



**OCIC NEWSLETTER**

SUMMER 2019 EDITION

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## Welcome to the Summer 2019 Edition of the OCIC Newsletter!

Our goals are to provide you with the latest and most useful information on vaccines, immunizations and other related programs by searching news stories, medical articles and a variety of updates, gathered from national and international partners; and to do so by using technology in a way that reduces the use of paper.

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**Orange County Immunization Coalition Bi-Monthly Education Meeting**



ORANGE COUNTY IMMUNIZATION COALITION  
BI-MONTHLY EDUCATION MEETING

Wednesday, July 10, 2019  
8:00 a.m. to 9:30 a.m.

Orange County Health Care Agency  
1725 W. 17<sup>th</sup> Street  
Santa Ana, CA 92706  
(Training Center 1729E located on the perimeter of back parking lot)

**"Vaccines - Issues to Contemplate"**

presented by

**Jasjit Singh, MD**

Assistant Division Chief, Infectious Diseases  
Director, CHOC Infection Prevention & Epidemiology  
Clinical Professor, UCI Department of Pediatrics  
CHOC Children's Hospital

Objectives:

- Participants will be able to list the current recommendations regarding the return of LAIV in the US for the 2018-19 and 2019-20 influenza seasons
- Participants will be able to describe the factors being considered in deciding if non-pregnant individuals should get Tdap vaccine boosters
- Participants will be able to explain why adults older than 26 years of age might benefit from HPV vaccine
- Participants will be able to explain the rationale for recommending meningococcal B vaccine to adolescents
- Participants will be able to discuss common questions regarding measles vaccine and immunity given the current global outbreaks

Breakfast generously provided by Kaiser Permanente

For more information please contact Linda Scott at (714) 834-8095 or [liscott@ochca.com](mailto:liscott@ochca.com)

Pending approval by the California Board of Registered Nursing, Provider Number 5694  
for 1 contact hour. Free of charge. Provider: Orange County Health Care Agency.

## [OCIC July 2019 Meeting Flyer](#)

### **Vaccine Journal Club**

(Dr. Singh's Comments in red)

*Jasjit Singh, MD*

Apparently, we still have to talk about measles...

An excellent (and short) editorial in the NEJM entitled "Measles in 2019 - Going Backward"  
<https://www.nejm.org/doi/full/10.1056/NEJMp1905099?query=infectious-disease>

We may very well see more measles in OC. Just to give everyone a sense of how labor and resource intensive a single patient exposure can be, our one patient at CHOC:

- Was in the ED with fever twice, put into isolation when he had a rash on a subsequent visit. (but he was contagious during those first visits)
- Exposed 205 patients and 224 staff, all of whom had to be screened for immunity and high risk conditions, as did the patient families!

- The bottom line is if you have a suspect measles case in your clinic, immediately mask the patient and place them in a private room with the door closed.

[Link to CDPH resource on management of suspected measles cases:](#)

Another commentary including quotes from our famous and fabulous Dr. Zahn: "[Measles Resurgence in US Compounded by Nonmedical Vaccine Exemptions](#)"

Meanwhile, there is news on topics other than measles, too!

### **Varicella Vaccine Tied to Reduced Pediatric Herpes Zoster Prevalence**

Researchers found that the overall incidence rate of herpes zoster, or shingles, among youths younger than 18 dropped by 72% between 2003 and 2014, as the rate of children and teens who received at least one dose of varicella vaccine rose from a range of 27% to 52% to a range of 82% to 91% over the same period. The findings in Pediatrics also showed a 78% lower crude rate of pediatric herpes zoster among those who were vaccinated, compared with those who were unvaccinated.

### **Efficacy of DTaP Vaccine Against Whooping Cough Wanes Over Time**

Children who received complete DTaP vaccination were 13 times less likely to develop whooping cough than those who were not vaccinated and nearly two times less likely than those who only received some of their shots, but efficacy may wane over time, researchers reported in Pediatrics. The study found that 82% of pediatric whooping cough cases occurred among those who were fully or over-vaccinated, suggesting "suboptimal vaccine effectiveness played a major role in recent pertussis epidemics," the authors wrote.

And finally, an article in The Atlantic from the world of anti-vaxxers...

### **Why Anti-vax Doctors Are Ordering 23andMe Tests**

Naturopaths have long been obsessed with a gene called MTHFR. Now vaccine skeptics are testing for it too. <https://www.theatlantic.com/science/archive/2019/05/vaccines-dna-23andme/589915/>

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## **Why You Need a Travel Health Consult Before Your Next Vacation**

*Selin Shirvanian, PharmD, Cindy Chau, PharmD, Janet Cantada, PharmD*

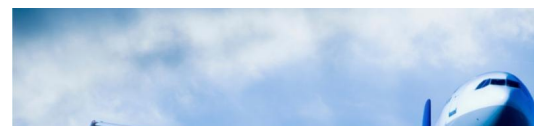
When you plan a summer trip, you may become preoccupied with booking airfare, finding lodging, or searching for local attractions. Because of this, you may forget that certain destinations require an extra step of preparation: immunizations and medications.

It can be difficult to sort through recommendations and requirements to determine which immunizations/medications you really need. Ensure a safe and enjoyable trip by consulting with a Travel Health Certified Pharmacist at your local community pharmacy, such as Ralphs Pharmacy, for advice and information specific to your itinerary and medical history. Pharmacists are now able to provide immunizations, both travel-specific as well as routine vaccinations, as well as travel-health related medications without a prescription to minimize your health risks while abroad.

Set up an appointment with your pharmacist at least 2 weeks, but preferably 6-8 weeks, before your trip. Your health insurance may cover some or possibly all your costs for the furnished vaccinations and medications.

### **Common Vaccinations Needed When Traveling Abroad**

- Influenza (Flu)
- Cholera
- Yellow Fever
- Polio



- Hepatitis A and B
- Japanese Encephalitis
- Typhoid
- Rabies
- Meningococcus
- Measles, Mumps and Rubella
- Tetanus, Diphtheria and Pertussis
- Chickenpox



### Medications Available Through Travel Health Pharmacists

- Anti-Diarrheal medications
- Altitude Sickness Prophylaxis
- Anti-Malarial medications
- Motion Sickness Prophylaxis

### Recent Notices Issued by the CDC for International Travelers (Refer to CDC website for a complete list)

- **Level 1: Usual Precautions**
  - Travelers should be fully vaccinated against measles due to worldwide outbreaks
    - Those who do not have documentation of vaccination or laboratory evidence of immunity and are born after 1957 should visit a healthcare provider at least 1 month prior to departure
    - Providers will help determine how many doses each traveler may need
    - Travel certified pharmacists are also able to review itineraries and determine if destinations are experiencing outbreaks
  - Saudi Arabia requires meningitis vaccine for travelers taking part in Hajj pilgrimage
- **Level 2: Enhanced Precautions**
  - Rubella outbreak in Japan
  - Yellow Fever outbreak in Brazil and Nigeria
  - Polio outbreak in Indonesia, Niger, Somalia, Nigeria, Democratic Republic of the Congo and Papua New Guinea
- **Level 3: Avoid Nonessential Travel**
  - US residents should avoid nonessential travels to the following areas:
    - Parts of Mozambique, Malawi and Zimbabwe due to Tropical Cyclone Idai
    - Province of Central Sulawesi, Indonesia due to recent earthquake and tsunami
    - Venezuela due to outbreaks of infectious diseases

Reference: Travel Health Notices. Centers for Disease Control and Prevention. <https://wwwnc.cdc.gov/travel/notices>. Updated June 10, 2019. Accessed June 18, 2019.

## ACIP Update, June, 2019: Adult Pneumococcal Conjugate Vaccine Recommendations

*Matt Zahn, MD*

At the latest Advisory Committee on Immunization Practices (ACIP) meeting, held on June 26 and 27 at the Centers for Disease Control and Prevention (CDC) in Atlanta, the Committee rescinded the recommendation for pneumococcal conjugate vaccination with the pneumococcal 13-valent conjugate vaccine (PCV13) for immunocompetent persons 65 years of age and older. It's unusual for ACIP to rescind a recommendation, so the logic and background behind this decision is worth review.



PCV13 prevents severe pneumococcal disease such as pneumonia and meningitis in both children and adults. But its use in the general pediatric population, where it has been



recommended in a 4-dose series for all children since 2010, has also had the happy side effect of causing a marked decrease in adult disease from the pneumococcal strains covered by PCV13. Given this already-occurring decrease in adult disease, when ACIP originally passed the recommendation for routine vaccination of healthy adults  $\geq 65$  with PCV13 in 2014, it was with a specific recommendation to follow up on national adult pneumococcal epidemiologic trends in future years. Since 2014,

national surveillance data has shown minimal evidence that routine vaccination of adults  $\geq 65$  has led to additional decrease in pneumococcal disease in that population. The vaccine works in all ages, but pediatric vaccination has already lowered disease rates in adults enough that vaccination of this age group is no longer justified. While rescinding the routine recommendation, the ACIP recommended that PCV13 can still be offered for healthy adults  $\geq 65$  years based on shared clinical decision making between patient and provider. All adults  $\geq 65$  years should still receive a dose of the pneumococcal 23-valent polysaccharide vaccine (PPSV23), and adults in that age group who have chronic disease that place them at high risk of pneumococcal disease are still recommended to receive PCV13.

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## UC Requirement for Immunization Documentation

*Albert Chang, MD*

Albert Chang MD, MPH is a pediatrician and the Medical Director of UC Irvine's Student Health Center. He provided an update on the campus experience with the UC requirement for immunization documentation. This may be important for adolescents you care for who are preparing to attend UC campuses in the fall.

Some takeaways from Dr. Chang:

1. There has always been a requirement for students to provide this documentation, BUT it was neither tracked nor enforced... until now.
2. Students ability to register for classes for the quarter is held unless their health clearance requirement is met.
3. Documentation requirements can vary based on the student's course of study, e.g. students of the Schools of Medicine and Nursing require hepatitis B and participants in the 'Masters of Teaching' program must show proof of their TB testing before they enter the school environment.

The challenge of the mandate was substantial, as UCI received over 15,000 students in the fall. The requirement is now in place for all 10 UC campuses. The process of establishing communication to share details of this requirement with each student is challenging and can be addressed by the medical home prior to the start of a patient's first year in a UC program. In addition, the Student Health Center takes advantage of opportunities in their Primary Care Clinic to screen all students for vaccine clearance as they enter for sick visits, well checks, health clearance for Education Abroad Programs or student employment opportunities. The staff of the health center are doing their best to ensure the appropriate immunization coverage for all students, especially in light of the measles situation in May.

Learn more about the immunization / documentation requirements for the UC system through the following links.

<https://shc.uci.edu/new-student-information/immunization-requirements>

<https://shc.uci.edu/sites/default/files/docs/uc-immunization-requirements-recommendations-09222017.pdf>

[https://shc.uci.edu/sites/default/files/docs/UC-HS-17-0320\\_UC\\_ImmunizationPolicy.pdf](https://shc.uci.edu/sites/default/files/docs/UC-HS-17-0320_UC_ImmunizationPolicy.pdf)

[https://shc.uci.edu/sites/default/files/docs/UCI%20Immunization%20Policy%20FAQs%2003092018%20ver%205\\_0.pdf](https://shc.uci.edu/sites/default/files/docs/UCI%20Immunization%20Policy%20FAQs%2003092018%20ver%205_0.pdf)

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## School Entrance Immunization Requirements

*Pamela Kahn, MPH, RN, NCSN*

As we move into the 2019-20 school year, there have been some notable changes to the laws regarding the immunizations required for entrance to school in California. These changes will take effect for those who will be entering school on or after July 1, 2019.

Starting in the 2019-2020 school year, school immunization requirements will include:

- 2 (rather than 1) doses of chickenpox vaccine at:
  - ◆ TK/Kindergarten entry
  - ◆ 7th grade advancement
  - ◆ TK/K-12 admission or transfer
- 2 MMR doses and 3 Hepatitis B vaccine doses at admission or transfer for most K-12 students
- Other vaccine dose requirements of 5 doses of DTaP, 4 doses of polio, and 1 dose of Tdap at 7th grade entry remain the same

Medical Exemptions: Starting July 1, 2019, a parent or guardian must submit a signed, written statement from a physician (MD or DO) licensed in California which states:

- The specific nature of the physical condition or medical circumstance of the child for which a licensed physician does not recommend immunization
- Each specific required vaccine that is being exempted
- Whether the medical exemption is permanent or temporary
- If the exemption is temporary, an expiration date no more than 12 calendar months from the date of signing

A medical exemption filed previously remains valid until the earliest of:

- When the child is next considered to be an admission at a school or pre-kindergarten facility (applies to both temporary and permanent medical exemptions), at which time staff will need to confirm if the previously filed medical exemption meets the newer requirements, or
- The expiration date specified in the medical exemption (applies to temporary medical exemptions) or
- Advancement to 7th grade, for a medical exemption from varicella vaccine or Tdap

More questions on the new requirements? Please visit: <https://www.shotsforschool.org>

**Supported by the American Academy of  
Pediatrics - Orange County Chapter**

**STAY CONNECTED**

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