IMMUNIZE SD: South Dakota’s First Statewide Immunization Conference a Success!

The Sioux Falls Area Immunization Coalition hosted a statewide immunization conference, IMMUNIZE SD, on August 4 at the Holiday Inn City Centre in Sioux Falls. Approximately 170 health care professionals from across the state, as well as neighboring states, attended the conference. Several states conduct similar conferences, either annually or bi-annually, but this conference was the first of its kind held in South Dakota. Coalition members were excited about the success of the conference. Coalition Chairperson Tracy Bieber raved, “We are ecstatic with the number of registrants for our first annual IMMUNIZE SD conference. The Coalition is very grateful to all of our wonderful speakers for helping us make the conference a success!”

Secretary of Health Kim Malsam-Rysdon welcomed the attendees and Lon Kightlinger, State Epidemiologist, provided historical data on immunization coverage rates in South Dakota and the impact vaccines have had on public health.

Nationally known keynote speakers addressed important immunization related topics. Dr. Richard Gorman, formerly with National Institutes of Health, provided an update on vaccines on the horizon, while Dr. James Conway with the University of Wisconsin School of Medicine and Public Health presented on immunizations for teens. Dr. Gary Marshall from the University of Louisville School of Medicine discussed the roots of vaccine hesitancy, in which he explained factors that lead some parents to question or doubt the immunizations their children receive.
The conference attendees had the opportunity to learn about childhood and adult vaccines, as well as vaccines for international travelers during two breakout sessions. Other topics included a demonstration of South Dakota's state immunization registry, SDIIS, and a presentation by Minnesota Department of Health personnel on how they worked to control the largest outbreak of measles in that state since the 1990s.

One vaccine that seems to generate more discussion and controversy than any other is the human papillomavirus (HPV) vaccine, which protects against several types of cancer in both males and females. Dr. Archana Chatterjee, Professor and Chair of the Department of Pediatrics and Senior Associate Dean for Faculty Development at the University of South Dakota Sanford School of Medicine, gave an informative presentation on HPV infections and the HPV vaccine. She provided tips for clinicians to help improve HPV immunization coverage rates in their own facilities by normalizing HPV vaccine, instructing clinicians to assign the same degree of importance to HPV as they do for Tdap and meningococcal vaccines, all of which are recommended for adolescents beginning at age 11-12 years.

Dr. Chatterjee described two popular methods to help normalize HPV vaccine. One method is for clinicians to adopt the “same day, same way” mentality for HPV – recommending HPV vaccine the same day and the same way that they recommend Tdap and meningococcal vaccines. The second method is the so-called “sandwich” method, using a statement such as, “Today your child will receive Tdap, HPV, and meningococcal vaccine.” Inserting HPV between Tdap and meningococcal in the statement helps patients and parents understand that their provider believes that HPV is just as necessary as Tdap and meningococcal vaccines, rather than using a statement such as “Today your child will receive Tdap and meningococcal vaccines, and we can also give HPV if you want.” The latter statement may lead the patient or parent to believe that HPV does not have the same level of importance as other vaccines, which can lead to lower coverage levels of HPV, leaving more people vulnerable to exposure to a cancer causing virus.

Dr. Chatterjee formerly worked with the Creighton University School of Medicine and was a driving force in organizing the Nebraska Immunization Conference for many years. Now a member of the Sioux Falls Area Immunization Coalition, Dr. Chatterjee explained the importance of a statewide immunization conference: “These conferences allow clinicians and other professionals who are engaged in immunization programs to learn about the latest issues and information about immunizations from experts in the field. They also provide opportunities for networking and sharing of best practices among attendees.” Attendees can earn continuing education credits and expand professional networks affordably without having to miss much time from work when statewide immunization conferences are offered.

Conference Chairperson Tracy Bieber said, “I am most pleased with the engagement between the speakers and our audience. There was fantastic dialogue along with some great questions!” Attendees commented that this conference was very informative and they will apply the information they learned at the conference to their daily routine. Many reported how they plan to have their entire office address and promote immunizations from the front office to the nurses, as well as how they plan to converse with parents who are vaccine hesitant. Others plan to educate nursing staff to use every office visit, and not just well-child visits, to discuss the immunization status of each patient and immunize whenever possible.

The Coalition has already begun the planning process to host another conference in 2018. The next conference is scheduled for August 17, 2018. Mark your calendars now!

BRETT OAKLAND
Disease Intervention Specialist
Office of Disease Prevention Services
Just imagine, with all of the medical advances made yearly, that someday there will be a vaccine to prevent cancer. Imagine a vaccine that could help prevent over 90% of cervical cancers and over 70% of oropharynx cancers in the U.S. Believe it or not, that day is here. HPV vaccine is cancer prevention, and it helps to prevent a large portion of the oral and cervical cancers, as well as anal, rectal, vaginal, vulvar, and penile cancers.

According to a new report from the Centers for Disease Control & Prevention (CDC), one in five adults in the United States has at least one of the types of high-risk human papillomavirus that can cause cancer. Over 30,000 new cases of cancer are diagnosed EVERY year in areas of the body where HPV is known to be found. HPV is responsible for about 29,000 of these cancers. The most common cancer caused by HPV in women is cervical cancer. Cancers of the oropharynx (back of throat including base of tongue and tonsils) are the most common cause of HPV-associated cancer in men.

Dr. Lauri E. Markowitz, a medical epidemiologist at CDC and author of a study about effectiveness of vaccine published in Pediatrics, says results of the study are “very encouraging and show the effectiveness of the vaccine.” HPV infection rates from 2009 to 2012 were 63% lower in females 14 to 19 years old than before the vaccine was first recommended for adolescent girls in 2006. This is very good news. This means that HPV could someday, like measles, be an infectious disease that is widely erased. It is imperative that we as health professionals discuss the importance of vaccination for clients and their families. “Like all vaccines, having strong recommendation by the clinician is one of the greatest predictors of getting vaccinated,” Markowitz said.

Contrary to what some believe, HPV vaccines are safe. About 79 million doses of HPV vaccine have been distributed in the U.S. since the vaccine was first licensed by the Food and Drug Administration (FDA) in June 2006. All vaccines, including HPV vaccine, are required to go through years of extensive safety testing before they are licensed by the FDA.

It is important for us to change our perception of HPV vaccine. We need to put it in the same conversation and category as every other vaccine that is given during the childhood and adolescent years. Just as we never discuss Hepatitis B vaccine as prevention from a sexually transmitted disease, we should treat HPV vaccine no different. As healthcare providers, it is critical to provide this cancer protection to all adolescents that enter our clinics.

JODI SMITH
Immunization Education Coordinator

REFERENCES
1. CDC WEBSITE. HPV, available at: https://www.cdc.gov/hpv/parents/vaccine.html
2. CNN WEBSITE. More than 1 in 5 adults has cancer-causing HPV, CDC reports, available at: http://www.cnn.com/2017/04/06/health/hpv-report-cdc/
THE HEPATITIS A VACCINE

Hepatitis A disease is caused by the Hepatitis A virus. The virus is acquired through fecal-oral transmission and replicates in the liver. Infected persons excrete the virus and thus can pass it to others. The incubation period is around 28 days with a range of 15 to 50 days. Illness is typically abrupt with an onset of fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. Symptoms typically do not last longer than two months, but can last up to six months in 10 to 15% of cases. Severe clinical manifestations are rare but the most sever is fulminant hepatitis with a mortality rate of up to 80%.

The Hepatitis A vaccine (HAV) has been available since the 1990s. Since the initiation of HAV campaigns, we have seen a drop in Hepatitis A disease. In 1996 the Advisory Committee on Immunization Practices (ACIP) recommended HAV for persons at increased risk for disease. In 2006 the ACIP recommended routine vaccination for all children 12 to 23 months of age and older children if immunity to Hepatitis A is desired.

We have received anecdotal reports of some providers not routinely recommending HAV. This is a concern and our HAV rate is low in the National Immunization Survey. South Dakota’s HAV rate was 55.4% in 2013, 50.0% in 2014, and 53.0% in 2015. The U.S. rate was 54.7%, 57.5%, and 59.6% respectively. From 2006-2015 there have been a total of 34 cases of Hepatitis A disease reported to the SD Department of Health, with a high of nine in 2006 and a low of zero in 2012 (the only year with zero cases reported).

The recommended immunization schedule is for all children to receive the first dose of HAV at one year of age and a second dose administered at least six months after the first dose. Please make sure to review the HAV status of children seen in your practice. It is recommended that all children 12 through 23 months that have not received HAV should initiate the series. HAV should also be strongly considered for any child two years and older. The Healthy People 2020 goal for Hepatitis A is for 85% all children to have received two doses of HAV by two years of age. The goal may be challenging, but with hard work we can make significant strides to get there.

Tim Heath
Immunization Program Coordinator

VACCINE AUDITS

The primary goal of an audit is to assess the provider’s understanding and implementation of the VFC (Vaccines for Children) Program requirements and provide education and assistance needed to support enrolled providers in reaching full compliance with program policies. These audits evaluate storage and handling practices of VFC supply, monitor vaccination coverage levels, and offer strategies for improvement.

During an audit we will ask to review temperature logs, certificates, and other documentation that supports proper vaccine storage. Unit(s) that store VFC vaccine will be assessed to ensure proper placement and maintenance. One common issue identified is improper storage and temperature. Temperature excursions cause vaccine to become unviable if kept at a range outside of the recommendation. If improperly stored vaccine is given to children, it may cause reduced potency and protection, therefore increasing risk for disease.

Missed opportunities to vaccinate children while they are in the office are a huge cause of decreased rates. It is often found that children visit providers regularly for acute care, but immunization status is not addressed. Although this can cause an issue with time allotted for visits, it can save you time in the long run.

The auditor will work with the coordinator to troubleshoot and brainstorm ideas to further improve vaccination coverage. The coverage levels will be assessed again three to six months after the initial audit to evaluate progress and implementation of these strategies.

Please continue to make good vaccination practices a habit. Thank you for your involvement and commitment to the South Dakota Immunization Program and children of South Dakota.

Brook Deboer
Disease Intervention Specialist
A memo was sent out in early April informing all SDIIS users that individual user credentials are required to login to the SDIIS and shared logins are no longer acceptable. We have completed and processed over 3,800 user application forms to date, and all original facility credentials have been deleted from the SDIIS. If you have not submitted the application form, please do so as soon as possible so that you can continue accessing the immunization registry. It is very important that you do not share your login credentials with anyone. All new employees at facilities will need to complete and submit the access form. We also ask that you notify us when there are personnel changes, so we can delete users that no longer need access.

The 2016 statewide coverage rates for the 24-36 month age cohort for the 4:3:1:3:3:1:4 series have been calculated with the overall statewide average at 83%, compared to the national goal of 80%. Keep up the great work and let's continue to increase the rates even more! Thank you for all you do every day to increase immunization rates in South Dakota!

TAMMY LEBEAU
Immunization Registry Coordinator

**SDIIS Immunization Coverage Rates (24-36) month age category 4:3:1:3:3:1:4**

- Total number of patient records: 1,076,469
- Total number of vaccinations recorded: 12,426,637

**2016**

Overall South Dakota Coverage Rate = 83%