



Immunizations

Back issues of this publication are available on our website: cdhd.idaho.gov

IN THIS ISSUE:

- Effective and Safe Delivery of Immunizations
- New Meningococcal + Hib Vaccine Available from Idaho Immunization Program
- Boise Hawks Immunization Nights
- Summer Break: A Time for Vacation and Vaccinations
- School Immunization Requirements
- Be Familiar With Yearly Immunization Schedules
- HPV is a Serious Disease... Make Sure Your Child is Protected!
- New Study Indicates HPV Vaccine Does Not Increase Sexual Activity in Teen Girls
- Sign up for the Birth Cohort Project
- You Have Questions, We Have Answers
- What is Shot Line?
- Word Search
- Are You in Network?
- Providers Resources for Vaccine Conversations with Parents

CENTRAL DISTRICT HEALTH DEPARTMENT

WE'RE A TOBACCO FREE ZONE

To protect the health of **everyone** at CDHD, no use of tobacco or vaping is allowed anywhere on our property.

Thank you for your cooperation.

Central District Health Department The Shot Line

Effective and Safe Delivery of Immunizations

By Pamela Strohfus, DNP, RN

Immunizations are one of the most cost-effective preventive interventions known. Yet, the recent outbreaks of measles and pertussis in the United States are alarming (CDC, 2014).

To fully protect Idaho's children, 90 percent of the population needs to be vaccinated to provide herd immunity. According to the 2012 National Immunization Survey, only 63 percent of Idaho pre-school children (19–35 months old) were fully immunized, placing Idaho 47th in the nation for vaccine preventable disease coverage (CDC, 2014). For years Idaho has been in the lower fifth of all states in immunization rates. The coverage is low for many reasons including outdated legislation prior to 2011, parent refusals, invalid immunizations, insufficient documentation of immunization records, and the need for physician/personnel education (Strohfus, Collins, Phillips, & Remington, 2013).



In order to enhance effective immunization delivery, 28 medical offices within Central District Health Department's jurisdiction participated in a grant-funded immunization education program.

Successes:

1. Increased immunization rates 10.5%
2. Health care personnel knowledge
3. IRIS usage

Challenges:

1. Use of standing orders/protocols for vaccine orders
2. Attrition rate of health care personnel (40 percent within 3 years)

Office Tips:

1. Use office protocols! (Generic forms are available. This saves time, decreases errors, increases immunization rates and congruence to ACIP recommendations)
2. Document immunizations in IRIS daily
3. Monitor "missed opportunities" (CoCasa)
4. Use IRIS immunization appointment reminder system
5. Call SHOTLINE (321-BABY) with questions

Thank you to the 28 medical offices who participated in this educational program!

Centers of Disease Control and Prevention, (2014). Preventable Disease Outbreak Map. Resource from www.cfr.org/interactives/GH_Vaccine_Map/#map

Centers of Disease Control and Prevention, (2014). Resource from www.cdc.gov/vaccines/stats-surv/nis/data/tables_2012.htm

Strohfus, P. K., Collins, T., Phillips, V. Remington, R. (November 2013). Health Care Providers' Knowledge Assessment of Measles, Mumps, and Rubella Vaccine. Applied Nursing Research.

CDHD Mission:

Partnering to promote, protect and preserve health in our community.

Preventive Health Services Mission:

Provide accessible, affordable, integrated, preventive health services in a non-judgemental environment. To enrich lives and create a cornerstone in the foundation of our community with a healthy future.

Contact:

For vaccine questions, including schedules, updates, vaccine storage and handling, etc., please contact:

Sharon Brown, LPN

Medical Provider Liaison
Call the ShotLine at
(208) 321-2229

For general immunization questions, questions about the newsletter, or community events, please contact:

Vinci Anderson

Public Health Nurse Educator
(208) 327-8586

For user support and training for IRIS, please contact:

IRIS Help Desk

(208) 334-5995
iris@dhw.idaho.gov



New Meningococcal + Hib Vaccine Available from Idaho Immunization Program

MenHibrix® (Hib-MenCY-TT) Vaccine, 4-dose series, is available to use on kids with certain health conditions, such as anatomic or functional asplenia, including sickle cell disease as recommended by the Advisory Committee on Immunization Practices (ACIP).

Orders will be processed one dose at a time.



The vaccine must be ordered by completing the IIP MenHibrix® order form at http://healthandwelfare.idaho.gov/Portals/0/Health/Immunizations/IIP/Important_Notice_Feb_2014.pdf

Boise Hawks Immunization Nights

CDHD is teaming up with the Boise Hawks again this year to promote children's vaccinations. Any child age four to 13 can become one of Humphrey's Heroes and earn a voucher to a future Hawks baseball game if their immunizations records are up-to-date.

Vouchers are available at CDHD, as well as at other medical providers in Ada County.

To get a voucher, simply call your health care provider or CDHD at (208) 327-7450, and ask if your child is up-to-date. If the child is current, a voucher can be provided. If your child isn't current, make an appointment to get them up-to-date.

Look for us on our Immunization promotion nights as you enter the Hawks stadium to say "Hi, I'm a Humphrey's Hero!"

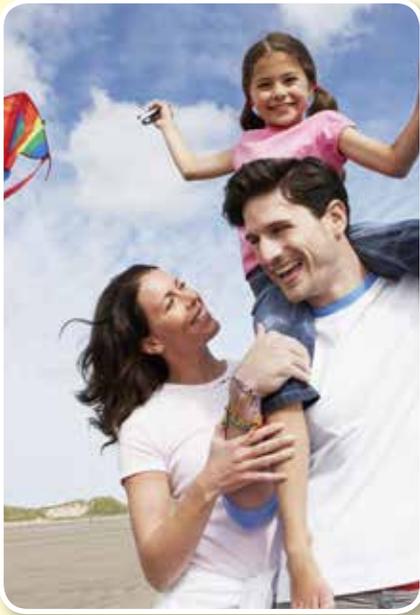
The following home games for Boise Hawks Immunization Nights are: June 17, June 26, July 10, July 17, July 31, August 12 and August 28.



If you are a medical provider and would like to help distribute Hawks vouchers to eligible kids, call (208) 327-8586.



IT'S THE RULE SHOTS BEFORE SCHOOL



Summer Break: A Time for Vacation and Vaccinations

Enjoy your upcoming summer vacation, but don't forget about the Tdap and Meningococcal vaccines for 7th grade entrance. Tdap and MCV4 will also be required for students that are transferring into Idaho schools from out of state through 10th grade for 2014. While you're at it, give a booster dose of Meningococcal vaccine to those 16 years old who come through your office. While it's not required for school entry, kids will get a big boost in antibody protection with a second dose. And lastly, encourage parents of teens to protect them from Human Papilloma Virus (HPV) by giving the three doses of vaccine early, even as soon as age nine. There are studies that show kids get better antibody protection if the vaccine is given at an earlier age versus when they are older.

School Immunization Requirements

According to IDAPA 16.02.15, to enter or transfer into public or private schools, all children in preschool and grades K-12 must meet immunization requirements outlined below at registration and before attendance. No child shall attend school without proof of immunization status.

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY	
Immunization Requirement by Age	Doses of Vaccines Required
Children born on or before Sept. 1, 1999 must have a minimum of:	(4) Diphtheria, Tetanus, Pertussis (DTaP) (1) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after Sept. 1, 1999 through Sept. 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after Sept. 1, 2005¹ must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A
7th GRADE IMMUNIZATION REQUIREMENTS	
Immunization Requirement by Grade ⁵	Doses of Vaccines Required
Children admitted to 7th grade must meet the following minimum immunization requirements in addition to school entry requirements:	(1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal

1. Preschool children need only be age-appropriately immunized with the required vaccines.
2. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
3. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose.
4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
5. 7th Grade Requirement: This requirement will be extended to 7th-8th grade students in 2012, 7th-9th grade students in 2013, 7th-10th grade students in 2014, 7th-11th grade students in 2015, and 7th-12th grade students in 2016.

Idaho parents have the option to exempt their children from one or more school immunizations. For more information click on the following link:

<http://healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/InformationforSchoolsandChildcare/SchoolRequirements/tabid/2491/Default.aspx>

Be Familiar With Yearly Immunization Schedules

Don't solely rely on IRIS

Recommended Immunization Schedule for Persons Age 0 through 18 Years

These recommendations must be read with the footnotes available online at: <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →							← 3 rd dose →							
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			1 st dose	2 nd dose	See footnote 5				← 3 rd or 4 th dose, See footnote 5 →							
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →							
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV) (<18 yrs)			1 st dose	2 nd dose					← 3 rd dose →			4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8										Annual vaccination (IIV only)			Annual vaccination (IIV or LAIV)			
Measles, mumps, rubella ⁹ (MMR)									← 1 st dose →			2 nd dose				
Varicella ¹⁰ (VAR)									← 1 st dose →			2 nd dose				
Hepatitis A ¹¹ (HepA)									← 2-dose series, See footnote 11 →							
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)															(3-dose series)	
Meningococcal ¹³ (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)															1 st dose	Booster

 Range of recommended ages for all children

 Range of recommended ages for catch-up immunization

 Range of recommended ages for certain high-risk groups

 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (www.aap.org), the American Academy of Family Physicians (www.aafp.org), and the American College of Obstetricians and Gynecologists (www.acog.org).



HPV is a serious disease... Make sure your child is protected!

What is HPV?

Human papillomavirus (HPV) is the most common sexually transmitted infection in the U.S. HPV can lead to cervical cancer in women, as well as other oral and genital (sex organ) cancers in men and women. HPV also causes genital warts.

How do you catch HPV?

A person can get the HPV virus during sexual contact without knowing it.

Is HPV serious?

Yes. HPV is the main cause of cervical cancer. In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 die from it. It can also lead to cancers of the vagina, vulva, penis, anus, throat, and mouth.

Is my child at risk?

If and when your child ever begins sexual activity, then they are at risk. At least half of sexually active people get infected with HPV at some point in their lives.

How can I protect my child from HPV?

Vaccination is the best way to protect your child from HPV infection. The vaccine is most effective if given before a person becomes sexually active. However, even if sexual activity has begun, a person can still be protected by the vaccine and should be vaccinated.

Both girls and boys should get 3 doses of HPV vaccine, starting at around 11–12 years of age. Older teens and young adults should also start or complete their HPV vaccine series.

For more information, visit
www.vaccineinformation.org

Information from the Immunization
Action Coalition

New Study Indicates HPV Vaccine Does Not Increase Sexual Activity in Teen Girls

A standing debate as to whether the HPV vaccine increases sexual activity in teens gains additional credibility that it in fact does not, according to a new study published in the journal *Pediatrics*.

The new study finds that giving teens the HPV vaccine, a preventative measure against future cervical cancers, does not encourage them to change their sexual behavior. Specifically, getting vaccinated for HPV does not lead young women to become sexually active or engage in risky sex.

The HPV vaccine helps protect against the human papillomavirus, a sexually transmitted infection that can eventually lead to cervical cancer. After it was first introduced in 2006, HPV rates among teens were cut in half. Federal officials now recommend the round of shots for all U.S. girls and women between the ages

of 11 and 26, as well as for boys and men between 11 and 21. But persistent scaremongering about the vaccine — and in particular, the notion that protecting teens from an STD will lead them to engage in risky sexual behavior — has dissuaded some parents from giving it to their kids.

However, the new study found no evidence to back up those fears. After surveying both sexually experienced and inexperienced young women between the ages of 13 and 24, researchers found that the “vast majority” of participants still believed it was important to practice safe sex after getting the HPV vaccine. Most did not erroneously believe that the shot protected them against a wider range of sexually transmitted infections. All in all, there was no association with getting the HPV vaccine and immediately altering sexual behavior.



Portions from thinkprogress.org
article, February 3, 2014

Sign up for the Birth Cohort Project

The Birth Cohort Project is a free tool made available to providers by CDHD to remind parents when their children need vaccinations. CDHD will send postcards to parents on a regular schedule when their children are due for vaccinations.

The reminder cards are sent to the parents of children in five different age groups: 2, 4, 6, 12, and 18 months.

If you would like CDHD to provide this free service to your office, contact Leanna Davis at (208) 327-8548.



CDHD Shot Line: You Have Questions, We Have Answers

Q: We have a 14-month-old that received *Varicella* vaccine after their first Birthday and IRIS says it is invalid. Can you tell me why?

A: After review of IRIS, MMR vaccine was given two weeks before the *Varicella*. Always make sure you give MMR and *Varicella* on the same day or 28 days apart. That is true of all live virus vaccines, including Flumist and yellow fever.

Q: We have a four year old and IRIS says that their fourth Polio is invalid. Do you know why?

A: After review, the fourth Polio was given as a part of Pentacel at 15 months. When the fourth dose is given before age four, a fifth dose is needed after the child turns four years old. They can receive that dose as part of their school boosters any time between four to six years of age, but before Kindergarten.

Q: We have a five-month-old who had their two month vaccines at three months of age. She also had a birth dose of Hepatitis B. It is now six weeks later and IRIS says she isn't due for a Hepatitis B and we have Pediarix vaccine. What do we do?

A: You have two choices. You can give her the Pediarix and the Hepatitis B will show as invalid in IRIS, and have her return in two months for another Pediarix, or you can give her DTaP and Polio today and have her return in one month for a Pediarix. The difference is that you need two months between the last two doses of Hepatitis B vaccine. Either way she would be caught up.

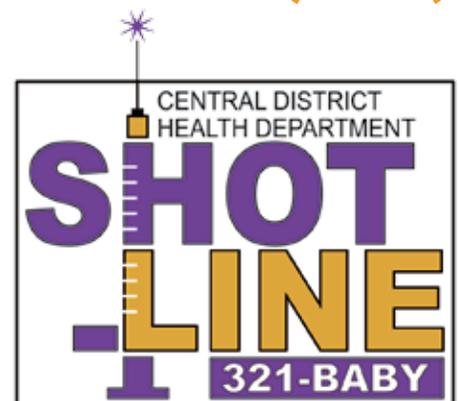


What is Shot Line?

321-BABY (2229)

Shot Line is a resource available to **YOU**. Medical Providers, School Nurses, Child-care Providers and even private citizens can call and ask questions about immunizations and get answers from a live immunizations nurse.

Calls are taken Monday through Friday, 8 a.m. to 5 p.m., except for holidays. If you don't get through, please leave a message and your call will be returned.



What Do the Following Scrambled Vaccines Have in Common?

Unscramble the vaccine names and use the underlined letters to fill in the answer below. The first six people to submit their correct answers to CDHD will receive a copy of *Vaccine-Preventable Disease: The Forgotten Story*.

P _ _ v _ _ _ t

D _ _ e _ s _

in _ da _ _

sseemal
erriidp~~h~~t

vaaieclrl

elurlba

upsmm

tuesisr~~p~~

uatnste

ocgcncioaelm

itapsihet A & B

slpmhuiehoa lazfinuen tpey b

uahm~~n~~ miuoipvpa~~s~~arl

sr~~u~~ortvia

lopio

nzleuna~~j~~f

coonlccpuema

Please send answers to
sbrown@cdhd.idaho.gov by
May 30, 2014.



Are You in Network?

Get connected with the Idaho Health Alert Network

You may be up-to-date on your immunizations, but are you up-to-date on your health alert notifications? If you would like to stay current on important health information, the Idaho Health Alert Network (HAN) is for you.

The Idaho HAN is an automated system designed to deliver health-related information to community partners. The Idaho HAN is maintained by Idaho Department of Health and Welfare with help from the Public Health Districts under a cooperative agreement with the U.S. Centers for Disease Control and Prevention.

Central District Health Department uses the HAN to pass on important information regarding outbreaks, seasonal disease advisories, educational opportunities, and more, to health care providers, schools, laboratories, pharmacists, and other medical service providers via email or facsimile.

To register for the Idaho Health Alert Network visit:
<https://health.dhw.idaho.gov/idhan/>

Users within an organization must register individually with an 8-20 character User ID. You will be asked to provide your name, organization and contact information. Email is the preferred method of contact.

If you are a current HAN user, remember to log on and update your information annually.

For questions or concerns about the Health Alert Network or your account, contact:

Lindsay Haskell
Technical Records Specialist
Communicable Disease Control Program
Central District Health Department
(208) 327-8625
han@cdhd.idaho.gov

Provider Resources for Vaccine Conversations with Parents

Making time to talk with parents about vaccines during the well-child visit can be challenging. The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) have created materials to help you assess parents' needs, identify the role they want to play in making decisions for their child's health, and then communicate in ways that meet their needs.

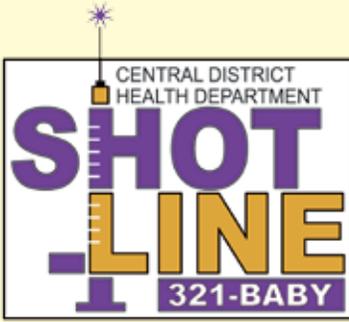
Help strengthen communication between you and parents, and get information about:

- Talking to parents about vaccines
- Understanding vaccines and vaccine safety
- Vaccine-preventable diseases
- Immunization schedules

To Share with Parents:

- If you choose not to vaccinate
- Vaccine-preventable disease fact sheets
- Childhood immunization schedules

The resources are known collectively as the *Provider Resources for Vaccine Conversations with Parents* and they are available on the CDC website. You'll find these resources at: <http://tinyurl.com/bmswq24>.



Central District Health Department

Immunizations
707 N. Armstrong Pl.
Boise, ID 83704-0825

Address Service Requested



2014 Shot Smarts **Register Today!** Immunization Conference



**Wednesday, April 30
7:30 a.m. – 3:30 p.m.
Boise State University
Student Union Building**

Registration is open and will close when the location reaches capacity.

Immunization recommendations are constantly changing. New vaccines are developed, vaccine recommendations are revised, vaccine shortages occur, and new immunization tools are created to improve provider practices.

The Idaho Immunization Program offers education and training opportunities to help health care providers, school staff and child care providers stay up-to-date on this important information.

Learn more and register at www.immunizeidaho.com

Attention Child Care Providers!

**Join CDHD for
Immunizations
Simplified
Training**

**May 14, 2014 or
October 7, 2014
6–8 p.m.
CDHD Offices
707 N. Armstrong Pl.
Boise, ID**



Find the keys to simplifying your immunization records. This class will review how to use IRIS to make your life easier.

Two hours Idaho STARS credit and City of Boise Child Care Training Certificate available.

To reserve a spot, call Sharon Brown with CDHD at 327-8585 or 321-BABY.