



## MESSAGE FROM THE SECTION ADMINISTRATOR

**Robert M. Griffin**

Welcome to the Winter 2017 issue of IMMU-NEWS.

Another year has come and gone as we begin a new year and welcome 2017. The Immunization Section looks forward to yet another successful year by continuing efforts to increase immunization rates throughout Florida.

This time of year is notorious for the flu, pneumonia, and other respiratory ailments. Be sure to keep your loved ones healthy and protected by getting your flu shot and other immunizations. It's not too late to vaccinate!

In this issue you will learn about the flu, pneumonia, human papillomavirus (HPV) and many other immunization-related topics. Read ahead and learn about vaccine-preventable diseases and the importance of protecting ourselves and the ones we love through immunizations.

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

James "Jim" Cobb has joined the Immunization Section as the Vaccines for Children (VFC) Program Manager. Jim previously worked with the Department in the Tuberculosis and Refugee Health Programs. Wendy Bailey with the VFC program was promoted from Operations Analyst I to Government Operations Consultant II.

The VFC Field Operations Team welcomes two new members as well. Dana Smelt has joined the team as an Administrative Assistant, and Christie Matthews has joined the team in Area 10 as an Immunization Analyst.

Cortlyn Starr has joined the Clinical / Quality Improvement (CQI) Team as a Government Operations Consultant II. Cortlyn earned his Masters in Public Health (MPH) from Florida Agricultural & Mechanical University (FAMU).

The Florida SHOTS Helpdesk Team welcomes Shadrick Jefferson and Daeshja Padin as Operations Analysts.

Welcome aboard Jim, Cortlyn, Shadrick, Daeshja, Dana, and Christie! We look forward to working with each of you, and congratulations to Wendy on her promotion!

We want to wish everyone a safe, happy and healthy new year. Enjoy the cooler weather, and remember to get your flu shot.

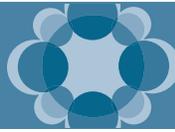
Enjoy this issue and visit us at [ImmunizeFlorida.org](http://ImmunizeFlorida.org)!

### In this Issue:

- MESSAGE FROM THE SECTION ADMINISTRATOR
- 2017 Florida Annual Immunization Summit—What You Missed...
- 2017 Annual Vaccine Update: DOH-Palm Beach County
- Immunization Action Coalition Updates and Redesigns *Reliable Sources of Immunization Information*
- HPV—Questions & Answers
- HPV & Men—Questions & Answers
- Influenza
- Florida Health Urges Vaccination As Flu Season Intensifies
- 9th Annual Southwest Florida Immunization Workshop—Science vs. Hype: Immunizations, Yes! ...Exemptions, No!
- 9th Annual Immunization Workshop Agenda
- Pneumonia
- Hepatitis B Foundation Launches Storytelling Project: *#justB*
- Cervical Cancer and HPV
- MMWR Release: Advisory Committee on Immunization Practices *Recommended Immunization Schedule for Children and Adolescents Aged 0–18 Years United States, 2017*
- Updates to Vaccine Immunization Statements
- HPV Vaccination Flyer Showcase



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



## 2017 Florida Annual Immunization Summit—What You Missed...

This year's summit was a GREAT success! The 2017 Florida Annual Immunization Summit focused on "Promoting a Healthy State and Nation for Adolescents." The Health of the State Address was presented by our state Surgeon General and Secretary, Dr. Celeste Philip, MD, MPH. The keynote presentation topics were Human Papillomavirus (HPV) and Meningococcal B vaccine. The presentation was given by Melinda Wharton, MD, MPH, Director of Immunization Services Division, National Center for Immunization and Respiratory Diseases (NCIRD) at the CDC. Thirteen Continuing Medical Education (CME) credits and eleven Continuing Education Units (CEUs) were made available for public health professionals who attended this year's summit.

Prominent health professionals gave presentations at this year's Summit. Presenters were Julie DeCesare, MD, Sacred Heart Hospital; Kenneth Alexander, MD, PhD, Nemours Children's Health System; Ethan Posard, author of *Superhero Training*; Michael Brown, MD, Bayfront Health; and Alix Casler, MD, Fellow American Academy of Pediatrics (FAAP), Orlando Health. A panel discussion then followed a screening of the documentary *Someone You Love: The HPV Epidemic*. The discussion panelists were David Berman, DO, All Children's Hospital; Greg Savel, MD, FAAP, Myrtle Pediatrics; and Susan Vadaparampil, PhD, MPH, Moffitt Cancer Center; Michael Brown, MD, Director of Pediatrics, Bayfront Health; and Kirk Forbes, Father of Kirsten Forbes and HPV vaccination advocate.

A huge thank you goes out to the Florida Department Health in Pinellas County for hosting the summit for the second year. Special thanks to Dr. Ulyee Choe, Health Officer, Director, DOH-Pinellas; Sharlene Edwards, MPH, RN, Immunization Program Supervisor, DOH-Pinellas; Andrea Peaten, FL Immunization Summit Coordinator, DOH-Pinellas; and Samantha Staley, Summit Planning Committee member, DOH-Pinellas. Thank you all for the outstanding efforts put towards this year's summit in Pinellas county.

Be on the lookout for details and updates on the 2018 Florida Immunization Summit in the coming weeks.



Top left to right: Cortlyn Starr, GOC II, DOH Immunization Section; Laura Hampson, SRAHEC; Andrea Peaten, DOH-Pinellas; Montique Shepherd, CDC, PHA, MPA. Bottom left to right: Sharlene Edwards, RN, DOH-Pinellas; Amaris Spina SRAHEC; Dearline Thomas-Brown, MPH, RN, Executive Community Health Nursing Director, DOH Immunization Section



Christine Vara, Strategic Communication Consultant, Social Media Manager, Every Child by Two



Presentation by Julie DeCesare, MD, FACOG, Associate Professor and Residency Program Director, University of FL Obstetrics & Gynecology

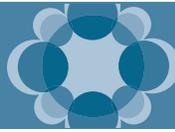


Left: *Someone You Love* Screening



Below: HPV Panel Discussion





## 2017 Annual Vaccine Update: DOH-Palm Beach County

### MARK YOUR CALENDARS NOW!

#### IMMUNIZATION UPDATE: VACCINES TO PROTECT THE ONES WE LOVE

On Thursday, March 23, the Palm Beach County Immunization Coalition, Bethesda Hospital East, and DOH-Palm Beach are partnering to sponsor their annual vaccine update program at Bethesda Health–Bethesda Hospital East in Boynton Beach.

Alina Alonso, MD, Director, DOH-Palm Beach will be the program moderator. Speakers include Tommy Schechtman, MD, Pediatrician and past President of the Florida Chapter American Academy of Pediatrics (FCAAP) and Colette Chiacchiero, DOH VFC Immunization Consultant-Area 10.

The target audience will include local health care providers and their staff, DOH staff, students in the health care professions, and hospital employees. There is no charge for the program, and CEUs will be provided. A light dinner will also be provided by Bethesda Hospital East.

Additionally, several informational tables will be set up by representatives from local community partners to provide information regarding their programs and products. Attendees will have the opportunity to visit the tables during registration and dinner, just prior to the start of the documentary screening *Someone You Love: The HPV Epidemic*.

Please join us for this interesting and informative program!

Thursday, March 23, 2017  
Bethesda Health  
2815 S. Seacrest Blvd.  
Boynton Beach, Florida 33435

Moderator:  
Alina Alonso, M.D., Director, DOH-Palm Beach

- 5:30 p.m.–6:30 p.m. Registration
- 6:30 p.m.–6:45 p.m. Vaccines for Children Requirements Update by Colette Chiacchiero
- 6:45 p.m.–7:15 p.m. Immunization Updates  
Tommy Schechtman, M.D., Pediatrician, Pediatric Partners, & Past President, FCAAP
- 7:15 p.m.–8:05 p.m. Dinner and a Movie  
*Someone You Love: The HPV Epidemic*
- 8:05 p.m.–8:30 p.m. Question and Answer Session

To register by telephone, please call:  
561-840-4568 or 561-530-6862

To register by email, please email:  
[Deborah.Hogan@flhealth.gov](mailto:Deborah.Hogan@flhealth.gov) or  
[Bryan.Washington@flhealth.gov](mailto:Bryan.Washington@flhealth.gov)

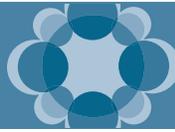
## Immunization Action Coalition Updates and Redesigns *Reliable Sources of Immunization Information*

IAC's *Handouts for Patients & Staff* web section offers health care professionals and the public more than 250 FREE English-language handouts (many also available in translation), which we encourage website users to print out, copy, and distribute widely.

IAC recently revised and redesigned *Reliable Sources of Immunization Information: Where Parents Can Go to Find Answers!* Many resources were added and links and other ways to obtain vaccine information were updated.

## Standard Abbreviations in This Issue

- 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
- WHO: World Health Organization



## HPV—Questions & Answers

### What is HPV?

Human papillomavirus (HPV) is the name of a group of skin viruses that includes more than 100 different types. More than 40 of these viruses infect the genital area, including the skin of the penis, vulva, or anus, and the lining of the vagina, cervix, rectum, or throat. Some of these viruses are "high-risk" types; they may cause abnormal Pap tests and can also lead to cancer of the head, neck, throat, cervix, vulva, vagina, anus, or penis. Others are considered "low-risk" types that may cause mild Pap test abnormalities or genital warts.

### How does HPV spread?

HPV is spread through contact with infected skin. Most infected people have no symptoms and are unaware they are infected and can transmit the virus to a partner. Rarely, a pregnant woman can pass HPV to her baby during vaginal delivery.

### How common is HPV in the United States?

HPV is the most common sexually-transmitted infection in the United States. About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually-active men and women will get at least one type of HPV at some point in their lives. An estimated 33,000 HPV-associated cancers occur annually in the U.S., including an estimated 12,600 HPV-associated cancers in males.

### What are the symptoms of HPV?

Most people who become infected with HPV have no symptoms. Some people develop visible genital warts, or have pre-cancerous changes in the cervix, vulva, anus, or penis. Genital warts usually appear as soft, moist, pink, or flesh-colored swellings, usually in the genital area. They can be raised or flat, single or multiple, small or large, and sometimes cauliflower shaped. They can appear on the vulva, in or around the vagina or anus, on the cervix, and on the penis, scrotum, groin, or thigh. After sexual contact with an infected person, warts may appear within weeks or months, or not at all.

### How serious is HPV?

Most HPV infections don't cause any symptoms and eventually go away, as the body's own defense system clears the virus. Women with short-term HPV infections may develop mild Pap test abnormalities that recede with time. A small percentage of people infected with HPV develop persistent (chronic) HPV infection. Women with persistent, high-risk HPV infections are at greatest risk for developing cervical cancer precursor lesions (abnormal cells on the lining of the cervix) and cervical cancer.

### How is HPV infection diagnosed?

Genital warts in men and women are diagnosed by visual inspection. Most women are diagnosed with HPV infection on the basis of abnormal Pap tests. Additionally, a specific test is available to detect

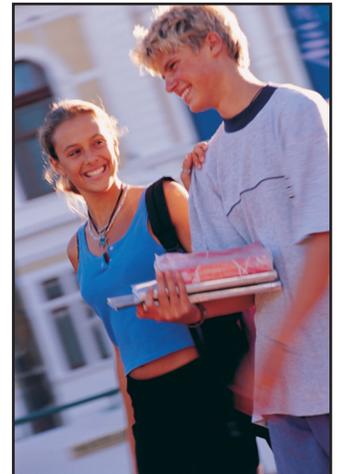
HPV DNA in women. The test may be used in women with mild Pap test abnormalities or in women more than age 30 years at the time of Pap testing. In April 2014, the FDA approved the first HPV DNA screening test for women age 25 years and older that can be used to help a health care professional assess the need for additional diagnostic testing for cervical cancer. The test also can provide information about the patient's risk for developing cervical cancer in the future. HPV tests are not yet available for men.

### How can people reduce their risk for acquiring genital HPV infection?

The surest way to eliminate risk for genital HPV infection is to refrain from any genital contact with another individual. For people who are sexually active, in a long-term, mutually monogamous relationship with an uninfected partner is the strategy most likely to prevent future genital HPV infections. However, it is difficult to determine whether a partner who has been sexually active with another partner in the past is currently infected. It is not known how much protection a condom provides against HPV, since skin that is not covered by a condom can be exposed to the virus. However, condoms may reduce the risk of genital warts and cervical cancer. People can also reduce their risk by getting the HPV vaccine.

### Who should get this vaccine?

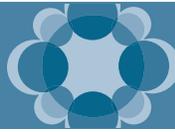
The CDC's ACIP recommends routine vaccination of boys and girls at age 11 or 12 years with catch-up vaccination for females through age 26 years, and for males through age 21 years. In addition, vaccination is also recommended for men age 22 through 26 years who have sex with men or are immunocompromised as a result of disease (including HIV) or medication. The vaccination series can also be started as young as age 9 years, at the clinician's discretion.



### How effective are the HPV vaccines?

HPV vaccine is highly effective in preventing infection with types of HPV included in the vaccines. Studies have shown that HPV vaccine can prevent nearly 100 percent of the precancerous cervical cell changes caused by the types of HPV included in the vaccine for up to 8 years after vaccination. Among males, HPV vaccine for prevention of genital warts was 89 percent and efficacy for the prevention of precancerous lesions of the anus was 78 percent.

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## How long does vaccine protection last? Will a booster shot be needed?

The length of immunity is usually not known when a vaccine is first introduced. So far, studies have shown people to still be protected after eight years. More research is being done to determine how long protection will last, and if a booster dose will eventually be recommended.

## Can HPV vaccine cause HPV?

No. HPV vaccines are inactivated so they cannot cause disease-like symptoms, HPV disease, or cancer.

## Do women still need to get a Pap test if they've been vaccinated against HPV?

Yes. Women should continue to receive regular cervical cancer screening for three reasons. First, the vaccine does not provide protection against all types of HPV that cause cervical cancer. Second, women may not receive the full benefits of the vaccine if they do not complete the vaccine series. Third, women may not receive the full benefits of the vaccine if they were infected with HPV before receiving the vaccine. In addition, vaccinated people should continue to practice protective sexual behaviors since the vaccine will not prevent all cases of genital warts or other sexually transmitted infections.

*Adapted from Immunization Action Coalition*

## HPV & Men—Questions & Answers



## How do men get HPV?

Men can get HPV by having sex with someone who is infected with HPV. This disease is spread easily during anal or vaginal sex, and it can also be spread through oral sex or other close skin-to-skin touching during sex. HPV can be spread even when an infected person has no visible signs or symptoms.

## Will HPV cause health problems for me?

Most of the time HPV infections completely go away and don't cause any health problems. However, if an infection does not go away on its own, it is possible to develop HPV symptoms months or years after getting infected. This makes it hard to know exactly when you became infected. Lasting HPV infection can cause genital warts or certain kinds of cancer. It is not known why some people develop health problems from HPV and others do not.

## What are the symptoms of HPV?

Most men who get HPV never develop symptoms and the infection usually goes away completely by itself. However, if HPV does not go away, it can cause genital warts or certain kinds of cancer. See your health care provider if you have questions about anything new or unusual such as warts, or unusual growths, lumps, or sores on your penis, scrotum, anus, mouth, or throat.

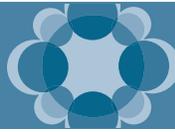
## What are the symptoms of genital warts?

Genital warts in males usually appear as a small bump or group of bumps in the genital area around the penis or the anus. These warts might be small or large, raised or flat, or shaped like a cauliflower. The warts may go away, or stay the same, or grow in size or number. Usually, a health care provider can diagnose genital warts simply by looking at them. Genital warts can come back, even after treatment. The types of HPV that cause warts do not cause cancer.

## Can HPV cause cancer?

Yes. HPV infection isn't cancer but can cause changes in the body that lead to cancer. HPV infections usually go away by themselves but having an HPV infection can cause certain kinds of cancer to develop. These include cervical cancer in women, penile cancer in men, and anal cancer in both women and men. HPV can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer). All of these cancers are caused by HPV infections that did not go away. Cancer develops very slowly and may not be diagnosed until years, or even decades, after a person initially gets infected with HPV. Currently, there is no way to know who will have only a temporary HPV infection, and who will develop cancer after getting HPV.

Download the CDC's *HPV and Men Fact Sheet* at: [www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm](http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm)



## Influenza

Influenza (flu) is a highly contagious respiratory illness caused by the influenza virus that infects the nose, throat, and lungs. It can cause mild to severe illness and in certain individuals lead to death. Influenza is spread mainly by droplets when people infected with the virus cough, sneeze or talk. Influenza may also be spread when a person touches a surface or object that contains the flu virus and then touch their mucous membranes (such as the mouth, eyes, and nose).

Symptoms of influenza include:

- Fever
- Chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

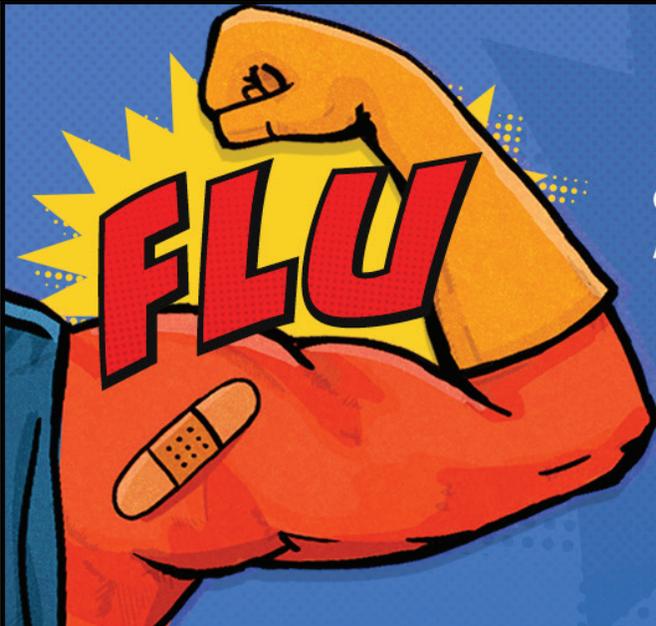
Influenza symptoms typically appear 1–4 days after exposure to the flu virus, with an average of approximately 2 days. Healthy adults are capable of infecting others a day prior to the onset of their symptoms and up to 5–7 days after becoming sick. Young children and people with weakened immune systems might be able to infect others for a longer period. Complications of influenza include bacterial pneumonia, ear and sinus infections, dehydration and worsening of chronic medical conditions. People can help prevent the spread of influenza by refraining from contact with sick people, covering their nose and mouth when coughing and/or sneezing, washing their hands and receiving the flu vaccine.

We have approached the peak of influenza season and activity is expected to increase during the upcoming weeks. It's not too late to administer the influenza vaccine to people that have not been vaccinated. It is recommended that all persons aged 6 months and older receive the influenza vaccine. However, there are certain individuals at a higher risk of complications due to influenza:

- Children younger than 5-years-old; especially children younger than age 2 years.
- Adults 65 years of age and older
- Pregnant Women
- Residents residing in nursing homes and other long-term facilities.
- American Indians and Alaskan Natives

Individuals with the following medical conditions should also receive the influenza vaccine:

- Asthma
- Neurological and neurodevelopmental conditions
- Chronic lung diseases
- Heart disease
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders
- Weakened immune system; due to disease or medication such as persons with HIV or AIDS, cancer, or those on chronic steroids



# FLU Q&A

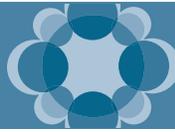
**Q:** Where can I get a flu shot?  
**A:** Flu vaccines are offered at many locations, including:

- Doctor's offices
- Health Departments
- Pharmacies
- Clinics
- Some schools and workplaces

**#FIGHT FLU**

[www.cdc.gov/FightFlu](http://www.cdc.gov/FightFlu)

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- People younger than age 19 who are receiving long-term aspirin therapy
- Morbid obesity (BMI > or = 40)

Children ages 6 months to 8 years of age receiving the influenza vaccine for the FIRST time should receive 2 doses spaced at least 28 days apart. Everyone else should receive one dose of flu vaccine. It takes approximately two weeks for protection to develop after vaccination and protection lasts through the flu season. Everyone should receive the flu vaccine annually. However, individuals with a history of Guillan-Barre syndrome and anyone that has previously experienced a severe, life-threatening allergy after the influenza vaccine should not receive the flu vaccine.

As a reminder, live attenuated influenza vaccine (Flu-Mist) should not be used during the 2016–2017 flu season due to decreased vaccine effectiveness reported during the three previous influenza seasons.

The recommendations for receiving the influenza vaccine among individuals previously reporting an egg allergy were recently updated by the ACIP. People that have experienced only hives after exposure to eggs can receive any licensed and recommended flu vaccine that is appropriate for their age and health status. People who have experienced severe symptoms after exposure to eggs, such as angioedema, recurrent vomiting, respiratory distress and lightheadedness; or those that have required epinephrine or any other emergency medical intervention can also receive any licensed and recommended flu vaccine that is otherwise appropriate for their age and health. However, the vaccine should be given in a medical setting and supervised by a health care provider who is able to recognize and manage severe allergic conditions. These settings include clinics, health departments, hospitals, and physician offices. Individuals with egg allergies are no longer recommended to wait 30 minutes post-vaccination.

People infected with influenza can be treated with anti-viral drugs which are most effective when administered within 48 hours of becoming ill. Anti-viral drugs should be administered to people at high-risk of developing flu complications.

In summary, prevention is the key. The best way to protect yourself, family, friends and coworkers from influenza is to engage in good hand hygiene practices, stay home when you are sick and get your flu shot. For more information, please visit [www.cdc.gov/flu/index.htm](http://www.cdc.gov/flu/index.htm).

influenza

## Florida Health Urges Vaccination As Flu Season Intensifies

TALLAHASSEE, Fla.— With the 2016–2017 flu season in full swing and influenza activity increasing across the state, it is critical that all Floridians get the flu vaccine to protect against infection and help prevent the spread of seasonal flu to others. It is never too late to get your flu shot. While most cases of flu are mild, there are exceptions. The department has confirmed the first two influenza-associated pediatric deaths of the 2016–2017 flu season in a 7 year-old and a 17 year-old.

“We are saddened by this news and our thoughts are with the family and friends of these children,” said State Surgeon General and Secretary of Health Dr. Celeste Philip. “Although most people view the flu as a minimal threat, Floridians should take flu infection seriously as it can cause severe illness, even death, in some cases. Getting your flu shot is the best way to protect yourself and your loved ones from the flu. If you have not yet received a flu shot, it is not too late.”

Flu activity is on the rise in Florida, particularly in groups at high risk for severe illness such as children, pregnant women, people with underlying chronic conditions and people over the age of 65. Visits to emergency departments for influenza are also increasing in these high risk groups. The department continues to urge residents to reduce their risk of severe illness from infection by getting vaccinated against influenza. This is especially important for individuals at high-risk for severe illness.

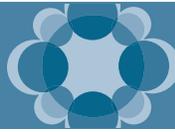
The annual flu vaccine is safe and is the most effective way to protect yourself and your loved ones. The flu vaccine is recommended for everyone six months and older, including pregnant women. It takes about two weeks after vaccination for your body to develop protection against the flu. The Centers for Disease Control and Prevention recommends people get injectable flu shots. Nasal spray vaccine is not recommended for this flu season because of concerns about its effectiveness.

It is also essential to practice good hygiene by properly and frequently washing your hands to help prevent the spread of seasonal flu. Make it a habit to clean and disinfect commonly used surfaces in your home, school or office. You can take additional steps to ward off the flu by coughing or sneezing into a tissue or your elbow and avoiding touching your face.

The flu vaccine is offered in many convenient locations, including doctor's offices, clinics, health departments, retail stores, pharmacies, health centers and by many employers and schools. Visit the department's flu shot locator page to search for a flu vaccine location near you.

For further information regarding influenza surveillance information, messaging and guidance, visit the influenza homepage at [www.floridahealth.gov/floridaflu](http://www.floridahealth.gov/floridaflu).

*Adapted from FloridaHealth.gov*



## 9th Annual Southwest Florida Immunization Workshop—Science vs. Hype: Immunizations, Yes! ...Exemptions, No!

### **MARK YOUR CALENDARS NOW!**

**DATE:** Thursday, May 18, 2017

**TIME:** 9:00 a.m.–4:00 p.m.

**REGISTRATION:** 8:00 a.m.–8:55 a.m.

#### **WHERE:**

State College of Florida at Lakewood Ranch  
7131 Professional Parkway East  
Sarasota, FL 34240

[www.scf.edu/AboutSCF/Locations/SCFLakewoodRanch/](http://www.scf.edu/AboutSCF/Locations/SCFLakewoodRanch/)

#### **OPENING REMARKS BY SPECIAL GUEST:**

- Dr. Celeste Philip, Florida DOH and State Surgeon General

#### **KEYNOTE SPEAKERS:**

- Dr. Greg Savel, St. Petersburg Vaccine Advocate, Practicing Pediatrician
- Andrea Peaten and Samantha Staley, DOH-Pinellas, Florida LINC and PITCH
- Dr. Susan Vadaparampil, Moffitt Cancer Center at USF Latest on HPV Project and Stakeholder's Survey
- Donna Weaver, RN, MN, CDC Nurse Educator, ACIP Updates and Other Important Immunization Information

#### **PRESENTATIONS TO INCLUDE:**

- Immunization Schedule and ACIP recommendation changes
- Emphasis on reducing unnecessary exemptions
- Improving vaccine communication efforts with parents
- Florida SHOTS Update and Epi Updates for SW Florida
- A special PITCH exercise!

### **Free CEUs and LUNCH will be provided!**

#### **For Further Information or Questions Contact:**

David Fee, State Immunization Section at 239-461-6115 or email [david.fee@flhealth.gov](mailto:david.fee@flhealth.gov)  
OR

Lori Wright, State Immunization Section at 850-728-3853 or email [lori.wright@flhealth.gov](mailto:lori.wright@flhealth.gov).

#### **REGISTER NOW AT:**

[www.planetreg.com/E1413482983955](http://www.planetreg.com/E1413482983955)

## 9th Annual Immunization Workshop Agenda

### Science vs. Hype: Immunizations, Yes! ...Exemptions, No!

8:00 a.m.–8:55 a.m.	Registration
8:55 a.m.–9:00 a.m.	Welcome and Introductions – SCF Provost for the College of Nursing and David Fee, Immunization Program
9:00 a.m.–9:30 a.m.	Dr. Celeste Philip - Florida DOH, State Surgeon General, Immunizations in Florida
9:30 a.m.–10:00 a.m.	Samantha Staley and Andrea Peaten of DOH-Pinellas, FL LINC and PITCH – Immunization Exercise and Presentation
10:00 a.m.–10:15 a.m.	Break
10:15 a.m.–11:15 a.m.	Dr. Greg Savel, Myrtle Pediatrics, PITCH Andrea Peaten, DOH-Pinellas, FL LINC Vaccine Advocacy
11:15 a.m.–12:15 p.m.	Donna Weaver, RN, MN, CDC Nurse Educator, ACIP Updates and the 2017 Childhood and Adolescent Immunization Schedule and Vaccine Storage and Handling
12:15 p.m.–1:15 p.m.	LUNCH, Vendor Displays and Nursing Lab tours
1:15 p.m.–2:00 p.m.	2017 Epidemiology highlights and challenges from this past year – Michael Drennon, DOH–Sarasota and Carrie Harter, DOH–Manatee Epidemiology Departments
2:00 p.m.–2:45 p.m.	Dr. Susan Vadaparampil, Moffitt Cancer Center – HPV Project and Stake Holder's Survey
2:45 p.m.–3:15 p.m.	Keenan Farrar, Florida SHOTS Education Consultant – Florida SHOTS Updates and directional data flow with EHRs.
3:15 p.m.–3:45 p.m.	Dearline Thomas-Brown, MPH, BSN, RN, DOH Immunization Section Program Updates and School Immunization Requirements for 2016–2017
3:45 p.m.–4:00 p.m.	Additional Q & A, closing Remarks and door prizes – workshop Planning Committee members



## Pneumonia

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, it can often be treated with medication or prevented with vaccines. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices, such as washing your hands regularly and disinfecting frequently touched surfaces, taking good care of your medical problems, and quitting smoking.

Pneumonia can be caused by viruses, bacteria, and fungi. In the United States, common causes of viral pneumonia are influenza and respiratory syncytial virus (RSV), and a common cause of bacterial pneumonia is *Streptococcus pneumoniae* (pneumococcus). However, clinicians are not always able to find out which germ caused someone to get sick with pneumonia. Common signs of pneumonia can include cough, fever, and trouble breathing.

Try to stay away from sick people. If you are sick, stay away from others as much as possible to keep from getting them sick. You can also help prevent respiratory infections by:

- Cleaning surfaces that are touched a lot
- Coughing or sneezing into a tissue or into your elbow or sleeve
- Limiting contact with cigarette smoke
- Treating and preventing conditions like diabetes
- Washing your hands regularly

You are more likely to become ill with pneumonia if you smoke or have underlying medical conditions, such as diabetes or heart disease. However, you can lower your chances by taking good care of your medical problems, and quitting smoking.

Many of the deaths associated with pneumonia—both globally and in the United States—could be prevented with vaccines and appropriate treatment (like antibiotics and antivirals). In the United States, there are vaccines that help prevent infection by some of the bacteria and viruses that can cause pneumonia:

- *Haemophilus influenzae* type b (Hib)
- Influenza (flu)
- Measles
- Pertussis (whooping cough)
- Pneumococcal
- Varicella (chickenpox)

Vaccines are available that can help prevent pneumococcal disease, which is any type of infection caused by *Streptococcus pneumoniae* bacteria. There are two kinds of pneumococcal vaccines available in the United States:

- Pneumococcal conjugate vaccine (PCV13 or Prevnar 13®)
- Pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax23®)

CDC recommends vaccination with the pneumococcal conjugate vaccine (PCV13 or Prevnar 13®) for:

- All babies and children younger than 2 years old
- All adults 65 years or older
- People 2 through 64 years old who are at increased risk for disease due to certain medical conditions

CDC recommends vaccination with the pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax23®) for:

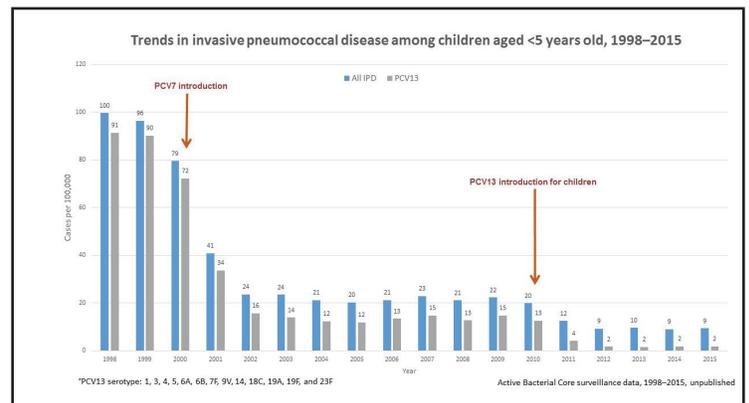
- All adults 65 years or older
- People 2 through 64 years old who are at increased risk for disease due to certain medical conditions
- Adults 19 through 64 years old who smoke cigarettes

Vaccines that help protect against pneumococcal disease work well, but cannot prevent all cases. Studies show that at least 1 dose of pneumococcal conjugate vaccine (PCV13 or Prevnar 13®) protects:

- At least 8 out of 10 babies from invasive pneumococcal disease
- 75 out of 100 adults 65 years or older against invasive pneumococcal disease
- 45 out of 100 adults 65 years or older against pneumococcal pneumonia

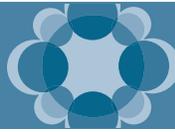
Studies show that 1 dose of pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax23®) protects

- Between 50 to 85 out of 100 healthy adults against invasive pneumococcal disease



Most people who get a pneumococcal vaccine do not have any serious problems with it. With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

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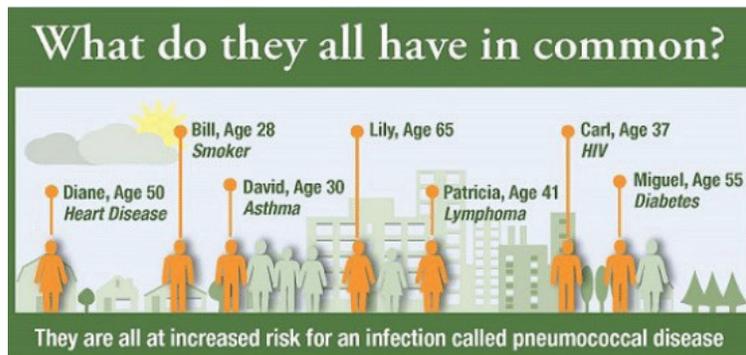
Your health care professional's office is usually the best place to receive recommended vaccines for you or your child.

These vaccines are part of the routine childhood immunization schedules. Therefore, vaccines are regularly available at pediatric and family practice offices, as well as community health clinics and public health departments for children.

If your health care professional does not have pneumococcal vaccines for adults, ask for a referral.

Pneumococcal vaccines may also be available at pharmacies, workplaces, community health clinics, health departments, or other community locations such as schools and religious centers. Federally funded health centers can also provide services if you don't have a regular source of health care.

When receiving any vaccine, ask the provider to record the vaccine in the state or local registry, if available. This helps health care professionals at future encounters know what vaccines you or your child have already received.



Content Source: CDC, National Center for Immunization and Respiratory Diseases, ACIP

## Hepatitis B Foundation Launches Storytelling Project: #justB

The Hepatitis B Foundation has officially launched its new storytelling campaign: **#justB: Real People Sharing their Stories of Hepatitis B**. The volunteers sharing their stories do so to put a human face on this serious disease, decrease stigma and discrimination, and promote the importance of testing and treatment for hepatitis B. A new story will be featured each month throughout 2017.

Watch the January story about a couple adopting a baby from a birth mother infected with the hepatitis B virus: [Janet & Kurt's Story](#).

Visit the Hepatitis B foundation website at: [www.hepb.org](http://www.hepb.org).

## Cervical Cancer and HPV

Cervical cancer is cancer of the cervix (the lower part of the uterus that connects to the vagina). Cervical cancer usually forms slowly over many years, but occasionally it happens faster. The purpose of the Pap test is to detect abnormal cells in the cervix. When abnormal cells are found and treated early, cervical cancer can be prevented or cured. Pap test screening as recommended by your health care provider can prevent the majority of cervical cancers.

### Prevention and Early Detection

Most cervical cancer is caused by a virus called the human papillomavirus, or HPV, which is spread through sexual and skin-to-skin contact. Abnormal cervical cells rarely cause symptoms, but detection of the earliest changes leading to cancer development is possible through the use of Pap tests.

Those who are vaccinated against HPV prior to becoming sexually active can significantly lower their risk of cervical cancer. HPV is a group of more than 100 related viruses. HPV is passed from one person to another during skin-to-skin contact. HPV can be spread during sex. To learn more, visit the Advisory Committee on Immunization Practices (ACIP) recommendations and guidelines.

### Screening and Detection

The American College of Obstetrics and Gynecologists (ACOG) recommends that women ages 21 to 29 be screened every three years. Women age 30 to 65 years should be screened every three or five years. Women with certain risk factors may need more frequent screening. Talk with your doctor to see when you should begin cervical cancer screening and how often you should be screened.

### Those at Risk

Infection with HPV may cause cells in the cervix to grow out of control and become cancerous. However, it is important to note that not every HPV infection is destined to become cervical cancer. Many HPV infections resolve without treatment.

Smoking increases the risk of cervical cancer as well as advancing age since cervical cancer grows very slowly over time.

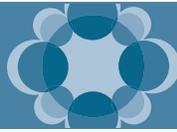
Poverty is a risk factor for cervical cancer. Many women with low incomes do not have readily available access to adequate health care services, including Pap tests. This means they might not get screened or treated for pre-cancerous cervical diseases.

If a mother or sister has cervical cancer, a woman's chances of developing the disease increases by two to three times.

### Cancer Burden

While the disease is almost totally treatable or preventable with routine screening, almost 300 women die each year in Florida from cervical cancer. Florida's 2008 mortality rate for cervical cancer of 2.7 deaths per 100,000.

*Continued on next page*



## Breast and Cervical Cancer Early Detection Program

The Florida Breast and Cervical Cancer Early Detection Program makes it easy to get the breast and cervical cancer screenings doctors recommend. The screenings are free or low cost if you meet program eligibility requirements. There are many BCCEDP sites located throughout Florida. To see if you qualify, call your County Health Department or call the American Cancer Society National Hotline at 1-800-227-2345 to get more information on the program.

### Program Information

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as administered by the Centers for Disease Control and Prevention (CDC) funds the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP). The NBCCEDP was created in response to the Breast and Cervical Cancer Mortality Act of 1990; Public Law 101-354. The FBCCEDP has been awarded funding by the CDC since 1994. The grant is administered through the central office and 16 lead County Health Department (CHD) regional coordinators manage service provision in the counties across the state to assure statewide access. The lead counties are: Brevard, Broward, Duval, Escambia, Gadsden, Hillsborough, Jackson, Leon, Manatee, Miami-Dade, Osceola, Pasco, Pinellas, Putnam, Seminole and Volusia.

### Services provided include:

- Breast and cervical cancer screening exams (clinical breast exams, mammograms, and Pap tests) to approximately 5 percent of the at need population as funding allows.
- Diagnostic funds are reserved for women screened through the program.
- Care coordination to all clients with abnormal exams.
- Women screened through the program and diagnosed with breast or cervical cancer are referred to the Florida Medicaid Program for eligibility determination.
- Paid breast and cervical cancer treatment through Medicaid for eligible women screened through the program.

Adapted from CDC



## MMWR Release: Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 0–18 Years United States, 2017

The DOH Immunization Section would like to share the 2017 *Childhood Immunization Schedules* which are now available online. Every year, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) develops recommendations for routine use of vaccines in children. When approved by the CDC Director, they become official CDC/HHS policy. The **Morbidity and Mortality Weekly Report (MMWR)** published a summary of schedule changes on February 10 for persons aged 0-18 years and 19 years or older.

CDC has also updated the following easy-to-read schedules for parents:

- **Children from birth through age 6** (English)
- **Children from birth through age 6** (Spanish)

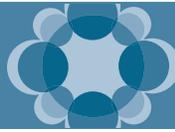
CDC encourages organizations to syndicate the schedules rather than post a PDF version of the schedule onto their websites to share with visitors. Content syndication allows other organizations' websites to mirror CDC web content with automatic updates whenever changes are made on the CDC site. This helps ensure that all schedules are current across the Internet. Learn how to display/syndicate the schedules on your site.

### Immunization Communication Resources

To support your efforts to promote immunization in February and throughout the year, CDC has developed a range of communication products for parents of infants and young children:

- Promote and link to CDC's vaccine website for parents, which has useful information about immunization schedules, vaccines, vaccine-preventable diseases, and how to prepare for vaccine visits.
- Use the Provider Resources for Vaccine Conversations with Parents page to access information on talking to parents about vaccines, understanding vaccines and vaccine safety, and information related to the 14 vaccine-preventable diseases and the vaccines that prevent them.
- National Infant Immunization Week (NIIW) is April 22–29 this year. We encourage you to highlight the importance of protecting infants from vaccine-preventable diseases during this annual observance. Visit the NIIW website to access planning resources and promotional materials.

For further guidance on the use of each vaccine included in the schedules, including contraindications and precautions, health care providers are referred to the respective ACIP vaccine recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).



## Current Vaccine Immunization Statements

Vaccine Information Statements (VISs) are produced by the CDC to explain the benefits and risk of a vaccine. Federal law requires all vaccine providers to give patients, or their parents or legal representatives, the appropriate VIS whenever a vaccination is given.

VISs are available in English and many other languages at the CDC website: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html).

### Multi-, Routine-, & Non-Routine-Vaccine VISs

Multiple Vaccines (DTaP, Hib, Hepatitis B, Polio, and PCV13) (11/5/15)

#### UPDATED

This VIS may be used in place of the individual VISs for DTaP, Hib, Hepatitis B, Polio, and PCV13 when two or more of these vaccines are administered during the same visit. It may be used for infants through children receiving their routine 4-6 year vaccines.

#### Routine

- DTaP (5/17/07)
- Hepatitis A (7/20/16) **UPDATED**
- Hepatitis B (7/20/16) **UPDATED**
- Hib (Haemophilus Influenzae type b) (4/2/15)
- HPV - Gardasil-9 (12/2/16) **UPDATED**
- HPV - Gardasil (5/17/13) [Interim]
- Influenza - Live, Intranasal (8/7/15)
- Influenza - Inactivated (8/7/15)
- Measles/Mumps/Rubella (MMR) (4/20/12) [Interim]
- Measles/Mumps/Rubella & Varicella (MMRV) (5/21/10) [Interim]
- Meningococcal ACWY (MenACWY and MPSV4) (3/31/2016)
- Serogroup B Meningococcal (MenB) (8/9/16) **UPDATED**
- Pneumococcal Conjugate (PCV13) (11/5/15)
- Pneumococcal Polysaccharide (PPSV23) (4/24/15)
- Polio (7/20/16) **UPDATED**
- Rotavirus (4/15/15)
- Shingles (Herpes Zoster) (10/06/09)
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15)
- Td (Tetanus, Diphtheria) (2/24/15)
- Varicella (Chickenpox) (3/13/08) [Interim]

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

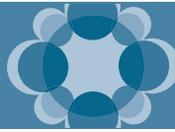
To apply for Florida KidCare, call 1-888-540-5437, apply online, or print an application and instructions. For more information, visit: [www.floridakidcare.org](http://www.floridakidcare.org).

Fl  rida KidCare



If you would like to be added to the Immunization Section's mailing list and receive **IMMU-NEWS** electronically via email, please visit our mailing list registration page at: [www.floridahealth.gov/programs-and-services/immunization/mailling-list.html](http://www.floridahealth.gov/programs-and-services/immunization/mailling-list.html).





# HPV Vaccination

These HPV and Flu vaccination publications, and many more, are available as Adobe Acrobat PDFs and may be downloaded at: [www.floridahealth.gov/programs-and-services/immunization/publications/index.html](http://www.floridahealth.gov/programs-and-services/immunization/publications/index.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 DOH'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 850-245-4444, extension 2382, or by email at [jennifer.ouzts@FLHealth.gov](mailto:jennifer.ouzts@FLHealth.gov) to request print-ready PDFs.

**HPV Is Out There.**

**Make Sure Your Teen Is Protected.**

Increasingly teens and young adults are being infected with the human papillomavirus (HPV). This highly contagious virus infects 6 million new people each year in the United States. HPV is contracted through sexual contact and can be passed along even when the carrier is not exhibiting symptoms of HPV.

The results can be serious for both men and women. Certain HPV strains can cause cervical, vaginal, anal and penile cancers and genital warts. Even if your teen is not sexually active, they should be protected. Twenty million Americans are currently infected with HPV and the number is growing every day. There is no test to determine if males are infected with HPV and often carriers do not show symptoms, causing the spread of HPV.

The HPV vaccine is safe and effective. The vaccine is not a live vaccination, so your child will not be infected with HPV. The immunization can protect your child from serious consequences of this prevalent disease.

Cost is not a barrier to vaccination. Children ages 18 and younger who don't have insurance or whose insurance doesn't cover vaccines are eligible to receive free HPV vaccinations through participating Vaccines for Children Program providers or the county health department.

Talk to your child's healthcare provider today about the HPV vaccine and safeguarding your child's shot record in Florida SHOTS, the statewide, online immunization registry.

**Florida HEALTH**  
 Immunization Section: 850-245-4342 / [www.immunizeoflorida.com](http://www.immunizeoflorida.com) | Vaccines for Children Program: 800-483-2543  
[www.immunizeoflorida.com](http://www.immunizeoflorida.com) | Florida SHOTS: 877-888-7468 / [www.flshots.com](http://www.flshots.com)

**Tips and Time-savers for Talking with Parents about HPV Vaccine**

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today" and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and gives an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

**CDC RESEARCH SHOWS:** The HPV vaccine is cancer prevention. Average mothers strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

**TRY SAYING:** HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

**CDC RESEARCH SHOWS:** Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

**TRY SAYING:** HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

**CDC RESEARCH SHOWS:** Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

**TRY SAYING:** We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

**CDC RESEARCH SHOWS:** Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

**TRY SAYING:** Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

**CDC RESEARCH SHOWS:** Parents might believe their child won't be exposed to HPV because they aren't sexually active or may not be for a long time.

**TRY SAYING:** HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, we only have one partner in the future, he/she could still be exposed if their partner has been exposed.

**CDC RESEARCH SHOWS:** Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

**TRY SAYING:** I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children. Experts like the American Academy of Pediatrics, cancer doctors, and the CDC also agree that this vaccine is very important for your child.

**CDC RESEARCH SHOWS:** Understanding that the side effects are minor and emphasizing the extensive research that vaccines meet safety standards helps parents feel reassured.

**TRY SAYING:** HPV vaccine has been specifically studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, generally pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 22 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

**CDC RESEARCH SHOWS:** Parents want to know that HPV vaccine is effective.

**TRY SAYING:** In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

**CDC RESEARCH SHOWS:** Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

**TRY SAYING:** I want to make sure that your son/daughter receives all 3 doses of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and get those appointments on your calendar before you leave the office today!

**Florida HEALTH** | **CDC** | **U.S. Department of Health and Human Services** | **YOU ARE THE KEY TO CANCER PREVENTION**  
[www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens) | [Prevention.cdc.gov](http://Prevention.cdc.gov)

If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.

[www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens)

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