





## Getting To Know You!

### Bureau of Immunization Field Staff

Joan Spainhower, Field Staff Manager, Northern Region

AREA 3– JACKSONVILLE – Located in the northeast section of Florida, this office monitors immunization programs at 159 private providers' offices and eight CHDs (Alachua, Baker, Bradford, Clay, Duval, Nassau, St. Johns, and Union counties). Some of their community partners include the Health Planning Council of Northeast Florida, Shands Jacksonville, Solantic, Northeast Florida Area Health Education Centers (AHEC), and the Duval County School District. Area 3 field staff have participated in the local immunization coalition for at least eight years. Suzannah

Puigdomenech, Area Immunization Consultant, and Laurel Camarda, Area Immunization Analyst, share an office at the Duval CHD Administration Building on University Boulevard.

**Suzannah** joined the bureau in 2002 after serving as a Regulatory Supervisor with the Florida Board of Nursing. When away from work, she takes pleasure in spending time with her family, bowling, and attending local community arts programs.

**Laurel** joined the bureau as Area Immunization Analyst in July 2008. She received her Bachelor of Arts in Psychology from the University of North Florida. In her spare time, she enjoys cooking Italian food, reading, and bike riding.

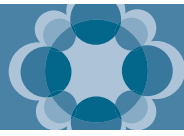
## Staff News

The Bureau of Immunization is pleased to announce the following staff changes:

- Ronetta Campbell, R.N.: Community Health Nursing Consultant for the Quality Improvement/Clinical Team
- Laura Mulford, R.N.: Community Health Nursing Consultant for the Quality Improvement/Clinical Team
- Stephanie Turnau: Government Operations Consultant II for the VFC Program
- Ivette Rodriguez: Operations Analyst I for the VFC Program
- Jennifer Milanese: Training Consultant for the Florida SHOTS™
- Jackie Reyes: Operations Analyst I for the Florida SHOTS™
- Tiaquandra "Tia" Reddick: Administrative Secretary for Field Operations
- Summer Hansen: Immunization Analyst in the Area 2 Field Office
- Charnelle Bacchus: Immunization Analyst in the Area 6 Field Office

## Standard Immunization Abbreviations

- ACIP: Advisory Committee on Immunization Practices
- CDC: Centers for Disease Control and Prevention
- CHD: County Health Department
- DOH: Department of Health
- DT: Diphtheria-tetanus vaccine
- DTaP: Diphtheria-tetanus-pertussis vaccine
- FDA: Food and Drug Administration
- Florida SHOTS™: Florida State Health Online Tracking System (immunization registry)
- HBsAg: Hepatitis B surface antigen
- HBV: Hepatitis B virus
- Hep A: Hepatitis A
- Hep B: Hepatitis B
- Hib: *Haemophilus influenzae* type b
- HPV: Human papillomavirus
- IAC: Immunization Action Coalition
- IPV: Inactivated polio vaccine
- LAIV: Live attenuated influenza vaccine
- MCV: Meningococcal conjugate vaccine
- MMR: Measles-mumps-rubella vaccine
- MMWR: *Morbidity and Mortality Weekly Report*
- PCV: Pneumococcal conjugate vaccine
- PHBPP: Perinatal Hepatitis B Prevention Program
- Pertussis: Whooping cough
- Td: Tetanus-diphtheria vaccine
- Tdap: Tetanus-diphtheria-pertussis vaccine
- TIV: Trivalent inactivated influenza vaccine
- Varicella: Chickenpox
- VFC Program: Vaccines For Children Program



## The Lancet Retracts 1998 Paper About MMR and Autism

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(97\)11096-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(97)11096-0/fulltext)

On February 2, 2010, the editors of The Lancet published *Retraction--Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children*, a retraction of the February 1998 paper by Andrew Wakefield, M.B., B.S., F.R.C.S., and 12 other authors, which suggested a link between MMR vaccine and autism. The study set off a media firestorm and subsequent drop in MMR vaccination rates, especially in the United Kingdom (U.K.), despite the study involving only a dozen children.

The retraction followed the ruling of the U.K.'s General Medical Council that stated "Dr.

Wakefield's conduct regarding his research was 'dishonest' and 'irresponsible' and that he had shown a 'callous disregard' for the suffering of children involved in his studies."

The text of The Lancet retraction follows in its entirety:

"Following the judgment of the U.K. General Medical Council's Fitness to Practice Panel on January 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were 'consecutively referred' and that investigations were 'approved' by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record."

## Vaccines for Children Program Introduces New Ordering System

Stephanie Turnau, Government Operations Consultant II, VFC Program

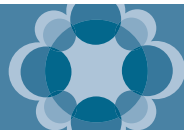
Later this spring, the VFC Program will be rolling out the Economic Order Quantity (EOQ) ordering system for enrolled VFC Program providers. EOQ is a "tweak" to the current ordering system, Tiered Order Frequency (TOF). Both of these ordering systems determine the VFC Program vaccine ordering schedule for providers based upon their previous annual orders. The changes offered by EOQ will allow both VFC Program personnel and McKesson Specialty to process and fill orders on a timely basis.

VFC Program providers will soon receive a mailed notice that contains their designated ordering period and a new ordering form. The VFC Program ordering form has been updated for providers to include their ordering frequency as a handy reminder for when their regularly-scheduled order is due. The biggest change and determinant for the order schedule is the basis for monthly ordering. Under EOQ, providers must order over 6,000 doses on an annual basis to

order on a monthly schedule. In the prior system, it was over 4,000 annual doses. Most providers will not have any changes to their current ordering schedule.

The VFC Program is looking forward to working with our providers to get ready for this change. We will be holding three teleconferences for providers in the near future (dates to be determined). EOQ will help get necessary vaccines to providers quickly and efficiently.





## ACIP Provisional Recommendations for Human Papillomavirus Vaccine

On October 21, 2009, the ACIP voted to approve updated recommendations for use of HPV vaccine, including recommendations for the bivalent HPV vaccine (Cervarix®) for females and the quadrivalent HPV vaccine (Gardasil®) for females and males.

These recommendations are reflected in the *Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—2010* and will replace recommendations published in *Quadrivalent Human Papillomavirus Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-02)*.

**Please Note:** The bivalent HPV vaccine is currently not available, but VFC Program staff will inform you as soon as it becomes available for ordering.

### Recommendations for Females

Two HPV vaccines are licensed for use to protect against common types of HPV that cause cervical cancers and precancers, and genital warts. The quadrivalent vaccine protects against HPV types 6, 11, 16, and 18, while the bivalent vaccine protects against HPV types 16 and 18. The ACIP recommends vaccination with either the bivalent or quadrivalent vaccine for prevention of cervical cancers and precancers. In addition, the quadrivalent HPV vaccine is recommended for prevention of genital warts and has been demonstrated to protect against vulvar and vaginal cancers and precancers.

Routine vaccination of females 11 and 12 years of age with 3 doses of HPV vaccine is recommended by the ACIP. The vaccination series can begin as early as 9 years of age. The VFC Program covers bivalent and quadrivalent HPV vaccine for eligible females age 9 through 18 years.

HPV vaccination also is recommended for females 13 through 26 years of age who have not been previously vaccinated or who have not completed the full vaccination series, regardless of prior

potential exposure to HPV through sexual contact, since sexually active individuals may still benefit from vaccination.

### Recommendations for Males

HPV can cause genital warts and penile and anal cancer in men. Males can also carry HPV, which can be transmitted to their sexual partners.

The 3-dose series of quadrivalent HPV vaccine may be given to males 9 through 26 years of age to reduce the risk of acquiring genital warts. The VFC Program resolution allows permissive use of quadrivalent HPV vaccine for VFC-eligible males, 9 through 18 years old.

### Recommendations for Administration, Precautions and Contraindications

- The quadrivalent and bivalent HPV vaccines are administered in a 3-dose schedule, with the second dose administered 1 to 2 months after the first dose, and the third dose 6 months after the first dose.
- The minimum interval between the first and second doses of vaccine is 4 weeks. The minimum interval between the second and third dose of vaccine is 12 weeks. The minimum interval between the first and third dose is 24 weeks.
- If the HPV vaccine schedule is interrupted, the vaccine series does not need to be restarted.
- HPV vaccines are not live vaccines and can be administered either simultaneously or at any time before or after an inactivated or live vaccine.
- Whenever possible, the same HPV vaccine product should be used for all doses in the series.
- HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. Any exposure to vaccine during pregnancy should be reported to the appropriate vaccine pregnancy registry:
  - (800) 986-8999 (Merck and Co., Inc. for quadrivalent HPV vaccine)
  - (888) 452-9622 (GlaxoSmithKline for bivalent HPV vaccine)



## National Infant Immunization Week

### Love them. Protect them. Immunize them.

Each year, thousands of children become ill from diseases that could have been prevented by basic childhood immunizations. Countless more miss time from day care and school because they are under-immunized or inappropriately immunized.

During the week of April 24–May 1, 2010, the Department of Health will observe National Infant Immunization Week (NIIW), a CDC initiative designed to raise awareness about the importance of childhood immunizations.

"NIIW provides a valuable opportunity for our community to tell people how important it is for children to be vaccinated," said Charles H. Alexander, Chief, Bureau of Immunization. "Childhood vaccinations are one of the best ways for parents to protect their children against vaccine-preventable diseases."

Immunization coverage among children in the U.S. is at or near the highest ever recorded for most vaccines. High immunization coverage translates into record or near record low levels of vaccine-preventable disease.

Most of today's parents have never seen these diseases and the suffering they can cause and, therefore, may be less concerned about the need for immunization compared to other parental priorities. However, these diseases are not diseases of the past. They are still with us and circulating in many parts of the world.

Low immunization coverage is an issue that impacts the entire community. Therefore, community resources, and more importantly, community participation is essential to increasing immunization coverage. A decision to vaccinate a child is a decision to not only protect that

individual child, but to also protect the community by reducing the spread of disease to those who have not been vaccinated either by choice or because of medical reasons, such as children with leukemia.

Parents and healthcare providers must work together to ensure that all children are fully immunized.

- Make sure children are up-to-date on immunizations; visit the CDC's childhood scheduler online at [www2a.cdc.gov/nip/kidstuff/newscheduler\\_le/](http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/) to create a personalized vaccine schedule.
- Provide an immunization card or record, and make sure to update it every visit.
- Review immunizations at every visit and observe valid contraindications and precautions.
- Visit the CDC website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or call (800) CDC-INFO for more information on immunizations.
- Visit our website at [www.ImmunizeFlorida.org](http://www.ImmunizeFlorida.org).
- Provide eligible children with free vaccines through the VFC Program. Visit [www.ImmunizeFlorida.org/VFC](http://www.ImmunizeFlorida.org/VFC) for more information and to enroll.
- Use the Florida SHOTS™ to ensure that all children's immunizations are up-to-date, prevent unnecessary duplicative immunization, and consolidates immunization records from multiple healthcare providers.

We are fortunate in this country to have free and low-cost vaccination programs and the ability to protect children from 14 diseases through immunizing them on time, every time, before they turn two years old.



National Infant Immunization Week

April 24 – May 1, 2010

Love them. Protect them. Immunize them.



## Immunization Workshop for Manatee and Sarasota Health Professionals

Lori Wright, Area 8 Immunization Consultant

Building upon the success of 2009's initial event, the Manatee County Adult Immunization Coalition and the Manatee and Sarasota CHDs will co-sponsor the 2010 Immunization Workshop on Thursday, April 29, from 8:00 a.m. to 1:00 p.m. The theme, *Immunizations across the Lifespan*, reflects issues to be addressed concerning vaccinations at all ages.

The featured presenter, Donna Weaver, M.N., a nurse educator for the CDC, will discuss vaccine safety, give a general vaccine update, and provide a nationwide perspective on novel H1N1 influenza and seasonal influenza.

Continued from page 1

staffing changes within our bureau in this issue's article, *Staffing News*.

The bureau has updated many of our educational materials in advance of the impending school rush and in support of some national commemorations of immunization-related public health issues. Visit our publications page at [www.ImmunizeFlorida.org/publications/](http://www.ImmunizeFlorida.org/publications/) to see what is new.

In addition to National Infant Immunization Week (page 5), we encourage your support for upcoming health observances:

- World Meningitis Day, April 24  
[www.comoonline.org/](http://www.comoonline.org/)
- National Minority Health Awareness Month, April 1 - 30  
[minorityhealth.hhs.gov/](http://minorityhealth.hhs.gov/)
- Hepatitis Awareness Month, May 1 – 31  
[www.hepatitisfoundation.org](http://www.hepatitisfoundation.org)
- World Hepatitis Day, May 19  
[www.nvhr.org/WHD-2009.htm](http://www.nvhr.org/WHD-2009.htm)
- HIV Vaccine Awareness Day, May 18  
[www3.niaid.nih.gov/news/events/hvad](http://www3.niaid.nih.gov/news/events/hvad)

Finally, I am pleased to share with you the results of the nominations for recognition awards within

This year's host, Sarasota Memorial Hospital, plans to have the event in the main auditorium. Registration is requested, as seating is limited. Online registration is available through the Sarasota CHD's web page at [www.sarasotahealth.org](http://www.sarasotahealth.org), or by calling (813) 307-8015, extension 2907.

Vaccine providers or staff may attend the workshop at no charge. Nursing CEUs will be provided through the Gulfcoast South Area Health Education Center.

Sponsors encourage medical professionals at all levels to attend this event, especially those from the private sector. Pediatricians, nurses, and medical assistants who administer vaccinations will have the opportunity to interact with other medical professionals and share their knowledge and expertise.

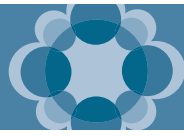
the Field Staff team. These good folks work as information conduits and local subject matter experts, providing personal service as the face of our bureau.

This year, awards went to:

- Colette Chiacchiero and Bruce Clark, Customer Service Award, serving Indian River, Martin, Palm Beach, and St. Lucie Counties.
- Suzannah Puigdomenech and Laurel Camarda, Above and Beyond Award, serving: Alachua, Baker, Bradford, Clay, Duval, Nassau, St. Johns, and Union Counties.
- Leroy Dux, Field Staff of the Year Award, serving Hardee, Highlands, Okeechobee, Osceola, and Polk Counties.



Samhara Estrada, Tara Dugan, Mike McCullom, Ivette Rodriguez, Rosemary Roldan, Charnell Bacchus, Leroy Dux, Colette Chiacchiero, Rick Barrett, David Fee, Mohammed Sardar



## Measles-Mumps-Rubella Vaccine Update

Mark Feinberg, M.D., Ph.D., F.A.C.P., Vice President of Medical Affairs and Policy in Merck's Division of Vaccines and Infectious Diseases, announced to the ACIP at the October 2009 meeting that, based on discussions that took place during the last ACIP meeting and subsequent feedback Merck received from professional societies and scientific leaders, Merck has decided not to resume production of its monovalent measles, mumps, and rubella vaccines. The company will

focus attention on meeting current and emerging growing use for the global prevention of measles, mumps, and rubella with its combination M-M-R® II vaccine. When questions are received from parents or other interested parties, they will be referred to the useful information provided by the CDC, American Academy of Pediatrics, American Academy of Family Physicians, and other professional organizations. Similarly, Merck encourages parents and physicians to seek guidance from these groups.

## Updated Recommendations of the ACIP Regarding Routine Poliovirus Vaccination

As published in the *MMWR Weekly Report August 7, 2009 / 58(30); 829-830*, the updated IPV vaccine recommendations from the ACIP are as follows:

- The 4-dose IPV series should continue to be administered at 2 months, 4 months, 6 to 18 months of age, and 4 to 6 years of age.
- The final dose in the IPV series should be administered at 4 years of age, regardless of the number of previous doses. The 2010 *Recommended Immunization Schedule for Persons Ages 0 through 6 Years—2010* reflects this change by indicating:
  - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
  - If 4 doses are administered prior to 4 years of age, a fifth dose should be administered at 4 through 6 years of age.
- The minimum interval from dose 3 to dose 4 is extended from 4 weeks to 6 months.
- The minimum interval from dose 1 to dose 2, and from dose 2 to dose 3, remains 4 weeks.

- The minimum age for dose 1 remains 6 weeks of age.

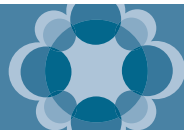
Though the Florida SHOTS™ system was updated to reflect the new ACIP recommendation, the *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes and Florida Certification of Immunization, Form DH 680* are currently being revised to reflect the update. Currently, Florida is not requiring that the final dose of IPV be given on or after the 4th birthday for school entry, though it is strongly recommended. The updated IPV series will become a requirement for Florida students, beginning with kindergarten entry for the 2011-2012 school year.

**Please note:** This is not a school requirement for the 2010-2011 school year. The *Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes* will be updated to reflect this change for the 2011-2012 school year, which will apply ONLY to kindergarten entry. Do not invalidate existing DH 680s on file at schools or recall children who are already attending school.



Keep your friends, family and coworkers informed. Send them tips for staying healthy and avoiding the flu by washing their hands. Visit the CDC Health-e-Cards site today to send a loved one an eCard.

Learn more about eCards at [www.CDC.gov/SocialMedia/Tools/eCards.html](http://www.CDC.gov/SocialMedia/Tools/eCards.html)



## Seventh Grade Requirement for Florida Public/Non-Public Schools

Effective with the 2009-2010 school year, all children entering, attending, or transferring to the seventh grade in Florida schools are required to complete the following, in addition to all other necessary school immunizations that may not have been received:

- One dose of Tdap

For the upcoming 2010-2011 school year, the Tdap requirement will extend to include eighth grade.

Though not required for school entry, the following immunizations are also recommended:

- One dose of MCV
- Three doses of HPV

## Teenage H1N1 Flu Survivor Sends Message to Young People

Courtesy of the U.S. Department of Health and Human Services Press Office, [www.flu.gov/news/](http://www.flu.gov/news/)

January 21, 2010

I'm Luke Duvall, H1N1 survivor, and here's my story. On October 4th, I began showing some of the symptoms of H1N1. I didn't know then that I would soon be fighting for my life. On October 6th, I was rushed to the ER due to shortness of breath. I couldn't catch my breath enough to even speak clearly. I was air-lifted to Arkansas Children's Hospital the next day and spent the next 17 days of my life on a ventilator battling to stay alive, and another 17 relearning how to walk, eat, and drink again. I finally won my battle and returned home on November 10th. I lost 36 pounds in my month-long fight and half my sophomore football season. I was unable to

attend school again until January 5th. If I would have had the opportunity to get the vaccine, I would have taken it and gained all those things that I lost.

Getting vaccinated can take only seconds and save you from all of these heartaches and troubles. My life, and the life of my family, has been changed forever. The vaccine would have prevented all of it. If you don't want to do it for yourself do it for others because this doesn't just affect you, it affects whole towns and communities. Do it for them, do it for yourself, but by all means, just do it.

*Luke Duvall is a 15-year-old high school athlete from Little Rock, Arkansas. Luke is also a spokesperson for Every Child by Two (ECBT), which seeks to raise awareness about the dangers of influenza and the importance for all parents to have their children vaccinated beginning at 6 months of age.*

## Vaccines for Children Program Providers Awarded Gold and Silver Certificates

### Congratulations to Providers!

High-performing public and private VFC Program providers who achieve 90% or better immunization coverage levels for two-year-old children receive recognition from the Bureau of Immunization annually. Providers who achieve 95% or higher are awarded a gold certificate. Those who achieve a 90% to 94% coverage level receive a silver certificate. All providers are encouraged to attain their immunization goals – a

gold or silver award could be the reward for your accomplishments in 2010!

A complete list of gold and silver award recipients is available on the Bureau of Immunization website at [www.ImmunizeFlorida.org/field\\_staff/awards\\_2009.htm](http://www.ImmunizeFlorida.org/field_staff/awards_2009.htm).





## Impact of an Immunization Registry on Children Aged 6-24 Months Who Present to the Emergency Department with Fever Without a Source

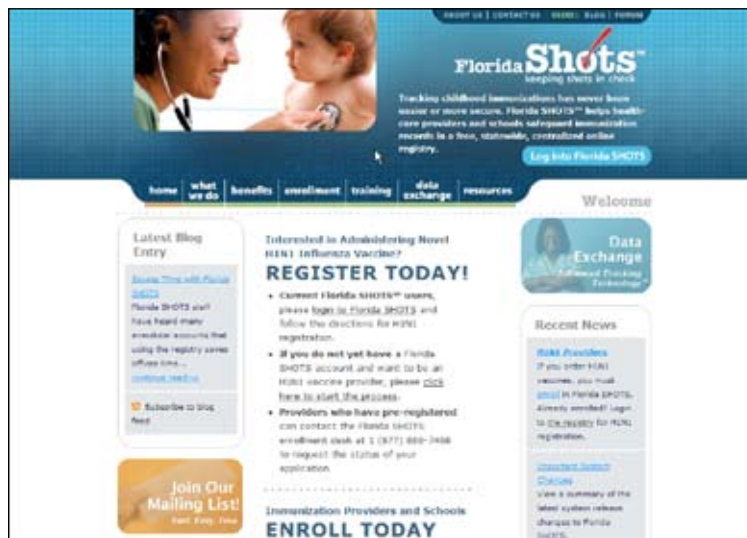
Pediatric Grand Rounds presented by Cristina M. Zeretzke, M.D., University of Florida, Jacksonville, November 4, 2009

Knowledge of a child's immunization status greatly affects current practice in pediatric emergency departments (ED) for children who present with a fever without a source (FWS). Physicians routinely face identifying children's immunization status when they enter the emergency room. When physicians know the patient's immunization status, this knowledge can aid clinicians in the decision tree and in ultimate treatments that patients receive.

Guidelines for fever management dramatically changed with the advent of the pneumococcal and Hib (*Haemophilus influenzae* type b) vaccinations. Many experts feel there is no longer a role for routine screening for occult bacteremia (OB) in fully immunized children. Studies have shown that if the incidence of OB drops to 0.5%, it would no longer be cost-effective to routinely screen or treat for OB. (Lee, 2001)

Emergency physicians continue to test and treat children with FWS, relying on Complete Blood Count (CBC) results with blood cultures to determine risks of OB because their immunization status cannot be confirmed reliably. Blood work performed in the pediatric ED is painful, costly, time-consuming, and uses many resources for performing the tests and obtaining results.

Clinicians are placed at risk in determining an immunization status based entirely on the caregiver's response. According to recent studies in which caregivers were interviewed regarding whether children were up-to-date, only 66% were confirmed up-to-date after following up with individual clinics where immunizations were administered. The Florida SHOTS™ is a database established for clinicians to document and track childhood vaccinations. This study used the Florida SHOTS™ database to assess patients' 6 to 24 months of age who visited the pediatric ED with FWS. The study was used to determine valid immunization status of the primary series and whether this information would change patient management during the ED visit. There were 97 febrile patients who presented in the pediatric ED; 53 of these patients were identified as up-to-date in the Florida SHOTS™ immunization registry. It was determined these 53 children were not in need of lab work for the OB screening. The finale: State immunization registries save time, resources, and unnecessary pain for our infants!



## I do not have health insurance for my child. Who do I call?

Florida KidCare is the state's health insurance program for uninsured children under age 19. It includes 4 different parts, or 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 (888) 540-5437, apply online, or print an application and instructions. For more information, visit [www.floridakidcare.org](http://www.floridakidcare.org).





## Ask the Experts

From the IAC newsletter, *Needle Tips*.

*I'm a pediatrician and support the use of the birth dose of Hep B vaccine. I give it routinely, but a few parents object. In my practice, almost 100% of my infant patients' mothers are tested for HBsAg and almost all are reported to be negative. Could you tell me how many cases of HBV infection occur each year in babies who are born to documented HBsAg-negative mothers?*

Because infants born to HBsAg-negative mothers are usually not tested for HBV infection, and because virtually all HBV infections occurring among infants are asymptomatic, it is not possible to quantify the number of HBV-infected infants born to mothers believed to be HBsAg-negative. However, we know that many unvaccinated newborns have been left needlessly at risk of infection because of errors in maternal Hep B testing and reporting. In two surveys conducted by the IAC, covering the period from July 1999 to October 2002, state and local Hep B coordinators reported more than 500 medical errors discovered through their PHBPP. Many of these errors involved misinterpreting or mistranscribing hepatitis screening test results, or ordering the wrong Hep B screening test. Such errors can lead to a mother being documented as HBsAg-negative, when she is actually HBsAg-positive. Use of the Hep B vaccine birth dose safeguards against these maternal Hep B testing and reporting errors, and also prevents early childhood HBV infections. The birth dose also protects the infants of women who become HBV-infected after having been screened in early pregnancy and not tested later in pregnancy.

Preventing possible HBV transmission in early childhood is also a major issue. Seroprevalence data from the National Health and Nutrition Examination Surveys have provided estimates of the number of early HBV infections. Based on these data, approximately 16,000 children under 10 years of age were infected with HBV beyond the postnatal period each year before routine infant vaccination was recommended in 1991

(Armstrong GL, Mast EE, Wojczynski M, Margolis HS. *Childhood hepatitis B virus infections in the United States before hepatitis B immunization. Ped. 2001;108(5):1123-28*). Although these infections represented only 5% to 10% of all persons with chronic HBV infection in the U.S. at that time, it is estimated that 18% of all persons with chronic HBV infection acquired their infections postnatally during early childhood. In some populations, childhood transmission was more important than perinatal transmission as a cause of chronic HBV infection before infant Hep B immunization was widely implemented. For example, in studies conducted among children born in the U.S. with Southeast Asian refugee parentage during the 1980s, approximately 60% of chronic HBV infections in young children were among children born to HBsAg-negative mothers. Since implementation of routine childhood immunization, an estimated 6,800 perinatal HBV infections have been prevented in the U.S. annually.

For more information, go to [www.immunize.org/birthdose](http://www.immunize.org/birthdose).





## New and Updated Educational Materials

### Protection from Pertussis for Adolescents Make Sure All Adolescents Get the Tdap Vaccine

This flyer encourages adolescents to receive the Tdap vaccine at the appropriate age range and interval relative to regularly scheduled Td booster every 10 years.

### Take Action Now! 2010-2011 School Entry Requirements Flyer

This flyer has been updated to reflect the Tdap vaccine requirement, which now includes both seventh and eighth grades.

These publications, and many more, are available as Adobe Acrobat PDFs on our website at [www.ImmunizeFlorida.org/publications/](http://www.ImmunizeFlorida.org/publications/).

Many Bureau of Immunization brochures are designed for affiliate customization on the rear panel to display the affiliate logo, company name, address, email, web address, and phone number. The bureau grants immunization partners rights to display an affiliate logo, provided that no parts of the bureau's or DOH's materials, logos, or brand are altered in any fashion. Additionally, the bureau's products may not be sold. If you are interested in commercial printing of these documents, please contact Marlo Peck at (850) 245-4444, extension 2382, or by email at [marlo\\_peck@doh.state.fl.us](mailto:marlo_peck@doh.state.fl.us), to request print-ready PDFs.

**Protection from Pertussis for Adolescents**

**Make Sure All Adolescents Get the Tdap Vaccine**

Tetanus-diphtheria-pertussis (Tdap) is the first vaccine available to protect older children against pertussis (whooping cough) along with tetanus and diphtheria.

The routine schedule for Tdap immunization should be used for the following people:

- Adolescents who have received the diphtheria-tetanus-pertussis (DTaP or DTP) vaccination as children, but have not received a dose of tetanus-diphtheria (Td), should get the Tdap vaccine. The preferred age is 11 to 12 years of age, but it can be given to 10-year-old children.
- Adolescents who have already gotten a booster dose of Td should get a dose of Tdap 5 years later for protection against pertussis.

Tdap can be given at an interval of 2 years or less:

- When there is a possibility the person will be exposed to pertussis disease.
- When the person will be in close contact with infants 12 months age or younger, or a child who has not been vaccinated against pertussis – ideally the vaccine should be given at least 1 month before the contact will occur.

Need health insurance for your child? Apply online at [www.floridakidcare.org](http://www.floridakidcare.org) or call 1-888-540-5437 for an application.

**Florida KidCare**

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

Immunizing Florida. Protecting Health. **Bureau of Immunization**

**Take Action Now!**

**2010-2011 School Entry Requirements**

Prior to entry, attendance, or transfer to Florida schools (Kindergarten through 12th grade), each child shall have on file a Florida Certification of Immunization, DH 680, documenting the following:

**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 (hep B) 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 and two
- One dose of varicella vaccine† for grades three through nine

**Seventh Grade Requirement:**

In addition to compliance with all other required immunizations, children entering, attending, or transferring to the seventh or eighth grade in Florida schools must complete the following:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine

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\*Upcoming new requirement for 2011-2012, if fourth dose of vaccine is administered prior to the fourth birthday; a fifth dose of polio vaccine is required for entry into kindergarten.  
†Varicella vaccine is not required if varicella disease is documented by the healthcare provider.

IMMU-NEWS is available online at [www.ImmunizeFlorida.org/newsletter/](http://www.ImmunizeFlorida.org/newsletter/). If you would like to be added to the Bureau of Immunization's mailing list and receive IMMU-NEWS and other bureau announcements, visit our mailing list registration page at [www.ImmunizeFlorida.org/newsletter/subscribe.htm](http://www.ImmunizeFlorida.org/newsletter/subscribe.htm).