



SOUTH DAKOTA
DEPARTMENT OF HEALTH

IMMUNIZATION PROGRAM



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HPV Vaccination= **CANCER PREVENTION**



You have probably heard the buzz about HPV (human papillomavirus) and the vaccine that can prevent certain strains. Is it necessary? Is it safe? Is 11 or 12 years old too early to receive the vaccine? Does the vaccine promote promiscuity? Maybe it is time to change our way of thinking. We need to stop tying the vaccine to a sexually transmitted disease and focus on the most important part of HPV vaccine, cancer prevention.

According to the CDC Each year during 2008–2012, an average of 38,793 HPV-associated cancers were diagnosed, 79% of these were attributable to HPV. Compared with a previous analysis, which reported 33,369 HPV-associated cancer cases diagnosed each year during 2004–2008. In general, HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and more than 60% of penile cancers, centers for Disease Control and Prevention,

2016.

The American Cancer Society's Debbie Saslow, PhD, director of cancer control intervention, HPV & women's cancers, says it's time to increase HPV vaccination in the US. "We have a cancer prevention vaccine. HPV vaccines have been available for 10 years. They are safe and they work. Yet in this country only about half of girls and boys who are vaccinated with the other vaccines recommended for preteens are getting vaccinated to protect them from cancer, "(Simon, 2016).

The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. HPV vaccine also produces a more robust immune response during the preteen years.

Chances are you or someone you know has been affected in some way by cancer. According to the Centers for Disease Control and Prevention, 12.7 million people find out each year around the world that they have cancer, and 7.6 million people die from cancer. Isn't it incredible that we, as providers, have the opportunity to have a dramatic effect on cancer right here in our clinics? We have a prevention tool available for many of those cancers. It is time we use it!

JODI SMITH

Immunization Education Coordinator

Centers for Disease Control and Prevention (2016). HPV and Cancer. Retrieved from www.cdc.gov/cancer/hpv/statistics/index.htm

Simon, S. (2016, February 23). Learn about cancer. Retrieved from <http://www.cancer.org/cancer/news/news/hpv-in-teen-girls-down-since-vaccinations-began-in-us>





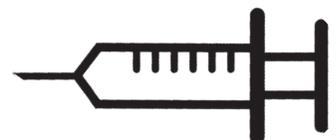
The South Dakota Department of Health Immunization Program established a centralized registry SDIIS (South Dakota Immunization Information System) in 1995 for health care providers to report all childhood immunizations given in the state. The system has grown immensely and is now over 20 years old! The system includes schools, childcare providers, specialists, hospitals and pharmacies and has evolved from a childhood registry to a lifetime system.

Currently, there are over 1 million patient records with over 11.5 million shots recorded in the SDIIS, which includes over one thousand facilities. In addition, over 230 facilities have Real-time data exchanges occurring between the SDIIS and electronic health record systems that are eliminating many of the challenges of duplicate data entry.

To be a truly useful tool our registry must receive and contain data that is timely accurate and complete. We challenge you to make adult and adolescent entry of immunization data into the SDIIS a standard and a priority in your offices as you have childhood immunizations. This data will help us identify pockets of need as well as determine appropriate immunization coverage across the state. As more providers entry this data the system will be more efficient and will ensure that people of all ages receive the vaccinations they need when they need them.

We appreciate all your hard work. You are what make the SDIIS the successful registry that it is. Keep up the great work!

TAMMY LEBEAU
Immunization Registry Coordinator





New Law: Vaccinations before School

During the 2016 legislative session, Senate Bill 28 was introduced to add vaccination against meningococcal disease a requirement for school entry to SDCL 13-28-7.1. This was signed into law by Governor Dugaard on February 29th. At the time, South Dakota did not have any immunization requirements for middle school.

After the bill was signed into law, the Department of Health (DOH) needed to create administrative rules for school vaccination requirements. The rules were presented to the Legislative Rules Committee on June 1 and passed unanimously. They took effect July 1.

The new vaccination requirements for 6th grade entry are as follows: All incoming 6th grade students 11 years of age and older will be required to have one dose of a Tetanus, Diphtheria, Pertussis (Tdap) vaccine and one dose of Meningococcal vaccine (MCV4). If their student has not reached the 11th birthday they have until 45 days past their 11th birthday to show compliance.

Both Medical and Religious exemptions to vaccination are allowed. The Medical exemption must be signed by a licensed physician per SDCL 36-4. The Religious exemption is a signed statement by a parent or guardian stating the child is adherent to a religious doctrine whose teachings are opposed to immunization. There are places to record both of these exemptions on the South Dakota Department of Health Certificate of Immunization.

Schools will be required to report their 6th grade immunization data to the DOH no later than November 1 of the current school year.

When adolescents are in to get their Tdap and MCV4 vaccines please don't forget about the HPV vaccine or any childhood vaccines they may be behind on such as Hepatitis A. As a reminder all adolescents are recommended for HPV vaccination.

The Administrative Rules for school vaccination also apply to transfer students.

A transfer student is defined as someone coming into an accredited SD school from a situation where they were not previously a student at a SD accredited school. This most often would be someone coming in from another state or someone entering school from a homeschool situation. For transfer students, all age appropriate vaccinations are required. For example, a student coming into the 10th grade who has only been partially vaccinated and has never received Tdap and Varicella, would be required to receive Tdap and two Varicella vaccinations to comply.

TIM HEATH

Immunization Program Coordinator



STRATEGIES FOR IMPROVING ADOLESCENT COVERAGE LEVELS IN YOUR PRACTICE



This year you may notice more attention being given to adolescent immunizations. South Dakota is looking at Tdap, HPV, and Meningococcal rates across the state, with a goal of at least 80% of eligible adolescents up to date with their vaccinations. There are several strategies that can be put to use at your clinic in order to boost immunization coverage rates.

Strategy 1: Decrease missed opportunities to vaccinate. Many times, the adolescent population only comes in to the clinic during times of illness, or for sports physicals.

A patient can still receive vaccines if they are mildly ill. A provider should use his/her judgement if the patient is moderately or severely ill, without presence of a fever. Many times a missed opportunity to vaccinate can occur when a provider uses invalid contraindications and decides not to vaccinate the patient.

Sports physicals are an excellent time to look at immunization records and to update the child on any missing immunizations. The child is generally healthy at the time of the physical, which makes it an ideal time to update vaccinations.

If it is not feasible to provide vaccinations at the time of the physical, notify the parent(s) of the needed vaccines and schedule an appointment before they leave the office to receive those vaccines. The patient is less likely to return if the patient/parents have to remember to call back to schedule an appointment.

Strategy 2: Normalize talking about all immunizations. The rates for getting all 3 doses of HPV vaccine are poor throughout our state. One reason for this is parental refusal. The parent(s) refuse the vaccine because they link it with sex, or because of information they have read online. A provider should work to normalize this vaccine in their practice. It is just like any other vaccine and should not be put in its own special category.

One way to normalize the HPV vaccine is to make it routine to offer it to all eligible patients. When talking to the parents/patient, you can “sandwich” it in with the others being given. For example, “You are due to get your Tdap, HPV, and Meningococcal vaccines today”. Do not give the HPV vaccine any special emphasis. It is a routine and recommended vaccine.

Providers often document that the HPV vaccine was offered, but not given because of parental refusal. The provider should be prepared to make arguments about the benefits of the vaccine. Talk about the benefits of being protected from certain types of cancer, and that the vaccine provides the most protection if given at this age category. The provider should also have resources on hand to provide the parent from credible sources, such as the CDC.

Strategy 3: Assign a person in your practice to be your immunization champion. Having one or two assigned people to develop a reminder/recall system in your practice can make a huge difference in your immunization rates. You may be familiar with the vaccine schedule, but most parents are not. A parent may not know when it is appropriate to bring the child back for their next set of immunizations. Calling that family, sending them a reminder postcard, text or email might make the difference in that child getting all recommended vaccinations.

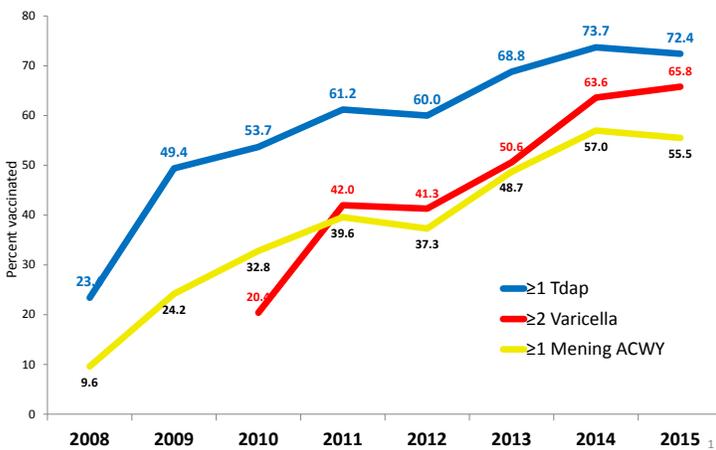


Strategy 4: Have your immunization champion print out your immunization rates and present the finding to physicians and nurses at meetings. Awareness by staff may lead to more careful screenings and fewer missed opportunities. Every practice works hard to keep their clients healthy. By adopting some of these strategies, your immunization coverage levels can improve, and your patients will have the best chance of protection from preventable diseases.

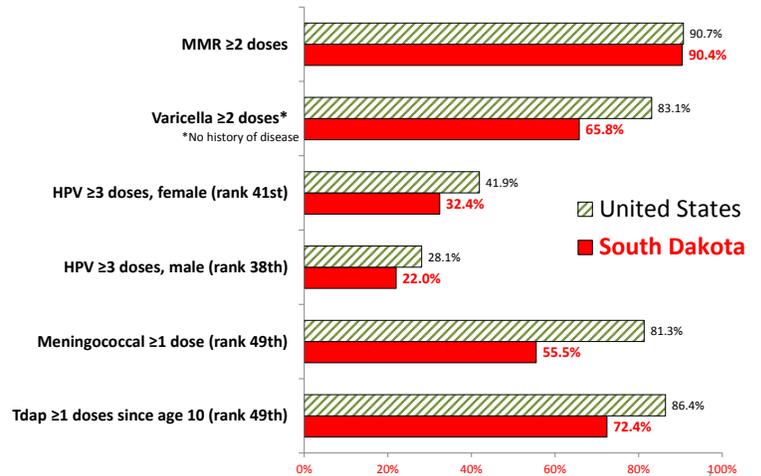
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Teens 13-17 years, vaccination coverage rates, South Dakota, 2008-2015 (NIS)



Teens 13-17 years, vaccination coverage rates, South Dakota and United States, 2015 (NIS)



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