

Idaho Immunization Coalition Newsletter

December 2015



Promote | Prevent | Protect

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Idaho Immunization Coalition Annual Fundraising Campaign

As 2015 comes to a close, we are thrilled to report that the Idaho Immunization Coalition (IIC) is serving its mission of “promoting health and preventing serious illness through immunization protection of all Idahoans.”

This year we have advanced our goals in the following ways:

- Expanded and sustained an effective statewide organization
- Served as a resource for immunization information, education, and awareness materials for healthcare providers, policy makers and the community
- Impacted policies that increased immunization coverage in Idaho
- Promoted access to immunizations for all Idahoans
- Fostered and supported local coalitions and community efforts for immunizations

The Idaho Immunization Coalition Board of Directors and I would like to thank each and every one of you for your passion and support as we promote immunization, prevent diseases, and protect all Idahoans.

If you would like to support the promotion of childhood, adolescent and adult immunizations in our great state, please consider donating to the Idaho Immunization Coalition this season. Your contribution to the IIC is tax deductible.

To contribute, you may make an online donation at <http://www.idahoimmune.org/donate> or mail your donation to: Idaho Immunization Coalition, c/o: Karen Sharpnack, P.O. Box 234, Shoshone, Idaho 83352. Checks should be made out to the “Idaho Immunization Coalition.” Thank you for thinking of the Idaho Immunization Coalition this year.

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The Idaho Immunization Coalition would like to extend our deepest gratitude to all those who donated and supported financially and/or in-kind to our cause of fulfilling our mission by promoting health and preventing serious illness through immunization protection of all Idahoans.

Upcoming Events

2016 Idaho Pink Book Training

Epidemiology and Prevention of Vaccine-Preventable Diseases (aka Pink Book) Training



Save the Date

November 2nd & 3rd, 2016
Boise Centre, Boise, Idaho
Details coming soon

Immunization Summit to be held November 4th, 2016



Knowledge is Power

Know Your Numbers: School Immunization Rates

Public health and schools have a long history of working together to protect and improve the health of every community in the U.S. Vaccination practices, including school requirements, are listed among the top ten public health achievements of the twentieth century by the Centers for Disease Control and Prevention (CDC). Vaccination programs are among the most cost effective and widely used public health interventions, responsible in controlling the spread of contagious diseases, including smallpox, measles, mumps, rubella, diphtheria, and polio among others. State requirements for school vaccinations were first passed in Massachusetts in the 1850's, with similar laws following in every state through the 1900's. School vaccination requirements provide a compelling incentive for parents to immunize their children and have significantly contributed to the reduction of once common childhood diseases.

Here in Idaho, state statute (Title 39-Chapter 48) requires a minimum set of vaccinations for school entry, and defines the process for determining those requirements. As in the rest of the country, the ongoing partnership between legislature, public health and schools continues to protect all of us - not just school-aged children.

This spring, the CDC announced that Idaho kindergartners had the highest rate of exemptions in the nation. Following the publication by the CDC of our exemption rates for K, 1st and 7th grades, there has been extensive information available for all Idahoans on exemption rates down to the individual school level. The Idaho Immunization Coalition (IIC) [website](#) provides in-depth interactive graphics and charts to more fully explain statewide exemption rates, and provides a link to specific school immunization reports. These annual reports include important data on numbers of students who have complete or incomplete immunizations, exemptions and students with no records. It provides the broadest look at the immunization rates of school-aged children, as reported by the schools they attend.

With focused attention on Idaho's high exemption rates, Carmela Gupta wrote an article in the July 2015 IIC newsletter clearly outlining the problems of non-compliance with existing school requirements. Unfortunately, despite existing statute prohibiting the entry of under or non-immunized students, or those who simply show up for schools with no immunization records, the numbers of non-compliant students exceed the number of students with exemptions. Using the data from the latest school immunization reports, the overall exemption rate, under and non-immunized Idaho students is about 13%.

While policy makers, legislators, and public health officials are studying this data and developing ideas for improving the number of school children who are fully immunized, what are the roles of parents, medical providers and schools? What is our responsibility in ensuring the environments where our children learn and spend the vast majority of their days are protected from preventable communicable diseases?

“What is our responsibility in ensuring the environments where our children learn and spend the vast majority of their days are protected from preventable communicable diseases?”

For parents, the health and safety of their child is paramount. Schools plan, drill and evaluate their readiness to handle a multitude of potential threats from intruders to severe allergies. Parents should ask regularly regarding the readiness of schools to respond to serious medical issues, including outbreaks of vaccine preventable diseases. In reality, other than parents of children with compromised immune systems, very few inquire about the immunization rates at their schools. Parents should ask before enrolling a student what the immunization rate of the school is. If the office staff cannot answer the question, then an administrator should be asked to provide

“Idaho kindergartners had the highest rate of exemptions in the nation”

the information. Parents need to use the data published by Health and Welfare to look up their school's last report and challenge school administrators to explain high numbers of incomplete or students without records. When combined with exemption rates, this may mean upwards of 25% of a school is not fully immunized or protected against contagious communicable diseases. In knowing our own health status, we are often told to “know your numbers” in regards to B/P, BMI, and blood glucose. Similarly, parents need to “know the numbers” of their schools, and not just test scores or emergency readiness. Immunization rates of schools provide arguably the broadest measure of school health and safety practiced for school children and their families.

Medical and vaccination providers also need to “know the numbers” of the schools in their communities. This data can be an important part of the discussion with parents regarding risk of communicable diseases. In answer to questions such as “when was the last time there was a case of measles?” the discussion should also involve the real risk for that child *should* a case occur in their school. In some Idaho schools where exempt and non-compliant rates exceed 25%, the risk of spreading a disease is serious. Providers need explain the connection between local immunization data and risk. The use of school numbers can be a powerful tool for making risk real and personal.

School immunization data should also be used by providers to evaluate their process for providing schools and parents with up to date immunization histories. Schools must often rely on cooperation of providers to either produce timely immunization records or have the data in IRIS so the school can accurately meet the entrance and reporting requirements of Idaho immunization law.

Lastly, schools need to make their specific immunization data readily available to their communities. It should be posted like other measures of school evaluation. Schools that are consistently following state law and reporting accurately need to be acknowledged by district level administrators. Those that do not need to evaluate barriers to meeting the law and work to enact solutions. Schools need to be held uniformly accountable for the health of their school populations, and recognized when they do. As history has proven, the partnership between public health and schools is one of the great success stories in our country's health. We must continue to strengthen and promote this collaboration to ensure the health and safety of all.

“Schools need to be held uniformly accountable for the health of their school populations, and recognized when they do.”

“Parents need to use the data published by Health and Welfare to look up their schools last report and challenge school administrators to explain high numbers of incomplete or students without records.”

Contributor pictured right

Kate Muldoon



Facts on HPV

The Facts on HPV Disease and Vaccination Concerns

HPV is annually responsible for 33,000 new cases of cancer in the U.S. and more than 600,000 cases worldwide. HPV-related cancers occur in the cervix, anus, tonsils, tongue, and genital area. Rates of all of these cancers have increased substantially in the past 40 years. Approximately 70% of tonsil and tongue cancers are currently due to HPV, and it's predicted that by 2025, 92% will be caused by HPV! Considering the 20-year latency period, our actions now will not start to reduce HPV related cancer rates until 2035! Every day we delay means more people will get HPV-related cancers.

Infection with the carcinogenic types of HPV is preventable with childhood immunization with Gardasil or Cervarix. Infection can be transmitted with even non-intimate contact. Once chronically infected, there's no current way to eradicate this infection. HPV vaccination is safe, highly effective, and has already been shown to reduce cervical cancer rates in women 10 years after the vaccine became available. We predict it will similarly reduce rates of HPV-related anal, genital, tonsillar, and base of tongue cancers.

International vaccine expert Dr. Paul Offit says people are 20 times more likely to die of HPV-related diseases than of all other childhood infections combined. Yet HPV vaccination lags behind all other childhood immunizations. Why are we failing to protect the health of our population? Parental concerns about cost, side effects, and lack of need for teenagers who may not yet be sexually active.

Addressing the HPV Vaccination Challenge

Our job as informed clinicians is to provide the true medical facts. At the time of vaccination, it's reasonable to tell the parents we're offering the only anti-cancer vaccine, or we'll be giving their child the normal teenage vaccines that will help keep him or her safe. If a parent or guardian has further concerns, take time to give the true statistics of these terrible diseases. Don't be afraid to bring HPV up again at future visits, even if the family has previously declined. As we normalize the administration of this vaccine, we will change the health of our country.

This article is first seen in St. Luke's Eastern Region's Population Health Newsletter, 4th Quarter 2015.



Dr. Banu Symington
Oncologist, St. Luke's Mountain States Tumor Institute (MSTI)

"Approximately 70% of tonsil and tongue cancers are currently due to HPV, and it's predicted that by 2025, 92% will be caused by HPV! Considering the 20-year latency period, our actions now will not start to reduce HPV-related cancer rates until 2035!"

Know Your Vaccine Stats

Impress Your Friends with Your Vaccine Facts!

VACCINES BY THE NUMBERS

BY THE DOCTORS AND SCIENTISTS WHO STUDY THEM.

10 The typical number of years a vaccine is studied for safety before licensing.

123 Number of Measles deaths in the U.S. between 1989 and 1991.

20,000+ The approximate number of safety studies done on vaccines.

98% The level of herd immunity protection against Measles to keep it at bay. Many pockets fall far below this level, putting the population at risk.

42,000 The number of deaths prevented EVERY YEAR in the US thanks to vaccines.

21 Number of days of quarantine required after exposure to Measles if unvaccinated.

15,094 The number of antigens in the vaccine schedule for a fully vaccinated six year old in 1983.

488 The number of antigens in the vaccine schedule for a fully vaccinated six year old in 2010.

7 The number of diseases a fully vaccinated six year old was protected against in 1983.

14 The number of diseases a fully vaccinated six year old is protected against in 2015.

SOURCES: *Pediatrics* 2002;109:124-129, *Pediatrics* 2014 March. doi: 10.1542/peds.2013-0698, CDC. Notifiable Diseases and Mortality Tables. MMWR. 1982-2015, *Pediatrics* 2014 July. 10.1542/peds.2014-1079, <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>
thevaccinepage.org

Take a Break, Sing a Song

Get Your HPV Vaccine Now: A Music Video

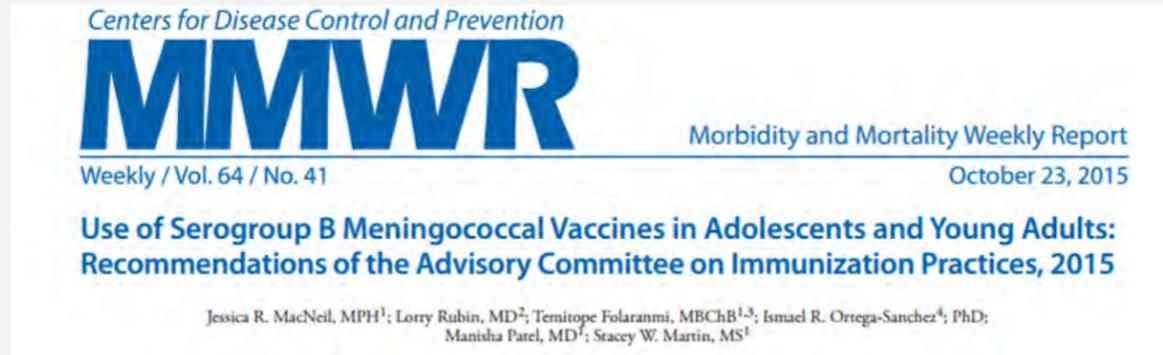


A fun, catchy music video in promoting HPV vaccines. Learn it. Sing it. Share it. [Click Here for Video](#)

Video provided by Group Health Foundation



ACIP Recommendation for Serogroup B Meningococcal Vaccines



On the October 23, the Centers for Disease Control and Prevention (CDC) published its weekly Morbidity and Mortality Weekly Report (MMWR), which included the report, “Use of Serogroup B Meningococcal (MenB) Vaccines in Adolescents and Young Adults: Recommendations of the Advisory Committee on Immunization Practices, 2015”.

The report recaps the evidence and rationale supporting ACIP’s new recommendation for the two newly FDA-licensed MenB vaccines, MenB-FHbp (Trumenba, Wyeth Pharmaceuticals) and MenB-4C (Bexsero, Novartis Vaccines). The Advisory Committee on Immunization Practices (ACIP) reviewed the two vaccines based on immunogenicity and safety data collected from clinical trials as well as evaluated the epidemiology of Meningococcal diseases in the United States.

ACIP concluded that the data currently available point to MenB vaccines’ contribution in decreasing MenB-caused diseases; however, the vaccines may not protect against all MenB strains in the United States. With additional studies and vaccination data, ACIP may amend this recommendation as more information becomes available.

A summary of the recommendations from the report is pictured on right.

For complete report, please view the [PDF](#) or [website](#).

Summary

What is currently recommended?

The Advisory Committee on Immunization Practices recommends routine vaccination of all adolescents aged 11–18 years with a quadrivalent meningococcal conjugate vaccine (MenACWY). A single dose should be administered at age 11 or 12 years with a booster dose at age 16 years for persons who receive the first dose before age 16 years. Routine vaccination of certain persons at increased risk for meningococcal disease with MenACWY and serogroup B meningococcal (MenB) vaccine is also recommended.

Why are the recommendations being modified now?

Two serogroup B meningococcal vaccines were recently licensed by the Food and Drug Administration and approved for use in persons aged 10–25 years. The evidence supporting the use of MenB vaccines in adolescents and young adults was evaluated using the Grading of Recommendations, Assessment, Development, and Evaluation framework. The recommendation was designated as Category B (recommended for individual clinical decision making).

What are the new recommendations?

A MenB vaccine series may be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16–18 years.

From NPR: US Adults and the Flu Vaccine



YOUR HEALTH

Many Americans Believe They Don't Need The Flu Vaccine

Updated November 30, 2015 1:15 PM ET

On November 30, National Public Radio (NPR) published the news article “Many Americans Believe They Don’t Need Flu Vaccine”. The article used data from 3,008 US adults in the most October NPR-Truven Health Analytics Health Poll.

The poll found that 62% of people said they were vaccinated or intend to get the flu vaccine this year. For the ones who did not get the flu vaccine or don’t plan to get it, the reasons are: don’t need (48%), side effects or risks (16%), flu vaccine gives the flu (14%), ineffective (8%), inconvenient (4%), no insurance (3%), cost (2%), allergic (1%), and other (3%).

The poll also found that people 65 years or older are the most likely population to have been vaccinated. The poll did not find cost of the vaccines, participant education, or participant income to be an obvious differential variable in the result.

Visit [NPR](#) for the full article with some cool data visualizations.

