



MESSAGE FROM THE SECTION ADMINISTRATOR

CHARLES H. ALEXANDER

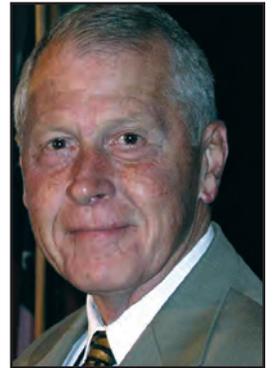
Welcome to the Summer edition of IMMU-NEWS.

It is summer time again and the abundant Florida sunshine has ushered in the summer travel season. While many families embark on summer vacation adventures, there are precautions we can all take to ensure a memorable vacation. Look ahead for summer travel information and flyers.

Also in this edition, we will present back-to-school information and flyers to get your students back into the classroom. In addition, you will find information on National Immunization Awareness Month (NIAM), adult immunization standards, and reasons to vaccinate.

The Immunization Section has updated and added all flyers and brochures to our website. We have publications on many different topics such as early childhood immunizations, adolescent shots, adult shots, flu prevention, perinatal hepatitis B, Tdap, and of course back-to-school. Visit our flyers page at www.floridahealth.gov/prevention-safety-and-wellness/immunization/publications/flyers.html and visit our brochures page at www.floridahealth.gov/prevention-safety-and-wellness/immunization/publications/brochures.html. Our publications can be downloaded and printed for dissemination by county health departments and providers.

The Immunization Section has had a few staff changes and additions to share. We would like to congratulate Beth Cox on her recent promotion to VFC Program Manager. She was formerly the Immunization Section's South Regional Field Staff Manager. We would also like to congratulate Lisa Rodriguez on her recent promotion to Government Operations Consultant II with the VFC Program. She was formerly with the Florida SHOTS helpdesk team. Congratulations Beth and Lisa! We also welcome a new employee, Karen Fowler. She joins the Immunization Section in Area 6 as an Immunization Analyst. Welcome Karen, and we look forward to working with you!



Charles H. Alexander

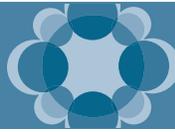
In this Issue:

- MESSAGE FROM THE SECTION ADMINISTRATOR
- August—National Immunization Awareness Month
- 2014 National Adult and Influenza Immunization Summit
- Don't Wait, Vaccinate Your Children
- Summer Travel Notice
- Chickenpox or Not Chickenpox?
- CDC Publishes a Report on Record-Breaking Year in Reported Cases of Measles in the U.S.
- CDC Vaccine Storage and Handling Toolkit Available
- Immunization Workshop Held in Brevard County



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

Enjoy this issue of IMMU-NEWS, and visit us online at ImmunizeFlorida.org!



August—National Immunization Awareness Month

Infectious diseases do not discriminate. Diseases do not care if a host is rich or poor, short or tall, young or old, little or big, black, tan, white, freckled, covered in hair or no hair at all. Diseases thrive in all societies around the world.

The CDC, the leader in the fight of infectious diseases, deems August as National Immunization Awareness Month (NIAM). This event highlights the necessity of immunizations to combat vaccine-preventable diseases and improving coverage levels for people of all ages.

Activities to raise awareness about immunization will focus on encouraging people to protect their health by being immunized. Different age groups have different immunization needs. This includes: pregnant women, babies, children, teens, young adults and adults. Although the needs vary, the outcome is the same, to protect each individual from vaccine-preventable diseases.

In August, look for National Immunization Awareness Month activities hosted in your community.

A Healthy Start (Aug. 3–9)

Pregnant women: Women who are pregnant or planning a pregnancy, vaccination needs are determined by age, lifestyle, medical conditions and previous vaccinations. An accurate record of immunizations is important. Sharing this information with a pre-conception and prenatal health care professional will help determine which vaccines are needed during pregnancy.

Babies: Through immunization, infants can be protected from 14 vaccine-preventable diseases before age two. Starting from birth to age two years, infants should receive all their baby shots. Parents should encourage their health care provider to give all age-appropriate vaccines when recommended. Immunizations help keep children safe from disease and cut down on sick visits.

Back to School (Aug. 10–16)

Children/Teens: From the beginning of child care to the completion of high school, Florida requires certain vaccines to be administered before children can attend. Students participating in public or private school campus-based activities are required to have age-appropriate vaccines with the proper documentation on file at the school.

Off to the Future (Aug. 17–23)

Young Adults: Some vaccines may be recommended for adults because of a particular job or school-related requirements, health conditions, lifestyle or other factors. For example, some states require students entering colleges and universities to be vaccinated against certain diseases like meningitis due to increased risk among college students living in residential housing.

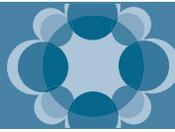
Not Just for Kids (Aug. 24–30)

Adults: Vaccinations are recommended throughout life to prevent vaccine-preventable diseases. Many adults are unaware of the need for vaccinations after high school or college. Adult vaccination coverage is low. Research shows that adult patients are willing to get a vaccine when it is recommended by their provider, according to the Adult Immunization Standards of Practice. It is recommended providers screen adult patients to determine vaccines needs and administer the vaccine or refer the patient to a provider who is able to vaccinate.



Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control and Prevention
- DTaP: Diphtheria, Tetanus, and acellular Pertussis
- FDOH: Florida Department of Health
- 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



2014 National Adult and Influenza Immunization Summit

The 2014 National Adult and Influenza Immunization Summit (NAIS) was held May 13–15, 2014 in Atlanta, Georgia. The Summit's work is primarily accomplished through five working groups. These groups are:

- Provider
- Quality Measures
- Access and Collaborations
- Patient and Public Outreach
- Decision Makers

The National Vaccine Advisory Committee (NVAC) recently revised and updated the *Standards for Adult Immunization Practice* to reflect the important role that ALL health care professionals play in ensuring that adults are getting the recommended vaccines.



These new standards were drafted by the NAIS, comprised of over 200 partners, including federal and state agencies, medical associations, and other stakeholders.

In the interest of public health, the Immunization Section encourages ALL health care professionals to follow the *New Adult Immunization Standards* from the CDC. See below for excerpts.

From the CDC's "ADULT IMMUNIZATION: Are YOU Meeting the Standards for Patient Care?"

- Vaccination is a critical preventive health measure. Making sure your patients are up-to-date on vaccines, which are recommended by the CDC, gives them the best protection available from several serious diseases.
- Adult vaccination rates are very low (National Health Interview Survey, 2012). For example, rates for Tdap and zoster vaccination are 20% or less for adults who are recommended to get them. Only 20% of adults younger than 65 years old who are at high risk for complications from pneumococcal disease are vaccinated. In 2012, only 65.8% of Florida adults ages 65+, surveyed through The Behavioral Risk Factor

Surveillance System (BRFSS), report ever receiving a pneumonia vaccination.

- Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines. However, a recent national survey showed that most U.S. adults are not even aware that they need vaccines throughout their lives to protect against diseases like shingles, pertussis, and hepatitis.
- Adults trust their health care professionals to advise them about important preventive measures.
- CDC is calling on ALL health care professionals to make adult immunization a standard of patient care in their practice by integrating four key steps:
 1. **ASSESS** immunization status of all your patients in every clinical encounter.
 2. **SHARE** a strong recommendation with your patients for vaccines which are recommended.
 3. **ADMINISTER** needed vaccines or **REFER** your patients to a provider who can immunize them.
 4. **DOCUMENT** vaccines received by your patients.

For the complete Adult Immunization Standards, visit www.hhs.gov/nvpo/nvac/reports/nvacstandards.pdf. The new Adult Immunization Schedule can be found at www.cdc.gov/vaccines/schedules/hcp/adult.html.

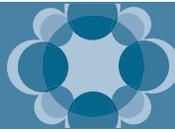
Don't Wait, Vaccinate Your Children

Show your children how much you love them—vaccinate them against diseases! Parents try to do everything possible to ensure their children are healthy and protected from preventable diseases. What better way to do so than with vaccinations?

Protect your children from serious illness and complications of vaccine-preventable diseases. Children who are not vaccinated for preventable-diseases can suffer from brain damage, hearing loss, paralysis or amputation of limbs and convulsions. Vaccine-preventable diseases can even take a child's life.

Staying on top of your children's vaccination schedule is a sure way to protect them, especially since diseases like measles, mumps and whooping cough continue to infect children in the United States. In other countries, these diseases are common and are brought into the U.S. by international travelers or by U.S. travelers who were unvaccinated. Preventable disease outbreaks also occur when parents decide not to vaccinate their children.

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All vaccines are reviewed for safety through a long and careful process. Recommended vaccinations are supported by the following organizations: the American Academy of Pediatrics, the American Academy of Family Physicians and the CDC.

Vaccinating children is a way of protecting family, friends and communities. Vaccinating children helps protect children who are too young to be vaccinated and people with weak immune systems due to illnesses. Make a commitment to your children, family and community—don't wait, vaccinate!

Summer Travel Notice

Summer is here, and many people will be packing to travel. No matter where you travel abroad this summer, please don't let your vacation be spoiled by getting the measles, flu, hepatitis, or any other infection that could have been prevented by using routine or travel-related vaccines.

Know **before** you go: which vaccines do you need for your trip?

Go to the [CDC Travel Health site](http://www.cdc.gov/travel) to learn about vaccines and other important information to stay healthy while you travel.

What you need to know about vaccinations and travel: A checklist

- Have you scheduled a visit to your doctor or a travel medicine provider?
- Are you aware which vaccinations you or those traveling with you may need?
- Do you have altered immunocompetence due to illnesses such as diabetes or HIV?
- Are you pregnant or breastfeeding?
- Are you traveling with infants or children?
- If you haven't looked up health information for your destination, do so at the [CDC Travel Health site](http://www.cdc.gov/travel).

Chickenpox or Not Chickenpox?

Chickenpox (also called varicella) was a very common occurrence in the United States before varicella vaccine became available. Health care providers could readily diagnose chickenpox by doing a clinical assessment. As a result, testing specimens and obtaining laboratory confirmation of varicella-zoster virus (VZV) were not usually needed. However, clinical diagnosis is becoming more challenging because fewer people get chickenpox. In addition, chickenpox in vaccinated people is often mild and atypical in presentation. Therefore, laboratory confirmation of VZV is becoming increasingly important in routine clinical practice.

While no vaccine is 100% effective in preventing disease, varicella vaccine is very effective: about 8 to 9 of every 10 people who are vaccinated are protected from chickenpox. In addition, routine varicella vaccine is 70-90% effective in preventing mild disease, and 95% effective in preventing severe disease and it also contributes to herd immunity for those ineligible for immunization.

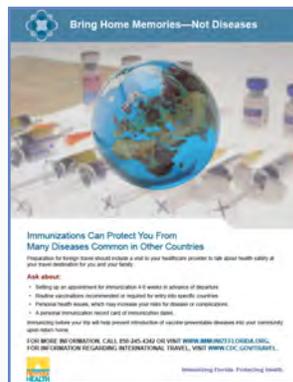
After vaccination, some people (about 1 person in 10) do not develop sufficient protection to completely prevent them from developing chickenpox.

About 15%–20% of people who have received one dose of varicella vaccine can still acquire chickenpox if they are exposed, but their disease is usually milder nature. In 2006, the ACIP voted to recommend routine two-dose varicella vaccination for children. In one study, children who received two doses of the varicella vaccine were three times less likely to get chickenpox than individuals who have had only one dose.

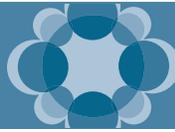


An unvaccinated person with chickenpox will typically have a rash that is generalized and pruritic (itchy) with 200-500 lesions that are mostly vesicular (fluid filled blisters). It progresses rapidly from macules (flat) to papules (raised) to vesicular lesions prior to crusting. The rash usually appears first on the head, chest, and back and then spreads to the rest of the body. The lesions are usually most concentrated on the chest and back. Most people feel sick and have temperatures up to 102°F for 2 to 3 days. Typically, you will see 2-4 crops of lesions during the illness.

Recovery from primary chickenpox infection usually provides lifetime immunity. However, for a few people, they can get chickenpox more than once, although this is uncommon. This is seen more often in people who are immunocompromised. As with other viral infections, re-exposure to natural (wild-type) chickenpox may lead to re-infection that boosts antibody titers without causing illness or detectable virus in the blood.



Immunization Travel Vaccine Flyers are available for download at: www.floridahealth.gov/prevention-safety-and-wellness/immunization/publications/flyers.html#travel.



Chickenpox can occur after a person has been vaccinated. Chickenpox usually presents differently in a vaccinated person compared to the unvaccinated person.

Diagnosing chickenpox in vaccinated persons (breakthrough chickenpox) is challenging. Breakthrough chickenpox is infection with wild-type VZV occurring in a vaccinated person more than 42 days after varicella vaccination. Chickenpox in a vaccinated person is milder than in an unvaccinated person. A vaccinated person who gets chickenpox generally has fewer than 50 lesions, mainly maculopapular lesions with few or no vesicles. These lesions may resemble bug bites more than typical, fluid-filled chickenpox blisters. They usually have mild or no fever and few other symptoms. A vaccinated person usually has a shorter illness compared to an unvaccinated person who gets chickenpox.

Since the clinical features of breakthrough chickenpox are often mild, it can be difficult to make a diagnosis on clinical presentation alone. Laboratory testing is increasingly important for confirming chickenpox and appropriately managing cases and their contacts.

Skin lesions are the preferred specimen for laboratory confirmation of chickenpox disease. Blood specimens are the preferred method to test for varicella immunity. Specimens from skin lesions are best collected by

unroofing a vesicle, preferably a fresh fluid-filled vesicle, and then rubbing the base of a skin lesion with a polyester swab. Scabs from



skin lesions are also optimal specimen types for polymerase chain reaction (PCR) detection of VZV deoxyribonucleic acid (DNA). Vesicles and scabs are preferable but a good "rub" on a papule or macule is preferred to NO test! Best results come from specimens collected within 5 days of rash onset. If possible, samples should be taken from two or more lesions.

You can find more information regarding the collecting of specimens for Varicella Zoster Virus (VZV) testing at:

www.cdc.gov/chickenpox/lab-testing/collecting-specimens.html.

In temperate areas, chickenpox has a distinct seasonal fluctuation, with the highest incidence occurring in winter and early spring. In the United States, incidence is highest between March and May and lowest between September and November.

A question and answer sheet can be found at:

www.immunize.org/catg.d/p4202.pdf "Chickenpox (Varicella): Questions and Answers Information about the disease and vaccines".

CDC Publishes a Report on Record-Breaking Year in Reported Cases of Measles in the U.S.

Five hundred fifty-four cases of measles were reported to the CDC in the United States between January 1 and July 3, 2014. This is the largest number of measles cases in the United States reported in the first half of a year since 1994. Nearly all of the measles cases this year have been associated with international travel by unvaccinated people.

"The current increase in measles cases is being driven by unvaccinated people, primarily U.S. residents, who got measles in other countries, brought the virus back to the United States and spread to others in communities where many people are not vaccinated," said Dr. Anne Schuchat, assistant surgeon general and director of CDC's National Center for Immunizations and Respiratory Diseases. "Many of the clusters in the U.S. began following travel to the Philippines where a large outbreak has been occurring since October 2013."

The large number of measles cases this year stresses the importance of vaccination. Health care providers should use every patient encounter to ensure that all their patients are up to date on vaccinations; especially before international travel.

More than ever, health care providers need to be alert to the possibility of measles and be familiar with the signs and symptoms allowing for early detection.

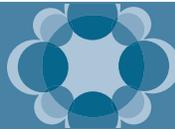
"Many U.S. health care providers have never seen or treated a patient with measles because of the nation's robust vaccination efforts and our rapid response to outbreaks," said Schuchat.

Patients who present with fever and rash along with cough, runny nose, or pink eye should be evaluated for measles; especially if the patient is unvaccinated and has recently traveled internationally or was exposed to someone else who has measles or recently traveled. If health care providers suspect a patient with measles, they should immediately isolate the patient to help prevent the disease from spreading, immediately report the case to their local health department and collect specimens for serology and viral testing.



Timely vaccination is the best way to prevent measles. Infants and young children are at high risk of contracting a serious case of

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measles. CDC recommends two doses of MMR vaccine for everyone starting at age 12 months. For those traveling internationally, the CDC recommends that all U.S. residents older than 6 months receive MMR vaccine, if needed, prior to departure.

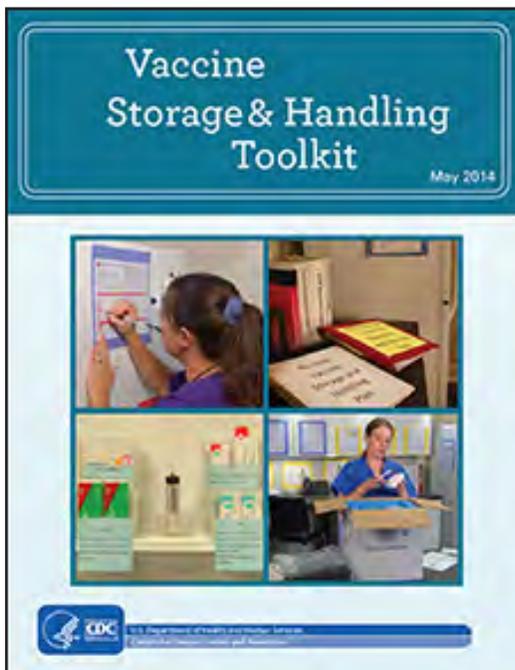
Measles is a serious respiratory disease that is highly contagious. Anyone who is not protected against the disease is at risk, especially if they travel internationally. Measles is still common in many parts of the world, including countries in Europe, Asia, the Pacific, and Africa. Worldwide, an estimated 20 million people get measles and 122,000 die from the disease each year. Measles was declared eliminated from the United States in 2000, meaning that there was no longer continuous measles transmission for more than 12 months.

For more information on measles, visit the CDC website at: www.cdc.gov/measles

CDC Vaccine Storage and Handling Toolkit Available

The Vaccine Storage and Handling Toolkit (May 2014) is a comprehensive resource for providers on vaccine storage and handling recommendations and best practice strategies. It includes considerations for both storage units and thermometers, strategies for maintaining the cold chain, routine storage and handling practices, inventory management and emergency procedures for protecting vaccine inventories.

The toolkit is available for viewing or download at: www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf.



Immunization Workshop Held in Brevard County

On June 27, 2014 FDOH–Brevard County, in partnership with the Central Florida Immunization Coalition, sponsored an immunization workshop. There were 25 participants in attendance for this first-time event. The attendees were from local medical providers in Brevard County. The workshop reviewed proper vaccine storage and handling, presented VFC updates and a Florida SHOTS update. The film *Invisible Threat* was also shown to the participants as part of the workshop. This was the first partnership event for FDOH–Brevard County and the Central Florida Immunization Coalition.



Pictured above are Helen Medlin, RN, FDOH–Brevard County; Robert Colón, Immunization Consultant Area 5; and Lucy Osorio, Florida SHOTS Team.

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 4 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.



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/prevention-safety-and-wellness/immunization/mailling-list.html.



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/prevention-safety-and-wellness/immunization/publications/index.html. Check back often as we will be adding to our publications gallery.

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 FDOH'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, to request print-ready PDFs.

2014-15 SCHOOL ENTRY IMMUNIZATION REQUIREMENTS

Take Action Now!

Immunization Requirements for Children

When to enter into Florida Health's facilities and family doctors homes, each child shall have a Certificate of Immunization, on file documenting age appropriate immunizations of the following:

- Pneumococcal conjugate vaccine (PCV)
- Diphtheria-tetanus-pertussis (DTaP) vaccine
- Polio vaccine (IPV)
- Measles-mumps-rubella (MMR) vaccine
- Varicella vaccine (Varivax)[®]
- Hepatitis B (HepB) vaccine

* Effective January 1, 2012, PCV required for children 18 months.
** Polio vaccine is not required if there is a history of polio disease documented by the healthcare facility to immunize. Facilities in Florida Schools, Child Care Facilities and Family Doctors Homes, are exempt from this requirement.

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFL.COM

Are Your Students Up-To-Date?

Tdap and Varicella Phase-In Schedule

School Year Grades	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
1 Varicella*	6-12	7-12	8-12	9-12	10-12	11-12	12
2 Varicella*	K-5	K-6	K-7	K-8	K-9	K-10	K-11
Tdap**	7-11	7-12	7-12	7-12	7-12	7-12	7-12

* To a healthcare provider (documentation of evidence of disease)
** Standard of the American Academy of Pediatrics

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFL.COM

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 documented on the Form DM 886, Florida Certificate of Immunization.

The guidelines from some early childhood vaccines can wear off. Review your child's immunization health care provider to make sure all vaccines recommended for adolescents are up-to-date. Florida immunization requirements are based on the Immunization Guidelines for Florida Schools, 7th Edition, December 2009, which is incorporated by reference in Rule 64B-1.004, Florida Administrative Code.

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFL.COM

Take Action Now!

2014-2015 School Entry Requirements

Before attending school in Florida (undergraduates through 12th grade), each child must possess Florida Certificate of Immunization, documenting the following vaccinations:

Public/Non-Public Schools Kindergarten through 12th Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (HepB) vaccine
- Three, four, or five doses of polio vaccine
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine* for kindergarten and grades one through six
- One dose of varicella vaccine* for grades seven through twelve

Seventh Grade Requirements

In addition to kindergarten through requirements, students must have vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine
- One dose of hepatitis B (HepB) vaccine
- One dose of meningococcal conjugate vaccine (MenACWY)

Need health insurance for your child? Apply online at www.floridakidcare.com or call 1-888-545-5437 for an application.

Florida KidCare

* If the fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required.

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFL.COM

Graduating from High School this Year?

Vaccinate to 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 prevent you against many diseases that can cause serious health problems.

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

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

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFL.COM

Recommended Childhood Immunization Schedule

Age	Vaccine
Birth	• Hepatitis B (HepB) vaccine
2 months	• Diphtheria-Tetanus-Pertussis (DTaP), HepB, Polio
4 months	• Polio (IPV), Pneumococcal Conjugate (PCV), Rotavirus
6 months	• DTaP, HepB, Polio (IPV), PCV, Rotavirus
12-15 months	• Measles-Mumps-Rubella (MMR), Polio (IPV), Varicella
15-18 months	• Hepatitis A (HepA)
4-6 years	• DTaP, Polio (IPV), Varicella
11-12 years	• Meningococcal Conjugate (MenACWY), Tetanus-Diphtheria-Pertussis (Tdap)

Florida KidCare

Need health insurance for your child? Apply online at www.floridakidcare.com or call 1-888-545-5437 for an application.

Florida Health

850-245-4342

School Shots

Recommended Immunization Schedule: 7 through 12 Years of Age

Age	Vaccine
7-12 years	• Human Papillomavirus (HPV)
7-12 years	• Meningococcal (MenACWY)
7-12 years	• Tetanus-Diphtheria-Pertussis (Tdap)
7-12 years	• Influenza (Flu)
7-12 years	• Hepatitis B (HepB)
7-12 years	• Meningococcal Polysaccharide (MenPSV)
7-12 years	• Measles-Mumps-Rubella (MMR)
7-12 years	• Polio (IPV)
7-12 years	• Varicella (Chickenpox)
7-12 years	• Meningococcal Conjugate (MenACWY)
7-12 years	• Pneumococcal (PPV)
7-12 years	• Hepatitis A (HepA)

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Florida Health

850-245-4342