

IMMU-NEWS

Summer 2009

IMMU-NEWS is a publication of the Florida Department of Health, Division of Disease Control, Bureau of Immunization.

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**Bureau of
Immunization**

Immunizing Florida. Protecting Health.

MESSAGE FROM THE BUREAU CHIEF

CHARLES H. ALEXANDER

August is the time for summer fun with family reunions, vacations, and reminding family and friends to catch up with their immunizations. August is recognized as National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations across the lifespan, from infants to the elderly.

Immunizations are NOT just for kids! Whether an adolescent, young adult, middle-aged adult, or senior adult, we ALL need immunizations to stay healthy. September 27–October 3 is National Adult Immunization Awareness Week (NAIAW). The 2009 theme is Adult Immunization – Supporting a Healthier Life Throughout the Lifespan.

Adolescents need immunizations as they prepare to go off to college or get a job. Be sure to "Vaccinate Before You Graduate!"

The specific immunizations you need as an adult are determined by factors such as your age,

lifestyle, high-risk conditions, types and locations of travel, and previous immunizations. Review the immunization schedules at www.cdc.gov/vaccines/recs/schedules/ to see if you have missed immunizations recommended for your age group and/or medical conditions.

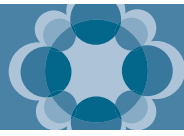
With fall approaching, planning for seasonal influenza (flu) vaccine clinic opportunities is a priority. Healthcare providers should administer seasonal influenza vaccine to any person who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected. The Centers for Disease Control and Prevention (CDC) announced the week of December 6–12, 2009, as National Influenza Vaccination Week (NIVW). Protection against the novel influenza A (H1N1) is important as the vaccine becomes available. Target populations are encouraged to receive the vaccine as the voluntary mass vaccination program is implemented.

Let's also not forget about the importance of vaccinating eligible children with the *Haemophilus influenzae* type b (Hib) vaccine. The CDC recently recommended the reinstatement of the booster dose of Hib vaccine for children 12 through 15 months of age who have completed the primary series. There has been a recent increase in the availability of Hib-containing vaccine to support this reinstatement. However, supply is not sufficient to support a mass recall of all older children with deferred Hib booster doses. These children should receive a booster dose at their next routinely scheduled visit or medical encounter.



Charles H. Alexander
Charles H. Alexander, Chief
Bureau of Immunization

Protect yourself and your community. Get Vaccinated!



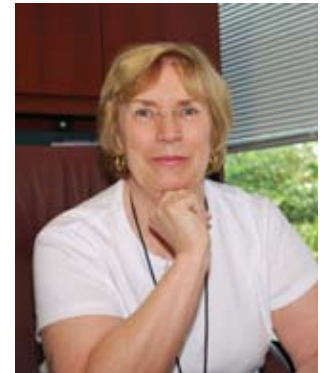
Phyllis Yambor, Executive Community Health Nursing Director, Retires

Phyllis Yambor, Executive Community Health Nursing Director in the Bureau of Immunization, retired on July 23, 2009. Phyllis started her career with the state of Florida in 1965 at South Florida State Hospital, Pembroke Pines, where she worked as a psychiatric charge nurse for almost 2 years, providing staff supervision and nursing management for psychiatric patients. She worked for the Sarasota County Public Schools system as a substitute para-professional between 1984 and 1987. She worked for Sarasota County Health Department as a community health nurse and as a senior community health nurse between 1990 and 1997, as well as being a volunteer fire-fighter and first responder for the Sarasota Fire Department. She drove the fire truck!

Phyllis came to work for the Bureau of Immunization in 1997 as a community health nursing consultant and accepted the position of executive community health nursing director in

July 2003. She received a letter of appreciation from Dr. John Agwunobi in November 2001 for her volunteer efforts during the anthrax outbreak in Palm Beach County.

Phyllis' nursing knowledge is especially concentrated in epidemiology, public health, pediatrics, immunizations, and vaccine-preventable diseases. She provided a wealth of knowledge of Department of Health history, including policies, changes in policies, and events. She had an uncanny ability to remain calm and level-headed in critical situations, and had a great rapport with colleagues and peers. She actively volunteered her knowledge, skills, and abilities every year during emergency events, such as hurricanes and tornadoes. She was always professional, dependable, very kind, and will be greatly missed!



In Memoriam Charles Joseph Longboat 1958–2009



In May, 2009, the Bureau of Immunization suffered a great loss when Charles "Chuck" Longboat left this life much too early. Chuck served as District 6 Area Immunization Consultant for 12 years.

Chuck was born September 12, 1958, to William and Wilhelmina Longboat on Long Island, NY. In 1968, the family moved to St. Petersburg, where Chuck attended St. Jude's School and Bishop Barry Academy. He graduated in 1977.

In 1983, after receiving a bachelor's degree in sociology from the University of South Florida in Tampa, Chuck began his 25-year career in public health as a Disease Intervention Specialist with the Pinellas County Health Department (CHD). He coordinated and case-managed patient caseloads,

while providing health education on a variety of communicable diseases. He moved on to the Department of Children and Families, where he licensed children's foster and shelter homes and conducted health inspections of facilities. In 1988, he returned to the Pinellas CHD, where he served as a Health Services Supervisor for nine years. Chuck joined the Bureau of Immunization as an Area Immunization Consultant in 1997, where he continued to serve the residents of Citrus, Hernando, Pasco, Pinellas, and Sumter counties until his death. His dedication was recognized in 2003 when he earned a Davis Productivity Award. In 2008, he achieved 25 years of employment service to the State of Florida.

His chosen career in public service would take him into a long journey of mentoring, assisting, educating, adhering to high standards, and being recognized as "One of the Best" in the Bureau of Immunization's field staff.



Staff Recognition

The Division of Disease Control held its semi-annual staff meeting on July 22, 2009. At that meeting, several Bureau of Immunization staff were recognized. The following service awards were presented:

5 Year	20 Year
Matthew Ellis	David Fee
Candis Pesquera	Phyllis Yambor
15 Year	30 Year
Michael McCullom	Susan Lincicome

Claudette Hummel, administrative secretary for the Quality Improvement and Clinical Issues unit, received the Bureau of Immunization's Employee of the Half-Year award for her outstanding performance as the initial point of contact for the bureau. Her professional manner and teamwork approach is superb.

The "Together We Can" award was presented to Cathy Mellinger. This award is presented by the previous recipient to the individual they feel contributes outstanding collaboration with other bureaus within the division. Ms. Mellinger was recognized by Phil Reichert, presenting the award

on behalf of Janet Hamilton, for her hard work and diligence across multiple projects.

The new division award, 2009 Legislative Analyst of the Year, was presented to Susan Lincicome for her tireless and perfect performance in reviewing and providing bill analysis of the many immunization-related bills that were presented in the last legislative session.



Claudette Hummel, Administrative Secretary, and Charles Alexander, Chief, Bureau of Immunization



Cathy Mellinger, Community Health Nursing Consultant; Dr. Russell Eggert, Director, Division of Disease Control; and Phil Reichert, Administrator, Hepatitis Prevention Program



Dr. Russell Eggert and Susan Lincicome, Sr. Management Analyst Supervisor



Perinatal Hepatitis B Case Management Project



A new staff member has joined the Perinatal Hepatitis B Case Management Project as the Enhanced Perinatal Hepatitis B Case Management Nurse, Celeste O. Phillips. Ms. Phillips recently moved from South Carolina, where she provided nursing staff development programs at the Medical University of South Carolina Hospital.

The primary purpose of the Enhanced Perinatal Hepatitis B Case Management Project is to improve state and local perinatal hepatitis B virus prevention programs by ensuring identification of all hepatitis B surface antigen (HBsAg)-positive pregnant women. The second part of the program is to facilitate the prophylaxis of all their infants and contacts. Chapter 64D-3.013, *Florida Administrative Code*, requires all hepatitis B surface antigen-positive pregnant women and all HbsAg-positive children less than 25 months

of age be reported to the local county health department, regardless of the presence of illness. The ultimate goal is the decline and eventual elimination of perinatal hepatitis B cases in Florida.

The geographic areas for this project are the three large urban counties in southeast Florida: Palm Beach, Broward, and Miami-Dade. The cases in this area account for 36.6% of the statewide average number of perinatal hepatitis B cases from 2000-2006. Ms. Phillips will monitor for gaps in identification of HBsAg-positive pregnant women and identify reasons infants born to HBsAg-positive pregnant women do not finish their vaccine series and/or receive post-vaccination testing. Most of her activities will involve medical record reviews at hospitals and healthcare provider offices.



Look for Perinatal Hepatitis B Intervention brochure at www.ImmunizeFlorida.org/publications/brochures.htm

Universal Hepatitis B Vaccination at Birth

There is no doubt hepatitis B virus (HBV) infection is serious. The disease can lead to cirrhosis of the liver, hepatocellular carcinoma, and even death. It is second only to tobacco among known carcinogens, and is responsible for 80% of all liver cancers.

Age plays a major role in chronic HBV infection. Infants who acquire HBV infections have a 90% risk of becoming chronically infected, compared to 6% to 10% for persons over the age of five. Since signs and symptoms of HBV are less common in children than adults, an infected child can spread the disease undetected for many years.

Fortunately, there is a way to prevent this potential tragedy—by initiating the hepatitis B vaccine series in all newborns before hospital discharge.

Do you know if physicians and birthing facilities in your area have standing orders to administer hepatitis B vaccine to all infants at birth? If not, ask! It could save a life! Materials to promote the universal hepatitis B “birth dose” include:

- Protecting Families and Babies, Perinatal Hepatitis B Intervention, stock number 5730-854-0150-0, 100/PK: www.immunizeflorida.org/publications/brochures.htm#hepB
- Immunization Schedule: www.cdc.gov/vaccines/recs/schedules/child-schedule.htm
- ACIP Recommendation: www.cdc.gov/mmwr/PDF/rr/rr5416.pdf
- Medical Errors in Perinatal Hepatitis B Prevention: www.immunize.org/catg.d/p2062.pdf or www.immunize.org/catg.d/p2061.pdf



Where to Get the Latest Updates on Novel H1N1 Influenza

Since information about the novel influenza A (H1N1) is constantly changing, this issue of IMMU-NEWS will not attempt to inform readers about the status of the H1N1 pandemic. The Centers for Disease Control and Prevention (CDC) has established and continually updates extensive H1N1 web resources for healthcare professionals and the public. Some websites that are particularly helpful include:

- CDC's main H1N1 webpage: www.cdc.gov/h1n1flu
- Latest information from CDC: www.cdc.gov/h1n1flu/whatsnew.htm



- Guidance for clinicians: www.cdc.gov/h1n1flu/guidance
- General information for the public: www.cdc.gov/h1n1flu/general_info.htm
- Subscribe to CDC's email updates: www.cdc.gov/emailupdates/index.html

In addition, the Immunization Action Coalition (IAC) has developed an H1N1 information webpage at www.immunize.org/h1n1. The IAC selects from CDC website content, journal articles, partner resources, and news articles to present H1N1 influenza information that may have special relevance.

You can find H1N1 information specific to Florida at the Department of Health's website at www.doh.state.fl.us/DEMO/php/FluInfo.htm.



H1N1 influenza social media tools for consumers and partners are available at www.cdc.gov/socialmedia/H1N1/

Hurricane Season, Power Outages, and Emergency Vaccine Storage Plans

Hurricane season is here again, bringing with it the increased threat of power outages. For immunization providers, an interruption to the power supply can have severe implications for vaccine storage.

How well is your office prepared? Have you identified an alternative storage facility with a back-up generator? Who is going to pack the vaccines? Will appropriate packing containers, cold packs, and dry ice (for varicella vaccine) be available? How will the vaccines be transported?

These are just some of the questions that need to be considered before an emergency strikes. To protect your vaccine inventory and minimize potential monetary loss, every facility that stores vaccine should have written Emergency Vaccine

Retrieval and Storage Plans to protect their vaccine inventories.

Guidelines for development of an emergency plan are available electronically through the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit at www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH_plans.htm#EmergencyRetrievalandStoragePlan.

The guidelines contain an Emergency Vaccine Retrieval and Storage Plan Worksheet—an especially useful tool for developing your plan. The worksheet can be accessed directly at www2a.cdc.gov/vaccines/ed/shtoolkit/resources/Emerg_Vac_Rtrvl_Strg_Plan_Worksheet.htm.

Another helpful item provided in the guidelines is the Emergency Response Worksheet. This form is provided through the Immunization Action Coalition's website at www.immunize.org/catg.d/p3051.pdf. Be prepared! Have a plan!



Ask the Experts

From the Immunization Action Coalition newsletter, *Vaccinate Adults*.

Is it necessary to routinely obtain a pregnancy test before administering any vaccines to young women?

No. Pregnancy tests are not routinely recommended. However, females of childbearing age should be asked about the possibility of their being pregnant prior to being given any vaccine for which pregnancy is a contraindication or precaution. The patient's answer should be documented in the medical record. If the patient is uncertain if she is pregnant, a test should be performed before administering live virus vaccines (e.g., measles-mumps-rubella (MMR), varicella, live attenuated influenza vaccine (LAIV)).

Can parents of a newborn be given a dose of tetanus-diphtheria-pertussis (Tdap) after birth to protect themselves and, indirectly, their baby from pertussis, even though they had a dose of tetanus (Td) vaccine less than two years ago?

Yes. Parents should receive a single dose of Tdap as soon as possible to protect their new baby from pertussis. If a dose of Td was given within the previous two years, parents should still be vaccinated with Tdap as soon as possible regardless of the time interval since the last dose of Td. Other household contacts who are not up to date with their pertussis-containing vaccinations should also be appropriately vaccinated.

How soon after a dose of Td can a healthcare worker receive a dose of Tdap, in order to protect vulnerable patients?

If they have not previously received Tdap, healthcare personnel in hospitals and ambulatory care settings who have direct patient contact should receive a single dose of Tdap as soon as feasible and without regard to the dosing interval since the last Td. There is no "minimum interval" one needs to wait between receiving Td and Tdap when it is given to protect vulnerable patients.

We have an adult patient who received the correct pediatric series of hepatitis A (Hep A) vaccine as a teenager and is now traveling abroad. Does the patient need an adult booster?

No. There is no recommendation for a booster dose of Hep A vaccine if a patient has completed the two-dose series at any age.

When administering zoster vaccine, is it necessary to ask patients if they have ever had varicella (chickenpox) or shingles?

No. All persons age 60 years or older—whether they have a history of varicella or shingles or not—should be given zoster vaccine, unless they have a medical contraindication. Medical contraindications are described in detail in the recently released CDC recommendations *Prevention of Herpes Zoster*. To obtain a copy, go to www.cdc.gov/mmwr/pdf/rr/rr5705.pdf.

Can you catch shingles from a person with active shingles infection?

Shingles cannot be passed from one person to another through sneezing, coughing, or casual contact. If a person who has never had chickenpox or been vaccinated against varicella comes in direct contact with a shingles rash, the virus could be transmitted to the susceptible person. The exposed person would develop varicella, not shingles.





Adult Immunization Team Fast Facts

The Adult Immunization Team members are located in the counties cited below. Most are actively involved with immunization coalitions in their counties. Contact them to see how you, too, can help raise awareness about the importance of adult immunizations!

Adult Immunization Nurse	County Health Department
Joelle Hicks	Brevard
Joann Brown	Broward
Roger Evans	Collier
Carmen A. Tomasello	Hillsborough
Frances E. Weston	Lake

Adult Immunization Nurse	County Health Department
Kim White	Lee
Vacant	Manatee
Yulette Christie	Marion
Pamela Johnson	Miami-Dade
Angel Aiken	Orange
Patty Taggart	Palm Beach
Lilyan Dayton	Pasco
Patricia Bunce	Pasco
Kelly Peeler	Pinellas
Sandra Curran	Polk
Susan Goffard	Sarasota
Jacqueline Butler	Volusia

Adult Immunization Brochures

Adult Shots

Adults need protection through vaccination too. This brochure lists the vaccines recommended for all adults 18 years of age or older. A tear-out Adult Immunization Record is included.

The Pneumococcal Shot

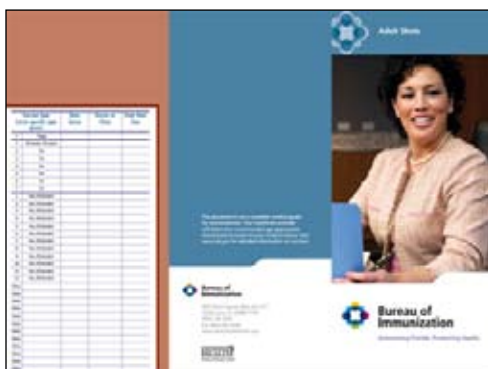
The Pneumococcal Shot brochure provides information regarding pneumococcal disease, its risks for adults 65 years of age or older, and the importance of immunization.

Fight the Flu!

This brochure includes information about influenza and who should get the seasonal flu vaccination.

These brochures, and many more, are currently available as Adobe Acrobat PDFs on our website, www.ImmunizeFlorida.org/publications/brochures.htm.

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 limited rights to display an affiliate logo, provided that no part of the bureau's or Department of Health's material, logos or brand are altered in any fashion. Additionally, the bureau's products may not be sold. If you are interested in commercial printing for any of these documents, please contact Marlo Peck at (850) 245-2382 to request print-ready PDFs.



Vaccines for Children Program's New Online Initial Provider Enrollment Application and Recertification Forms



The Bureau of Immunization is pleased to announce the release of our new online Vaccines

for Children (VFC) Program Initial Provider Enrollment Application and Recertification forms. Please visit the VFC Enrollment webpage at www.ImmunizeFlorida.org/vfc/enrollment.htm and click on the new links. These links are also available on the Provider Forms webpage at www.ImmunizeFlorida.org/vfc/forms.htm.

Providers can submit all required information online to the VFC Program staff. A copy of the completed form, including the Terms and Conditions, is emailed back to the provider as a confirmation receipt. The provider should print, sign, date and retain a copy in their records. If the provider has submitted the Recertification

form within the last year, a new form is not required until their renewal date.

The form will not submit until the provider completes all required information. A validation field is included at the end of the application to prevent spam applications. The validation field will change each time you press submit. If the form does not submit due to missing information, the provider will need to update the validation field before resubmitting the form.

The *VFC Provider Handbook* is also updated. It is available on our website at www.ImmunizeFlorida.org/vfc/manual.htm.

If you have any technical questions regarding the online application form, please contact Marlo Peck at (850) 245-4444, extension 2382.

If you have any questions regarding the application information or the handbook, please contact Ivette Rodriguez at (850) 245-4444, extension 2376.



Check Out Our New Features!

The Florida State Health Online Tracking System (SHOTS) is working hard to bring you new and improved tools to help you manage your patients and get faster record results.

You can take advantage of these features immediately:

- Patient Record Merge History - Providers can view a record that has been previously merged with another and verify those results. If the results appear questionable, call the Florida SHOTS helpdesk at 877-888-7468 immediately.

- Reminder Recall Report - Reports can now be generated based on specific vaccines and doses.
- Immunization Status - Changes made to this field address special circumstances when a minimum due date is used instead of a recommended due date.

County health departments can generate a Vaccine Forecast Demand report, based on the date the report is run, that includes actual inventory.

Log in at www.flshots.com and check the Florida SHOTS User's Guide, Web-Based Training modules, and the Important System Changes document to learn about these features.

IMMU-NEWS is available online at 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.