

epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

Immunization Changes Coming to Schools

In May 2014, the Colorado General Assembly passed HB-1288, requiring schools to release immunization rates to the Colorado Department of Public Health and Environment (CDPHE) upon request, and directing the State Board of Health to consider how often exemption forms should be submitted. Exemption forms must be submitted as follows:

- **Pre-kindergarten:** Licensed child care facilities must submit non-medical immunization exemption forms following each age that immunizations are recommended on the Advisory Committee on Immunization Practices (ACIP) immunization schedule.
- **K – 12:** Schools must submit non-medical exemption forms during annual enrollment/registration.
- **Birth – 12:** Schools and licensed child care centers with children birth through 12th grade will be required to annually report aggregate immunization and exemption information by December 1 of each year.

These rules went into effect July 1, 2016, and all schools and child care centers must submit immunization rates to CDPHE by December 1, 2016. CDPHE will publish immunization rates annually. Boulder County Public Health worked with over 25 child care centers to prepare them for this new law.

As the new school year starts, please encourage parents to complete the vaccinations required for attendance. The following are doses needed to meet the minimum requirement for Certification of Immunizations in Colorado for grades K-12.

Submitted by: Indira Gujral, M.S., Ph.D., Division Manager
Communicable Disease and Emergency Management Division
igujral@bouldercounty.org
Christine Shepherd, Immunization Nurse
Cshepherd@bouldercounty.org

Minimum Requirements for Certification of Immunizations in Colorado Grades K – 12

Pertussis	DTaP for 0 through 6 years Tdap 6 – 12 th grade	4 – 5 doses 1 dose
Tetanus/Diphtheria	DTaP, DT, Td, Tdap	3 – 5 doses
Polio		3 -4 doses (last after 4 th birthday)
MMR		2 (1 st after 1 st birthday 2 nd after 4 th birthday)
Varicella		2 (1 st after 1 st birthday, 2 nd after 4 th birthday)*
Hepatitis B		3 doses **

*For all students grades K-12, 2 doses of varicella are now required.

**There must be a minimum of 4 months between hepatitis B dose 1 and dose 3; 2 months between dose 2 and dose 3; AND dose 3 must not be administered before 24 weeks of age (almost 6 months).

What You Say Makes a Difference

Human papillomavirus (HPV) vaccination has been recommended since 2006. According to a recent 2016 article in the journal *Pediatrics*, researchers identified a 64% decrease in prevalence of HPV types 6, 11, 16, and 18 (HPV4) among females 14-19 years of age, and a 34% decrease in those 20-24 years between 2006-2012. Studies have shown that a strong recommendation from providers stressing the importance of the vaccinations greatly influences a parent's decision on whether or not to vaccinate their child. In a 2015 article published in *Cancer Epidemiology, Biomarkers, and Prevention*, researchers assessed a national sample of 1,022 pediatric and family medicine providers for the quality of HPV vaccine communication. Approximately one-third of health care providers reported feeling uncomfortable having conversations about HPV with parents, and 1 out of 4 providers reported they did not routinely recommend HPV vaccine for 11-12 year-old girls. The authors suggest that this lack of communication may contribute significantly to parental hesitancy to vaccinate.

The quality of a recommendation for vaccination is based on four factors:

- (1) *Strength of endorsement* (saying a vaccine is important): In the HPV study, communication quality was highest when physicians began a discussion with parents by saying the child was due for HPV vaccination.
- (2) *Consistency* (recommending a vaccine universally versus using a risk-based approach): For example, when adolescents come in for their Tdap for entry into 6th grade or for sports physicals, this is an opportune time to strongly recommend the HPV series, Meningococcal A,C,Y,W135 (MCV4), and the hepatitis A series.

What You Say Makes a Difference, continued on page 2



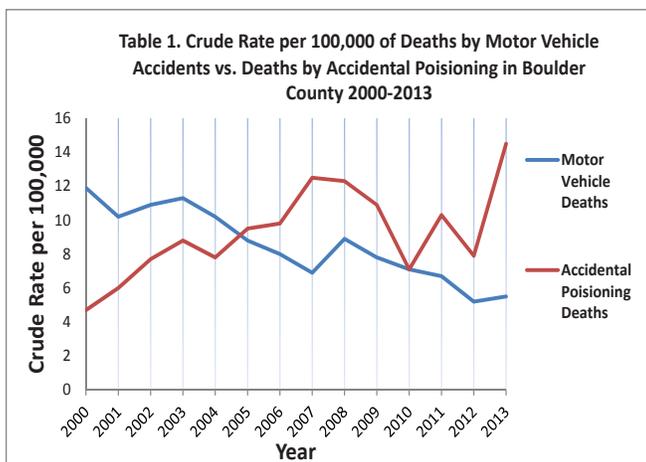
Business Hours 303.413.7500 | After Hours 303.413.7517
Fax 303.413.7526 | BoulderCountyHealth.org
3450 Broadway, Boulder, CO 80304

Communicable Disease Control Program
HIV Prevention Program
Emergency Management Program
Immunization Program
TB Control Program

Boulder County Experiencing Opioid Epidemic

The United States is experiencing an opioid epidemic; 78 people die as a result of opioid overdoses every day. Since 1999, the number of deaths by opioids (opiod pain relievers, such as oxycodone, hydrocodone and heroin) has quadrupled. Deaths from drug overdose have risen steadily over the past two decades. In fact, accidental drug overdose is now the leading cause of accidental death in the country.

Boulder County is not immune from these trends. Since 2005, accidental poisoning deaths have exceeded deaths by motor vehicle injury; approximately 80% of all accidental poisonings are drug-related.



Opioid Epidemic, continued on page 3

What You Say Makes a Difference, continued from page 1

- (3) *Urgency* (recommending same-day vaccination): Each visit should include an evaluation of immunization status.
- (4) *Timeliness* (recommending a vaccine by ages 11-12): It is important to have a reminder system in place to advise the parent when the next vaccination is due and to have the capability to recall a patient when they have fallen behind in their vaccination series.

How different life would be without the advent of the vaccines that protect so many from infectious diseases. Together we can work to protect our herd; that is, our Boulder County community.

For more information on talking points for patients, check out the Centers for Disease Control and Prevention (CDC) website at: <http://www.cdc.gov/cancer/knowledge/provider-education/hpv/talking-points.htm>.

Article citation: 1. Lauri E. Markowitz, Gui Liu, Susan Hariri, Martin Steinau, Eileen F. Dunne, Elizabeth R. Unger. *Prevalence of HPV After Introduction of the Vaccination Program in the United States*. Pediatrics. February 22, 2016.

Article citation: 2. Quality of Physician communication about human papillomavirus vaccine: findings from a national survey, by Gilkey, Melissa B; Malo, Teri L; Shah, Parth D; more...

Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology, 11/2015, Volume 24, Issue 11.

Submitted by: Indira Gujral, M.S., Ph.D., Division Manager Communicable Disease and Emergency Management
iguajral@bouldercounty.org

Public Health
Seminar & Supper
Thursday, October 20, 2016
5:00 – 8:00 p.m.

Partners in Health
Addressing Mental Health,
Substance Use & Immunization

Christopher Urbina, M.D., Boulder County Public Health Medical Officer
Michelene Kuhr, M.D., Medical Office Chief, Kaiser Permanente
Susan Motika, J.D., Boulder County Public Health Strategic Initiatives Director
Lindsay Diamond, Ph.D., Founder, Support Your Herd

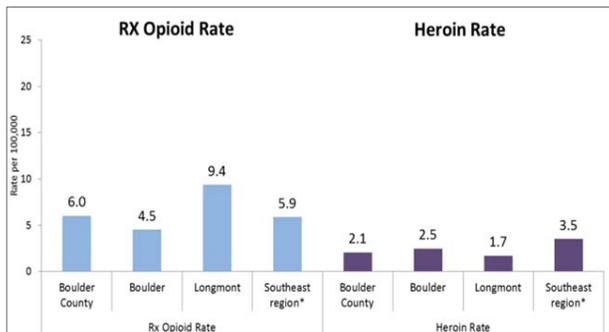
Lionsgate Event Center, Lafayette, CO
\$15 per person

Register by Wednesday, October 19, 2016 at:
BoulderCountySeminarSupper.org

Opioid Epidemic, continued from page 2

Between 2010-2014, 104 individuals died from opioid overdose in Boulder County. The average age of heroin overdose was 32, while the average age of prescription opioid overdose was 50 years of age. For prescription opioid pain killers (excluding heroin), there was a higher risk for death from opioids in Longmont between 2010-2014. For heroin, there was a higher risk for death in the southeast part of the county.

Table 2. Rx Opioid Overdose Rates Highest in Longmont; Overdose Death Rates Highest in Southeast Boulder County 2010-2014

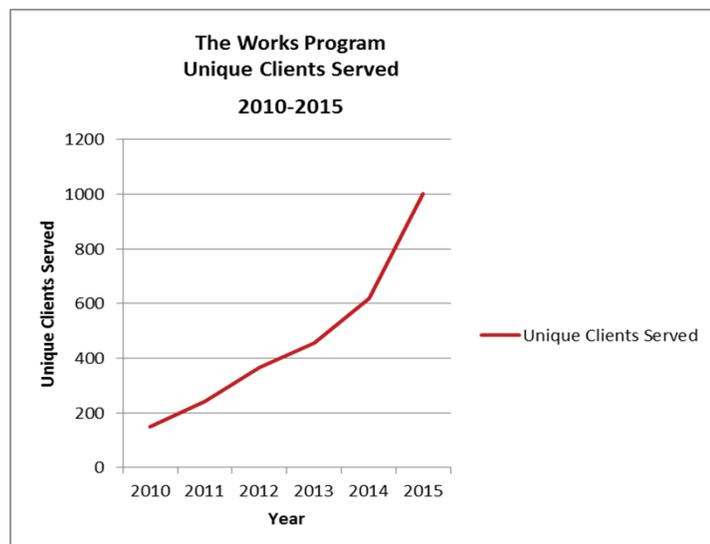


*Southeast Boulder County includes Louisville, Lafayette and Superior

Addressing Opioid Use in Boulder County

In 1989, Boulder County Public Health launched The Works Program, then the nation’s third syringe exchange program. The program provides injection supplies and harm reduction education to prevent the spread of disease. Initially developed as a local agreement between public health, the district attorney, and law enforcement, The Works Program is an evidence-based program that has successfully prevented the spread of disease.

Since 2010 when program participation was standardized, there has been a sixfold increase in the number of program participants. In 2015, more than 1,000 people were served. So far in 2016, more than 866 people have enrolled.



Share Your Perspective and Ideas

Based on a recent analysis of how community partners are addressing opioid addiction, it is clear that a community-based approach is needed to address issues from initiation, to addiction, to treatment. To that end, an Opioid Advisory Group, under the Healthy Futures Coalition, is being created to understand perspectives and identify strategies from health care, treatment, prevention, harm reduction, and law enforcement. The group will explore strategies, such as increased access to naloxone, use of prescription drug monitoring program, and partnership between law enforcement and treatment agencies.

If you’re interested in finding out more about participating in this advisory group, please contact Jamie Feld at jfeld@bouldercounty.org.

References:

Rudd R, Aleshire N, Zibell JE, Gladden M. *Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014*. [MMWR Morbidity and Mortality Weekly Report 2016;64:1378-1382].

Centers for Disease Control and Prevention (CDC). Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.

Colorado Vital Statistics Mortality Data Set. <http://www.chd.dphe.state.co.us/topics.aspx?q=Mortality_Data>, accessed on January 15, 2016.

Colorado Hospital Association, Hospital Discharge Data. <<http://www.chd.dphe.state.co.us/cohid/injurydata.html>>, accessed on January 15, 2016.

Colorado Hospital Association, Hospital Emergency Department Data. <<http://www.chd.dphe.state.co.us/cohid/injurydata.html>>, accessed on January 15, 2016.

Submitted by Jamie Feld, Epidemiologist
jfeld@bouldercounty.org