

MESSAGE FROM THE SECTION ADMINISTRATOR

CHARLES H. ALEXANDER

Welcome to the Winter 2015 edition of IMMU-NEWS.

Winter is here and the Thanksgiving and Christmas holidays have come and gone yet again. As we are off to a brand new year, we welcome 2015 and are certain the Immunization Section will have another successful year!

This time of year usually lends to colds and the dreaded flu. Be sure to get your flu shot this season—It's not too late! Flu season is in full swing and what better way to protect your friends and family than with immunization. In this issue you will learn about cervical cancer, HPV, influenza vaccination and the importance of vaccinations.

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

Executive Community Health Nursing Director, Laura Rutledge, has moved on to another position with the department after more than six years with the Immunization Section. Laura is now working as a Registered Nurse Consultant for the Office of Performance and Quality Improvement in the Public Health Practice Unit. Congratulations to Laura on her new position! In addition, Megan Sweet has joined the Florida SHOTS team as a Training Consultant. Megan was previously a Staff Assistant with the Vaccines for Children Program. We also congratulate Megan on her new position!

The Immunization Section would like to welcome Janice Lachman. Janice joins our field staff in Area 11 as an Immunization Analyst. Welcome Janice and we look forward to working with you.

I am pleased to announce that Cristina Dusek, Community Health Nursing Consultant and Hepatitis-B Coordinator—along with her husband Joe—welcomed a beautiful baby boy, Rowan James, on November 8th. Congratulations to Cristina and Joe on their new bundle of joy!

We wish everyone a happy and healthy new year. Stay safe, enjoy the cooler weather, and do not forget to get your flu shot.

Enjoy this issue and visit us at ImmunizeFlorida.org!



Charles H. Alexander

In this Issue:

- MESSAGE FROM THE SECTION ADMINISTRATOR
- January is Cervical Health Awareness Month
- Get Your Kids HPV Vaccine Now to Prevent Cancer Later
- HPV—Questions & Answers
- It's Not Too Late to Vaccinate—Get Your Flu Vaccine Today!
- National Infant Immunization Week
- New Requirement for Logging VFC Vaccine Temperatures
- Updates to Vaccine Immunization Statements—January 2015
- HPV and Flu Vaccination Flyer Showcase



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



January is Cervical Health Awareness Month

January is Cervical Health Awareness Month, and the National Cervical Cancer Coalition (NCCC) urges every woman to make a New Year's resolution to talk to her health care provider about preventing cervical cancer. The NCCC website includes resources and ideas to help health care and social services professionals get the word out about cervical cancer prevention, including promoting vaccination against HPV infection.



For more information, visit: [NCCC Cervical Health Awareness Month website](#).

Get Your Kids HPV Vaccine Now to Prevent Cancer Later

HPV is short for human papillomavirus. About 20 million people in the United States, most in their teens and early 20s, are infected with HPV.

Not only does HPV cause almost all cervical cancers in women, it is also responsible for other types of cancer. HPV causes mouth/throat cancer, as well as anal cancer in both women and men. HPV can cause cancers of the vulva and vagina in women, and cancer of the penis in men. In the United States each year, there are about 17,600 women and 9,300 men affected by HPV-related cancers.

Most of the HPV infections that cause these cancers can be prevented with vaccination.

HPV-related cancers can be devastating. Jacquelyn, a cancer survivor and mother of two preschoolers, shares her story. Soon after her second child was born, Jacquelyn was diagnosed with cervical cancer and needed a total hysterectomy. "My husband and I had been together for 15 years, and we were planning to have more children—that isn't going to happen now," says Jacquelyn.

Although they caught Jacquelyn's cervical cancer early, she still has medical appointments taking time away from her family, friends and work. "Every time the doctor calls, I hold my breath until I get the results. Cancer is always in the back of my mind."

HPV vaccines offer the greatest health benefits to individuals who receive all three doses before having any type of sexual activity. That's why HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years.

The connection between vaccinating kids now to protect them from cancer later is not lost on Jacquelyn. "I will protect my son and daughter by getting them the HPV vaccine as soon as they each turn 11. I tell everyone to get their children the HPV vaccine series to protect them from these kinds of cancers."

HPV vaccines are given in a series of 3 shots over 6 months. It is very important to complete all 3 shots to get the best protection. More than 67 million doses of HPV vaccine have been given out, and vaccine studies continue to show that HPV vaccines are safe.

If your son or daughter hasn't started or finished the HPV vaccine series yet—it's not too late! Now is a good time to ask their doctor or nurse about vaccines for your preteens and teens.

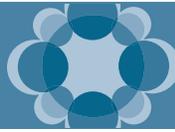
Visit: www.cdc.gov/hpv to learn more about HPV and HPV vaccines.

Adapted from Centers for Disease Control and Prevention



Standard Abbreviations in This Issue

- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control and Prevention
- CHD: County Health Department
- DNA: Deoxyribonucleic Acid
- DOH: Florida Department of Health
- DTaP: Diphtheria-Tetanus-Pertussis vaccine
- Florida SHOTS™: Florida State Health Online Tracking System
- FDA: U.S. Food and Drug Administration
- HIV: Human Immunodeficiency Virus
- HPV: Human Papillomavirus
- NIIW: Natinal Infant Immunization Week
- PDF: Portable Document Format
- VFC: Vaccines For Children
- WHO: World Health Organization
- WIW: World Immunization Week



HPV—Questions & Answers

What is HPV?

Human papillomavirus (HPV) is the name of a group of 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 called "high-risk" types; they may cause abnormal Pap tests and can also lead to cancer of the cervix, vulva, vagina, anus, penis or throat. Others are called "low-risk" types that may cause mild Pap test abnormalities or genital warts.

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.

How does HPV spread?

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

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?

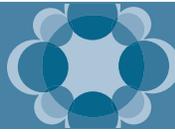
The CDC's ACIP recommends routine vaccination of boys and girls at age 11 or 12 years with catch-up vaccination for females through age 26 years, and for males through age 21 years; males age 22 through 26 years may be vaccinated. In addition, vaccination is recommended for men age 22 through 26 years 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. Females can receive either Gardasil or Cervarix. Males should receive Gardasil as the FDA has not approved Cervarix for use in males.



How effective are the HPV vaccines?

Gardasil and Cervarix are highly effective in preventing infection with types of HPV included in the vaccines. Studies have shown that both Gardasil and Cervarix 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, efficacy of Gardasil for prevention of genital warts was 89% and efficacy for the prevention of precancerous lesions of the anus was 78%.

Continued on next page



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 8 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 or HPV disease.

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.

It's Not Too Late to Vaccinate—Get Your Flu Vaccine Today!

After November, when you see signs that advertise, "Get Your Flu Vaccine Here," you might think, "Isn't it too late for that?"

As long as flu viruses are spreading, it's not too late to get a vaccine to protect yourself and your loved ones!

"Flu season typically peaks between December and February, but significant activity can occur as late as May," says Dr. Anne Schuch, Director of CDC's National Center for Immunization and Respiratory Diseases and Assistant Surgeon General of the U.S. Public Health Service. "We are encouraging people who have not yet been vaccinated this season to get vaccinated now."

For millions of people every season, the flu can mean a fever, cough, sore throat, runny or stuffy nose, muscle aches, fatigue, and miserable days spent in bed. However, you may not realize that more than 200,000 people are hospitalized in the United States from flu complications each year. The flu also can be deadly. Over a period of 30 years, between 1976 and 2006, estimates of yearly flu-associated deaths in the United States range



from a low of about 3,000 to a high of about 49,000 people during the most severe season.

There is a vaccine that can prevent flu! While vaccine efficacy can vary, the benefits from vaccination are well documented. Studies show that flu vaccination can reduce flu illnesses, doctors' visits, missed work and school due to flu, as well as prevent flu-related hospitalizations and deaths.

This is why the CDC recommends an annual flu vaccine for everyone 6 months and older. Flu vaccine is available as a shot and as a nasal spray. According to Dr. Schuchat, however, "the most important thing is that you get vaccinated, not necessarily which vaccine you get." Talk to your doctor or other health care professional about which vaccine is best for you and your family.

Some people are at high risk for serious flu-related complications, like pneumonia, which can lead to hospitalization and even death. This includes young children, pregnant women, people 65 and older and people with certain medical conditions, like asthma, diabetes or heart disease. For those at high risk for complications, getting the flu vaccine is especially important. It's also important to get the vaccine if you care for anyone at high risk, including babies younger than 6 months of age since they are too young to get the vaccine.

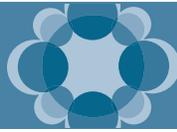
Children 6 months through 8 years of age who are getting vaccinated for the first time may need two doses of flu vaccine to be fully protected. If a child has not received his/her first dose, get them vaccinated now. For children in this age group who have been vaccinated, parents should check with the child's doctor to see if a second dose is needed.

"Getting the flu vaccine is simple, and it's the most important thing you can do to protect yourself and your family from the flu," says Dr. Schuchat. Millions of people have safely received flu vaccines for decades.

Flu vaccines are offered in many locations, including doctor's offices, clinics, health departments, pharmacies and college health centers. They also are offered by many employers, and are even available in some schools. Next time you see a sign that says, "Get Your Flu Vaccine Here," stop in for your vaccine and encourage your friends and family to do the same. Use the Health Map Vaccine Finder at: vaccine.healthmap.org to find the nearest location where you and your family can get vaccinated. As long as the flu is spreading, you can still benefit from a flu vaccine.

Most health insurance plans cover the cost of recommended vaccines. Check with your insurance provider for details of coverage. If you do not currently have health insurance, visit: www.HealthCare.gov to learn more about affordable health coverage options. For more information about influenza or the flu vaccine, talk to your doctor or other health care professional, visit: www.cdc.gov/flu or call CDC at 1-800-CDC-INFO (1-800-232-4636).

For additional information on flu prevention visit: www.floridahealth.gov/programs-and-services/prevention/flu-prevention/index.html.



National Infant Immunization Week

NIIW, set for April 18-25, 2015, will be celebrated as part of WIW, an initiative of the WHO. During WIW, all six WHO regions, including more than 180 member states, territories and areas, will simultaneously promote immunization, advance equity in the use of vaccines and universal access to vaccination services, and enable cooperation on cross-border immunization activities.

Several important milestones already have been reached in controlling vaccine-preventable diseases among infants worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the U.S. In addition:

- Through immunization, infants and children can be protected from 14 vaccine-preventable diseases before age 2.
- Nearly every child developed measles in the 1950's with deaths occurring. Today, many practicing physicians have never seen a case of measles.
- Routine childhood immunization prevents about 20 million cases of disease and about 42,000 deaths. It also saves about \$13.5 billion in direct costs.
- The National Immunization Survey has consistently shown that childhood immunization rates for vaccines routinely recommended for children remain at or near record levels.

It's easy to think of these as diseases of the past, but the truth is they still exist. Data from 2014 showed a higher than normal number of measles cases nationally and in individual states. By mid-July, 566 measles cases, making up 18 outbreaks, were reported.

NIIW provides an opportunity to highlight the dangers of vaccine-preventable diseases, especially to infants and young children, and stresses the importance and benefits of childhood immunizations. It is a chance to educate parents and caregivers about the importance of vaccination in protecting their children, starting from birth, against vaccine-preventable diseases. Remind parents and caregivers of the need to make and keep immunization appointments!

Provide parents and caregivers with a toll-free number, 800-CDC-INFO (800-232-4636), to locate a facility that offers immunizations through the Vaccines for Children's program—a federally funded program providing vaccinations at no cost to children whose parents are unable to pay.



National Infant Immunization Week

**IMMUNIZATION.
POWER TO PROTECT.**

For more information on NIIW week visit: www.cdc.gov/vaccines/events/niiw/overview.html to find planning ideas, promotional materials and educational resources.

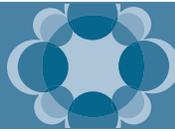


New Requirement for Logging VFC Vaccine Temperatures



Florida SHOTS is always looking for ways to assure stored vaccines are safe and effective. Accurate temperature history, which reflects actual vaccine temperatures is imperative to effective vaccine management. Beginning January 1, 2015, the Florida VFC Program requires providers to log twice-daily vaccine temperatures into Florida SHOTS at least once every seven days. Compliance is very important since failure to log temperatures can result in a provider's loss of VFC vaccine ordering privileges. Temperature readings can be entered manually, or they can be uploaded directly through a Florida SHOTS-compatible data logger. The vaccine temperature log training guide walks you through both manual and data logger entry with step-by-step instructions and screen shots. You can access the guide by clicking "Training Guides" in the "Quick Links" menu at: www.FLSHOTSusers.com and selecting "private provider office" or "county health department" to see our full list of downloadable PDFs. Florida SHOTS also offers recorded webinar training on the logging process. Recorded webinar training is available in English and Spanish by choosing "Webinars On-Demand" in the "Quick Links" menu at: www.FLSHOTSusers.com and selecting "private provider office" or "county health

Continued on next page



department.” Additionally, live webinar training for vaccine temperature logs will be offered in January. Select “Live Training” under the “Training” tab at: www.FLSHOTSusers.com for registration links to the training session schedules. During live sessions, trainers give step-by-step demonstrations as well as a question and answer session for participants. Whether you prefer to use the guide, view a recorded webinar, ask your questions during a live training session, or all of the above, we’re here to help you integrate temperature logs into your VFC vaccine management within Florida SHOTS.

Updates to Vaccine Immunization Statements—January 2015

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.

Vaccine Information Statements Update

Multiple

Multi-Vaccines (DTaP, Hib, Hepatitis B, Polio, and PCV13) (10/22/14) [Interim] **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 (10/25/11) [Interim]
- Hepatitis B (2/2/12) [Interim]
- Hib (*Haemophilus Influenzae* type b) (2/4/14) [Interim]
- HPV - Cervarix (5/3/11) [Interim]
- HPV - Gardasil (5/17/13) [Interim]
- Influenza - Live, Intranasal (8/19/14) [Interim] Updated
- Influenza - Inactivated (8/19/14) [Interim] Updated
- Measles/Mumps/Rubella (MMR) (4/20/12) [Interim]
- Measles/Mumps/Rubella & Varicella (MMRV) (5/21/10) [Interim]
- Meningococcal (10/14/2011) [Interim]
- Pneumococcal Conjugate (PCV13) (2/27/13) [Interim]
- Pneumococcal Polysaccharide (PPSV23) (10/06/09)
- Polio (11/08/11) [Interim]
- Rotavirus (8/26/13) [Interim]

- Shingles (Herpes Zoster) (10/06/09)
- Tdap (Tetanus, Diphtheria, Pertussis) (5/9/13) [Interim]
- Td (Tetanus, Diphtheria) (2/4/14) [Interim]
- 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.

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.



