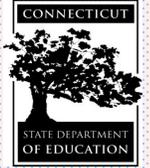




THE SCHOOL NURSE BULLETIN

DECEMBER 2014



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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



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Immunization Program

TO: College Health Services and Administrative Personnel
FROM: Mick Bolduc, Epidemiologist Connecticut Immunization Program^{MB}
DATE: May 12, 2014
SUBJECT: Revision to the College Meningococcal Vaccine Requirement

The purpose of this memo is to inform you of a change to the college Meningococcal Vaccine requirement effective January 1, 2015. The change only applies to students first enrolling in the 2014-15 school year (not students who are already enrolled) and each new enrollee thereafter. Students enrolling in the 2014-15 school year and living in on-campus housing will be required to show proof of having received a dose of meningococcal conjugate vaccine within the past 5 years or submit a medical or religious exemption against such vaccination (see below).

Sec. 39. Subsection (a) of section 10a-155b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

(a) For students who first enroll in the 2014-2015 school year, and first enroll in each school year thereafter, each public or private college or university in this state shall require that each student who resides in on-campus housing be vaccinated against meningitis and submit evidence of having received a meningococcal conjugate vaccine not more than five years before enrollment as a condition of such residence. The provisions of this subsection shall not apply to any such student who (1) presents a certificate from a physician, an advanced practice registered nurse or a physician assistant stating that, in the opinion of such physician, advanced practice registered nurse or physician assistant, such vaccination is medically contraindicated because of the physical condition of such student, or (2) presents a statement that such vaccination would be contrary to the religious beliefs of such student

As always, if you have any questions, please feel free to contact me at (860) 509-7940.

!! Attention High School Nurses !!
Important Revision to College Meningococcal Vaccine Requirement

The following information is from the State Department of Public Health and has been adapted from:

“AAP Immunization Resources Preteen Immunization: Human Papillomavirus Information for School Nurses.”

(The flyer and additional resources for school nurses, such as “Addressing HPV Concerns” are available at <http://www2.aap.org/immunization/pediatricians/SchoolRN.html>.)

The Disease

Human papillomavirus (HPV) is a sexually transmitted infection (STI) that spreads with intimate skin-to-skin contact or intercourse.

- It is the most common viral sexually transmitted infection (STI) in the U.S. and is prevalent among adolescents. **More than 50% of sexually active men and women are infected with HPV at some time in their lives.**
- While it is important to recommend safe sex practices for sexually active teens, such as using a condom, to prevent other STIs and pregnancy, condoms alone are not enough to prevent the spread of HPV.
- There are about 40 different types of HPV that cause infection.
- Strains 6 and 11 cause 90% of genital warts.
- Strains 16 and 18 cause up to 70% of cervical cancers, 90% of anal cancers, 40% of vulvar, vaginal and penile cancers, and 12% of oral and pharyngeal cancers.

These cancers can be life-threatening, or cause other serious adverse health effects, but most of these cancers can be prevented by the HPV vaccine! In 2009, 12,357 women in the United States were diagnosed with cervical cancer and 3,909 women in the United States died from cervical cancer.¹

The HPV Vaccine

- A routine 3-dose series of HPV vaccine is recommended for both boys and girls in by the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention.
- The routine schedule includes:
 - ◊ 1st dose - routinely given at age 11-12 years; may be given as early as age 9 years
 - ◊ 2nd dose - 1 to 2 months after the first dose
 - ◊ 3rd dose - 6 months after the first dose.
- In Connecticut only 40% of girls and 23% of boys had received the recommended 3 doses of HPV vaccine according to the latest National Immunization Survey (2013).
- Why vaccinate during the preteen years (ages 11-12)?
 - ◊ **Preteens have a stronger immune response to HPV vaccine than do older adolescents.**² For the best lifetime protection against HPV, preteens and teens should be vaccinated.
 - ◊ It is key to complete the vaccine series before the onset of any sexual activity in order for it to provide the most protection.
 - ◊ Studies show that adolescents who receive HPV vaccine do not have sex any earlier than those who only received other teen vaccines.³

School nurses recognize the importance of prevention in healthcare. Educate your students and their parents about the risks of HPV, and how infection (and the diseases HPV causes) can be prevented.

1. U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2009 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2013. Available at: <http://www.cdc.gov/uscs>.

2. <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm111263.pdf>

3. Bednarczyk RA, Davis R, Ault K, Orenstein W, Omer Saad. Sexual Activity–Related Outcomes After Human Papillomavirus Vaccination of 11- to 12-Year-Olds. 2012. Pediatrics.

Connecticut State Department of Public Health (DPH) Fact Sheet

Hand Sanitizers: Advice for using gels, foams and wipes

Hand sanitizers are designed as a personal care product to be used if soap and water are not available. They contain ingredients to help reduce the number of germs on the hand. They are not effective if hands have visible dirt on them. Frequent hand washing is the best way to avoid getting sick and spreading illness.

Recommendations for Effective Hand Washing

The Centers for Disease Control and Prevention's general policy on hand hygiene recommends the following methods to prevent transmission of bacteria and viruses:

- washing hands with soap and water at least 20 seconds or as long as it takes to sing the Happy Birthday song twice;
- cleaning hands using an alcohol-based hand-rub sanitizer that contains greater than 60 percent alcohol (ethyl alcohol, ethanol, isopropanol, isopropyl). These products significantly reduce the number of germs on the skin and are fast acting. However, they are not effective if hands are visibly dirty. Germs, organic matter and natural oils on hands create a barrier that blocks the effectiveness of the sanitizer. There is a danger of small children ingesting alcohol-based hand sanitizers by mistake; and
- cleaning hands using a non-alcohol based hand-rub gel sanitizer. Non-alcohol based hand sanitizers (foam) have as the active ingredient benzethonium chloride, a quaternary ammonia. These sanitizers have not been proven to be as effective as the alcohol-based sanitizers against viruses.

The Hand Sanitizer Fact Sheet is located on the DPH Web site at http://www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/hand_sanitizer_factsheet.pdf.

The Dental Plan for HUSKY Health

Since 2008, the Connecticut Dental Health Partnership (CTDHP) has managed all of the dental health care services provided in the HUSKY Health program. The CTDHP administers the dental benefits on behalf of the Department of Social Services (DSS) helping more than 600,000 residents in Connecticut get access to free or low-cost, quality dental care.

Whether a client, a provider partner or a community partner, the Web site located at <https://www.ctdhp.com/default.asp> provides information needed to access or provide dental services and details on dental programs. To speak to a provider services representative, call 1-888-445-6665 or 1-855-CT-DENTAL (1-855-283-3682). Office hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m.



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