



IMMUNIZATIONS

Vaccinate at Every Life Stage
Summer 2014



Exemption Rates Increase in 2013–2014 School Year

By Alexandra Bhatti, MPH, Immunization Assessment Manager

The vaccine era began with Edward Jenner’s discovery that inoculation with material from a cowpox (vaccinia) lesion had the capacity to protect against small pox¹. After this, the concept of state required vaccines began in Massachusetts in 1855². During this time the smallpox vaccine was still the only vaccine available, and would remain so for 100 more years². Over the years more vaccines have been developed. Vaccines have been so effective, the Centers for Disease Control and Prevention (CDC) named vaccinations as one of the top 10 achievements in public health in the 20th century¹. Vaccination mandates in schools and childcare settings began as a way to maintain a high level of protection in the community.

The advent of state mandated immunizations prompted the introduction of exemptions from those requirements. While vaccinations are generally safe and effective there are individuals who cannot receive vaccines for medical reasons¹. As a result, all states permit medical exemptions for temporary and permanent reasons¹. Twenty-nine states allow religious belief exemptions (RBE) for those whose particular religious beliefs are in opposition to vaccinations³. Arizona allows religious exemptions for child care centers only. There are those who oppose vaccinations for other reasons and elect to be exempt for personal beliefs. Arizona is one of 20 states that permit personal belief exemptions (PBE)³. As the presence of vaccine preventable diseases (VPDs) has decreased, the individual incentive to vaccinate has also decreased. This is why, as health care providers, it is vital to remind parents of the importance of immunizations.

Although Arizona maintains high immunization coverage levels, there has been an increase in exemption rates over the last decade. The specific increase is in PBE seen in reported kindergarten and 6th grade population, and RBE in child care centers. With an increase in exemption rates, decreasing vaccination coverage rates have followed (see Tables 1 and 2). Table 1 depicts the declining immunization coverage rates in the kindergarten population for virtually every immunization except 2-dose varicella. As coverage rates progressively decrease the community becomes more at risk for a multitude of VPDs, such as the highly infectious disease, measles. When comparing rates between the 2010–2011 and the 2013–2014 school year (SY), there was a 1.4% decrease in coverage for the MMR series. During the same time span, there was a comparable increase of total PBE by 1.5% in the kindergarten population and 1% in the 6th grade population (see Tables 1 and 2).

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Exemption Rates Increase in 2013–2014 School Year (continued)

Table 1: Trend of Immunization Specific Coverage Levels and Personal Belief Exemption (PBE) rates for Kindergarten Students

	KINDERGARTEN NUMBER OF STUDENTS	DTaP 4+	POLIO 3+	MMR 2+	HEP B 3+	VAR1	VAR2	PERSONAL BELIEF EXEMPTIONS
2010–2011	83,348	95.6%	95.6%	95.3%	96.6%	97.3%	81.2%	3.2%
2011–2012	85,316	94.9%	95.0%	94.7%	96.3%	96.9%	82.7%	3.4%
2012–2013	87,909	94.6%	94.7%	94.5%	95.9%	96.8%	84.2%	3.9%
2013–2014	85,861	94.3%	94.7%	93.9%	95.9%	96.4%	86.3%	4.7%

Table 2: Trend of Immunization Specific Coverage Levels and Personal Belief Exemption (PBE) rates for 6th Grade Students

	6TH GRADE NUMBER OF STUDENTS	TDAP 1	MCV 1	MMR 2	HEP B 3	VAR1	VAR2	PERSONAL BELIEF EXEMPTIONS
2010–2011	82,047	87.8%	88.2%	97.7%	97.8%	98.0%	48.8%	3.7%
2011–2012	82,581	88.7%	89.2%	97.3%	97.6%	97.6%	52.2%	4.0%
2012–2013	82,765	90.1%	90.2%	97.5%	97.6%	97.6%	58.3%	3.9%
2013–2014	81,588	89.3%	89.8%	97.5%	97.6%	97.6%	71.4%	4.7%

Another trend exists with regards to PBE in schools. As shown in Table 3, there is variation in PBE rates between public, charter, and private schools. While all three types of institutions have experienced an increase in PBE, charter schools appear to have a higher level of PBE than private or public schools. Charter school PBE rates in the 2013–2014 SY reached 9.1% in the kindergarten population, and 9.4% in the 6th grade population. This is compared to public schools who have the lowest PBE rates of 3.6% in the kindergarten population, and 3.7% in 6th grade population. Private schools experienced the greatest increase in PBE rates across the board, jumping 1.3% from the 2012–2013 SY to 7.5% in kindergarten for the 2013–2014 SY, and increasing by 1.4% to 6.7% in the 6th grade population. There is a clear disparity between the type of school and PBE rate.

Decreases in immunization coverage erode the integrity of the already fragile community (herd) immunity that exists for VPDs. As herd immunity is compromised, unvaccinated individuals—children and adults alike—will be placed at a higher risk of contracting vaccine preventable diseases. Health care providers are in a unique position to reach out and effect a change in this trend. With the solid knowledge base and sturdy relationship developed, they can reinforce the importance of immunizations and share the “big picture” of maintaining herd immunity versus the losing of herd immunity and potential outbreaks. Studies have shown that the most effective way to ensure vaccination is a strong recommendation from healthcare providers.

Table 3: School Type Personal Belief Exemption (PBE) rates for Kindergarten and 6th Grade from 2012–2013 and 2013–2014

	KINDERGARTEN 2012–2013 PBE	KINDERGARTEN 2013–2014 PBE	% INCREASE	6TH GRADE 2012–2013 PBE	6TH GRADE 2013–2014 PBE	% INCREASE
Public	3.1%	3.6%	0.5%	3.2%	3.7%	0.5%
Charter	7.4%	9.1%	1.7%	9.0%	9.4%	0.4%
Private	6.2%	7.5%	1.3%	5.3%	6.7%	1.4%
Total	3.9%	4.7%	0.8%	3.9%	4.7%	0.8%

For more specific information on Immunization Coverage levels visit the Arizona Immunization Program’s website at <http://azdhs.gov/phs/immunization/statistics-reports.htm>, or visit our Immunization Program website at <http://azdhs.gov/phs/immunization/>

¹Malone, Kevin, and Alan Hinman. “School Starts Soon—Is Your Child Fully Vaccinated?.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 23 Sept. 2013. Web. 4 June 2014. <<http://www.cdc.gov/Features/CatchUpImmunizations/>>.

²“Vaccination Exemptions.” History of Vaccines RSS. N.p., 24 Jan. 2014. Web. 4 June 2014. <<http://www.historyofvaccines.org/content/articles/vaccination-exemptions>>.

³“State Vaccination Requirements.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 30 Sept. 2011. Web. 4 June 2014. <<http://www.cdc.gov/vaccines/imz-managers/laws/state-reqs.html#other>>.

Decreasing Exemption Rates: What can YOU do?

HEALTH CARE PROVIDER

- Have a personal conversation with parents
- Make a strong recommendation for vaccination
- Educate self, staff and patients
- Nurture provider-patient relationships

SCHOOL NURSE OR HEALTH OFFICE PERSONNEL

- Become familiar with school requirements and the new exemption forms
- Have a personal conversation with parents
- Minimize use of “convenience” exemptions
- Provide educational resources and materials to parents

PARENT OR GUARDIAN

- Speak to your child’s physician or a health resource
- Protect your child’s health—Educate yourself on vaccines
- Make your decision based on facts, research and sound judgment
- Keep a personal copy of your child’s immunization record updated and readily available

Measles Making a Comeback in the United States

By Karen Lewis, MD, AIPO Medical Director

Measles was declared to be eliminated in the United States (U.S.) in 2000, meaning there was no longer the year-round spread of measles. Since then, the U.S. has averaged about 60 cases of measles a year mostly from unvaccinated Americans traveling abroad.¹



This year the U.S. has been seeing a much higher number of measles cases. The CDC’s Morbidity and Mortality Weekly Report (MMWR), June 6, 2014 reported 288 cases of measles as of May 23, 2014. This represents the highest number of cases for this period since 1994.²

Of the 288 cases, 97% were associated with importations from at least 18 countries. The source of measles acquisition could not be identified for 3% of cases. Measles cases have been reported from 18 states and New York City. Most cases were reported from Ohio (138), California (60), and New York City (26).

Most of the 288 measles cases reported in the MMWR were in persons who were unvaccinated. Among the 195 U.S. residents who had measles and were unvaccinated, 85% declined vaccination because of religious, philosophical, or personal objections, 6% were missed opportunities for vaccination, and 5% were too young to receive measles vaccination.

As of June 27, 2014, the number of measles cases in the U.S. has risen to 539. About one out of 10 children with measles also gets an ear infection, and up to one out of 20 gets pneumonia. For every 1,000 children who get measles, one or two will die.³

Approximately 20 million cases of measles occur each year globally, so measles importations into the United States will continue to pose a risk for infection and outbreaks among unvaccinated persons.

(Continued on next page)

Measles Making a Comeback in the United States (continued)

Adults who are traveling internationally should have received two doses of MMR. Children who are traveling internationally have different measles vaccine recommendations than the routine childhood schedule. Infants 6–11 months of age should receive a dose of MMR. Children do not need to wait until age 4–6 years to get their second dose of MMR. The second dose can be given as close as 28 days from the first dose.¹

People in the U.S. who are not traveling internationally still need to be immune to measles. MMR immunizations not only protect individuals against measles, they also prevent the further spread of measles when measles is imported into the U.S. It is only by maintaining high levels of MMR vaccine coverage in the U.S. that measles outbreaks can be prevented, so that infants too young to be vaccinated and persons who cannot be vaccinated because of medical conditions can be protected against measles.

¹ Centers for Disease Control and Prevention (CDC). Prevention of measles, rubella, congenital rubella syndrome, and mumps: 2013 summary recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2013;62(No. RR-4).

² CDC. *MMWR* 2014;63(22):496-499.

³ CDC. www.cdc.gov/measles, downloaded June 24, 2014.

Arizona Immunization Program HPV Immunization Grant Activities

By Michelle Hanson, RN, MPH, Special Programs Manager

The Arizona Immunization Program Office (AIPO) applied for and received a Centers for Disease Control and Prevention (CDC) Prevention and Public Health Fund (PPHF) grant in October of 2013 to conduct activities aimed at increasing HPV immunization rates in Arizona. The first step was to develop an Arizona HPV joint initiative with immunization stakeholders. This was done largely through The Arizona Partnership for Immunization (TAPI) and the Arizona Department of Health Services (ADHS) Cancer Coalition and their contacts.

The second step was to develop and implement HPV vaccination communication campaigns. The message is cancer prevention for the future and the target audience for these campaigns are adolescents ages 11–18 and their parents/guardians. After significant input from both provider and community awareness groups, the materials were approved and produced and can be viewed and accessed on the TAPI website <https://www.whyimmunize.org/HPV-vaccine-resources>.

The third step was to implement immunization information system based reminder/recall efforts for adolescents to increase the administration of the second and third doses of HPV vaccine. The Arizona immunization registry, known as ASIIS, is currently being cleaned up to merge duplicate records and eliminate inappropriate records so that it will be more accurate when reminder/recall is implemented. (Continued on next page)

Encouraging vaccines is as easy as 1, 2, 3!

T2X Arizona Department of Health Services 5/14

TAKE CONTROL 3 VACCINES TO PROTECT ME

PROTECT me WITH 3

Arizona Immunization Program HPV Immunization Grant Activities (continued)

The fourth major activity was to add the first dose of the HPV vaccine to the qualifying antigens for TAPI'S Teen Cloud award, which recognizes providers who achieve 90% coverage of their fifteen year old patients with at least one dose each of Tdap, Meningococcal, and HPV vaccine. The second and third doses of HPV vaccine will be added to the award in 2015 and 2016, respectively. Forty-two eligible practices were nominated and thirty providers received the award at the annual TAPI awards dinner in April. Award winners are listed as an insert.

The last step of the grant is to implement strategies for providers in Arizona to increase knowledge of HPV-related diseases, increase knowledge of HPV vaccination safety and effectiveness, improve skills needed to deliver strong effective HPV vaccination recommendations, and decrease missed opportunities. This has been accomplished through the annual Arizona immunization conference, flyers given to providers during site visits, trainings sponsored by The Arizona Partnership for Immunizations (TAPI), Well Woman HealthCheck staff trainings, and provider continuing medical education (CME) trainings. The CME trainings will take place in Phoenix, Tucson, and Flagstaff and are a collaboration between the Arizona Chapter of the American Academy of Pediatrics (AzAAP), TAPI, and ADHS. They will include HPV facts and impacts, HPV campaign and talking points, moving exam room messaging to the media, and increasing HPV immunization rates. Other on-going activities include the creation of toolkits for school nurses, providers, and parents.

Summary of Reportable Vaccine-Preventable Diseases January–June, 2014 ^{1,2}

By Susan Goodykoontz, Vaccine-Preventable Disease Epidemiologist

	JAN.–JUNE, 2014	JAN.–JUNE, 2013	JAN.–JUNE 5-YEAR MEDIAN
Measles	0	1	1
Mumps	11	1	3
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (confirmed)	335 (194)	962 (760)	468 (63)
Haemophilus influenzae, serotype b invasive disease (<5 years of age)	0 (0)	2 (2)	1 (1)
Meningococcal infection, invasive	8	10	8
Streptococcus pneumoniae, invasive	496	539	538
Hepatitis A	21	45	42
Hepatitis B, acute	27	26	79
Hepatitis B, chronic	617	443	443

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected.

Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award



The Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award was started in 2012 to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization. Each year, CDC honors one Immunization Champion from each of the 50 states and the District of Columbia.

Nominees for the Immunization Champion Award provide community leadership on immunization issues and collaborated with others to build support for and increase immunization rates. They are visible childhood immunization champions in their communities and medical systems and may act as a spokesperson or educator, advocating for childhood immunization policy advancements. The Champion Award honors those who are doing an exemplary job, going above and beyond to promote childhood immunizations in their communities.

This year, the Arizona Childhood Immunization Champion Award goes to Dr. Jonathan Melk and his team at Chiricahua Community Health Centers, Inc. (CCHCI) for continually going above and beyond for childhood immunizations in Arizona.

Dr. Melk and his team worked tirelessly to increase the immunization rates in the small border town of Douglas, Arizona. On July 31, 2006 CCHCI initiated its pediatric program with Dr. Melk being the only pediatrician. In the preceding 7 months, CCHCI had vaccinated only 73 children with a total of 190 vaccines. More children than not had anywhere from three to fifteen different immunization cards (including various ones from Mexico) or they had no records at all. ASIIS most often did not correlate with the information provided by the cards, the caregivers nor the schools. Many children were supra-vaccinated with some vaccines (i.e. more than 20 hepatitis B doses), yet hadn't received enough or none of the others. Dr. Melk and his team found this to be a trying yet tremendously rewarding challenge to take on what was truly a pediatric public health crisis in the corner of Arizona.

Dr. Melk and the CCHCI team are now the predominate immunization providers in the region. They currently provide the same number of vaccines in a couple of weeks as what was previously provided in seven months. Please join us in congratulating Dr. Melk and his team!

Be sure to visit the CDC website (<http://www.cdc.gov/vaccines/default.htm>) where Dr. Melk and other 2014 Immunization Champions nationwide are recognized.

Vaccine Exemptions: The Cost to Arizona Schools

The following article highlights a study completed by a student attending the University of Arizona working on his MPH degree. He worked as an intern for The Arizona Partnership for Immunization (TAPI) and completed his master's thesis entitled "Vaccine Exemptions: The Cost to Arizona Schools."

The different types of exemptions available in Arizona are:

There are three types of vaccine exemptions available in Arizona

- **Medical Exemption:** This is the official ADHS-provided form used by physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; ([Continued on next page](#))

Vaccine Exemptions: The Cost to Arizona Schools (continued)

- 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a history of Varicella (chicken pox) disease.
- Religious Belief Exemption: Must be completed by the parent or guardian of a child attending childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.
- Personal Belief Exemption: Must be completed by the parent or guardian of a student attending Kindergarten through 12th grade. Personal Beliefs exemptions are not applicable in childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.



What is the correlation of types of exemptions available in a state and the incidence of vaccine-preventable diseases (VPD)?

Of the 19 states that allow both religious exemptions and personal beliefs exemptions (in addition to medical exemptions) 12 of them had an incidence of pertussis that exceeded the national average during 2012.

Of the 29 states that only allowed religious exemptions (in addition to the medical exemptions) 8 had an incidence of pertussis that exceeded the national average during 2012.

None of the states that only allow medical exemptions had an increase in the incidence of pertussis that exceeded the national average.

High exemption rates are related to high incidence of disease.

The other impacts of a VPD outbreak caused by high exemption rates are:

Impact on schools:

- Missed learning for the unvaccinated children with exemptions
- Increase in absenteeism, which could lead to a reduction in school financing
- Significant disruption to school
- Extra strain on school employees
- Additional teacher time spent to prepare lesson plans

Impact on county health departments:

- Increase in staff time to:
 - Track and document cases
 - Review immunization records
 - Counsel families
 - Send letters to school
 - Provide immunization clinics for school staff

All of the added time and duties add up to a substantial cost to the county, not only in a dollar amount but also in time taken away from other issues in the county.

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Vaccine Exemptions: The Cost to Arizona Schools (continued)

Impact on families:

Vaccine preventable diseases can have a significant impact on families. Children become sick, miss school and fall behind on assignments. The cost for doctor's appointments, prescriptions, time off work and child care can be significant. Most parents don't have and can't get 3 weeks off work to provide care for their children because they were excluded from school or sick as a result of an immunization exemption.

What can be done to reduce exemptions?

One place we could focus is educating principals on the impact that high exemption rates could have on their future funding. Absenteeism as a result of unvaccinated students being excluded from school during a VPD outbreak affects the finances of their school.

It is also important to educate parents on what happens if there is an outbreak at their child's school and they are not up-to-date. Many may not realize the impact it will have on their day-to-day lives.

Contact TAPAdmin@tapi.org for more information about the report.

Prepare for Influenza Vaccine Season

By Karen Lewis, MD, AIPO Medical Director

The 2013–2014 influenza season is still winding down, yet the 2014–2015 season influenza vaccines will be delivered to physician offices in just a few months.

During the 2013–2014 influenza season, the pandemic H1N1 influenza strain (pH1N1) was the predominate virus in circulation nationally, although late season increases in influenza B and in H3N2 influenza A isolates were seen. Of the H1N1 viral isolates tested, 99.9% were antigenically similar to the 2013–2014 influenza vaccine H1N1 component. Of the H3N2 viral isolates tested, 95.3% were antigenically similar to the H3N2 component of the vaccine. Testing of the influenza B isolates showed that 27.1% were antigenically similar to the Victoria lineage that was only contained in quadrivalent vaccines, while 72.9% were antigenically similar to the Yamagata lineage that was contained in both trivalent and quadrivalent influenza vaccines.¹



Pediatric deaths associated with influenza became nationally notifiable events in 2004. Since then, the numbers of reported pediatric deaths have ranged between 35–171 per season. These numbers exclude the pediatric deaths during the 2009 influenza pandemic when 348 pediatric deaths were reported to the Centers for Disease Control and Prevention (CDC) between April 15, 2009–October 2, 2010. In the 2013–2014 influenza season, there were 96 laboratory-confirmed, influenza-associated pediatric deaths in the U.S. Almost half of the children who died (45.6%) were healthy with no underlying medical condition.¹ Arizona had two pediatric deaths in the 2013–2014 influenza season.

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Prepare for Influenza Vaccine Season (continued)

Over the last year, there have not been marked changes in the circulating influenza viruses throughout the world. Therefore, the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee recommended that the 2014–2015 influenza vaccines contain the same antigenic components as the 2013–2014 vaccines, both for trivalent influenza vaccines and for quadrivalent influenza vaccines.¹

People should get vaccinated against influenza every year. Even though there is no change in influenza vaccine formulation from last year, getting another influenza vaccine this year is expected to boost protective antibodies and lessen the risk of getting influenza. The CDC has expressed no preference as to the use of trivalent or quadrivalent influenza vaccines.² It is expected that more quadrivalent vaccines will be produced this coming season than last season. However, there will still be trivalent vaccines available for the 2014–2015 influenza season.

The CDC publishes annual influenza vaccine recommendations in Morbidity and Mortality Weekly Report (MMWR) during the summer or early fall of each year, so updated influenza vaccine recommendations should be available in the next few months. Since this season's influenza vaccine will contain the same antigens as last year, this year's updated influenza vaccine recommendations will likely be similar to the 2013–2014 season recommendations.³

Influenza vaccine is an important tool in decreasing influenza infections and complications. The CDC estimates that influenza vaccination during the 2012–2013 influenza season prevented 6.6 million illnesses and 3.2 million medically attended illnesses. In addition, influenza vaccination is estimated to have prevented 79,000 hospitalizations during the 2012–2013 season.⁴ In spite of the documented benefits of influenza vaccination, fewer than half of persons in the United States receive influenza vaccine every year. CDC recommends that everyone 6 months and older should be vaccinated yearly with influenza vaccine.²

People who are known to be at increased risk for complications of influenza include children under 5 years old, people over 49 years old, women who will be pregnant during the influenza season, American Indians/Alaska Natives, people who are morbidly obese, children and teenagers receiving long-term aspirin therapy, residents of long-term care facilities, persons with a weakened immune system, and adults and children who have underlying medical conditions including diseases of the heart, lung, liver, or kidney; and hematologic, neurologic, and metabolic disorders, including diabetes. All health care personnel should receive yearly influenza vaccines to protect themselves and their patients.²

Providers should continue to work on increasing the number of people who receive influenza vaccine every year. Having more people immunized with influenza vaccine every year will mean that there will be fewer illnesses, hospitalizations, and deaths due to influenza.

1. CDC. MMWR, [June 6, 2014](#).

2. CDC. MMWR, [September 20, 2013](#).

3. CDC. MMWR, [May 10, 2013](#).

4. CDC. MMWR, [December 13, 2013](#).

Vaccine Center Update

By Tiffany McRae, MS, Vaccine Center Manager

2014–2015 Influenza Season—VFC Influenza Vaccines

The Arizona Immunization Program Office Vaccines for Children (VFC) program has pre-booked influenza doses for the 2014–2015 influenza season. All influenza vaccine presentations for the coming flu season will be quadrivalent.

We anticipate receiving the first doses of influenza from the CDC in August. Remember, influenza vaccines are ordered in ASIIS/VOMS. You will be able to choose the 2014–2015 influenza order set from your order screen after you have reconciled your current physical VFC inventory. **You will not see the 2014–2015 Influenza Order Set until we activate it.** This will happen once we begin receiving doses from CDC. (Continued on next page)

Vaccine Center Update (continued)

Once the VFC influenza doses are made available to us, we will communicate that doses are available so providers can begin placing orders. Remember, we do not always receive the VFC Influenza at the same time you receive your private influenza doses.

We will be sending out another Vaccine Center Provider Update in July with specific details about the presentations that will be available in August, along with other important information regarding the 2014–2015 influenza ordering process.

2013–2014 Influenza Vaccines

VFC Influenza vaccines expired on June 30, 2014. Please make sure you complete the 2013–2014 Wasted/Expired Flu Vaccine Return Form. The form can be found at the following link <http://azdhs.gov/phs/immunization/documents/vaccines-for-children/forms/wasted-expired-flu-vaccine-return-form.pdf>. Please email the completed form to arizonavfc@azdhs.gov or it can be faxed to 602-364-3276. Providers must also ensure that all influenza doses are reconciled in your ASIIS inventory. If you need assistance with inventory reconciliation, please contact the ASIIS hotline at 877-491-5741. Do not discard VFC influenza vaccines doses—they must be returned to the distributor. Once we receive the wasted/expired form, a return label will be sent to your office.

2014 VFC Operations Guide

The 2014 VFC Operations Guide is available on our website at <http://azdhs.gov/phs/immunization/vaccines-for-children/forms.htm>. There have been several changes since the release of the 2011 manual. Please make sure that anyone who manages, administers, screens for eligibility, or has any role with the VFC program reviews the guidance in this manual. We want to ensure that providers have a strong knowledge of the VFC program requirements.

“Recommended Quantity” Feature in ASIIS/VOMS

The ASIIS/VOMS “Recommended Quantity” feature has been turned off. Providers will no longer see this column on the order screen. Please order vaccines based on your current patient population and ensure you have a maximum 4–6 weeks of vaccines on hand.

2014 VFC Provider Enrollment

Thank you to every provider that submitted their 2014 VFC Enrollment Agreements by May 7, 2014. Providers who did not submit these documents no longer have ordering privileges in ASIIS/VOMS and will be inactivated from the program. If you have not returned your 2014 VFC enrollment documents and you would still like to participate in the VFC program for 2014, please ensure we receive those documents as soon as possible.

The following documents must be completed and returned to the Arizona Immunization Program Office **A.S.A.P.** to return to an active status in the VFC program.

- 2014 Arizona VFC Provider Enrollment Agreement
- 2014 Provider Profile (only choose 1)
- 2014 VFC Refrigerator –Freezer Verification Statement
- 2014 VFC Provider ASIIS and VOMS User Information
- 2014 ASIIS HIPAA Pledge to Protect Confidential Information

The enrollment forms can be found at the following location on the Arizona Department of Health Services, Immunization Program website <http://azdhs.gov/phs/immunization/vaccines-for-children/enrollment.php>

Please return all **completed** documents to arizonavfc@azdhs.gov

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Vaccine Center Update (continued)

Update on Sanofi Pasteur Vaccines

- **Menactra®** doses currently being shipped to provider offices are likely to have dating between 4 and 7 months for the next several months. In order to best manage provider inventories, please place smaller and more frequent orders for this product only.
- **Pentacel®** Vaccine is now available in full supply. Doses shipped at this time should not be short dated. Please order vaccines doses based on your current patient population need.

Vaccine Information Statements (VIS)

Providers must ensure they are providing the most current Vaccine Information Statements (VIS) to patients/parents/guardians before administering the vaccines. **It is Federal Law.** The VIS's can be found at the following CDC website <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

ACIP Recommended Immunization Schedules

Providers can obtain the most current immunization schedules for children and adolescents at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp>

New Employees



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IMMUNICATIONS

Vaccinate at Every Life Stage

PRSR STD
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Arizona Department of Health Services

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www.azdhs.gov/phs/immun/index.htm

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Frequently Asked Questions

School and Childcare Immunization Requirements

Question: Which immunizations are required for school and/or childcare attendance?

Answer: 2014-2015 school, childcare, preschool and Head Start immunization requirements are posted at <http://www.azdhs.gov/phs/immun/back2school.htm>

Question: Is meningococcal vaccine (MV/MCV) required for school?

Answer: All 6th-12th graders who are 11 years or older must have proof of one dose of meningococcal vaccine.

- Meningococcal vaccine is not required for 11-year-olds in 5th grade.
- A booster dose of MCV is recommended, but not required at 16 years of age.

Question: Is Tdap required for school?

Answer: All 6th-12th graders who are 11 years or older are required to have proof of one Tdap unless they have received a dose of DTaP, DTP or Td in the last 5 years.

- Tdap is not required for 11-year-olds in 5th grade.
- Students 11 years and older who are in the process of receiving their first three doses of tetanus/diphtheria vaccine are required to receive 1 Tdap as part of the series.

Question: What if a student is 10 years of age when school starts (and entering grades 6-12), but turns 11 during the school year?

Answer: When the student reaches age 11, he or she should be referred for meningococcal vaccine. The student should also be referred for Tdap if 5 or more years have passed since the last dose of DTaP, DTP, or Td.

Question: Are students 18+ years of age and still in high school required to have immunizations?

Answer: Polio immunization is not required for students 18+ years of age. All other immunizations are required for students attending K-12th grade. University and college immunization requirements are determined by the individual school.

Question: Are all children required to have proof of Varicella immunization for school and/or childcare attendance?

Answer: As of 9/1/2011 all children 12 months and older must have documentation of varicella immunization to enroll in childcare or school in Arizona. Students who have enrolled in childcare or school in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attending childcare or school without further documentation of immunity.

Question: Are two doses of Varicella (Chicken pox) vaccine required for school attendance?

Answer: One dose of Varicella vaccine meets school requirements for all students except those who receive their first dose of Varicella vaccine at 13+ years of age. Only students who receive Varicella #1 at 13+ years of age are required to have 2 doses.

Question: If a child's immunizations were not given on schedule, how do I know if the doses are valid and when are the next doses required?

Answer: The minimum ages and intervals for valid vaccine doses are posted at <http://www.immunize.org/catg.d/p2010.pdf>

Intervals to meet school requirements are contained in age-specific documents posted at <http://www.azdhs.gov/phs/immun/back2school.htm>

A statement of Arizona's policy regarding the 4-day grace period is located at **Exhibit 1, pg.16** in the School and Child Care Guide posted at <http://azdhs.gov/phs/immunization/documents/school-childcare/az-guide-immunization-requirements.pdf>

Question: Where can I find an exemption form?

Answer: The SCHOOL exemption forms for students in K-12 grades are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>

The CHILDCARE exemption forms for students in pre-school, childcare and head start programs are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>

Question: Where can I get more of the Arizona School Immunization Record card (ASIR 109R) cards?

Answer: Complete the form at <http://azdhs.gov/phs/immunization/documents/forms-request.pdf>
Fax the completed form to (602)364-3285.

Question: Where can I get a copy of the Emergency Information and Immunization Record Card for preschool and childcare use?

Answer: It is available at http://www.azdhs.gov/als/childcare/documents/providers/forms/emergency_info_immunization_card.pdf

Question: When is the Immunization Data Report (IDR) due?

Answer: Immunization Data Reports are due from schools and childcare centers on November 15 each year. IDR forms will be mailed to childcare centers in August and September. Schools will submit reports on kindergarten and sixth grade students through a web application linked from the Immunization Program Office website, <http://azdhs.gov/phs/immunization/school-childcare/data-reports.htm>

Question: I have questions about an individual child's immunization record. How can I get the child's record reviewed?

Answer: You may contact your local county health department immunization program or call the ADHS Arizona Immunization Program Office at 602-364-3630 and ask for a nurse or send an e-mail to Alexandra.Bhatti@azdhs.gov. Include the child's date of birth and all immunization dates. Do not include the child's name.

2014 Cloud Award Winners

New toddler winners:

All About Kids Pediatrics
Canyonlands Health Care – Safford Clinic
Pinal County Public Health -San Tan Valley
Yavapai County Community Health Services

New Teen winners:

Adelante Health Care – Phoenix
Canyonlands Health Care – Lake Powell
Canyonlands Health Care – Beaver Dam
El Rio Community Health Center
El Rio Community Health Center – Northwest Clinic
El Rio Community Health Center – Southeast Clinic
El Rio Community Health Center – Southwest Clinic
Four Corners Regional Health Center
Navajo County Public Health
North Country Health Care – Flagstaff
Pima County Health Department – East
Pima County Health Department – North
Pima County Health Department – South
Southwest Pediatrics
Sun Life for Women and Children
University of Arizona Health Network – Elks Clinic
White River Indian Health Service Hospital

Repeat toddler winners:

Arrowhead Pediatrics (Glendale and Sun City West Clinics)
Casa Grande Pediatrics
Cigna Medical Group – Paradise Valley Clinic
Cigna Medical Group – Tempe Clinic
Cigna Medical Group – Westridge Clinic
Desert Shores Pediatrics
El Rio Community Health Center

El Rio Community Health Center – Southwest Clinic

North Country Health Care – Flagstaff Clinic

Pendleton Pediatrics

Repeat teen winners:

Adelante Health Care – Buckeye Clinic

Adelante Health Care – Surprise Clinic

Adelante Health Care – Wickenburg Clinic

Cigna Medical Group – Stapley Clinic

Cigna Medical Group – Chandler Clinic

Cigna Medical Group – South Mountain Clinic

Desert Mission

La Paz County Health Department

Mountain Park Health Care – Baseline Clinic

Mountain Park Health Care – East Clinic

Mountain Park Health Care – Goodyear Clinic

Mountain Park Health Care – Maryvale Clinic

Mountain Park Health Care – Tempe Clinic

Modified toddler winners:

Chinle Comprehensive Care Facility

Winslow Indian Health Service

Modified teen winners:

Chinle Comprehensive Care Facility

Winslow Indian Health Service

San Simon Health Center

San Xavier Clinic

Santa Rosa Health Center

Sells Indian Hospital and Clinic

Tsehootsooi Medical Center



You're taking control of so many new things in your life — getting behind the wheel, starting a new job, tackling Algebra. There's just one more thing.

It's time to take control of your health.

Getting 1 shot of Tdap, 2 shots of Meningococcal + 3 shots of HPV means protection from 5 vaccine preventable diseases and HPV-related cancers.

Learn more about taking control of your healthy future at [WhyImmunize.org/TakeControl](https://www.whyimmunize.org/takecontrol).

TAK  CONTROL
3 VACCINES TO PROTECT ME



It's never too late to start, so ask your healthcare provider about getting this awesome level of protection.

Learn more about why these vaccines are so important:



Protects against Whooping Cough (pertussis), tetanus, and diphtheria.

Sometimes called the “100 day cough,” Whooping Cough, or pertussis. Whatever you call it — it’s a nasty disease that’s super easy to spread and can be very harmful for babies and grandparents. Bonus with this shot — you get protection from tetanus, also called lockjaw, which is caused by being pricked by rusty metal or contaminated soil, and diphtheria that is a serious respiratory infection.



Protects against meningitis.

With 2 shots of the meningitis vaccine you can protect yourself from 1 serious disease. 1 in 7 teens that get bacterial meningitis die — this illness is no joke. Meningitis spreads quickly from person to person through sharing a water bottle or lip-gloss, coughing, kissing or sneezing. Getting this shot is the best way to prevent meningitis and protect your health.



Protects against HPV (Human Papilloma Virus).

Getting the HPV vaccine means you can prevent certain kinds of cancers in the future. In the USA each year, more than 17,000 women & 9,000 men are affected by HPV-related cancers. Getting the 3 HPV shots now means a future with one less thing to worry about. Now that’s taking control!

Hey, while you are at your medical provider’s office ask about the flu shot and see if you need any other vaccines you need.

Learn more about taking control of your healthy future at WhyImmunize.org/TakeControl.

TAK  CONTROL
3 VACCINES TO PROTECT ME



Your tweens sure can be a handful. They are getting more independent and testing boundaries, but they still need you.



They still need you to help protect their future.

Preteen and teen vaccines are as easy as 1, 2, 3. 1 dose of Tdap, 2 doses of meningococcal + 3 doses of HPV to protect your preteen from 5 vaccine preventable diseases and cancer.

The best time to start is at their health checkup at 11 or 12 years old, but it's never too late to start protecting their future. Learn more about the protection these vaccines bring...



Protects against Whooping Cough (pertussis), tetanus, and diphtheria.

Whooping Cough, sometimes called the "100 day cough" or pertussis, is easy to spread and can be especially harmful for babies and grandparents. Just 1 Tdap shot helps prevent this illness plus tetanus, also called lockjaw, that is caused by being pricked by rusty metal or contaminated soil, and diphtheria that is a serious respiratory infection.



Protects against meningitis.

2 shots of the meningitis vaccine is the best way to protect your child from 1 serious disease. Meningitis spreads quickly from person to person through sharing a water bottle or lip-gloss, coughing, kissing or sneezing. Preteens need this shot when they are 11 or 12 years and then a booster shot at age 16. If you have an older teen, it is not too late.



Protects against HPV (Human Papilloma Virus).

Research has proven a link between HPV and certain types of cancer. In the US each year, there are about 17,000 women and 9,000 men affected by HPV-related cancers. There is no routine screening to detect these diseases and that's why this preventative vaccine is so important. Getting the HPV vaccine now for your child will protect them and give them a healthy future for years to come.

Are These Vaccines Safe? Yes. All of these vaccines were studied in tens of thousands of people around the world. The most common side effects reported are mild. All of the vaccines are saving lives.

Learn more about protecting your child with 3 at WhyImmunize.org/ProtectMewith3



Hib Vaccine

(*Haemophilus
Influenzae* Type b)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Haemophilus influenzae type b (Hib) disease is a serious disease caused by bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart
- death

Before Hib vaccine, about 20,000 children in the United States under 5 years old got life-threatening Hib disease each year, and about 3% – 6% of them died.

Hib vaccine can prevent Hib disease. Since use of Hib vaccine began, the number of cases of invasive Hib disease has decreased by more than 99%. Many more children would get Hib disease if we stopped vaccinating.

2 Hib vaccine

Several different brands of Hib vaccine are available. Your child will receive either 3 or 4 doses, depending on which vaccine is used.

Doses of Hib vaccine are usually recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age (if needed, depending on brand of vaccine)
- Final Dose: 12–15 months of age

Hib vaccine may safely be given at the same time as other vaccines.

Hib vaccine may be given as part of a combination vaccine. Combination vaccines are made when two or more types of vaccine are combined together into a single shot, so that one vaccination can protect against more than one disease. Ask your doctor for more information.

People over 5 years old usually do not need Hib vaccine. But it may be given to older children or adults before surgery to remove the spleen or following a bone marrow transplant. It may also be given to anyone with certain health conditions such as sickle cell disease or HIV/AIDS. Ask your doctor for details.

3 Some people should not get this vaccine

Hib vaccine should not be given to infants younger than 6 weeks of age.

Tell your doctor:

- **If the patient has any severe (life-threatening) allergies.** If the patient has ever had a life-threatening allergic reaction after a dose of Hib vaccine, or has a severe allergy to any part of this vaccine, he or she should not get a dose.
- **If the patient is not feeling well.** Your doctor might suggest waiting until the patient feels better. But you should come back.



4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare.

Most people who get Hib vaccine do not have any problems with it.

Mild Problems following Hib vaccine:

- redness, warmth, or swelling where the shot was given
- fever

These problems are uncommon. If they occur, they usually begin soon after the shot and last 2 or 3 days.

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if the patient appears to feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hib Vaccine

2/04/2014

42 U.S.C. § 300aa-26

Office Use Only



Td Vaccine

(Tetanus and Diphtheria)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus and **diphtheria** are very serious diseases. They are rare in the United States today, but people who do become infected often have severe complications. Td vaccine is used to protect adolescents and adults from both of these diseases.

Both tetanus and diphtheria are infections caused by bacteria. Diphtheria spreads from person to person through coughing or sneezing. Tetanus-causing bacteria enter the body through cuts, scratches, or wounds.

TETANUS (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of every 5 people who are infected.

DIPHtheria can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and hundreds of cases of tetanus. Since vaccination began, cases of both diseases have dropped by about 99%.

2 Td vaccine

Td vaccine can protect adolescents and adults from tetanus and diphtheria. Td is usually given as a booster dose every 10 years but it can also be given earlier after a severe and dirty wound or burn.

Your doctor can give you more information.

Td may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus or diphtheria containing vaccine, **OR** if you have a severe allergy to any part of this vaccine, you should not get Td. *Tell your doctor if you have any severe allergies.*
- Talk to your doctor if you:
 - have epilepsy or another nervous system problem,
 - had *severe* pain or swelling after any vaccine containing diphtheria or tetanus,
 - ever had Guillain Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare.

Most people who get Td vaccine do not have any problems with it.

Mild Problems following Td
(*Did not interfere with activities*)

- Pain where the shot was given (about 8 people in 10)
- Redness or swelling where the shot was given (about 1 person in 3)
- Mild fever (about 1 person in 15)
- Headache or Tiredness (uncommon)

Moderate Problems following Td
(*Interfered with activities, but did not require medical attention*)

- Fever over 102°F (rare)

Severe Problems following Td
(*Unable to perform usual activities; required medical attention*)

- Swelling, severe pain, bleeding and/or redness in the arm where the shot was given (rare).



Problems that could happen after any vaccine:

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

5

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

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7

How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

Td Vaccine

2/04/2014

42 U.S.C. § 300aa-26

Office Use Only



Japanese Encephalitis Vaccine

What You Need to Know

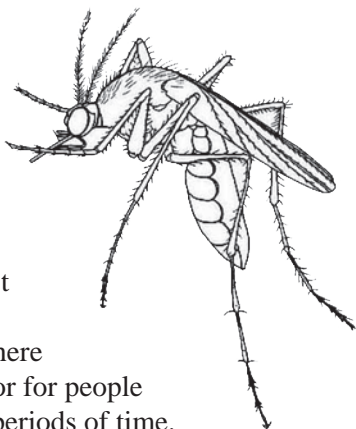
Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Japanese encephalitis (JE) is a serious infection caused by the Japanese encephalitis virus.

- It occurs mainly in rural parts of Asia.
- It is spread through the bite of an infected mosquito. It does not spread from person to person.
- Risk is very low for most travelers. It is higher for people living in areas where the disease is common, or for people traveling there for long periods of time.
- Most people infected with JE virus don't have any symptoms. Others might have symptoms as mild as a fever and headache, or as serious as encephalitis (brain infection).
- A person with encephalitis can experience fever, neck stiffness, seizures, and coma. About 1 person in 4 with encephalitis dies. Up to half of those who don't die have permanent disability.
- It is believed that infection in a pregnant woman could harm her unborn baby.



JE vaccine can help protect travelers from JE disease.

2 JE vaccine

Japanese encephalitis vaccine is approved for people 2 months of age and older. It is recommended for travelers to Asia who:

- plan to spend at least a month in areas where JE occurs,
- plan to travel for less than a month, but will visit rural areas and spend a lot of time outdoors,
- travel to areas where there is a JE outbreak, or
- are not sure of their travel plans.

Laboratory workers at risk for exposure to JE virus should also be vaccinated.

The vaccine is given as a 2-dose series, with the doses spaced 28 days apart. The second dose should be given at least a week before travel. Children younger than 3 years of age get a smaller dose than patients who are 3 or older.

A booster dose might be recommended for anyone 17 or older who was vaccinated more than a year ago and is still at risk of exposure. There is no information yet on the need for a booster dose for children.

NOTE: *The best way to prevent JE is to avoid mosquito bites. Your doctor can advise you.*

3 Some people should not get this vaccine

- Anyone who has had a severe (life-threatening) allergic reaction to a dose of JE vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any component of JE vaccine should not get the vaccine.

Tell your doctor if you have any severe allergies that you know of.

- Pregnant women should usually not get JE vaccine. If you are pregnant, check with your doctor.

If you will be traveling for fewer than 30 days, especially if you will be staying in urban areas, tell your doctor. You might not need the vaccine.



4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. When side effects happen, they are usually mild and go away on their own.

Mild problems

- Pain, tenderness, redness, or swelling where the shot was given (about 1 person in 4).
- Fever (mainly in children).
- Headache, muscle aches (mainly in adults).

Moderate or Severe problems

- Studies have shown that severe reactions to JE vaccine are very rare.

Problems that can happen after any vaccine

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Lasting shoulder pain and reduced range of motion in the arm where the shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit the CDC's travelers' health website at www.cdc.gov/travel
 - Visit CDC's JE website at www.cdc.gov/japaneseencephalitis/

Vaccine Information Statement
Japanese Encephalitis Vaccine

01/24/2014

Office Use Only

