



OCIC NEWSLETTER

WINTER EDITION

For more information about
OCIC please contact:
Linda Scott 714.834.8095
Liscott@ochca.com



Welcome to the winter 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.

Please join us for the first Orange County Immunization Coalition meeting of 2016

Date: Wednesday, January 13, 2016

Time: 8:00 am

Location: OC Health Care Agency 1725 W. 17th St. (Training Center 1729E), Santa Ana, CA 92706

**"Prevention of Perinatal Hepatitis B Transmission -
Opportunity for Improvement in OC"**

Presented by: David Núñez, MD, MPH, FAAP
OC HCA Family Health Medical Director

To RSVP and for more information, click here: [January 2016 Meeting Notice](#)

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SB 277: The Times They Are A'Changin'

Pamela Kahn, MPH, BS, RN

Coordinator, Health and Wellness

Orange County Department of Education

As of January 1, 2016, it is no longer business as usual in regards to Personal Belief Immunization Exemptions for school entry. On June 30, 2015, Governor Brown signed Senate Bill (SB)



277. This bill will, as of 1/1/16, no longer allow immunization exemptions based on personal beliefs (or religious beliefs) for children in all public or private California schools and child care centers.

Personal belief exemptions submitted before 1/1/16 will remain valid until the student enrolls in the next grade span, typically at kindergarten (or transitional kindergarten) or 7th grade. PBEs filed in 2015 are only valid when signed by both an authorized health care provider and a parent/guardian no more than 6 months prior to first entry into school or child care or a new grade span. Therefore, PBEs filed in 2015 are **invalid** for children first entering child care or school in California in the fall of 2016. Personal beliefs exemptions may be transferred between schools in California, both within and across school districts, and may be transferred between child-care facilities in California. Personal belief exemptions from other states or countries are not valid in California.

SB277 does remove immunization requirements for:

- Students in home-based private schools
- Students enrolled in an independent study program who do not receive classroom-based instruction
- Access to special education and related services specified in an individualized

education program (Please contact your school district for specific information related to special-education students and immunization requirements)

Students in the above categories will still need to provide immunization records to their schools before entry, and schools will still need to report to the California Department of Public Health (CDPH) the immunization status of all students at the existing checkpoints of child care, kindergarten and 7th grade.

SB277 does allow for medical exemptions from immunizations. A parent or guardian must submit to the school a written statement from a licensed physician (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary

Currently there is no standardized form for medical exemptions, but the documentation must contain the information detailed above.

SB 277 does allow for medical and personal beliefs exemptions from any new immunization requirement initiated by CDPH for attendance at school or child care.

For further information on SB277, please

visit <http://www.shotsforschool.org/laws/exemptions/>

Choosing to Vaccinate: One Parent's Perspective

While there is so much attention paid to parents who are vaccine hesitant, or opting to delay vaccines for their children, most of our parents are choosing to vaccinate. OCIC member **Albert Chang, MD** posed the following questions to one of his parents. The answers demonstrate that we are making a difference!

- Why did you choose to vaccinate your children?
Do you feel they are important?

I chose to vaccinate my children because I believe the pros outweighed any possible cons. I also felt it would be irresponsible as a parent not to. This was something I could actually protect them from, as opposed to other factors in the world that I could not.

- Were you concerned or afraid of all the anti-vaccine media out there? Do you feel they are safe?

I feel vaccinating is very important. I feel the vaccinations are safe because I have done research on them as well as asked my pediatrician about the vaccinations and I believe he has my children's best interests in mind when making recommendations.



- Were you worried about side effects or your child becoming autistic?

I do not look to the media for accurate information. They tend to look for the next big story and leave out important facts to sensationalize the story. I don't worry about the possible side effects. I am in the medical field myself and know some people may have negative side effects but to blame a vaccine for a diagnosis of autism appears to be a far stretch from the truth.

- What is the most important thing that helps you feel confident about vaccines? What would you tell parents who are worried about their children, and do not know whether they should vaccinate or not?

Knowledge is the most important thing when it pertains to vaccinations. If you have concerns take the time to research the vaccines and ask questions directly to your pediatrician. This would be the same advice I would give to a parent that was hesitant about vaccinating his/her child.

Flu News

by Jasjit Singh, MD

CHOC Children's

Pediatric Infectious Disease Specialist



Influenza is a serious infection, and vaccination is the most effective prevention.

What have we learned from the 2014-2015 season?

- Disease peaked in December, but cases occurred as early as September and as late as May.
- Influenza A was the predominant strain, but it was not well-matched in the vaccine due to antigenic drift that occurred before the vaccine was released.
- Influenza B strains increased in prevalence later in the season.
- Circulating strains of influenza A were more resistant to adamantanes (amantadine and rimantadine).
- The season was moderately severe with 61% of hospitalizations occurring in adults 65 years of age and older.
- 141 children died of laboratory-confirmed influenza.

To review the entire report, access the June 5, 2015 issue of the Morbidity and Mortality Weekly Report.

What should we expect for the 2015-2016 season?

Influenza vaccines for the 2015-2016 season will include the following strains:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Switzerland/9715293/2013 (H3N2)-like virus
- B/Phuket/3073/2013-like (B/Yamagata lineage) virus
- Quadrivalent versions will also include B/Brisbane/60/2008-like (B/Victoria lineage) virus

Influenza vaccine products will include a variety of options:

- Trivalent and quadrivalent intramuscular (IM) vaccines
- High-dose trivalent IM
- Jet injector trivalent vaccine for 18-64 year olds (AFLURIA®)
- Nasal spray quadrivalent vaccine for 2-49 year olds (FLUMIST®)
- Intradermal quadrivalent vaccine for 18-64 year olds (Fluzone®)

NOTE: There is no preference for LAIV vs. IIV (nasal spray vs. flu shot) for children this year.

There are three different influenza vaccine production technologies approved by the [U.S. Food and Drug Administration \(FDA\)](#):

- [Egg-based flu vaccine](#)
- [Cell-based flu vaccine](#)
- [Recombinant flu vaccine](#)

Egg-Based Flu Vaccines

The most common way that flu vaccines are made is using an egg-based manufacturing process that has been in existence for more than 70 years. Egg-based vaccine manufacturing is used to make both [inactivated \(killed\) vaccine](#) (the "flu shot") and live attenuated vaccine (LAIV or the "nasal spray").

The egg-based production process begins with CDC or another Influenza Collaborating Center providing private sector manufacturers with vaccine viruses grown in eggs per current FDA regulatory requirements. These vaccine viruses are then injected into fertilized hen's eggs and incubated for several days to allow the viruses to replicate. The virus-containing fluid is harvested from the eggs. For flu shots, the influenza viruses for the vaccine are then inactivated, and virus antigen is purified. The manufacturing process continues with purification and testing. For the attenuated nasal spray vaccine, the viruses are weakened rather than killed and go through a slightly different production process. The manufacturers then put doses into vials, syringes, or nasal sprayers while waiting for FDA testing and approval to release lots. Each lot must be approved separately for release by the FDA prior to shipment.

There are many different manufacturers that use this production technology to make flu vaccines for use in the United States. This production method requires large numbers of chicken eggs to produce vaccine and usually takes the longest period of time to produce vaccine.

Cell-Based Flu Vaccines

There also is a cell-based production process for flu vaccines, which was approved by the FDA in 2012. This production process also begins with egg-grown vaccine viruses per FDA regulations. Manufacturers mix the vaccine viruses with cultured mammalian cells (instead of incubating them in eggs) and leave them to replicate for a few days. Then the virus-containing fluid is collected from the cells and the virus antigen is purified. The manufacturing process continues with purification and testing. Next, the manufacturers put doses into vials or syringes while waiting for FDA testing and approval to release lots.

Right now, there is just one FDA-approved cell-based flu vaccine in the United States. Cell-based flu vaccine production does not require large numbers of chicken eggs because the vaccine viruses used to make vaccine are grown in animal cells. This method takes slightly less time to manufacture vaccine than egg-based technology.

Recombinant Flu Vaccines

There is a third production technology for flu vaccines that was approved for use in the U.S. market in 2013 and that involves using [recombinant technology](#). This production method does not require an egg-grown vaccine virus and does not use chicken eggs at all in the production process. Instead, manufacturers isolate a certain protein from a naturally occurring ("wild type") recommended vaccine virus (the HA protein, which induces an immune response in people). These proteins are then combined with portions of another virus that grows well in insect cells. This "recombinant" vaccine virus is then mixed with insect cells and allowed to replicate. The flu HA protein is then harvested from these cells and purified. The purified protein is packaged while waiting for FDA testing and approval to release lots. Recombinant flu vaccine is the only 100% egg-free vaccine on the U.S. market.

There are other vaccines on the U.S. market that use similar recombinant manufacturing processes. This process can produce vaccine in the shortest amount of time because it is not dependent on an egg supply or limited by the selection of vaccine viruses that are adapted for growth in eggs. There is one influenza vaccine produced using recombinant technology approved by the

FDA for use in the United States at this time.

CDC and FDA monitor the safety of all vaccines licensed in the United States, including seasonal influenza vaccines. More information about the safety of egg-based, cell-based and recombinant influenza, including adverse events, contraindications and precautions, screening, and safe vaccine administration is available at [Seasonal Influenza Vaccine Safety: A Summary for Clinicians](http://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm)(http://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm).

Vaccine information

The Centers for Disease Control and Prevention (CDC) recently updated the Vaccine Information Statements (VIS) related to influenza:

- [Inactivated Influenza VIS](#) - August 7, 2015
- [Live, Intranasal Influenza VIS](#) - August 7, 2015

The CDC also has an [extensive Q&A page](#) related to the 2015-2016 season. How are we doing so far this 2015-2016 season?

- Fewer than half of children and adults were vaccinated by early November 2015 (early flu season):
 - 39.0% of all persons 6 months and older
 - 39.2% of children 6 months through 17 years
 - 39.0% of adults 18 years and older
- Early 2015-16 flu season vaccination coverage was similar to coverage at the same time last flu season for children, adults, and all persons 6 months and older

For Health Care Personnel (HCP):

- Early season 2015-16 flu vaccination coverage among HCP was 66.7%, similar to early season coverage during the 2014-15 season (64.3%).
 - During the previous two seasons, flu vaccination coverage increased by 12-13 percentage points from early season to the end of the season.
- By occupation, early season flu vaccination coverage was highest among physicians (87.5%), nurse practitioners/physician assistants (81.8%), nurses (77.1%), pharmacists (76.8%), and other clinical professionals (72.6%).
 - Flu vaccination coverage was lowest among administrative and non-clinical support staff (62.8%) and assistants and aides (55.4%).
- By work setting, early season flu vaccination coverage was highest

among HCP working in hospitals (83.9%).

- o Flu vaccination coverage was lowest among HCP working in long-term care (LTC) settings (52.4%).
- Early season flu vaccination coverage was higher among HCP whose employers required (87.2%) or recommended (61.9%) that they be vaccinated compared with those HCP whose employer did not have a requirement or a recommendation regarding flu vaccination (39.4%).
- Among unvaccinated HCP who did not intend to get the flu vaccination during this flu season, the most common reason reported for not getting vaccinated was that they don't think that flu vaccines work. The second most common reason was fear of experiencing side effects or getting sick from the vaccine

For Pregnant women:

As of early November 2015, flu vaccination coverage before and during pregnancy among pregnant women was 40.2%, similar to 2013-14 early season vaccination coverage (43.5%).

Who's Not Getting a Flu Shot?

California Latinos, reluctant to get immunized, have much to risk

BY MARIAELENA GONZALEZ, JENNIFER MENDIOLA AND VAN DO-REYNOSO



As important to public health as flu vaccinations are, only 43% of Californians received a flu shot in 2014. Worse, among Latinos, the largest racial or ethnic group in the state, only 37% were vaccinated.

First-generation Mexican Americans, are far more likely to get flu shots than those born and raised here. In 2014, only 24% of second-generation Latinos and 15% of third-generation Latinos in California received a flu vaccination, compared with 61% of first-generation Latinos.

Flu shot campaigns aimed at Latinos should particularly target second- and third-generation immigrants. Family-related messages are also important because many Latinos live in multigenerational homes, where the risk of

spreading the flu to the very young, those with diseases such as diabetes, and the elderly is acute.

Read the entire article [here](#).

Ebola and the Future Role of Vaccinations



After over 28,000 cases of Ebola Virus Disease (EVD) worldwide and over 11,000 deaths, the need for a safe and effective vaccine is clear. The progress in Ebola vaccine development since the outbreak began in December, 2013 has

been impressive. Eight different vaccines have entered clinical development, through internationally coordinated efforts of public health, governmental, academic, and industry resources.

In a combined effort with Sierra Leone's Ministry of Health and Sanitation, the CDC is currently sponsoring a combination phase 2 and phase 3 clinical trial designed to assess the safety and efficacy of the rVSV-ZEBOV vaccine. This vaccine is produced using a recombinant Vesicular Stomatitis Virus which has one gene replaced with a single Ebola Virus gene. More information about this vaccine can be found at www.cdc.gov/vhf/ebola/strive/qa.html.

Read more [here](#).



The California Immunization Registry (CAIR) is a statewide, computerized information system for storing California residents' immunization records. CAIR is compliant with HIPAA and California confidentiality laws of patient health information. The registry allows providers and other authorized users to track patient immunization records, reduce missed vaccination opportunities, prevent unnecessary duplications, and improve immunization rates.

Currently, participation is voluntary and open to healthcare providers, childcare facilities, schools, family childcare homes, foster care agencies, health care plans, and

county welfare departments. To participate in the registry, users sign an agreement that assures confidentiality of patient immunization records and ensures that information will only be used to provide patient care or confirm immunization requirements for school or childcare. California law allows for health care providers to update immunization records on CAIR as long as either the patient or patient's parent is informed about the registry.

Read more about CAIR [here](#).



PRETEENVAXSCENE

Adolescent Immunization Webinar Series

In observance of Cervical Health Awareness Month in January, the Centers for Disease Control and Prevention (CDC) Adolescent Immunization Communications Team is proud to present the "Taming Conversations Around HPV Vaccine and Other Immunizations in Social Media" webinar series. This weekly presentation will address various aspects of engaging with negative comments or safety concerns on social media platforms. Discussion will focus on the HPV vaccine, and the unique challenges that come with it; however, many principles that we will address are relevant to immunization overall. Each webinar will offer perspectives from experts in immunization, vaccine safety, vaccine acceptance, and social media.

Please register for one or more of the webinars listed below and share this announcement with your colleagues and partners.

- **January 14th - 4:00PM ET:** *"To Engage or Not to Engage: That is the question for social media comments."* Presented by Julie Leask, PhD, MPH.

Register here - <https://cc.readytalk.com/cc/s/registrations/new?cid=tir2rifl4o0>

- **January 22nd - 11:00AM ET:** *"But I saw it on the internet! Addressing safety concerns that have gone viral."* Presented by Cindy Weinbaum, MD, MPH and Melinda Wharton, MD, MPH.

Register here - <https://cc.readytalk.com/cc/s/registrations/new?cid=1vp5nfdi8l3w>

- **January 29th - 11:00AM ET:** *"Harnessing Enthusiasm: Real world examples of engaging partners in social media discussions."* Presented by Karen Ernst and Christine Vara.

Register here - <https://cc.readytalk.com/cc/s/registrations/new?cid=dczezim9v8bq>

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STAY CONNECTED

Contact:

Linda Scott:

714.834.8095

Liscott@ochca.com

