Idaho Immunization Coalition Newsletter

September 2016

Join us for three days of learning and discussions on immunization topics with national experts.

Pink Book Course 2016

November 2-3

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Idaho Immunization Coalition, Idaho Immunization Program, and Centers for Disease Control and Prevention

2016 Idaho Immunization Summit

November 4

Keynote Speaker: Tara Haelle
Theme: Approach vaccine hesitancy with confidence

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In This Issue

Idaho needs to add Type B meningitis information to their requirement for all incoming College students

Charlotte G. Borst, Ph.D.
President
The College of Idaho

It is late summer here on The College of Idaho campus and, like many Idaho colleges and universities, our facilities team is readying the residence halls for move-in day. This momentous day is followed by our signature "first-year wilderness experience" in which the entire class will go to McCall. As C of I president, I lead our team in planning for the academic year, and I will even join the first-year students in McCall. All of these events emphasize our belief that education is accomplished through community.

But as a college president, I understand that successful higher-ed leadership these days expands beyond planning for academics, sports and other programs. I must also work to protect our community by ensuring that we have strong emergency response plans to protect our students' physical and emotional well-being. These threats include not only the violent confrontations that make headline news, but also the unfortunately more common infectious diseases that threaten our campus populations. As an historian of medicine, I share the confidence that modern science has alleviated the burden of many diseases through immunization and modern drugs. But these results were achieved through education and the understanding that everyone must play a role in mitigating danger. In other words, college leaders like me must think about a community response.

Meningitis and its deadliest strain, Type B, is one of the recent and very deadly health threats facing colleges. Meningitis is a dangerous inflammation around the brain and spinal cord that spreads through kissing, sharing water bottles, and other close contact. The disease preys primarily on college-aged students and others living in confined areas like dormitories. Type B is particularly deadly—within a few hours, a victim can become very ill, with symptoms that could result in the loss of limbs or even life itself.

While there are immunizations for Type B meningitis, it is NOT covered through basic immunization practices. While local health departments and the CDC have made information on new Type B vaccines available to the public, many states—including Idaho—have not required their colleges to provide this education. After an outbreak of Meningitis B at both UC Santa Barbara and Santa Clara University, the state of California took the positive step for students by adding Type B meningitis vaccination information to the state's meningitis education requirement for all incoming college students. Our state would benefit greatly by requiring similar education by all institutions of higher learning.

At The College of Idaho, we have already started to act in the name of our community's well-being. We recently adopted a policy requiring all incoming freshman to be vaccinated against many diseases before students attend classes. We are also proactively educating our parents about Type B meningitis and the available vaccine, and we are hosting a vaccine day on campus for students who have not yet received the Meningitis B vaccine. Taking proactive steps now to educate our students and parents about this disease and preventative vaccinations will only help to protect all of our communities in the future.

Community Spotlight

READY OR NOT?

During an emergency, natural disaster, or public health incident, communities depend on their trained volunteers to contribute their time, skills, and expertise in assisting with response efforts. Such events can quickly overwhelm responders, so volunteers are critical to strengthening emergency response and community resilience. But did you ever consider that such a volunteer might be just 12-years-old?

In July, thirty-six middle-school-aged youth (primarily 6th to 8th graders) from Adams, Canyon, Owyhee, Payette, and Washington Counties assembled on the campus of Nampa Christian High School in Nampa, Idaho for ReadyKamp 2016. For the third year, Southwest Idaho Medical Reserve Corps (MRC) and Southwest District Health (SWDH) held a four-day, three–night camp to promote citizen preparedness among youth. The camp is provided at no cost to participants.

"This is the only such preparedness camp in Idaho to empower youth with the knowledge and skills to help their family and community respond in time of a disaster or emergency," said Doug Doney, Public Health Preparedness Manager for Southwest District Health. "With the skills and knowledge they gain during these four days we know they can play a significant role if the need arises," he said.

During camp, first responders and experienced volunteers use the FEMA Teen Community Emergency Response Team curriculum including in part, fire safety, water rescue, and first aid. The camp experience blends "hands-on" emergency preparedness training with traditional summer camp activities, such as movie nights, camp fires, marshmallow roasts, and field trips. The campers graduate from ReadyKamp with Cardiopulmonary Resuscitation (CPR) certification.

According to Jeff Cappe, Health Liaison and Medical Reserve Corps Coordinator for Southwest District Health, "This is a major undertaking and it wouldn't be possible without our dedicated MRC volunteers and parent support. Twenty-four MRC members volunteered their time to make this camp experience extraordinary."

Wednesday, the final day of camp, culminated in a "mock" disaster exercise. The exercise scenario involved a roof collapse from an earthquake at a nearby warehouse with 18 – 21 "fake" injuries. ReadyKamp participants were called to assist and challenged to apply the knowledge and skills learned during their camp experience. They operate under the Incident Command Structure (ICS). Idaho Job Corps students acted as the "victims" during the exercise with very impressive artificial wounds and loud, demanding voices crying for help.

Cappe explained that these young people are truly the leaders of tomorrow. "We have a handful of participants return each year that become team leads and play key roles during the exercise," he explained. "There is a noticeable maturation process from one year to the next, as the return campers have an understanding of the ICS structure, which is vital to leading a disaster response. They are capable of making solid decisions and remain cool under pressure," he said.

Idaho ReadyKamp concluded with a graduation and awards dinner for the participants and their families. Successful graduates earned a certificate of completion and a preparedness backpack, along with the skills they learned. They are also encouraged to share their newly- acquired knowledge of preparedness with their families, schools, and communities so that all are safer and better prepared if disasters strike.

If you are an advocate for health and preparedness--whether or not you have medical training, you can become a volunteer with the Medical Reserve Corps in your area and assist with such activities as ReadyKamp. MRC volunteers assist with major community emergencies, preventative public health activities, and training exercises. Medically-trained volunteers administer immunizations, care for victims, or offer medical support. Non healthcare volunteers direct people flow, assist with paperwork, and provide health information. Everyone's skills are needed and valued. Consider joining the MRC by registering at: www.volunteeridaho.org.

Article by Laurie Boston
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FluMist in the News

Recommendation Against Use of FluMist this Flu Season

On June 22, 2016, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted in favor of an interim recommendation that live attenuated influenza vaccine (LAIV), commonly known as the “nasal spray” flu vaccine or FluMist®, should not be used during the 2016-2017 influenza season. ACIP also passed a resolution to remove the vaccine from the federal Vaccines for Children (VFC) program. Despite this vote to recommend against the use of LAIV, the ACIP continues to recommend annual flu vaccination, with either the inactivated flu vaccine or recombinant flu vaccine for everyone six months of age and older. The inactivated flu vaccine and recombinant flu vaccine are only available to patients via an injection (traditional flu shot). The ACIP vote follows their analysis of data that showed poor or relatively lower effectiveness of LAIV from 2013 through 2016. Even though the data shows that LAIV was not completely effective in the recent past, the injectable flu shots performed very well last season, offering substantial protection against flu infection. There commendation made involving LAIV had nothing to do with the safety of the vaccine and was based solely on its ineffectiveness at preventing certain strains of flu.

State vaccine programs are working closely with the CDC to replace all previously ordered doses of LAIV with doses of the inactivated flu vaccine, for the 2016-2017 flu season. For those provider offices that privately ordered any doses of LAIV, it is recommended that they contact their vaccine distributor so that order modifications can be made, well in advance of the flu season.

Despite LAIV not being recommended this coming flu season, there continues to be better, more effective flu vaccine options available to children in Idaho. Although it is disappointing for many to learn that LAIV will not berecommended this flu season, it is encouraging to know that our public health system is performing continuous, in-depth analysis of flu vaccine effectiveness so that Idahoans can be informed of the best way to protect themselves and their families. Its critical for providers and parents to remember that choosing to vaccinate children for the flu is a wise choice, because doing so continues to be the most effective way to prevent serious flu-related illness.

CDC Votes Against FluMist For 2016-1017 Flu Season

Article by Christina Marie, RN, BSN

Central District Health Department

Every year the U.S. population is confronted with a seasonal health concern, Influenza. However this year the CDC is not recommending immunization with the live attenuated influenza vaccine (LAIV) commonly referred to by its tradename FluMIST, or the nasal spray.

The Advisory Committee on Immunizations Practices (ACIP) conducts seasonal evaluations on the flu vaccine to monitor vaccine efficacy, safety, and to make yearly recommendations. In May, studies conducted in the U.S., U.K., and Finland were reviewed, results were conflicting. Two studies conducted in the U.S. indicated that the nasal spray had a lower effectiveness when compared to injectable vaccine for the past 3 seasons. 2015-2016 CDC study data on LAIV effectiveness in children aged 2-17 indicated a mere 3 percent efficacy with a 95 percent Confidence Interval (CI), while injectable inactivated influenza vaccine (IIV) had efficacy of 63 percent with a 95 percent CI. Therefore, in late June 2016, ACIP and the CDC recommended against the use of the nasal spray as a line of defense this influenza season.

Interestingly, studies in the U.K. and Finland indicated that FluMist was significantly effective (46%-58%), comparable efficacy to the injectable flu vaccine. At this time, the reason for the low efficacy of the LAIV, and for the variations in study results is unknown. The genetic makeup of the Influenza virus is constantly undergoing alterations, which make yearly updates to the vaccine essential. The FDA states that the benefits to vaccination with FluMist still outweigh the risks of not vaccinating at all. The FDA and MedImmune, manufacturer of the vaccine, are working to define a cause for LAIV’s poorer than expected efficacy.

The inhaled vaccine is currently the only non-injectable flu immunization product on the market. It accounted for 33 percent of all influenza vaccine dosed to children and is approved for ages 2-49. Yearly flu vaccination is still recommended for ages 6 months and up as a means to prevent illness or hospitalization. However, this year the flu shot may be the best way to vaccinate against these viruses in the U.S.

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HPV Vaccine Spotlight

HPV VACs

Vaccinate Adolescents against Cancers

JUST THE FACTS

FACT 1 *The HPV vaccine is safe.*

Scientists from both the CDC and the FDA continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to the vaccine were mild and were similar to those seen with any other vaccine. Several studies from 2011-2015 looking at more than four million women and girls who have received the vaccine show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.[1]

TALKING POINT: More than 200 million doses of vaccine have been distributed worldwide, with more than 80 million doses in the US. While the safety of these vaccines are continually monitored in 80 countries, no safety concerns have been identified. All vaccines have side effects, but reactions caused by HPV vaccines have been mostly mild and similar to those from other vaccines.[2]

FACT 6 *The HPV vaccine is effective and prevents cancer.*

In studies that led to the approval of HPV vaccines, the vaccines provided nearly 100% protection against persistent cervical infections with HPV types 16 and 18, plus the pre-cancers that those persistent infections can cause. In addition, a clinical trial of HPV vaccines in men indicated that they can prevent anal pre-cancers caused by persistent infection and genital warts.[8]

HPV-associated cancers can take decades to develop, and the vaccines have not been in use long enough to produce studies comparing cancer rates. Advanced pre-cancers are universally accepted markers for cancers.

TALKING POINT: The vaccine has been proven, through numerous studies, to prevent the cell changes and infections that correspond with multiple HPV-associated cancers.

In addition, population studies in the US and other countries that have introduced the HPV vaccine have shown a significant reduction in abnormal Pap test results[14,15] and genital warts.[16,17]

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Merck's HPV Television Campaign Stirs Emotional Reactions

If you have been trying to stay cool this summer by staying indoors and watching a lot of television (Olympics, anyone?), perhaps you have seen a new HPV campaign by Merck airing during the commercial breaks. In the commercial, we find out through the narration from both a young woman and a young man that they have recently found out they have cancer from HPV. As the photo slideshow of each individual (actor portrayal) goes back through time into girlhood and boyhood, the narration ends with each one as a child asking their parents if they knew there was a vaccination that could have protected them against HPV infection that then led to cancer. "Who knew?" was a resonating question throughout this ad.

The emotional appeal in this ad campaign might have worked too well; some are claiming the campaign is "guilt-tripping" parents. Laurie McGinley from The Washington Post covers this story in detail—see the ad for yourself if you haven't seen it.

See Full Story Here