Arizona Department of Health Services

IMMUNICATIONS

Vaccinate at Every Life Stage

Winter 2014

HPV Vaccines Lower HPV Infection Rates in Teenage Girls

A new study looking at the prevalence of human papillomavirus (HPV) infections in girls and women before and after the introduction of the HPV vaccine shows a significant reduction in vaccine-type HPV in U.S. teens. The study, published in the August 1, 2013 issue of *The Journal of Infectious Diseases,* reveals that since the vaccine was introduced in 2006, vaccine-type HPV prevalence decreased 56 percent among female teenagers 14–19 years of age.

About 79 million Americans, most in their late teens and early 20s, are infected with HPV. Each year, about 14 million people become newly infected.

"This report shows that HPV vaccine works well, and the report should be a wake-up call to our nation to protect the next generation by increasing HPV vaccination rates," said CDC Director Tom Frieden, M.D., M.P.H. "Unfortunately only one third of girls aged 13–17 have been fully vaccinated with HPV vaccine. Countries such as Rwanda have vaccinated more than 80 percent of their teen girls. Our low vaccination rates represent 50,000 preventable tragedies – 50,000 girls alive today will develop cervical cancer over their lifetime that would have been prevented if we reach 80 percent vaccination rates. For every year we delay in doing so, another 4,400 girls will develop cervical cancer in their lifetimes."

According to CDC, each year in the United States, about 19,000 cancers caused by HPV occur in women, and cervical cancer is the most common. About 8,000 cancers caused by HPV occur each year in men in the United States, and oropharyngeal (throat) cancers are the most common.

The study by Dr. Lauri Markowitz and colleagues at the CDC used the National Health and Nutrition Examination Survey (NHANES) data to compare prevalence—or proportion of girls and women aged 14–59 years with certain types of HPV—before the start of the HPV vaccination program (2003–2006) with the prevalence after vaccine introduction (2007–2010). As expected from clinical trials before the vaccine was licensed, the study also showed that the vaccine is highly effective.

"The decline in vaccine type prevalence is higher than expected and could be due to factors such as herd immunity, high effectiveness with less than a complete three-dose series and/or changes in sexual behavior we could not measure," said Dr. Markowitz. "This decline is encouraging, given the substantial health and economic burden of HPV-associated disease."

Through these promising results, public health experts and clinicians look forward to more people getting vaccinated for HPV. Routine vaccination at age 11–12 for both boys and girls is recommended, but according to recent national immunization surveys, only about half of all girls in the U.S.—and far fewer boys—received the first dose of HPV vaccine. A series of three shots is recommended over six months. HPV vaccination is also recommended for older teens and young adults who were not vaccinated when younger.

The above is a press release about HPV vaccination from the Centers for Disease Control and Prevention.

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What Happens During a Vaccine-Preventable Disease Outbreak in Arizona

By Susan Goodykoontz and Clarisse Tsang, MPH

Although vaccines have proven to be extremely effective against the prevention of infectious diseases, cases of vaccine-preventable diseases are reported in Arizona each year. These cases are usually unvaccinated or undervaccinated; thus susceptible to infection. They may have travel history to a foreign country or area where the disease was more common, or they may have been exposed locally to an infectious person. Despite public health efforts to control disease spread, different factors result in secondary spread to susceptible persons and may result in an outbreak of disease.

For some diseases such as measles, a single case constitutes an outbreak. For other diseases such as pertussis (whooping cough), a greater number of reported cases would be considered an outbreak. The local health department investigates cases of reportable disease as well as clusters of disease, and determines the existence of outbreaks in its jurisdiction. If an outbreak is determined to exist, a formal outbreak declaration is made and various measures that follow that declaration are instituted to control the outbreak. These measures are made depending on various factors such as the setting (e.g. school, hospital, and workplace), age distribution of cases, and other special considerations.

The following provides a general outline of steps taken by local, state, and national jurisdictions in the investigation, determination, declaration and control of vaccine-preventable disease outbreaks:

1. ***Verify the Outbreak:*** The first step in any outbreak investigation is to determine if an outbreak exists. This determination is made by gathering clinical information about cases, verifying diagnoses through laboratory testing (preferably by sending specimens to the Arizona State Public Health Laboratory (ASPHL)), and conducting analysis to determine if the reported number of true cases is significantly higher than baseline levels.

2. ***Define a Case and Conduct Case Finding:*** Investigators establish outbreak case definitions to define cases by collecting symptom information and laboratory results as well as epidemiologic characteristics such as person, place, and time. Investigators use case definitions to further investigate the extent of the outbreak including the source case and secondary spread, as well as identify new suspect cases which need laboratory testing for confirmation. A line list may be developed to monitor the number of potential cases.

3. ***Develop Outbreak Control Measures:*** The investigation team works to develop control recommendations based on the epidemiologic characteristics of the outbreak and the specific setting. These control recommendations may include vaccination, antibiotic prophylaxis, and school exclusion as well as other recommendations to limit further disease spread. In certain settings, such as in a school, a letter may be sent out to educate about the disease, what to do if someone develops symptoms, and what prevention measures to take. Depending on the size of the outbreak, investigation teams may go to the homes of suspect cases to collect specimens and vaccinate household contacts.

4. ***Declare an Outbreak:*** The outbreak is declared publicly through the media as well as through notification of public health partners such as providers and hospitals. Included in the declaration is a description of the outbreak characteristics and status as well as recommendations for persons who believe they are infected. Based on the severity and scope of the outbreak, the local and state health departments may decide to implement an Incident Command System (ICS). ICS is a system designed to address emergencies and to provide optimal unity and efficiency of outbreak response by providing an organizational structure, with defined roles and responsibilities for each outbreak team member as well as daily communication and meetings.

5. ***Identify source, contacts, and additional cases:*** The local health department further investigates the outbreak and attempts to determine the source case as well as potential new exposures requiring investigation to determine if there are more cases. The health department may conduct active surveillance by contacting hospitals, laboratories, and provider offices to identify additional cases that are not routinely reported to public health.

6. ***Analyze outbreak data:*** Epidemiologists at the local, state and national level analyze outbreak data to determine any risk factors and to further characterize the outbreak. An “epi-curve” or graphical presentation of the outbreak cases over time may be developed. Case data is analyzed to determine significant risk factors, common symptoms of cases, overall vaccine status of cases, number of cases that had appropriate laboratory testing, and further characterization of other important information.

What Happens During a Vaccine-Preventable Disease Outbreak in Arizona continued...

7. ***Conduct Appropriate Laboratory Testing:*** For vaccine-preventable disease outbreaks, providers and public health partners are encouraged to send specimens to the ASPHL for confirmatory testing. Sometimes specimens are sent to reference laboratories, and health departments may coordinate with these laboratories to forward the specimens to the ASPHL. Depending on the disease and findings, the specimens may be forwarded to the Centers for Disease Control and Prevention (CDC) Laboratories for further testing. Additional specimens may need to be collected from patients depending on the disease.

8. ***Increase vaccination coverage:*** The local health departments may conduct community immunization clinics to provide patients additional opportunities to be vaccinated as well as hold special vaccination clinics in the cases' setting to prevent further spread.

9. ***Confirm the end of the outbreak:*** Health departments continue to monitor and analyze data to determine when the outbreak has ended and communicate this information to public health partners and the public. Investigators will continue to maintain surveillance for this disease to monitor for future outbreaks.

10. ***Conduct a Review:*** If desired, the local and state health departments may choose to evaluate the outbreak situation to determine what went well, if anything did not go well, and a general review of "lessons learned".

Although vaccines provide the means to prevent vaccine-preventable diseases, cases of disease will likely continue to occur; thus prompt identification and control of outbreaks is crucial to maintain the lowest possible levels of vaccine-preventable disease. If you have any further questions about outbreaks, please contact the Office of Infectious Disease Services at (602) 364-3676 or visit azhealth.gov.

Summary of Reportable Vaccine-Preventable Diseases January–July 2013 [1,2]

By Susan Goodykoontz, Vaccine-Preventable Disease Epidemiologist

Case counts refer to probable and confirmed cases.

	Jan.–July, 2013	Jan.–July, 2012	Jan.–July 5-Year Median
Measles	1	3	2
Mumps	1	3	4
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
Pertussis (confirmed)	812 (606)	730 (350)	233 (39)
Haemophilus influenzae, serotype b invasive disease (<5 years of age)	2 (2)	1 (0)	1 (1)
Meningococcal infection, invasive	10	1	8
Streptococcus pneumoniae, invasive	596	477	575
Hepatitis A	50	54	46
Hepatitis B, acute	88	94	94
Hepatitis B, chronic	646	504	587

[1]*Data are provisional and reflect case reports during this period.*
[2]*These counts reflect the year reported or tested and not the date infected.*

Guest Shots

In order to represent different viewpoints from around the state we have established the "Guest Shots" section. Each quarter we will have contributing writers or interviews from immunization professionals across the state. This quarter we would like to introduce Diana Grazier, from La Paz County.

Left to right: Lydia Huerta (Public Health Specialist); Marion Shontz (Health Officer); Diana Grazier (Director of Nursing); Jamie Enriquez (Clinical Nurse); Maria Almada (Public Health Specialist)

Diana Grazier has been in the nursing field since she was 17 years old. She's worked on all fields of the nursing profession, from medical/surgical floors in small, rural hospitals to critical care units in large, metropolitan hospitals. She also has experience in long-term care, hospice, and rehabilitation. She was the Assistant Director of Nursing for a 102-bed facility in Las Vegas, and later became a Case Management Supervisor for the largest Health Maintenance Organization (HMO) in Nevada. She moved to Arizona in 1999 and has been the La Paz County Health Department Director of Nursing for 13 years.

Questions:

What are the unique challenges to immunizing the population of La Paz County?

La Paz is very rural. The county seat in Parker is only one square mile, and the rest is spread out. Although we are the 3rd smallest county in Arizona, it can explode in the winter when 500,000 "snow birds" descend upon Quartzsite. Our flu season can be very challenging, especially when the county health department has only 2 nurses.

You have been recognized with the Daniel T. Cloud Outstanding Practice Award for high immunization coverage levels among two year olds for a total of 5 years and among teens for 1 year. How did you achieve such high coverage levels?

There are some advantages to being small. My immunization clerk has lived here most of her life and knows how to find everybody. She is very persistent and continues to send notices and make phone calls every week until they come in.

I am also actively involved. I run the reminder/recall in ASIIS every week, so I can tell who is and isn't coming in. If they are taking too long, I will call them and ask if there is a barrier that we can help with. (Usually there isn't one, but they do respond to having a personal call from a nurse). We have also been known to make a home visit to get that elusive 4th DTaP accomplished.

We created a small appointment card to give to the client before they leave, so they will know when the next shot is due. This simple strategy alone boosted our rates an extra 7%.

According to the most recent assessments of your 13–17 year old patients, 88% of females and 46% of males have received all 3 doses in the HPV series. These rates are much higher than statewide average. What is your strategy for success?

Three years ago our HPV rates for just the first dose was a dismal 34%. During a group "brainstorming" session we identified two major problems:

1) We used to follow the recommendation in the package insert that said safety of concomitant HPV administration with vaccines other than Hepatitis B had not been established. Therefore, we were administering their adolescent vaccines needed that day and asking them to return. Only 30% did. Later editions of "The Pink Book" specifically stated concomitant vaccine administration was safe, and most importantly—recommended, so we began to give the vaccine at the adolescent visit and not require them to return at a later date.

2) A major problem was the way we were offering the vaccines. We were asking people if they wanted to have the vaccine—it was recommended, not required. This was problematic for two reasons. Nine times out of ten we observed the parent asking the adolescent if they wanted it—and no teen wants an extra shot! The other was that by us asking if they wanted it, we were likely perceived as suggesting that there was something wrong with it. Since we started telling the parent that they should have it—and stopped asking do they want it—there has been a 90% acceptance rate.

Getting them back for the 2nd and 3rd dose can still be a challenge, but we send personal letters reminding them they are not fully protected until they get 3 doses and the one-page Merck tear-off education sheet that shows pictures of warts. A picture does paint a thousand words!

Guest Shots continued...

How do you respond to parents who are reluctant to have their children immunized?

For those who refuse HPV, I have had a good response from pointing out that no matter how hard we try to be careful in our own lives, we can't guarantee that the person we marry was always careful in theirs. I also like to use the fact that the vaccine works most effectively in the 11–12 year age group, so they will be better protected when they do need it later in life. For males, most are unaware they can get cancer too, and nobody wants warts.

How do you think we can lower the rates of immunization exemptions in Arizona?

I believe the schools hold a major key. I worry at times that handing an exemption form to the parent is an easy fix. Schools have to be willing to exclude children and lose attendance revenue for the sake of immunizations. The definition of homelessness is also very broad, has the potential to be over-utilized, and the fact there is no definite grace period allows them to fall through the cracks.

We have developed an excellent rapport with the school district over the years. I attend meetings with the superintendent and health aides 2–3 times a year. We support them, and they support us and understand the value and necessity of immunizations. We have low exemption rates; however, I should point out that La Paz County is very rural, very poor, and our clients are 60% Hispanic – the total opposite of all the data that shows where most of the exemptions are coming from.

The use of media can be very powerful. Media can be used to promote the benefits or to show the dangers of not being vaccinated as well.

High Adolescent Immunization Coverage Levels = 2014 Award Winners

By Jennifer Ralston-King, Immunization Assessment Coordinator

Health care providers who have vaccinated at least 90% of their adolescent patients with the recommended teen vaccination series will be eligible for recognition by The Arizona Partnership for Immunization (TAPI) at their annual awards dinner in April 2014. Nomination forms for the award are posted on the TAPI website at http://www.whyimmunize.org/cloud-nominations.

Once a practice has been nominated for TAPI's Daniel T. Cloud Teen Award, the Arizona Immunization Program Office conducts an immunization assessment of the provider's fifteen-year-old patients. The Arizona State Immunization Information System (ASIIS) is utilized as the source of all immunization data that is analyzed to verify a 90% coverage level for the series of one Tdap and one or more doses of MCV and HPV vaccines.

The adolescents whose immunization status will be evaluated for the 2014 awards are those who were born in 1998. Now is the time for providers who are interested in receiving the teen award in 2014 to recall patients who are missing doses of Tdap, MCV or HPV vaccines. Nominated practices may be large or small, but must have a minimum of 20 active patients whose immunization records are present in ASIIS.

In addition to recognizing providers with high teen immunization coverage levels, in 2014 TAPI will continue to recognize providers with 90% or higher immunization coverage for the toddler series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella. The Daniel T. Cloud Toddler Award will recognize providers who have at least 25 active patients born in 2011 in the ASIIS registry. Providers who are interested in the 2014 toddler award are encouraged to check the status of patients born in 2011 and to recall them now if they are missing any doses in the qualifying series.

Questions about the assessment process for the TAPI awards may be referred to Jennifer Ralston-King, Assessment Coordinator of the Arizona Immunization Program Office, at Jennifer.Ralston-king@azdhs.gov or (602) 364-3632.

For more information on the Teen Cloud Award and Cancer Prevention through HPV vaccination go to https://connect.asu.edu/p9n0yjcav5x/.

Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award

The *CDC Childhood Immunization Champion Award* is an annual award given jointly by the CDC Foundation and CDC to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization.

Young children rely on the champions in their lives to keep them safe and healthy. Those champions may be parents who keep a record of their child's vaccinations and ask at each doctor appointment whether their child is up-to-date on immunizations. Those champions may also be doctors, nurses, physician assistants, and other healthcare professionals who ensure that the children in their care receive all the recommended vaccines.

The *CDC Childhood Immunization Champions* are an inspiration to everyone who cares about children's health. The CDC Foundation and CDC are pleased to recognize the recipients of the award for the special contributions they have made through their work in childhood immunization.

Do you know an Arizona Immunization Champion in your community? We would love to nationally recognize them! For more information and the application for the CDC Childhood Immunization Champion Award please visit http://www.cdc.gov/vaccines/events/niiw/champions/index.html. Please complete the nomination form found online and submit it to Wendy.ODonnell@azdhs.gov by **February 28th, 2014**.

Vaccine Center Update

By Tiffany McRae, Vaccine Center Manager

2014 VFC Enrollment

Current 2013 VFC enrollment agreements will remain valid until at least February 28, 2014. The Vaccine Center will notify providers once the 2014 enrollment agreements are available to complete.

As a reminder, **all VFC Coordinators are required to complete the CDC *You Call the Shots* module before you can re-enroll**. You can choose the *Vaccine Storage and Handling* module or the *Vaccines for Children* module. Please notify your VFC representative when you have completed the training. This is required even if you attended a TAPI learn at lunch training or the annual immunization conference. For more information on this requirement please visit http://azdhs.gov/phs/immunization/documents/vaccines-for-children/webinar-instructions.pdf.

MenHibrix® Availability

Menhibrix® is now available through the VFC program. **However, it will be available in limited supply**. Menhibrix® is a vaccine indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroups C and Y and Haemophilus influenzae type b. Menhibrix® is approved for use in children 6 weeks of age through 18 months of age. For current recommendation on the use of this newly approved ACIP recommended vaccine please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a3.htm.

Digital Data Loggers

Many providers are starting to purchase digital data loggers to monitor refrigerator and freezer temperatures. CDC *recommends* the use of digital data loggers for the continuous monitoring of refrigerator and freezer temperatures. If you will be purchasing digital data loggers, please ensure they meet the following CDC requirements:

- Hi/Lo alarm for out-of-range temperatures
- Current temperature, as well as minimum and maximum temperatures
- Reset button
- Low battery indicator
- Accuracy of +/- 1°F (0.5°C)
- Memory storage of at least 4000 readings, device will not rewrite over old data and stops recording when memory is full
- User programmable logging interval (or reading rate)

CDC recommends the use of glycol-encased probes, rather than air probes, because they provide a more accurate reading of actual vaccine temperature.

Vaccine Center Update continued...

Digital Data logger probes must be placed in proximity to the vaccines being stored. Proper placement is very important since it helps the provider most accurately identify the actual vaccine vial temperatures and to take appropriate corrective actions quickly if necessary.

When sending in temperature logs from your digital data logger to the Vaccine Center, please make sure that the temperatures are recorded and reviewed at least twice daily. The Vaccine Center will not accept minimum and maximum temperatures only. Please make sure to set your digital data logger to measure temperatures every 15 minutes.

For more information on Digital Data loggers or Storage and Handling, please visit the CDC Storage and Handling Toolkit at http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf.

Important Vaccine Ordering Reminders

- Always include your pin number on Temperature Logs and all other documents being sent to the Vaccine Center.
- Review your order in ASIIS/VOMS after it has been placed to determine if your order has been approved. If the order status is in "manual review" or "denied", check the comments in the order screen for further details. Additional questions regarding your order can be directed to the Vaccine Center.
- Changes in provider offices including VFC coordinator, office hours/days, email addresses and other required information should be communicated to the Vaccine Center immediately.

For information related to vaccine orders, or other VFC related questions, please contact the Vaccine Center at (602) 364-3642.

ASIIS Update

Desiree Long, Client Support Coordinator

The Arizona State Immunization Information System (ASIIS) has some exciting new updates that will help make things easier for all users. New and existing user training modules are now featured on the ASIIS homepage (https://www.asiis.state.az.us/). The link to the trainings is at the bottom of the page under Valuable Links: Click HERE to access the ASIIS training modules. Each module contains step-by-step instructions with screenshots to guide users on a variety of topics, a few examples are: How to Log into ASIIS, How to Manage Vaccine Inventory, and How to Run Reports. New ASIIS users will be required to complete the 6 new user training modules before they are issued ASIIS login credentials. Existing users are not required to complete the training modules, but we encourage them to do so. The training modules are a great refresher. As ASIIS is updated, we will update the training modules. Providers should consistently check these modules for new information. In the future, ASIIS will provide interactive training modules and live webinars to help providers navigate through ASIIS more efficiently. Stay tuned for more details!

Electronic cold-chain storage reporting feature will be coming soon. The electronic cold-chain storage reporting feature will enable providers with digital data logger thermometers to report their temperatures electronically through ASIIS. For providers without digital data loggers, the temperatures can be manually entered into ASIIS. It will no longer be necessary to fax in temp logs. When this feature becomes available, it will not be mandatory immediately. Providers will be able to continue faxing temperature logs, but ASIIS encourages all providers to switch to electronic reporting as soon as it is available. Written guidance will be distributed in the near future.

Also, the ASIIS and Arizona Vaccine Center staff are working toward electronic VFC enrollment. At this point, there are many unknowns, but we are hopeful we will create a system for VFC providers to send in their enrollment electronically.

For any ASIIS questions, please contact the ASIIS Hotline at (877) 491-5741 or locally at (602) 364-3899.

New Employees

Lindsay Shaver
Program Project Specialist

IMMUNICATIONS

Vaccinate at Every Life Stage

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PHOENIX, AZ
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Arizona Department of Health Services
Bureau of Epidemiology
and Disease Control Services
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, Arizona 85007-3233
(602) 364-3630
www.azdhs.gov/phs/immun/index.htm

MANAGING EDITOR:
Wendy O'Donnell

EDITORS:
Dana Goodloe, Laura Oxley, Brenda Jones

CONTRIBUTORS:
Susan Goodykoontz, Clarisse Tsang, Diana Grazier,
Jennifer Ralston-King, Tiffany McRae, Desiree Long

If you need this publication in an alternative format, contact the Arizona Immunization Program Office at (602) 364-3630 or 1-800-376-8939 (State TDD/TYY Relay)

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Please join us on April 23rd and 24th at the Black Canyon Conference Center in Phoenix, Arizona for the 21st Annual Arizona Immunization Conference. This year's presentation will include best practices for adolescent HPV vaccination, HPV and cancer, keeping kids on track with their vaccines, CDC immunization update and much more. More information will be posted on the Arizona Immunization Program website at http://azdhs.gov/phs/immunization/conference.htm.

Arizona Department of Health Services

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Preventing cancer in our children's future
WhyImmunize.org

Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CDC RESEARCH SHOWS: The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING: HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

CDC RESEARCH SHOWS: Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING: HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

CDC RESEARCH SHOWS: Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

TRY SAYING: We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CDC RESEARCH SHOWS: Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING: Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

CDC RESEARCH SHOWS: Parents might believe their child won't be exposed to HPV because they aren't sexually active or may not be for a long time.

TRY SAYING: HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

CDC RESEARCH SHOWS: Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

TRY SAYING: I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children. Experts (like the American Academy of Pediatrics, cancer doctors, and the CDC) also agree that this vaccine is very important for your child.

CDC RESEARCH SHOWS: Understanding that the side effects are minor and emphasizing the extensive research that vaccines must undergo can help parents feel reassured.

TRY SAYING: HPV vaccine has been carefully studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, primarily pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 57 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

CDC RESEARCH SHOWS: Parents want to know that HPV vaccine is effective.

TRY SAYING: In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

CDC RESEARCH SHOWS: Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

TRY SAYING: I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and put those appointments on your calendar before you leave the office today!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

HPV YOU ARE THE KEY TO CANCER PREVENTION

www.cdc.gov/vaccines/teens | PreteenVaccines@cdc.gov

CS242429A

2014 AWARD

NOMINATION FORM

Dr. Daniel T. Cloud Outstanding Practice

&

Big Shots for Arizona

tapi
The Arizona Partnership for Immunization

Preventing cancer in our children's future

WhyImmunize.org

Honoring the Best Practices & the Brightest Stars

The ARIZONA PARTNERSHIP FOR IMMUNIZATION (TAPI) is seeking nominations for the DR. DANIEL T. CLOUD OUTSTANDING PRACTICE AWARDS and BIG SHOTS FOR ARIZONA AWARDS. These awards recognize the exceptional efforts of the many individuals and organizations whose tireless work and innovative strategies have improved immunization coverage levels statewide. We look forward to our annual awards banquet as an opportunity to publicly recognize immunization efforts over the past year.

Dr. Daniel T. Cloud Outstanding Practice Awards

The TODDLER AWARD is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella for two year olds. A minimum of 25 active patients is required. Upon nomination, ADHS will use ASIIS data to validate coverage levels. Practices recognized with a Toddler Award in 2013 are not eligible for nomination for the Toddler Award again until 2015.

The TEEN AWARD is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 1 Tdap, 1 MCV and 1 HPV for 15 year olds. A minimum of 20 active patients is required. Upon nomination, ADHS will use ASIIS data to validate coverage levels. Practices recognized with a Teen Award in 2013 are not eligible for nomination for the Teen Award again until 2015.

Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award

Do you know an immunization champion in your community? We want to recognize them!

The CDC CHILDHOOD IMMUNIZATION CHAMPION AWARD is an annual award given jointly by the CDC Foundation and CDC to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization.

Get more information and download the application at www.cdc.gov/vaccines/events/niiw/champions/index.html. Print and complete the nomination form found online and email it to Wendy.ODonnell@azdhs.gov or mail it to Arizona Department of Health Services, ATTN: Wendy O'Donnell, Arizona Immunization Program Office, 150 North 18th Avenue, Ste. 120 • Phoenix, AZ 85007 by **FEBRUARY 28, 2014.**

Big Shots for Arizona Award Categories

Choose the award category that best fits the accomplishments of the nominee or organization that made a difference for babies, kids, teens or adults:

BUCK SHOT has produced exceptional printed materials, PSAs, or other forms of communication that have educated the public and health care providers about immunizations.

LONG SHOT has been responsible for legislation, regulations or public policy initiatives that have helped to reduce barriers to immunization.

SNAP SHOT has sponsored or coordinated an event/events that have helped to educate, promote and provide immunizations to Arizonans.

SPOT SHOT has produced print, radio or electronic media stories that have helped to educate the public about immunizations.

HOT SHOT has gone "above and beyond the call of duty" to give tremendous amounts of time and effort to increase immunizations. More than one Hot Shot award may be given.

UP SHOT is an innovative program or a person new to the immunization effort and has demonstrated commitment to improving the health of Arizonans. In Memory of Andrea Fadok.

REVIEW OF APPLICATIONS Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. Nominators will be contacted if their nominee has been selected.

AWARDS CEREMONY Award recipients will be presented with their awards at TAPI's 18th Annual Award and Recognition Banquet April 23, 2014 at The Phoenix Country Club.

DEADLINE FOR ALL AWARD CATEGORIES IS FEBRUARY 28, 2014 AT 5:00PM

2014 Dr. Daniel T. Cloud Outstanding Practice Awards

Each Cloud Award recognizes the recipient for two full years. You can only apply for one award each year. **CHECK AWARD**

☐ **TODDLER AWARD** ☐ **TEEN AWARD**

2014 Big Shots for Arizona Award Categories

PLEASE SELECT THE CATEGORY:

☐ **BUCK SHOT** Education Materials and Community Outreach Campaigns

☐ **SNAP SHOT** Special Events Partnerships

☐ **HOT SHOT** Special Achievement
☐ Public Sector ☐ Private Sector

☐ **LONG SHOT** Public Policy

☐ **SPOT SHOT** Media Coverage

☐ **UP SHOT** Innovation/New Commitment

PLEASE IDENTIFY THE TYPE OF NOMINEE:

☐ Agency
☐ Corporation
☐ Individual
☐ Community Group
☐ Professional Association
☐ Other

YOUR NOMINATION FOCUSES ON:

☐ Children (0-10)
☐ Adolescents (11-18)
☐ Adults

BIG SHOTS NOMINATION REQUIREMENTS:

1. Nomination form.
2. Three or fewer double-spaced, typed pages that explain how the nominee has accomplished the award objective.
3. A three sentence summary statement to be read at the award ceremony.

Nominations may submit support materials (ie marketing pieces).

Nomination Information (Please Print)

Nominee

First, Last Name of Nominee or Organization

If nominating an organization, please provide the name of the person who will accept the award on behalf of the organization.

Address of Practice/Clinic

City / State / Zip Code

Direct Line Telephone

Nominator

Name of Person Submitting Nomination

Mailing Address

City / State / Zip Code

Direct Line Telephone

QUESTIONS Contact TAPI at 602-288-7568. Nomination form, statement and supporting material must be emailed to **Awards@TAPI.org**, mailed or delivered to: **THE ARIZONA PARTNERSHIP FOR IMMUNIZATION** 700 E. Jefferson Street, Ste. 100 • Phoenix, AZ 85034
Print additional nomination forms at **WhyImmunize.org** • Faxed nominations will not be accepted

tapi The Arizona Partnership for Immunization
700 E. Jefferson Street, Ste. 100
Phoenix, AZ 85034
Preventing cancer in our children's future
WhyImmunize.org

2013 TEEN WINNERS

ADELANTE HEALTHCARE - GILA BEND

ARROWHEAD PEDIATRICS - GLENDALE

ARROWHEAD PEDIATRICS - SUN CITY

CANYONLANDS - SAFFORD CLINIC

CASA GRANDE PEDIATRICS

CIGNA - PARADISE VALLEY

CIGNA - SCOTTSDALE

CIGNA - TEMPE

DESERT SHORES PEDIATRICS - CHANDLER

DESERT SHORES PEDIATRICS - GILBERT

NORTH COUNTRY - LAKE HAVASU CITY

PHOENIX INDIAN MEDICAL CENTER - PEDIATRICS

RENAISSANCE FAMILY MEDICAL CENTER

SUNRISE PEDIATRICS

SUNSET COMMUNITY HEALTH CENTER - SOMERTON

SUNSET COMMUNITY HEALTH CENTER - YUMA

YAVAPAI COUNTY COMMUNITY HEALTH SERVICES

2013 TODDLER WINNERS

ADELANTE HEALTHCARE - MESA

ADELANTE HEALTHCARE - PHOENIX

NAVAJO COUNTY HEALTH DEPARTMENT

PINAL COUNTY HEALTH DEPARTMENT - CASA GRANDE

PINAL COUNTY HEALTH DEPARTMENT - COOLIDGE

SOUTHWEST PEDIATRICS

SUN LIFE CENTER FOR WOMEN & CHILDREN

SUN LIFE FAMILY HEALTH CENTER - ELOY

SUNSET COMMUNITY HEALTH CENTER - SOMERTON

SUNSET COMMUNITY HEALTH CENTER - YUMA

2014 Arizona Deputized Providers

These VFC providers have deputization agreements in-place that allow them to use Arizona VFC vaccine for immunizing underinsured children.

Gila County

Payson Pediatrics
126 E Main Street, Suite B
Payson, AZ 85541
(928) 472-4675

Maricopa County

Arizona Medical Clinic
1847 W Heatherbrae Dr
Phoenix, AZ 85015
(602) 274-2100

CRMC KidShots Community Wellness
Call the hotline (480) 728-3777 for each site's dates and hours of operation
Site 1
Chandler Care Center
777 E. Galveston Rd., Chandler

Site 2
Kid Shots at Chaparral Elementary School
3380 E. Frye Road, Gilbert

Site 3
Chandler Fashion Mall, Community Room near Paradise Bakery in food court area

Site 4
WIC Chandler Office
3002 N. Arizona Ave., Chandler

Site 5
Kid Shots at CRMC
1875 W. Frye Rd., Chandler

Site 6
Kid Shots at Kyrene de las Lomas Elementary School
11820 S. Warner-Elliot Loop, Phoenix

Site 7
Kid Shots at Kyrene Family Resource Center
at Kyrene de los Ninos Elementary School
1330 E. Dava Drive, Tempe

Desert View Pediatrics
727 E Bethany Home Rd, Suite A-101
Phoenix, AZ 85014
(602) 279-2400

Gilbert Pediatrics
Site 1
4540 E Baseline Rd, Suite 108
Mesa, AZ 85206
(480) 892-3880

Site 2
4365 East Pecos Rd, Suite 123
Gilbert, AZ 85297
(480) 892-3880

Kids Kare
Site 1
521 W Thomas Rd, 2nd Floor
Phoenix, AZ 85013
(602) 254-0390

Site 2
3305 E Greenway Rd, Suite 6
Phoenix, AZ 85032
(602) 867-1252

Site 3
6211 N 35th Ave, Suite 1
Phoenix, AZ 85017
(602) 242-5000

Site 4
455 N Mesa Dr, Suite 16E
Mesa, AZ 85201
(480) 610-0752

Site 5
3130 E Baseline Rd, Suite 103
Mesa, AZ 85204
(480) 539-7618

Site 6
9515 W Camelback Rd, Suite 142
Phoenix, AZ 85037
(602) 903-5365

Mesa Fire Department
4530 E McKellips Rd, #101
Mesa, AZ 85215
(480) 644-6829

Phoenix Fire Department – Baby Shots
2425 W. Lower Buckeye Rd, Bldg. 8
Phoenix, AZ 85034
(602) 534-8640

Providence Pediatrics, Corp.
Site 1
8410 W Thomas Rd, Suite 140
Phoenix, AZ 85037
(623) 846-7337

Site 2
9220 N Central Ave
Phoenix, AZ 85020
(602) 997-9898

Site 3
1701 W Glendale Ave, Suite 3
Phoenix, AZ 85021
(602) 246-9090

Pueblo Family Physicians, Ltd.
Site 1
4350 N 19th Ave, Suite 6
Phoenix, AZ 85015
(602) 264-9191

Site 2
15425 N. Greenway Hayden Loop, Suite A-300
Scottsdale, AZ 85260
(480) 607-1124

Young Arizona Pediatrics
15653 N Reems Rd, Suite 110
Surprise, AZ 85374
(623) 214-3454

Pima County

Catalina Pediatrics, PC
3085 N Swan Rd
Tucson, AZ 85712
(520) 323-3099

Yavapai County

Family Health Providers
3700 W St. Route 89A
Sedona, AZ 86336
(928) 204-4944

Red Rock Pediatrics
800 Cove Parkway
Cottonwood, AZ 83325
(928) 649-3003

Valley Medical Center
214 S Main St
Cottonwood, AZ 86326
(928) 634-7534

Yavapai County Ed. Service Agency
2970 Centerpointe East Drive
Prescott, AZ 86301
(928) 713-5344

January 7, 2014