life.

Perinatal Hepatitis B Prevention Programs (PHBPP) were created to identify and manage infants born to women who are Hepatitis B surface antigen positive (HBsAg+). The presence of HBsAg indicates that a person is infectious, regardless of whether the infection is acute or chronic. Florida Statutes require HBsAg testing for all pregnant women during each pregnancy, and HBsAg+ pregnant women are subsequently reported to the local health department as a chronic or acute HBV carrier. PHBPP case management activities begin soon after the pregnant client is identified as an HBV carrier.

Birth hospitals are responsible for identifying HBV-exposed infants and providing prophylaxis (HBV vaccine/HBIG) within 12 hours after birth. Upon hospital discharge, pediatric health care providers then become responsible for providing necessary vaccines to Florida's infants and children.

The recommended hepatitis B vaccine immunization schedule for “non-exposed” newborns consists of 3–4 intramuscular doses of the hepatitis B vaccine, depending on the type of hepatitis B vaccine used (single antigen vs combination vaccines, such as Pediarix) to be administered at birth, 1–2 months, 4 months (if Pediarix used), and 6–18 months of age. A single-antigen Recombivax vaccine is recommended for the first hepatitis B vaccine given. Single or combination antigen vaccines can then be used for subsequent vaccinations.

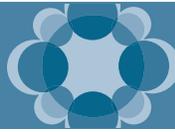


However, some infants require special management due to perinatal HBV exposure at birth. Infants whose mothers are HBsAg positive should receive prophylaxis (HBV vaccine/HBIG) within 12 hours after birth, followed by vaccination at 1–2 months, 4 months (if Pediarix used), with the last dose of the vaccine administered at 6 months of age, but no sooner than 24 weeks of age.

Pediatricians caring for HBV perinatally-exposed children should be made aware of the child's status as soon as possible so that HBIG, the recommended HBV immunization schedule, and post-vaccine serology testing (PVST) is strictly adhered to. Upon completion of the vaccination series, the infants should have PVST done for HBsAg and antibody to HBsAg (anti-HBs) 1–2 months after completion of the final dose of the HBV vaccine series, but no sooner than 9 months of age. Testing is used to determine immunity or vaccine non-response. If HBsAg is not present and anti-HBs antibody is present, children can be considered to be protected. If



*Continued on next page*



both the HBsAg and anti-HBs antibody are negative, this indicates non-response to the HBV vaccine. In this case, a second series of the three HBV vaccines is recommended, and should be administered on the 0, 1, 6-month schedule. PVST should be done 1 -2 months after completion of the second vaccine series. Fewer than 5% of those receiving six doses of the HBV vaccine will fail to develop detectable anti-HBs antibodies. Those who fail to respond to two appropriately administered HBV vaccination series, and who are HBsAg-negative should be considered “non-responders” and therefore, susceptible to HBV infection. Counseling should be provided regarding HBV infection prevention and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood.

Additional hepatitis B serology tests (other than HBsAg and Anti-HBs) are not recommended when conducting PVST. Additional tests, such as the Hepatitis B Core Antibody (Anti-HBc) may be inaccurate because passively acquired maternal Anti-HBc may be detected in infants born to HBV-infected mothers up until 24 months of age. (The Anti-HBc test is a nonspecific marker of acute, chronic, or resolved HBV infection, and its presence indicates previous exposure to HBV). PVST done too early can also produce inaccurate results.

Another strategy to prevent perinatal HBV transmission is administration of the birth dose of the HBV vaccine within three days (72 hours) of birth to all newborns prior to discharge from the birth hospital. Why should the birth dose of the HBV vaccine be administered? There are three main reasons; 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 (safety net). Adoption of the Universal Hepatitis B Vaccine Birth Dose policy in the birthing facilities provides this safety net when medical errors do occur.

Knowing the facts and educating everyone regarding HBV infection is a good stepping stone for introducing successful strategies to protect our youngest and most vulnerable population—newborns. As we kick off National World Hepatitis Day on July 28, let us promote public awareness of hepatitis and its devastating impact on all of us. Let us also move forward by strongly advocating and implementing successfully proven strategies to prevent this disease in all age groups, starting from birth through the entire life span.

NOhep is a new global elimination movement that will be launched on WHD2016. It will help bring people together, provide means for people to speak out, be engaged and take action to ensure global commitments are met to help ensure that viral hepatitis is eliminated by 2030. The impact of this program could help save 7 million lives.

The public is urged to educate themselves about the disease, get tested and know their health status, seek treatment and prevent further needless deaths associated with viral hepatitis.

Sign up for NOhep at [www.NOhep.org](http://www.NOhep.org) starting July 28th, 2016 and help eliminate viral hepatitis around the world!

## Vaccine for Children Field Staff Host Training for Vaccine Emergency Issues

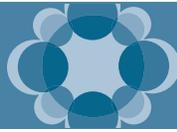
With hurricane season upon us, the Immunization Section’s Robert Colon and Tracy-Ann Valle held an emergency planning and training day on June 10, 2016, in Orlando. There were 33 organizations with 60 representatives in attendance. The VFC Training included: Updating Emergency Plans, Emergency Transporting of Vaccines, Data Loggers, and Stand-Alone Freezer Requirements.



33 organizations with 60 representatives attend VFC Training in Orlando

## Vaccine Information Statements Updated July 20, 2016

- 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 - Cervarix (5/3/11) [Interim]
- HPV - Gardasil-9 (3/31/16) **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) (8/14/15) [Interim]
- 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) (2/24/15)
- Varicella (Chickenpox) (3/13/08) [Interim]



## Children Joined Department of Health Staff for 'Take Our Daughters and Sons to Work Day'

TAKE OUR KIDS  
TO WORK DAY



April 28, 2016

The Immunization Section staff had 13 children participating in 'Take Our Daughters and Sons to Work Day' (TODASTW). The Division of Disease Control and Health Protection hosted TODASTW with approximately 35 children in attendance. The concept of taking your child to work day began in 1993. Children across America spent

April 28, 2016, TODASTW, at work with their mothers, fathers, grandparents, other family members, and mentors.



Some of the junior staff enjoyed breakfast together.

orientation. It was a great way for the children to get to know each other and for parents/guardians to explain their jobs within the Division. The youth were asked what kind of job would they like to do

The TODASTW morning started off with a welcome breakfast and

when they grow up. The answers varied from a veterinarian to a cowboy, a scientist, an actor, a doctor, a ballerina, and the list went on and on. The children's enthusiasm about each profession was enlightening.



The Florida Department of Health hosted a Healthy Walk where at least 100 staff and children participated.



Immunization staff April Turner (left) and Mamie Dykes join their children for a walk.

The Florida Department of Health hosted a 'Healthy Walk' where at least 100 staff and children participated. After spending the morning in the office, it was invigorating for the children to go outside and stretch their legs. After lunch the children went to their "parent office-for-the-day" to see first-hand what goes on in the work place. Some children attended meetings while others were learning how to draft a memo or send an email. It was a fun and excellent learning experience for all involved.



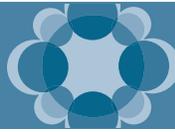
The Immunization Section "junior employees" received their Certificates of Appreciation.

The children were awarded a Certificate of Attendance for

participating in TODASTW and also given a backpack to put their work in. When leaving the office building a little boy turned to his dad and said, "That was great! When can we do it again?"



Certificates and backpacks were given to children for participating.



## Team Florida Selected for HPV Workshop

Team Florida was selected for and participated in the Comprehensive Cancer Control National Partnership (CCCNP) HPV Workshop, May 3–4, 2016, at the CDC Chamblee Campus in Atlanta, GA.

During the workshop experts shared evidence-based strategies and tools to support statewide collaborative efforts to increase HPV immunization rates. Selected teams worked together during facilitated sessions to identify preferred activities and draft action plans. At the conclusion of the workshop all teams presented their draft action plans.

Team Florida was comprised of :

- **Marion Banzhaf**, DOH-Comprehensive Cancer Control Program Director
- **Dearline Thomas-Brown**, MPH, BSN, RN, DOH-Immunization Section, Executive Community Health Nursing Director
- **Carol Lindhorst**, Senior Director, State Health Systems, Florida Division of the American Cancer Society, Inc.
- **Susan T. Vadaparampil**, PhD, MPH, Senior Member/Professor, Moffit Cancer Center HPV Champion



Left to right: Carol Lindhorst, Marion Banzhaf, Dearline Thomas-Brown, Susan Vadaparampil



## In the Spotlight...

### Florida LINC Celebrates One Year of Connecting Immunization Efforts Statewide

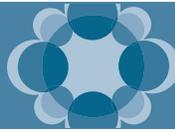
July 2016 marks the First Anniversary of FL LINC!

Launched in July 2015 with only a hand full of counties and immunization partners, Florida’s Leading Immunization Network of Coalitions (FL LINC) has grown to include participants from more than 53 counties and 15 state and national partners. What is FL LINC? Simply put, it is a statewide network of coalitions, organizations and stakeholders with the shared goal of improving immunization rates. While DOH-Pinellas gave birth to its roots, it is the members which keep the network alive. Monthly calls become a forum for sharing ideas, best practices and valuable resources that are beneficial to all participants, not only within their individual communities and priority areas, but also when it comes to statewide initiatives such as the #BeHPVFreeFL campaign and the Florida Annual Immunization Summit. Calls typically start with a guest presentation by experts in health care or advocacy, followed by roundtable discussion and member updates. Featured guest presenters have included Dr. Susan Vadaparampil from Moffitt; Lisa Posard, Invisible Threat Producer; CDC Immunization Champions Dr. Julie DeCesare and Dr. Greg Savel, and advocacy leaders and experts from organizations such as FCAAP, FL CHAIN, IAC and CoalitionsWork, to name a few.

The outcome from this shared networking among public and private partners, has been the formation of new partnerships, the strengthening of old, and the inspiration to move forward with new ideas and initiatives. 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, and who will continue this initiative year after year. Planning for the 2017 Immunization Summit is already underway and this group of partners, now called the “Florida Immunization Partnership,” will continue to use FL LINC as a forum for updating members and gathering feedback as plans progress towards next year’s Summit.

If you are interested in joining FL LINC, please contact: [Samantha.Staley@flhealth.gov](mailto:Samantha.Staley@flhealth.gov).





## 8th Annual South West Florida Immunization Workshop

The Sarasota Immunization Coalition in partnership with the Manatee County Healthy Start Coalition conducted their 8th Annual SW Florida Immunization Workshop on May 19, 2016 at the State College of Florida at Lakewood Ranch in Sarasota.

The Adolescent Immunization Workshop, *Facing the Challenge—Adolescent Vaccinations Including HPV and Meningitis*, was well attended by 150 health care professionals and immunization program managers and staff. David Fee, Area 9 Immunization Section Consultant for SW Florida, moderated the event. The State College of Florida at Lakewood Ranch continues to be an enthusiastic supporter of this workshop by providing an exceptional venue for the event. The State College of Florida along with the workshop partners' continued support is greatly appreciated and helps make it possible to continue presenting this yearly workshop to SW Florida immunization partners.

Tommy Schechtman, M.D., Pediatric Partners of Palm Beach County and Dr. Susan Vadaparampil, Senior Member of the Department of Health Outcomes and Research at the Moffitt Cancer Center in Tampa, served as keynote speakers. Both presentations provided invaluable information regarding the adolescent health challenges related to the HPV, Meningitis, and other recommended adolescent vaccines. In addition, Dr. Vadaparampil provided an overview of the ongoing HPV vaccine study the Moffitt Center is currently spearheading. Dr. Schechtman emphasized the need to promote the HPV vaccine as a cancer prevention vaccine as there are not enough of the vaccine's cancer prevention benefits known in the general public.

The dynamic DOH-Pinellas PITCH team, Samantha Staley and Andrea Peaten, discussed methods of talking to parents and conducted an audience participation exercise that provided hands-on practice and practical methods of speaking with parents who may not understand the importance of the HPV vaccine and that it is the only current vaccine that prevents cancer.

JoEllen Wolicki, BSN, RN, CDC Nurse Educator, provided a very informative presentation related to changes to the immunization recommendations and the Childhood and Adolescent Immunization Schedule as well as the Adult Immunization Schedule.



JoEllen Wolicki, BSN, RN, CDC Nurse Educator

Dearline Thomas-Brown, MPH, BSN, RN, DOH-Immunization Section Executive Community Health Nursing Director, highlighted how these recommendations are translated into current school and child care/Head Start immunization entry requirements in Florida.

Keenan Farrar, MPH, Florida SHOTS Education Consultant, provided insightful information related to current and future Florida SHOTS enhancements that do and will benefit immunization providers. Included in her presentation was an update on bi-directional data flow between select electronic health records (EHR) and Florida SHOTS. Bi-directional data flow allows providers to receive real-time immunization data that is missing from their EHR but is located in Florida SHOTS. In addition, the data flow also allows immunizations data entered into the provider EHR to simultaneously upload into Florida SHOTS, eliminating the need to conduct batch file uploads at the end of each business day.

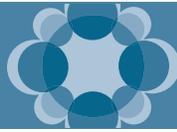
Last was the presentation by Michael Drennon, MSPH, DOH-Sarasota Epidemiologist and Carrie Harter, DOH-Manatee Epidemiologist. The focus of this year's presentation was the Zika virus including a summary of current travel-related cases in



8th Annual SW Florida Immunization Workshop Attendees

Florida. There was also an informative discussion on the mosquito responsible for transmitting the disease and ways to help prevent Zika's spread in Florida.

The 9th Annual SW Florida Immunization Workshop is scheduled for May 18, 2017 from 9:00 a.m.– TBA p.m. at the State College of Florida at Lakewood Ranch in Sarasota. Free nursing CE will be provided and physician CME will be applied for. Lunch and a morning snack will also be provided. Watch for emails, future newsletter articles, and other announcements for online registration in early 2017!!! Thank you for your continued support and we look forward to seeing everyone again next year!



# Back-to-School

These vaccination publications, and many more, are available in Adobe PDF format for download on the Immunization Section website. Visit our publications page at: [www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html](http://www.floridahealth.gov/programs-and-services/immunization/publications/flyers.html). Check back often as we will be adding to our publications gallery.

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## 2016-2017 SCHOOL ENTRY IMMUNIZATION REQUIREMENTS

### Take Action Now!

#### Immunization Requirements for Children

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

- Pneumococcal conjugate vaccine (PCV13)
- Diphtheria-tetanus-pertussis (DTaP) vaccine
- Polio vaccine (IPV)
- Measles-mumps-rubella (MMR) vaccine
- Varicella vaccine (Shingles)<sup>1</sup>
- Rotavirus vaccine (ages 2 to 24) vaccine

<sup>1</sup>Effective January 1, 2012, PCV required for children 5-9 months.  
<sup>2</sup>Varicella vaccine is not required if there is a history of varicella disease documented by the healthcare provider.  
Refer to Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes, available at [www.floridahealth.gov/immunization](http://www.floridahealth.gov/immunization).

FOR MORE INFORMATION, CALL (850) 245-4342 OR VISIT [WWW.IMMUNIZFLORIDA.ORG](http://WWW.IMMUNIZFLORIDA.ORG).

Immunizing Florida. Protecting Health.

### Are Your Students Up-To-Date?

#### and Varicella Phase-In Schedule

Year	2014	2015	2016	2017	2018	2019
Jan 1	48.1	50.2	51.2	51.7	51.7	51.7
Jul 1	51.7	51.7	51.7	51.7	51.7	51.7

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### Be Ready for 7th Grade

#### Make Sure Your Children are Up-to-Date

Tetanus-diphtheria-pertussis (Tdap) immunization is required for all students entering 7th grade. It must be documented on the Form DM 680, Florida Certification of Immunization.

The prescription form for some early childhood vaccines can wear off. Review your child's immunization records with a healthcare provider to make sure all vaccines recommended for children are up-to-date.

Florida immunization requirements are found in the Immunization Guidelines for Florida Schools, Childcare Facilities, and Family Daycare Homes, which is incorporated by reference in Rule 68B-1.001, Florida Administrative Code.

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### Take Action Now!

#### School Entry Requirements

Florida Kindergarten Through 12th Grade, each child must meet the DM 680 form, documenting the following immunization requirements:

- Kindergarten
- 1st through 5th grade
- 6th through 7th grade
- 8th through 12th grade

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### 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/](http://www.cdc.gov/vaccines/imz/downloads/).

FOR MORE INFORMATION, CALL (850) 245-4342 OR VISIT [WWW.IMMUNIZFLORIDA.ORG](http://WWW.IMMUNIZFLORIDA.ORG).

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### Recommended Childhood Immunizations Schedule

Age	Shot
Birth	Hepatitis B (Hep B)
2 months	Diphtheria-Tetanus-Pertussis (DTaP), Hep B, Pneumococcal conjugate vaccine (PCV), Polio (IPV), Pneumococcal conjugate vaccine (PCV), Rotavirus
4 months	DTaP, Hep B, Polio, Rotavirus
6 months	DTaP, Hep B, Hib, Polio, PCV, Rotavirus, Influenza
12-15 months	Measles-Mumps-Rubella (MMR), PCV, Hib, Varicella
15-18 months	DTaP
18 months-18 years	Hepatitis A (Hep A)
4-5 years	2 doses 6 months apart: 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. Meningococcal conjugate (MCV), Tetanus-Diphtheria-Pertussis (Tdap)

Need health insurance for your child? Apply online at [www.floridakidcare.org](http://www.floridakidcare.org) or call 1-888-345-4342 for an application.

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your medical history. Visit [www.cdc.gov](http://www.cdc.gov) for detailed information on vaccines.

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Tallahassee, FL 32309-1719  
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### Recommended Immunization Schedule: 7 through 18 Years of Age

Group	Age	Shot
All children	11 to 12	Human Papillomavirus (HPV)
		Meningococcal (MCV)
		Tetanus-Diphtheria-Pertussis (Tdap)
		Influenza (yearly)
Catch-up immunizations	7 to 10	Hepatitis B (HepB)
		Diphtheria-Tetanus-Pertussis (DTP)
		Measles-Mumps-Rubella (MMR)
		Polio and/or Td
		Varicella (chickenpox)
Certain high-risk groups	7 to 10	Meningococcal conjugate (MCV)
		Pneumococcal (PPV)
		Influenza (yearly)
		Hepatitis A (HepA)

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