



Public Health

**OCIC
NEWSLETTER**

1st Edition - JUNE, 2014

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



Welcome to the first 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.

REGISTER TODAY!

OCIC Bi-Monthly Education Meeting

"HPV: A Review"

Presented by: Harry Pellman, MD
Edinger Medical Group
Clinical Professor of Pediatrics, UCI

To learn more: [Click Here](#) for full event flyer

Complimentary breakfast will be provided
To RSVP contact Linda Scott at 714.834.8095 or Liscott@ochca.com

Ask a Vaccine Question

Now that CA is experiencing another pertussis epidemic, there have been many questions related to pertussis vaccination

In This Issue

[Ask a Vaccine Question](#)

from the community.

Q: When do I give a second Tdap vaccine?

I have a child who was behind on immunizations, and received Tdap at age 8. Now that she is 11 years old, should I give her Tdap with her other pre-teen vaccines?

A: As noted in the [Red Book](#), "Children who receive Tdap at 7 through 10 years of age should not be given the standard Tdap booster at 11 or 12 years of age but should be given Td 10 years after their last Tdap/Td dose."

Q: A Mom received Tdap with her first pregnancy 2 years ago. She did not receive Tdap with this pregnancy, but is now in the hospital post-partum. Should she get Tdap now?

A: In general the recommendation is to give repeat Tdap during pregnancy. The easy way to remember the general recommendations is that the only indication for a second dose of Tdap right now is for women during a subsequent pregnancy. Women should receive Tdap in the third trimester to provide passive antibody protection to the baby in the first few months of life, as well as part of a "cocoon" strategy for the household. These are the general recommendations. However, there may be specific circumstances where you might feel a second Tdap is justified.

Revised Resources for California VFC Providers

Submitted by Suzie Bouveron, MPH

Vaccines for Children Program

Health Education Consultant III

CA Dept of Public Health Immunization Branch

Division of Communicable Disease Control

The California VFC Program recently created or revised a variety of resources. If you have copies of old versions, please discard them and begin using the new version.

LEARN MORE

Summer Vaccines

Written by Lord Sarino, PharmD

Pharmacy Clinical Coordinator

Ralphs Grocery Company

With summer approaching, it is important to prepare the family by getting the appropriate vaccinations to keep safe and healthy. Consider some not so common vaccines that can

[Revised Resources for VFC Providers](#)

[Summer Vaccines](#)

[Measles Outbreak in OC](#)

[New Changes on Child Immunization](#)

[Requirements for Travel by Residents of and Long-term Visitors to Countries with Active Polio Transmission](#)

[Dr. Singh's Vaccine Journal Club](#)

help prepare the family for those fun and adventurous summertime activities. High on that list of activities is travel and summer camps.

[LEARN MORE](#)

Measles Outbreak in Orange County

Written by Dr. Matt Zahn

Medical Director for Epidemiology

Orange County Health Care Agency



22 cases of measles were reported in Orange County from January through March, 2014. This outbreak is one of the largest in the country in recent years. The County had three cases of measles reported in the previous five years. Case ages ranged from 3 to 45. 7 cases have been hospitalized, though all have recovered. The outbreak encompasses multiple individual measles chain transmissions, the longest being four generations, with cases reported in multiple County geographic areas. 5 of the 22 cases occurred in children under 18 years, none of whom had received MMR. 15 have become ill after contact with other cases, including 5 cases that occurred in healthcare workers who cared for measles patients.

The majority of these healthcare staff had a history of MMR vaccination and/or serologic evidence of immunity. Orange County Public Health is using its community messaging to stress the importance of having all children receive two doses of MMR at the CDC-recommended 12-15 months and 4-6 years schedule. We are also emphasizing that all medical providers should employ appropriate infection control precautions when seeing suspected measles patients, regardless of provider immune status.

Finally, patients with suspected measles and their providers are encouraged to communicate before the clinical visit to talk about how a visit can be arranged to assure that other patients and staff are not inadvertently exposed.

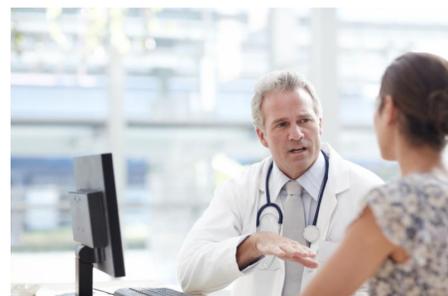
New Changes on Child Immunization

Written by Pam Kahn, RN, MPH

Coordinator

Health and Wellness Services Division

Orange County Department of Education



Assembly Bill 2109 (Pan) took effect in California on January 1, 2014. This new law requires that parents who elect to sign a personal belief waiver for immunization exemptions must

have a conversation with a health care provider previous to signing. The conversation must include information about the benefits and risks of the immunizations, as well as the health risks of the disease that the child could contract without having the appropriate vaccinations.

This new law affects all students newly admitted to a California school and students advancing to 7th grade, children that are newly admitted to a child care facility and/or those who have previously enrolled but now are subject to new immunization requirements because they have grown older. This new law also affects all public and private schools (including charter schools and alternative school settings) as well as all child care facilities.

The Orange County Department of Education, in collaboration with CHOC Children's Hospital, AAP Chapter 4, the Orange County Health Care Agency, and the Orange County Immunization Coalition sponsored a workshop " The ABCs of AB2109" in November 2013 to educate health care providers, particularly credentialed school nurses, about the new law and it's requirements. These presentations along with other resources and information related to AB 2109 may be found on the OCDE Health and Wellness

Website:(<http://www.ocde.us/Health/Pages/The-ABC%27s-of-AB2109.aspx>)

Requirements for Travel by Residents of and Long-term Visitors to Countries with Active Polio Transmission



U.S. clinicians should be aware of possible new vaccination requirements for patients planning for travel for greater than 4 weeks to countries with on going poliovirus transmission.

Domestic clinicians should provide the following information to their patients planning international travel to countries experiencing polio outbreaks/active transmission:

1. Travelers to polio-affected areas should receive polio vaccination or a booster polio vaccination prior to travel following the guidance at: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/poliomyelitis>
2. For travel to countries with ongoing poliovirus transmission such as Pakistan, Cameroon, Syria, Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia, and Nigeria:
 - o Residents and long term visitors (of more than 4 weeks) should receive additional dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to any international travel and have dose documented.
 - o Residents and long term visitors who are currently in those countries who must travel with fewer than 4 weeks' notice and have not been vaccinated should receive a dose at least by the time of departure.
 - o Those measures should be maintained until at least 6 months have passed with the detection of WPV transmission in the country of any source.
3. Travelers to or from all 10 countries should be given a *WHO/IHR International Certificate of Vaccination or Prophylaxis* to record and serve as proof of their polio vaccination. [Read More](#)

Dr. Jasjit Singh's Vaccine Journal Club

Recommended texts for updates on vaccines

There has been a great deal of news in the last few months about vaccine-preventable disease:

- Outbreaks of Meningococcal B disease on the campuses of Princeton University and the University of California, Santa Barbara, leading to mass vaccination campaigns at both campuses. There has also been a cluster of invasive Meningococcal disease in LA in MSM. (*OCHCA epi newsletter 04.11.14*)
- The US has seen more measles cases in 2014 (288 cases), than in the past 20 years.
- Measles outbreak in OC, as well as in NYC, Ohio, and other areas of the country. Ohio is facing a mumps outbreak.
- More Pertussis cases in OC, San Diego and Long Beach so far this year than seen since the 2010 epidemic.

Clearly, we have our work cut out for us! Here are some articles from the vaccine literature that may be of interest:

- **Effective Messages in Vaccine Promotion: A Randomized Trial** - *Brendan Nyhan, PhD, Jason Reifler, PhD; Sean Richey, PhD; and Gary L. Freed, MD, MPH*
 - Authors conducted a survey to test the effectiveness of parents-focused message that are designed to reduce vaccine misperceptions and increase the vaccination rates for measles-mumps-rubella (MMR). Findings provide information that refuted claims of an MMR/autism link successfully reduced the misperception that vaccines cause autism. These authors concluded that current public health communications about vaccines may not be helpful. [Read More.](#)
- **Benefits From Immunization During the Vaccines for Children Program Era - United States, 1994-2013** - *Morbidity and Mortality Weekly Report (04.25.12) Vol.63, No.16, P.352 Whitney, Cynthia G; Zhou, Fangjun; Singleton, James; et al.*
 - The Vaccines for Children (VFC) program, first implemented in 1994, has effectively improved the health of U.S. children and saved \$295 billion in direct costs and \$1.38 trillion in total societal costs. Among children born 1994-2013, vaccination is estimated to prevent 322 million illnesses, 21 million hospitalization, and 732,000 deaths over the course of their lifetimes. [Read More.](#)
- **Vaccination has High Benefit to Cost Ratio** - *Zhou, Fangjun, PhD; Shefer, Abigail, MD; Wenger, Jay, MD; Messonnier, Mark, PhD; Wang Y. Li, MBA; Lopez, Adriana, MHS; Moore, Matthew, MD, MPH; Murphy, V. Trudy, MD; Cortese, Margaret, MD; and Rodewald, Lance, MD*
 - Immunizations prevent 42,000 deaths and 20 million cases of disease, saving \$13.5 billion in direct costs and \$68.8 billion in total societal costs. For every dollar spent on immunization, \$3 is saved on direct costs, and \$10 is saved on societal costs. [Read More.](#)
- **Reduction of Racial/Ethnic Disparities in Vaccination Coverage, 1995-2011** -

Walker, T. Allison, PhD; Smith, J. Philip, PhD; Maureen, Kolasa, MPH; et al.

- Virtual disappearance in racial and ethnic disparities in vaccination coverage, in large part due to VFC. [Read More.](#)

- **Autism-Vaccine Concerns Remain Widespread** - *Heasley, Shaun*

- Despite our OCIC focus group findings, a study found that many parents still think there is an association between vaccines and autism. [Read More.](#)

Supported by the Orange County Chapter
American Academy of Pediatrics

STAY CONNECTED

Contact:

Linda Scott: 714.834.8095

Liscott@ochca.com

