

Idaho Immunization Coalition Newsletter

March 2017



Thank you for joining us for the HPV Vaccination Summit this February 2! Approximately 100 healthcare champions from around the state attended the successful event at St. Luke's Anderson Center.

If you were unable to attend, you can still be part of the HPV Free ID movement:

- For the HPV Vaccination Summit presentations <http://www.hpvfreeid.org/healthcare>
- For pictures of the summit, please see the highlights on the right.

Thank you to all of our HPV Vaccination Summit sponsors:



Promote | Prevent | Protect

2017 Legislative Update!



Find out what's going with Senate Bills 1050, 1081, and 0091!

<http://www.idahoimmune.org/resources/legislation-update/>

SMALL GRANT PROGRAM Sponsored by the Idaho Immunization Coalition



Idaho Immunization Coalition would like to invite like-minded organizations (non-profits, public health, educational institutions, colleges/universities, local immunization coalitions, etc.) who want to make a difference in promoting immunizations in their community. The Idaho Immunization Coalition is sponsoring a Small Grant Program (grants ranging from \$100 - \$500) open to any organization in Idaho who would like financial support for an event, project or educational opportunity that relates to increasing immunizations in their local community.

Applications will be given consideration quarterly, and organizations may apply annually.

Please contact Karen Sharpnack kjs@idahoimmune.org for more details and to receive the application on the Small Grant Program.

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HPV Vaccination Summit – Myth Busting Panelists (left to right) Dr. William Atkinson, Dr. Tom Patterson, Dr. Banu Symington



Dr. Christine Hahn
State Epidemiologist



Carla Graham, HPV Cancer Survivor,
shares her experience



Dr. Atkinson speaking to the attendees



The panel on increasing HPV vaccination rates in practice.

Thank you to all of our amazing speakers for sharing their experiences, knowledge, and wisdom!

Dr. William Atkinson, MD, MPH | Associate Director of Immunization Education, Immunization Action Coalition

Erin Bruce | Program Manager for Diabetes, Heart Disease, and Stroke Programs | Idaho Department of Health and Welfare

Tom Patterson, MD, FAAP, FABD | Pediatric Faculty, Family Medicine Residency of Idaho

Banu Symington, MD, MACP | Chief of Staff, St. Luke's Magic Valley Hospital

Carla Graham | HPV Cancer Survivor

Dr. Chris Hahn | State Epidemiologist, Idaho Department of Health & Welfare

Chris Johnsons | Epidemiologist, Cancer Data Registry of Idaho

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Experts from the Community

Dr. Dzur on Medical Care Costs

JAMES R. DZUR, M.D., NAMPA

It is flu and pneumonia season, which brings me to write this letter. Medical Economics has been publishing a lot of articles about immunizations recently and their benefits. It is estimated if patients and doctors were careful to be sure all age patients received their required immunizations, we would save \$5.4 billion in medical care costs and lost production time each year. If our patients would exercise daily and eat a reasonable diet devoid of raw sugars and our doctors followed the guidelines for the care of chronic diseases we could easily double or even triple that amount of savings.

Those of you who think there are too many side effects to immunizations, the facts are there are very few side effects. Some over-

the-counter painkillers — which you all take and also give to your children — have hundreds more side affects, some fatal, than immunizations. The diseases immunizations protect you from are much more deadly and cause far more serious problems than immunizations, which very rarely cause death or permanent side effects. Immunizations do not cause autism.

Please ask your doctor if your immunizations are up to date and save health care costs.

This editorial originally appeared in the [Idaho Statesman's Letters to the Editor section.](#)

New CDC Partner Websites

CDC's National Center for Immunization and Respiratory Diseases has launched a new website for national, state, and local immunization partners. Now, instead of having to search through all of our communication resources to find the one you need, you can more easily find materials to help supplement vaccine conversations and educate parents, pregnant women, and adults, as well as healthcare professionals, all in one place.

On this new site, you will find links to digital tools, social media content, drop-in articles, print materials, toolkits, videos, PSAs, and more.



Lessons Learned

My Day as an Anti-Vaccine Parent on a Mock Expert Panel

Tom Patterson, MD, FAAP, FABD

I have been a vaccine-advocate from my early days of med school so you can imagine my dismay when I was asked to represent the anti-vaccine parent perspective at the Immunization Summit. I agreed and was glad to see that the pro-vaccine advocates were incredibly capable to represent my true beliefs. As a parent of three boys, who have all been vaccinated, being anti-vaccine was a bit of a hill-climb. I quickly realized that the anti-vaccine parent loves their kids as much as I love mine. I gained perspective that was priceless. In reality the parents refusing vaccines or wishing to use a non-standard schedule are doing what they feel is best for the wellbeing of their kids, just as I vaccinated mine based on my own story and training.

There is an enormous amount of information available on both sides of the argument. This has only been magnified in the current tech world of instant information and viral videos and posts. My 11 years of medical training and 19 years of clinical practice have shaped me. I feel prepared to look at literature and determine if it is valid and applies to my patients. The bulk of parents have not been through this amount of training and preparation. They are victim to the misinformation that exists and the close parallels to the truth. The

truth is apparent in the body of literature documenting rigorous scientific study of vaccines and their efficacy and safety.

I have already spoken of the capable pro-vaccine voice on the panel though there were equally well-prepared anti-vaccine panelists present. As I listened, I could hear parallels to the truth that sounded well-founded. On the other hand, I heard "Wah, Wah, Wah", as the experts spoke of this study and that study countering the arguments posed by my rather well-spoken and aggressive peer group. I found my anti-vaccine parent turning off my ears and the pediatrician hidden behind this veil thinking, "Is that what I sound like?"

I am thankful for this opportunity and I walked away with the deep belief that parents on both sides of the argument love their kids and are trying to do the best for them. I have a softened heart and a more understanding approach to the parents choosing something different than what I chose for my kids. It was very easy to jump into the us vs. them emotion, however, I have new respect and empathy for all parents as there is not a single book for every child!



Upcoming Events & Resources

Join us for Summit 2017 this September! Dr. Rita Swan will speak on children's medical rights and religious exemptions, shedding new light on Idaho's role in promoting health through immunization. **Registration begins in April 2017!**

Featuring
Keynote
Speaker

SAVE THE DATE

Summit 2017

Thursday, September 21

Washington Central Plaza

Boise, ID

8:00 am – 4:00 pm

Free Parking
Lunch Included

Dr. Rita Swan

2017 Shot Smarts IMMUNIZATION CONFERENCE

POCATELLO
MONDAY, APRIL 24, 2017
Idaho State University

BOISE
WEDNESDAY, APRIL 26, 2017
Boise State University

COEUR D'ALENE
FRIDAY, APRIL 28, 2017
North Idaho College

Shot Smarts 2017 will provide updates and education to healthcare providers, nurses, and office staff about immunization best practices. For more information visit www.immunizeidaho.com

IDAHO IMMUNIZATION PROGRAM
IDaho DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

2017 Shot Smarts IMMUNIZATION CONFERENCE

KEYNOTE SPEAKER

THE IDAHO IMMUNIZATION PROGRAM IS PLEASED TO ANNOUNCE THE RETURN OF DR. WILLIAM ATKINSON AS THE KEYNOTE SPEAKER.

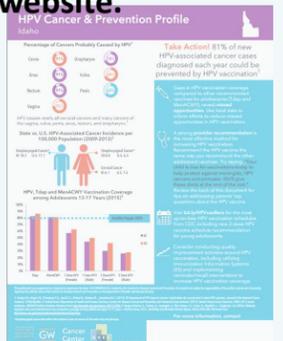
William Atkinson, MD, MPH, is the associate director of immunization education for the Immunization Action Coalition, a position he has held since 2012. He was a medical officer at the Centers for Disease Control and Prevention for 25 years where he participated in a variety of immunization-related activities. From 1995 through 2012, he was the writer, producer, and presenter for 125 national satellite broadcasts and webcasts on multiple vaccine-preventable disease topics. He is the recipient of numerous awards including the U.S. Public Health Service Distinguished Service medal.

Free Resource!

The George Washington Cancer Center released updated HPV Cancer and Prevention Profiles for 2017. These flyers provide a state-specific snapshot of

HPV-associated cancers and vaccination rates and can be tailored with your organization's contact information and/or logo.

Click on image for website.



New HPV Updates

FAQ – New Recommendations for a 2-dose HPV Vaccine Schedule

Lisa Barker, MD



In October 2016, the CDC updated HPV vaccination dosing recommendations. A 2-dose vaccine series is now recommended for adolescents who start the series prior to their 15th birthday. I'd like to touch on several of the most frequently asked questions raised by parents and providers in response to these changes.

What are the new HPV vaccine recommendations?

The CDC continues to recommend routine vaccination for girls and boys at age 11 or 12 years (the series can be started as early as 9 years of age). Two doses of HPV vaccine is now recommended for patients that start the series prior to their 15th birthday. The doses should be given 6-12 months apart. Patients starting the series on or after their 15th birthday and those with certain immunocompromising conditions should continue to be vaccinated on the original 3-dose schedule.

Why did the CDC make the recommendation change to a 2-dose schedule?

The CDC and the Advisory Committee on Immunization Practices (ACIP) have been reviewing data comparing antibody responses to 2-dose and 3-dose vaccine schedules. Evidence shows that 2 doses of HPV vaccine given at least 6 months apart in younger adolescents is as good or better than 3 doses.

Why is the 2-dose schedule change recommended only for girls and boys age 9-14 years?

The vaccine effectiveness data available focuses on 9-14 year-olds. Older adolescents have not been studied in the same way, so the recommendation for number of doses has not changed in this age group.

If an HPV vaccine series was started with quadrivalent or bivalent HPV vaccine and will be completed with 9-valent HPV vaccine, what are the intervals for the remaining doses in the series?

If the first dose of any HPV vaccine was given before the 15th birthday, vaccination should be completed according to a 2-dose series (6-12 months after the first dose). If the first dose of any HPV vaccine was given on or after the 15th birthday, vaccination should be completed according to a 3-dose series (1-2 and 6 month intervals).

If someone is age 15 years or older and started the vaccination series at age 11 but only received 1 dose, how many more doses do they need?

If a vaccination schedule is interrupted, vaccine doses do not need to be repeated. This person needs 1 more dose to complete a 2-dose vaccine series (since their series was started prior to their 15th birthday).

Summarized from *Clinician FAQ: CDC Recommendations for HPV Vaccine 2-Dose Schedules* (<https://www.cdc.gov/hpv/downloads/hcvq15-ptt-hpv-2dose.pdf>)

A Third Dose of MMR May Be Warranted

By Laurie Boston



Mumps are no longer very common in the U. S. due to high vaccination rates, but outbreaks do continue to occur. 2016 marked one of the worst years for mumps reported to the Centers for Disease Control and Prevention (CDC) since 2006.

According to the CDC, mumps is a viral disease transmitted easily by direct contact with respiratory droplets or saliva from an infected person. It is best known for the puffy cheeks and swollen jaw that it causes. It typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite, followed by swollen salivary glands. Most people with mumps recover completely in a few weeks, however it can occasionally cause complications and long-term health problems, especially in adults.

As of December 31, 2016, 46 states and the District of Columbia reported 5,311 cases for the United States. Officials at the Arkansas Department of Health reported 2,270 suspected cases--the most of any state, while seven other states reporting more than 100 cases, including Iowa, Indiana, Illinois, Massachusetts, New York, Oklahoma, and Texas.

In the Northwest, cases have continued to spike in Washington, where the Washington State Department of Health reports 301 confirmed and probable cases from October 30, 2016 - January 26, 2017.

In late February 2017, a confirmed case of mumps was reported in northern Idaho, believed to be related to the outbreak in Washington. The individual has been identified and is no longer contagious.

Outbreaks most commonly occur in crowded environments, such as university campuses, where people have prolonged, close contact with an infected person, such as attending the same class, playing on the same sports team, or living in the same dormitory. Although, this outbreak has also seen cases outside the university setting as well.

Arkansas Department of Health officials confirmed those infected in Arkansas are 90% to 95% of school-aged children and 30% to 40% of adults, who were fully-immunized with the Measles- Mumps- Rubella (MMR) vaccine. The outbreak affected 30 workplaces, 46 public schools, three colleges/vocational schools, and three private schools. Since most of the cases are among school-aged children, health officials have required students who have a MMR vaccine exemption to be excluded from school for 26 days from the date of

What about mumps?

exposure or for the duration of the outbreak, whichever is longer.

Although outbreaks of the mumps still occur in populations with high vaccination rates, the MMR vaccine prevents most cases of mumps (two doses are 88% effective) and is the best protection against the disease. It has proven to limit the size, duration, and spread of the outbreak.

The Washington State Health Department web site states, *People who have received two doses of the MMR vaccine are about nine times less likely to get mumps than unvaccinated people who have the same exposure to mumps virus. However, some people who receive two doses of MMR can still get mumps, especially if they have prolonged, close contact with someone who has the disease.*

As further confirmed by Arkansas health officials, the vaccine prevents larger outbreaks and is associated with a lower rate of severe symptoms, because without the vaccine they believe their outbreak would have been much larger and they would have seen more cases with severe symptoms and complications.

Contagion *Infectious Diseases Today* reports that many of the colleges affected by this year's outbreak, have offered a third MMR booster shot and free vaccine clinics to their students as a control measure to prevent further spread of the mumps across their campuses.

Whereas The Advisory Committee on Immunization Practices has provided no formal recommendation for or against the use of a third MMR dose, the CDC has provided guidelines for the use of a third dose as a control measure during mumps outbreaks, according to the July 29, 2016 Morbidity and Mortality Weekly Report (MMWR). It states:

Although evidence of its effectiveness is needed, a third dose of MMR vaccine may be considered as a control measure during mumps outbreaks occurring in settings in which persons are in close contact with one another, when transmission is sustained despite high 2-dose MMR coverage, and when traditional control measures fail to slow transmission.

While any number of mumps cases are concerning because of the health complications that may result, it is important to note the impact the MMR vaccine and the mumps program have made in the U. S. Prior to 1967, mumps was a common childhood disease with more than 186,000 cases reported each year.



Above: Child with mumps