



OCIC NEWSLETTER

SUMMER EDITION

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Welcome to the summer edition of the OCIC Newsletter!

We hope you find this to contain useful information regarding national and international vaccine news, articles, and updates from our partners. We also hope to send more of our notifications with less use of paper.

Orange County Immunization Coalition Bi-Monthly Education Meeting

"Update: Travel Health Services & HPV Vaccinations at Community Pharmacies"

Wednesday, July 1, 2015

8:00 a.m to 9:30 a.m

Presented by:

Allison J DePaul, PharmD

Ralphs Pharmacy

Objectives:

- Describe the components of travel services offered at Ralphs Pharmacy
- Discuss opportunities for patients to receive travel related vaccines at the pharmacy
- Recognize the three types of HPV vaccines and their indicated patient population
- Be familiar with the methods and challenges of vaccine follow-up conducted by pharmacists

Community Pertussis Rates: The New Normal?

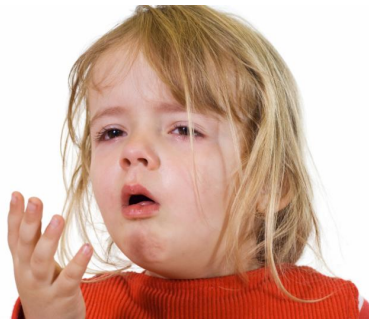
Matt Zahn, MD

Medical Director

Epidemiology and Assessment

Orange County Health Care Agency

Outbreaks of pertussis (whooping cough) have increased in size in counties and states around the country for several years. 11,203 cases were seen in California's 2014 epidemic, with 397 cases in Orange County.



After a pertussis epidemic subsides, of course, we expected to see the number of reports drop. And disease rates have indeed decreased significantly. But as of June 1, 2,552 cases have been reported to the California Department of Public Health this year, which remains well above the rates seen in inter-epidemic periods in years past. The Orange County Health Care Agency continues to receive reports steadily. 65 cases have been reported in our county so far this year. Just as the size of pertussis epidemics has grown, it seems that, at least so far this year, the inter-epidemic level of pertussis is higher as well.

Providers need to continue to assure that their patients get their scheduled vaccines, and they should consider pertussis in patients with persistent or paroxysmal cough.

As always, infants are at highest risk of severe pertussis disease. Of the 93 hospitalized cases seen statewide so far this year, 62 were infants. All children should receive diphtheria, tetanus, and acellular pertussis (DTaP) vaccination at 2, 4, 6, and 15-18 months, with an additional dose at 4-6 years of age. But infants can become ill before they receive even their first dose of DTaP: the one death reported this year in California occurred in an infant who was <3 weeks of age at the time of disease onset. It is vital to take additional measures to protect infants. First, pregnant women need to receive Tdap at 27-36 weeks gestation with every pregnancy.

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Club

Vaccinating during pregnancy protects mom from becoming ill and infecting the infant. The pregnant mother's antibody from vaccination also passes to the fetus, providing the newborn with another avenue of protection. Adolescents and adults who will be around the infant are another potential pertussis source. One dose of Tdap is recommended for everyone 11 years and older, but it's particularly important to vaccinate persons in this age group who will be around infants.

Pertussis persists in Orange County, and providers need to maintain vigilance to keep their patients safe.

SB 277(Pan/Allen) Public Health - School Vaccinations

Written by Pamela Kahn, MPH, BS, RN

Coordinator, Health and Wellness

Orange County Department of Education



As you may have heard, there is currently a bill making its way through the California legislature, SB 277, which will eliminate the personal beliefs exemption option from school immunization law.

Rising rates of personal beliefs exemptions (PBE) leave California children at risk for disease and communities at risk for outbreaks. In 2000, the PBE rate was less than 1%. In 2014, the number rose to 3.15%. In certain pockets of California, exemption rates are as high as 21% which places our communities at risk for a resurgence of preventable diseases. Given the highly contagious nature of diseases such as measles, vaccination rates of up to 95% are necessary to preserve herd immunity and prevent future outbreak.

The bill leaves the current medical exemption untouched; parents could still obtain medical waivers from physicians if their children have health issues. Children who have already had the diseases of measles, mumps, rubella or chickenpox may also receive exemptions from the associated vaccines if authorized by their physicians. Parents who choose not to vaccinate for any other reason would have to home school their children or place them in independent study.

The bill forced lawmakers to choose between the rights of parents who don't believe immunizing their children is safe and the rights of parents to send their children to school without the risk of contracting diseases. The current allowance for a religious exemption would also be removed should SB277 pass. The Supreme Court has determined that religious exemptions are not constitutionally required.

Only 19 other states have a personal beliefs exemption, and in enacting this law, California would join two other states (West Virginia and Mississippi) that provide only a medical exemption to required vaccines.

The proposal cleared the state Senate last month. The measure was approved by the Assembly health committee on a 12-6 vote on June 10. If approved on the Assembly floor, it will advance to the governor's desk. Gov. Jerry Brown, a Democrat, has not taken a position. Should the governor sign the bill, it would be expected to take effect on January 1, 2016.

Dr. Singh's Vaccine Journal Club

Written by Jasjit Sing, MD

CHOC Children's

Pediatric infectious disease subspecialist



Lots of questions coming up about the new HPV9 vaccine:

AAP updates HPV vaccine recommendations after licensure of HPV9

<http://aapnews.aappublications.org/content/36/6/16.full.pdf+html>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm>

Some helpful resources regarding adolescent vaccination:

***Journal of Adolescent Health* publishes supplement on adolescent vaccination**

The May issue of *Journal of Adolescent Health* includes a supplement with three editorials and eight articles about adolescent vaccination. The journal has provided the full text of these articles online. Go to the [supplement index](#) and click on any title of interest to get the abstract. Click the "Full text" tab on the top of the abstract to open the full article, or click the PDF link in the right column.

Related Links

- *Journal of Adolescent Health* [supplement index](#)
- IAC's [journal articles related to adolescent immunization](#)
- IAC handout: [Vaccinations for Preteens and Teens, Age 11-19 Years \[Spanish\]](#)
- CDC's [Preteen and Teen Vaccines](#) web page
- CDC's [Adolescent and Adult Vaccine Quiz](#)
- Alliance for Immunization in Michigan's [resources for adolescents](#) (if interested in customizing, email LondoC1@michigan.gov)

We are still seeing occasional pertussis cases at CHOC. Here are some related articles:

First Pertussis Vaccine Dose and Prevention of Infant Mortality

Pediatrics (06/01/15) Vol. 135, No. 6, P. 990 Tiwari, Tejpratap S.P.; Baughman, Andrew L.; Clark, Thomas A.

Centers for Disease Control and Prevention researchers investigated the role of administering at least one pertussis vaccination in preventing pertussis-related deaths and risk markers for death among infants. The researchers looked at about 45,400 infant pertussis cases, including 258 deaths, recorded nationally from 1991-2008. All of the deaths occurred before 34 weeks of age at illness onset, and nearly two-thirds occurred before six weeks of age. Among infants at least 42 days old, receiving at least one dose of vaccine was associated with a 72 percent lower risk of death from pertussis. Vaccination also helped protect against hospitalization and pneumonia. The findings, say the researchers, point to the protective effect of at least one dose of pertussis vaccine in helping to prevent deaths, hospitalizations, and pneumonia from the disease.

Here are some other great articles on pertussis prevention from the journal *Pediatrics*:

- [Strategies to Decrease Pertussis Transmission to Infants](#)

[Commentary: Tdap in Every Pregnancy: Circling the Wagons Around the Newborn](#)

- [Tdap Vaccine Effectiveness in Adolescents During the 2012 Washington State Pertussis Epidemic](#)

[Commentary: Epidemic Pertussis and Acellular Pertussis Vaccine Failure in the](#)

Influenza-Associated Pediatric Mortality

For the 2014-15 influenza season, as of May 23, 2015, a total of 141 laboratory-confirmed, influenza-associated pediatric deaths had been reported.

Time to start thinking about the next influenza season:

Composition of the 2015-16 Influenza Vaccine

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2015-16 influenza trivalent vaccines used in the United States contain an A/California/7/2009 (H1N1)pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus. It is recommended that quadrivalent vaccines, which have two influenza B viruses, contain the viruses recommended for the trivalent vaccines, as well as a B/Brisbane/60/2008-like (B/Victoria lineage) virus (2). This represents a change in the influenza A (H3) and influenza B (Yamagata lineage) components compared with the composition of the 2014-15 influenza vaccine. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic characterization, antigenic characterization, antiviral resistance, and the candidate vaccine viruses that are available for production.

And more about vaccine hesitancy. No surprises here:

[Study examines anti-vaccine clusters in Calif.](#)

A study in [Pediatrics](#) found that schools in California with high rates of exemptions from anti-vaccine parents who cite personal beliefs also had high rates of exemptions for medical reasons. Researchers also found that parents who did not want their kindergarten children vaccinated because of personal beliefs were typically from white and wealthy families and lived in Northern California, outside Los Angeles and other large cities, and in areas with a higher number of private or charter schools

This is a nice review on herd immunity from AAP news:

Why is herd immunity so important?

By [H. Cody Meissner, M.D., FAAP](#)

<http://aapnews.aappublications.org/content/36/5/14.1.full?>

nfstatus=200&nftoken=a8bd2ea2-1db4-4e7e-be21-8267ce9c84dc&nfstatusdescription=SUCCESS%3a+Login+worked

Here is another great resource from Dr. Offit and the Vaccine Education Center at CHOP:

[Talking About Vaccines with Dr. Paul Offit](#)

Each video in the series, currently on YouTube, is two to four minutes long and features Dr. Offit answering common vaccine-related questions. All current videos relate to different age groups, while a variety of topics are planned for future additions to the series as well. Fourteen videos have been posted so far and focus on current topics, such as:

- Why do newborns get the hepatitis B vaccine?
- Why are vaccines required before my child goes to school?
- Why is the HPV vaccine given to children at 11-12 years of age?
- Are vaccines safe during pregnancy?

Supported by the Orange County Chapter
American Academy of Pediatrics

STAY CONNECTED

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