

Dear Providers,

This newsletter is meant to keep you up to date on issues related to vaccines quickly and easily. We welcome your questions and comments. Email us at immunization.program@ventura.org

June is Pride month, and this year marks the 50th Anniversary of Stonewall. New York City is hosting World Pride at the end of June, the first-time World Pride is being held in the United States.

While hepatitis A and B vaccines are recommended for men who have sex with men, vaccine rates among this group remain low. CDC would like to take this time to remind you to vaccinate men who have sex with men for hepatitis A, which is particularly important during the ongoing outbreaks in multiple states. CDC has developed the following resources which can be tailored with local information, if so desired.

EDUCATIONAL RESOURCES

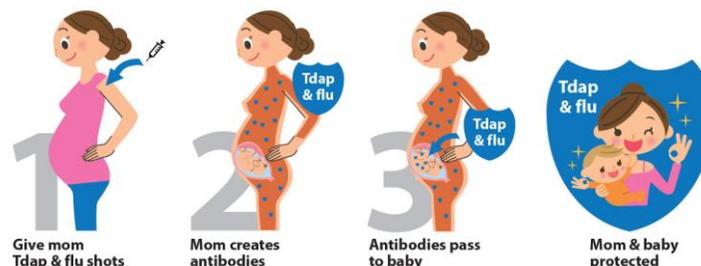
- [One page fact sheet](#)
- [Two-page fact sheet](#) (includes MSM along with other populations at risk)

In addition, CDC has a [web feature](#) designed to educate gay and bisexual men about the outbreak and the importance of getting vaccinated. CDC will be using this as a landing page for social media outreach connected to Pride and using #PrideMonth and #Pride2019.

Vaccines **ALL** pregnant women need:

- A flu shot at any time during their pregnancy
- A Tdap (tetanus, diphtheria, pertussis) immunization at the earliest opportunity between 27-36 weeks' gestation of every pregnancy

A Strong Recommendation for Tdap can help protect babies from pertussis; Vaccines are an important part of a healthy pregnancy. Women should be up to date on their vaccinations **before** becoming pregnant. They should receive vaccines against both flu and whooping cough (pertussis) **during** pregnancy. These vaccines protect the mother and her baby by preventing illnesses and complications. Getting vaccinated during pregnancy also allows the mother to pass some protection on to her baby. Some women may need to receive vaccines **after** giving birth



Distribute patient education materials such as this [pregnancy brochure](#) in [English](#) and [Spanish](#) or a flyer with frequently asked questions, also available in [English](#) and [Spanish](#).

Hepatitis B

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without post exposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

Perinatal HBV transmission can be prevented by identifying HBV-infected (i.e., hepatitis B surface antigen [HBsAg]-positive) pregnant women and providing hepatitis B immune globulin and hepatitis B vaccine to their infants within 12 hours of birth.

Preventing perinatal HBV transmission is an integral part of the national strategy to eliminate hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant women for HBsAg during each pregnancy
- Screening all HBsAg-positive pregnant women for HBV DNA to guide the use of maternal antiviral therapy during pregnancy. AASLD suggests maternal antiviral therapy when HBV DNA is >200,000 IU/mL
- Case management of HBsAg-positive mothers and their infants
- Provision of immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth
- Routine vaccination of all infants with the hepatitis B vaccine series, with the first dose administered within 24 hours of birth

Medical providers are required to report all suspected and confirmed reportable cases of communicable diseases and/or other unusual diseases. This includes Perinatal Hep B positive patients.

[CMR - Confidential Morbidity Report Form](#) - This form includes reportable diseases and reporting time mandates on the second page.

Traveling abroad –think MMR!

Although there have been measles cases recently in California, the biggest risk for catching measles is travel outside of North America.

Please ask parents about their travel plans with their children, especially infants. MMR for children who will be travelling internationally, Infants 6 through 11 months of age should receive one extra early dose of MMR vaccine before they travel internationally. Early doses for these VFC-eligible infants are covered by VFC.

- Infants who get one dose of MMR vaccine before their first birthday should get two more doses starting at 12 months of age and separated by at least 28 days.
- Children 12 months of age and older should receive two doses of MMR vaccine, separated by at least 28 days. MMR for children who are not traveling internationally
- First dose is recommended on or after their first birthday, but not before.
- Second dose is routinely recommended at age 4 through 6 years before school entry. Children can receive the second dose earlier if it is at least 28 days after the first dose of MMR. (If giving MMRV to children, also wait at least 12 weeks after the first dose of varicella vaccine.)

Visit the <http://eziz.org/> measles page for more information, waiting room posters, and patient education materials.

VFC PROVIDERS:

Vaccine Tips: Does your vaccine refrigerator meet VFC Program requirements? Are you sure?

- Review Chapter 3, Vaccine Management, in the [Program Operations Manual today](#).
- Make sure your fridge and freezer meet VFC requirements.

Don't risk your vaccine's efficacy, your patients' health or your clinic's reputation by exposing vaccines to out-of-range temperatures.

Always use VFC-compliant storage units.

The Vaccine Storage Unit Specifications section details Program Requirements, Best Practices, Key Terms, and Acceptable Units. VFC prohibits certain types of units, including household-grade combination units and dormitory-style units. Review the [POM](#) for information about unacceptable storage units.

Visit <http://www.eziz.org> for more information.

Keep in mind that all VFC communications are always posted on VFC's website, www.eziz.org

You can also view this information on <http://www.vchca.org/immunization-program>

or follow us on:



Ventura County Public Health Immunization Program

Phone: (805) 981-5211 Fax: (805) 981-5210 immunization.program@ventura.org