OCIC NEWSLETTER

SUMMER 2018 EDITION

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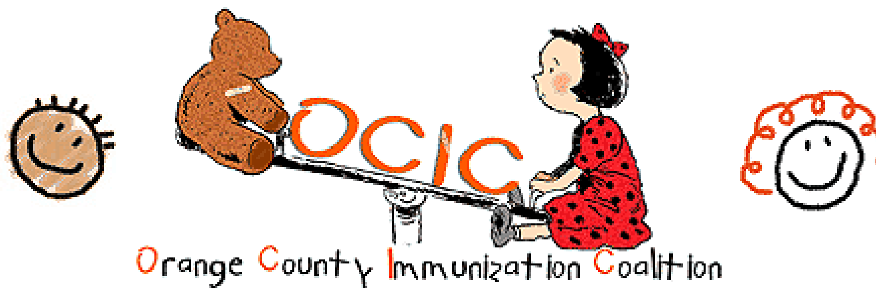

Welcome to the Summer 2018 Edition of the OCIC Newsletter!

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.

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OCIC Bi-Monthly Educational Meeting

"Catching the Next Wave: Pertussis in 2018"
Presented by Dr. Matt Zahn, MD

Wednesday, July 11, 2018
8:00 am - 9:30 am

Orange County Health Care Agency
1725 W. 17th Street Santa Ana 92706

RSVP to Linda Scott (714) 834-8095 or liscott@ochca.com

Download Flyer Here

Pertussis Rates are Increasing in Orange County

By Matthew Zahn, MD

Pertussis disease rates have been increasing in Orange County over the last six months. On a national level, communities and states have experienced pertussis outbreaks every four to five years. California's previous epidemics occurred in 2010 and 2014, so it's possible or even likely that a new epidemic will happen here soon.

DTaP vaccination is recommended by the Centers for Disease Control and Prevention (CDC) at ages 2, 4, 6 and 12-15 months, and 4-6 years. Adolescents should receive a single dose of Tdap at 11-12 years of age. This regimen protects infant and children from disease. But from 2009-2015, 18 of 20 pertussis deaths in California occurred in infants under two months of age, before the vaccine series starts. To protect these youngest infants, CDC recommends that women receive Tdap vaccination in the 27-36th week of each pregnancy. Mom is protected against developing infection, and transplacentally transferred maternal antibodies protect the infant as well. Vaccinating pregnant women has consistently proven in multiple studies to protect against infant disease. The Maternal and Infant Health Assessment (MIHA) survey conducted in California in 2016 found that only about

52% of women with recent pregnancies reported being vaccinated. The study found similar vaccination rates in Orange County.

101 cases of pertussis have occurred in Orange County since the start of the year, including 14 cases in infants under six months of age. 64% of these infants under six months required hospitalization and 22% visited a pediatric intensive care unit. Only one of the hospitalized cases' mothers had been vaccinated during pregnancy, and that one mother received Tdap in the first trimester.

As pertussis rates begin their increase in Orange County, it is critical that providers recommend Tdap vaccination to pregnant women and provide a method for them to get it, preferably by offering vaccinating in the office.

Immunizations in Pharmacies

Lord Sarino, PharmD
Clinical Pharmacy Sales Manager
Ralphs Grocery Company

Pharmacists are authorized to administer immunizations in all 50 states and the District of Columbia.* Since vaccines are accessible at any visit to the pharmacy with no appointments needed, patients seeking to receive an immunization can do so in California for all vaccines routinely recommended by the Centers for Disease Control and Prevention. Many pharmacists are even trained to independently provide travel-related immunizations and medications based on specific itineraries.

Pharmacists routinely collaborate with primary care providers to gather immunization records as well as communicate doses given. This information must also be shared with state registries per California pharmacy law. To ensure series completion, multiple strategies within pharmacy workflow aid patients in becoming fully protected against vaccine preventable disease, including pharmacy software reminders for follow-up doses or dose reminder cards. Even ancillary pharmacy staff such as technicians are increasingly trained to identify possible vaccine recipients to urge patients in having a discussion with pharmacists.

Like most healthcare providers regrettably, pharmacists must increasingly address vaccine hesitancy spread through sources such as social media, celebrities, and circulated misconceptions. Fortunately, pharmacists in the community setting provide accessibility for education and reliability for discrediting myths or fallacies. Unfortunately, pharmacists still experience resistance from patients stating, "I need to discuss this with my doctor" or "my doctor would have given me the vaccine if they thought I needed it". As healthcare providers, we must come together as a healthcare team to constantly reinforce the necessity of receiving immunizations. Community pharmacies serve as convenient and reliable venues for patients to utilize and physicians to refer to. Together, we can combat the sources of vaccine hesitancy by spreading the benefits immunization, no matter the setting.

*Hogue MD, Grabenstein JD, Foster SL, Rothholz MC. Pharmacist involvement with immunizations: a decade of professional advancement. J Am Pharm Assoc (2003). 2006;46(2):168-79.

Vaccine Journal Club (Dr. Singh's comments in red)

By Jasjit Singh, MD

As we continue our quest to improve HPV vaccination rates, encouraging data from other countries is good to have in our armamentarium when speaking with parents and health care providers.

Introduction Of HPV Vaccine Associated With Steep Drop In Rate Of Infections In England, Data Suggest.

Findings published in the Journal of Infectious Diseases show that "the introduction of HPV vaccines has led to a sharp reduction in the number of young women with the cancer-causing infection in England, new data from Public Health England finds." The vaccination program began in 2008, and data show that "between 2010 and 2016, infections with HPV 16 and 18 fell 86% among women ages 16 to 21 who were eligible for the vaccine during this time period."

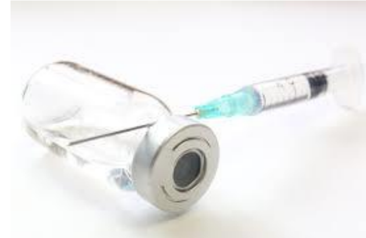
Fortunately, the outbreak of Hepatitis A in San Diego has abated, but has spurred an updated advisory from the CDC.

CDC Issues Updated Advisory Regarding Outbreaks of Hepatitis A

The CDC has issued guidelines to assist clinicians in identifying and preventing new infections. The CDC has issued a Health Alert Network Advisory regarding

outbreaks of **hepatitis A infection** among individuals reporting drug use and/or homelessness.
Of the 2500 cases of hepatitis A infection reported between January 2017 and April 2018, 68% were among persons who reported drug use (injection and non-injection), homelessness, or both. In response to these outbreaks, the CDC has issued guidelines to assist clinicians in identifying and preventing new infections.

These include:



- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.
- Encourage persons who have been exposed recently to hepatitis A virus and who have not been vaccinated to be administered 1 dose of single-antigen hepatitis A vaccine or immune globulin (IG) as soon as possible, within 2 weeks after exposure.
- Consider saving serum samples for additional testing to assist in the investigation of transmission.
- Ensure all persons diagnosed with hepatitis A are reported to the health department in a timely manner.
- Encourage hepatitis A vaccination for homeless persons in areas where hepatitis A outbreaks are occurring.
- Encourage hepatitis A vaccination for persons who report drug use or other risk factors for hepatitis A.

An infected individual can be viremic up to 6 weeks through their clinical course and excrete virus in stool for up to 2 weeks prior to becoming symptomatic. Symptoms may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice.

Related Articles

- **Low Supply of Hepatitis A Vaccine Due to Ongoing Outbreaks**
- **Vaccination Nearly Eliminates Hepatitis A Transmission in Alaska**
- **Three-Part Strategy Announced for Hepatitis A Outbreak**

Vaccination against hepatitis A is recommended for all children at age 1 and for individuals at increased risk for infection. Vaccines currently licensed in the US are the single-antigen vaccines Havrix (GlaxoSmithKline) and Vaqta (Merck) and the

combination vaccine Twinrix (GlaxoSmithKline); GamaSTAN S/D (Grifols Therapeutics) IG is approved for hepatitis A virus prophylaxis.

Some exciting vaccines in the pipeline that will have a major effect on global health!

Study Supports Safety Concerns of World's only Dengue Vaccine

Previously, results from two phase 3 trials involving more than 30,000 participants in Southeast Asia showed that Dengvaxia reduced severe dengue by 93% and hospitalizations by 81% within the first 25 months of vaccination, according to WHO. The trials, known as CYD14 and CYD15, further showed that vaccine efficacy was higher in participants aged 9 years and older. In contrast, younger participants aged 2 to 5 years had an increased risk for hospitalization.

Newer data published in the New England Journal of Medicine show that the world's only licensed dengue vaccine increases the risk for severe disease and hospitalization in patients with no prior exposure to the disease. A re-examination of trial data showed that Dengvaxia (Sanofi Pasteur) is protective in patients who have been previous exposed to dengue virus but potentially harmful in those who have not, researchers said.

Dengvaxia is still beneficial to patients with a prior dengue infection. The researchers estimated that, in a cohort of 1 million people aged 9 to 16 years with an 80% seropositivity rate, Dengvaxia could prevent approximately 11,000 hospitalizations and 2500 severe cases of dengue over 5 years.

The immunology suggests that this new typhoid vaccine should be more effective.

WHO Issues Position Paper for Typhoid Fever Vaccine

Typhoid conjugate vaccine (TCV) is now preferred over other vaccine types, and the World Health Organization (WHO) recommends its introduction be prioritized in regions with the highest burden of typhoid fever and/or a high burden of antimicrobial-resistant Salmonella Typhi, according to a new WHO position paper published in Vaccine.

As there are higher and more sustained levels of immunogenicity from 1 dose of injectable Vi-TT (tetanus toxoid) conjugate vaccine (Typbar-TCV) compared with the injectable Vi polysaccharide vaccine (ViPS) vaccine, WHO recommends TCV as

a 0.5-mL single dose for infants and children aged 6 months and older and for adults aged up to 45 years in typhoid endemic regions.

If ViPS is used, a single dose should be administered to those aged 2 years and older, and for the Ty21 vaccine, a 3-dose oral immunization schedule is recommended at >6 years.

For catch-up vaccination, TCV is recommended up to 15 years of age, when feasible, and is supported by epidemiologic data, such as the burden of disease. WHO recommends vaccination in cases of confirmed outbreaks of typhoid fever, although data on the use of vaccines in controlling outbreaks are very limited, and research to assess the value of vaccination in these cases is strongly recommended. Also outlined are recommendations for the vaccination of special populations, as well as contraindications and precautions that need to be taken.

The problem of an HIV vaccine has been hard to crack...

Experimental HIV Vaccine Could Begin Human Trials Next Year, Study Suggests.

Scientists have developed an experimental HIV vaccine that has "neutralized" the virus in animals and "human trials could begin as early as next year." The study, published in Nature Medicine, represents a "major step forward in ongoing efforts by the National Institutes of Health to create an HIV vaccine." The vaccine "works by teaching the body how to fend itself against HIV through the production of antibodies specifically designed to target and destroy the virus."

HealthDay (6/6, Preidt) reported the researchers with the US National Institute of Allergy and Infectious Diseases (NIAID) found that the vaccine triggered antibody production in mice, guinea pigs and monkeys. NIAID director Dr. Anthony Fauci said, "This elegant study is a potentially important step forward in the ongoing quest to develop a safe and effective HIV vaccine."

New School Immunization Guidelines

Pamela Kahn, MPH, RN, NCSN
Coordinator, Health and Wellness
Orange County Department of Education

The CDPH is in the process of creating new guidelines for pre-kindergarten and school immunization requirements. For those of you policy wonks, the sections affected are CCR Title 17; Sections: 6000, 6015, 6020, 6025, 6035, 6040, 6045,

6050, 6051, 6055, 6060, 6065, 6070, and 6075. In 2010, there were changes to requirement statues by the CA Legislature and Governor. These proposed changes are to the regulations that supplement statutes. These changes are anticipated to take effect in 2019.

The updates will reflect the current national immunization recommendations and the changes in CA statues over the last decade. They will attempt to clarify and simplify the requirements around age and grade, and make the requirements for K-12 uniform when possible. There will also be revised tables for the required immunizations that will be easier to interpret, formatting changes, definitions will be provided and an overall reorganization of supporting documentation.
There will be adjustments to the varicella vaccine requirements for K entry, 7th grade advancement and new admissions for grades K-12. Age and date restrictions will be removed for a variety of the other required immunizations, and modifications made to the Hep B and MMR schedule for students who are newly admitted or are transferring in grades K-12.

The "Blue Card" is also undergoing revision, and the CDPH has sent out versions for review and comment. There will be a new layout, and a Tdap row added (instead of using the sticker). Additionally, there are some proposed changes to what is required for a Medical Exemption (the only exemption currently allowed in CA schools).
So, stay tuned for details! The OCIC will present all of the changes discussed above at a future meeting once the CDPH has finalized all of the changes.

2018 California Immunization Coalition (CIC) Summit

Suzi Bouveron, MPH
Vaccines For Children (VFC) Program
California Department of Public Health Immunization Branch

The 2018 California Immunization Coalition (CIC) Summit was held April 16-17 in Sacramento. CIC staff also coordinated a meeting at the Summit site for Immunization Coordinators from local health departments and CDPH staff. Participants enthuse that this is their favorite conference each year. They look forward to hearing the latest vaccine information and really enjoy the opportunity

to network and collaborate with peers. This year's plenary speakers included our own Pamela Kahn, who was a featured presenter and the moderator for a panel on school immunization law. Other plenary speakers included Dr. Karen Smith, CDPH Director; Dr. Sarah Royce, CDPH Immunization Branch Chief; Dr. Arthur Reingold, Professor of Epidemiology and Distinguished Chair in Global Health & Infectious Diseases Emeritus at UC Berkeley; and Dr. Mark Sawyer, Professor of Clinical Pediatrics and Pediatric Infectious Disease Specialist at UCSD School of Medicine and Rady Children's Hospital San Diego. Presentations are posted on the **CIC website Summit page** and information about 2019 Summit location will be announced in early September. Sign up for the **CIC Vaccine Booster** to stay up to date!

Summer Travel and Vaccine Reminders

David Núñez, MD, MPH, FAAP
Family Health Medical Director

As you make plans to travel outside the U.S. for summer vacation, there are health and safety risks you should be aware of. No matter where you go-you can kick off your travel adventure by getting prepared with a visit to the **CDC Travelers Health** and the **CDC Summer Travel Abroad** web pages.

Before You Go

- **CDC recommends all travelers be up to date on routine vaccines,** such as influenza, polio, and measles. Because of good vaccine coverage of U.S. children, some of the diseases prevented by routine vaccines rarely occur here. However, these diseases can be much more common in other countries, even in areas where you wouldn't normally worry about travel-related illnesses. For example, there are currently measles outbreaks in many popular destinations -don't go unprotected! A complete list of routine vaccines for children and adults is available **here**.
- **Note: See age specific recommendations for infants and young children who will be traveling outside the United States.**
  - **MMR vaccine:** Infants age 6-11 months should get a dose of MMR vaccine before travel. This can provide temporary protection from measles infection, but will not give permanent immunity. The child should still get 2 doses at the recommended ages for long-lasting protection. Children aged ≥12 months should have 2 doses of MMR vaccine before traveling overseas. Children who have received 1 dose should receive their second dose before departure, provided the 2 doses are separated by ≥28 days.

    - **Hepatitis A vaccine (New ACIP Recommendation 2/18):** Hepatitis A vaccine should be administered to infants 6-11 months of age traveling outside the US when protection against hepatitis A is recommended.This recommendation takes into consideration the fact that infants under 12 months who will be traveling internationally will typically also need an MMR vaccine. Since Hepatitis A immune globulin and MMR vaccine should not be administered simultaneously, these children should receive a single dose of HepA vaccine. Infants should then complete the full, 2 doses of HepA vaccines beginning at 12 months of age as recommended.
- **Learn about health concerns at your destination.** Even if you're familiar with the place, there may be new and important health risks that could make or break your trip.
- **Make an appointment** with a **travel medicine specialist** or your healthcare provider to get needed vaccines and medicine at least 4 to 6 weeks before you leave. The **Orange County Health Care Agency** also offers travel immunizations by appointment only (note: yellow fever vaccination is currently not available) for Orange County residents, pre-travel counseling, and prescriptions to prevent a malaria infection.

Examples of Current Outbreaks (as of June 25, 2018)

- **Measles:** There are outbreaks of measles in popular destinations in Europe (England, France, Italy, Greece), Indonesia, and the Philippines. Measles is highly contagious and can lead to serious complications. Don't put yourself at risk. Make sure you are up to date on the MMR (measles, mumps, and rubella) vaccine and other routine vaccines before you go.
- **Yellow Fever:** There is a deadly outbreak of yellow fever in Brazil. Travelers to Brazil (including popular destinations like Ilha Grande and the cities of Rio and Sao Paolo) should protect themselves by getting yellow fever vaccine at least 10 days before travel. Only select US clinics currently offer yellow fever vaccine, so plan ahead and find a clinic near you.

Supported by the American Academy of Pediatrics - Orange County Chapter

STAY CONNECTED

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