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Cervical Health Awareness Month

Did you know that more than 12,000 women will be diagnosed with cervical cancer each year and more than 4,000 women will die? Make sure to talk to your clients about prevention!

The United States Congress designated January as Cervical Health Awareness Month. Cervical Health Awareness Month is a chance to raise awareness about how women can protect themselves from HPV (human papillomavirus) and cervical cancer. HPV is a very common infection that spreads through sexual activity. It's also a major cause of cervical cancer. About 79 million Americans currently have HPV. Many people with HPV don't know they are infected. And each year, more than 11,000 women in the United States get cervical cancer.

**Are you or someone you know an immunization expert?
Do you enjoy sharing your knowledge with others?**

If you answered yes, you could become a trainer for EPIC. We provide training on the program curriculum, use of the program equipment (laptop and projector), a stipend for your time, and some great tips for presenting to adult learners.

Please contact Shanrita McClain or Janna McWilson for more information.

Mark Your Calendars:

Winter Symposium

February 11, 2017

Marriot Hotel Buckhead

Atlanta, GA

ACIP Meeting

February 22-23, 2017

Legislative Day at the Capital

February 23, 2017

Atlanta, GA

**Georgia Pediatric Nurses and
Practice Managers Meeting**

May 5, 2017

College Park, GA

Autism risk not increased by maternal influenza infection during pregnancy

Publish date: December 2, 2016

By: Lucas Franki
Frontline Medical News

FROM JAMA PEDIATRICS

Maternal influenza infection during pregnancy does not increase the risk for autism spectrum disorder (ASD) in children, according to Ousseny Zerbo, PhD, and associates.

In a study of 196,929 mother-child pairs (the children were born at Kaiser Permanente Northern California between Jan. 1, 2000, and Dec. 31, 2010), 1.6% of the children were diagnosed with ASD. Influenza was diagnosed in 0.7% of mothers during their pregnancy, and 23% received an influenza vaccination during pregnancy.

Of the 1,400 mothers who were diagnosed with influenza, 1.6% of children born in this group were diagnosed with ASD. Risk did not differ significantly according to trimester.

Overall, maternal influenza vaccination did not effect likelihood of ASD diagnosis, with 1.7% of children in this group receiving an ASD diagnosis. A small association between ASD diagnosis and maternal influenza vaccination, however, was seen in the first trimester of pregnancy, with an adjusted hazard ratio of 1.2, translating to a potential extra 4 cases of autism per 1,000 births. But further analysis suggested that this could be caused by bias and chance, and “the association was insignificant after statistical correction for multiple comparisons,” the investigators said.

“While we do not advocate changes in vaccine policy or practice, we believe that additional studies are warranted to further evaluate any potential associations between first-trimester maternal influenza vaccination and autism,” the investigators concluded.

Find the full study in JAMA Pediatrics (doi: [10.1001/jamapediatrics.2016.3609](https://doi.org/10.1001/jamapediatrics.2016.3609)).
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Half of pregnant women protect their babies against the flu. Time to bump it up!

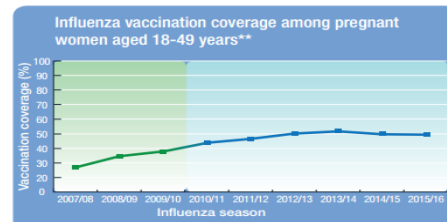


With only half of pregnant moms getting their flu vaccine, too many remain unprotected

Flu shots help protect pregnant women and their babies from potentially serious illness during and after pregnancy.

During the 2015-16 flu season, an estimated 50%* of pregnant women in the U.S. protected themselves and their babies from flu by getting a flu shot. While this is a significant improvement since the years before the 2009 pandemic, about half of pregnant women, and their babies, still remain unprotected from influenza.

We can do better. All pregnant women need flu shots to protect themselves and their babies.



If you're pregnant, a flu shot:

- is safe, and can be received at any time during pregnancy
- can help protect against premature labor and delivery
- protects developing baby before birth and after birth, for the first several months, while baby is too young to get a flu shot

Pregnant women also need a whooping cough (Tdap) shot. Talk to your doctor.

Get vaccinated to protect yourself and your baby.



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

www.cdc.gov/flu/protect/vaccine/pregnant.htm

CDC: Flu Vaccination Rates Remain Low

The overall vaccination coverage, as of early November, was 40%, similar to last year's rate. The Centers for Disease Control and Prevention (CDC) have reported low overall [flu vaccination](#) rates of 40% for this season, a similar number as last year's coverage.

The current estimates are based on survey data from up to early November and show that 37% of children aged 6 months to 17 years and 41% of adults aged ≥ 18 years have received the flu vaccine. The Healthy People 2020 goal is to reach 70% coverage across all age groups. “We are urging parents to make sure their children get a flu shot this season, as the [nasal-spray vaccine is not recommended for the 2016–2017 flu season](#). An annual flu vaccine is very important protection for children,” said Joe Bresee, MD, chief of the Epidemiology and Prevention Branch of CDC's Influenza Division.

Of particular concern are adults aged 50 years of age and older. Estimates for 2015–16 showed a three percentage point decrease in vaccine coverage among people ≥ 50 years when compared to the 2014–15 numbers.

Pregnant women had a vaccination rate of 47%, six percentage points higher than early estimates last season. Healthcare workers had a vaccination rate of 69%, similar to last year's rate. Vaccination among healthcare personnel working in long-term care facilities was the lowest among healthcare workers with an early estimate this season of 55% coverage.

Additionally, the CDC released a report on the 2015–16 flu season, finding that if vaccination rates had been five percentage points higher, another 500,000 flu illnesses and 6,000 flu-related hospitalizations could have been prevented. Since 2010, the CDC estimates that flu-related hospitalizations ranged from 140,000 to 710,000. While influenza associated deaths are estimated to have ranged from 12,000 to 56,000.

As influenza activity peaks between December and February, the CDC indicated that vaccination after November will still offer substantial protection during most seasons.



AAP develops a new interactive infographic that highlights immunization rates for DTaP, MMR, varicella, HPV, and influenza vaccines in each state

The American Academy of Pediatrics (AAP) recently released a [new interactive infographic](#) that highlights immunization rates for DTaP, MMR, varicella, HPV, and influenza vaccines in each state, as well as the combined 7-vaccine series for ages 19–35 months. It also lists individual state laws regarding exemptions, and highlights recent outbreaks of infectious diseases.

School-located influenza vaccination programs can be effective

Publish date: November 8, 2016

By: Abigail Cruz
Frontline Medical News

FROM PEDIATRICS

School-located influenza vaccination (SLIV) increased seasonal influenza vaccination rates countywide and in both suburban and urban settings, a study found.

“Schools have a stake in influenza vaccination because immunization of schoolchildren can reduce absenteeism throughout the community. Nevertheless, only 6% of childhood influenza vaccinations occur at school. SLIV poses logistical challenges: obtaining parental consent, ordering and administering vaccine, and billing,” said Peter G. Szilagyi, MD, of Mattel Children’s Hospital, Los Angeles, and his associates.

By using both Web-based and paper consent for influenza vaccination among elementary school children, this SLIV program raised influenza vaccination rates countywide in suburban and urban school districts, with substantial use of Web-based consent for vaccination, the investigators said.

From 2014 to 2015, 44 elementary schools were randomized in upstate New York in an organized cluster-randomized trial in which 19,776 children were eligible candidates. Seven percent of SLIV school students, 5% of suburban SLIV school students, and 9% of urban SLIV students were vaccinated at SLIV clinics. Children in SLIV schools had higher flu vaccination rates than did children in control schools countywide (54% vs. 47%, *P* less than .001) and in suburban (62% vs. 54%, *P* less than .001) and urban schools (44% vs. 39%; *P* less than .001).

SLIV did substitute for vaccination for urban settings serving more Vaccines for Children–covered students, but did not substitute for practice-based vaccination in the suburbs, where pediatricians often preorder influenza vaccine.

“SLIV, using Web-based consent, is a potential strategy to improve influenza vaccination coverage among large populations of children,” the researchers concluded.

Read the full story here: [Pediatrics. 2016. doi: 10.1542/peds.2016-1746.](https://doi.org/10.1542/peds.2016-1746)
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What's behind the 2016 Mumps Spike in the U.S.?

Outbreaks across the country have fueled more than 4,000 cases

Scientific American

By Dina Fine Maron on December 16, 2016

You could be forgiven if you thought mumps was no longer a problem in the U.S. That's because for the past few decades, thanks to widespread use of a vaccine against this contagious virus, it wasn't.

Yet in the past several years increasing numbers of college students and others have started getting mumps again—and 2016 marks the biggest spike in a decade. Seven states (Arkansas, Iowa, Indiana, Illinois, Massachusetts, New York and Oklahoma) have each reported more than 100 cases this year. As of December 3 there have been more than 4,000 cases across 46 states and the District of Columbia, with about half occurring in Arkansas in a variety of schools, workplaces and colleges. By comparison, in 2010 there were 2,612 cases reported to the U.S. Centers for Disease Control and Prevention, and in 2012 there were 229.

Oddly enough most mumps patients said they had received their two recommended doses of the combined measles-mumps-rubella (MMR) vaccine, according to the CDC. In Arkansas, the state with the largest outbreak, around 70 percent of the mumps patients self-reported that they were fully vaccinated against mumps, according to the CDC.

So what's behind the comeback? One factor may be that the vaccine's effectiveness appears to wane over 10 or 15 years, says William Schaffner, an infectious diseases specialist at Vanderbilt University Medical Center. Exactly why this year has been such a large problem, however, climbing to more than 4,000 cases, remains a mystery. "That has all of us puzzled," Schaffner says. Vaccination coverage rates in the worst-affected states of Arkansas, Illinois and Iowa is generally high. All have two-dose coverage rates around 90 percent or better, according to the CDC.

Janell Routh, a medical officer in the CDC's Division of Viral Diseases, says this year's sudden increase may simply be cyclical. "We know generally that mumps cases wax and wane over years. This year in particular we know the spike was driven by three large outbreaks," she says.

Scientists agree that mumps outbreaks often occur in crowded environments where people may come in contact with one another's saliva or mucus—via things like sharing food or drinks, or kissing. "The virus is always out there," says Paul Offit, a pediatrics professor at The Children's Hospital of Philadelphia. "The most likely reason for these outbreaks is that vaccine immunity is fading," he says. Routh says the agency still does not have strong enough evidence to answer that type of question. "We don't know the level of antibody required to stop a case of mumps in a person, so that question of knowing if the vaccine works less well over time is something we're still working to investigate," she says.

Other theories to explain the spike do not check out either, according to the CDC. It does not appear that the virus has mutated in a way that would make vaccines less effective against it, Routh says, noting the main genotype of the virus in the U.S. has remained the same over the past decade. There is also no evidence the virus is being imported by unwitting travelers or students, Routh adds. "We know the mumps vaccine is only 88 percent effective after two doses, so that means a certain portion of vaccinated people are still vulnerable," she says, which underscores the possibility the cases could be home-grown. Also, the fact that about 30 percent of mumps cases are asymptomatic makes it difficult to trace outbreaks to one particular person, she says.

This winter the CDC's Advisory Committee on Immunization Practices will consider whether or not to recommend a third dose of the vaccine, Routh says. Her agency's guidelines already include administering a third dose of the vaccine during an outbreak. So far the effectiveness of this has not been established, but the CDC says it is working with college campuses that have had outbreaks in the past to assess the effectiveness of their emergency third-dose campaigns. For now, Schaffner says, parents should check with their pediatricians to make sure their children are up to date on immunizations—and if they are unsure, they should get their child a third MMR vaccination.

CDC Updates:

CDC approves 2-dose HPV vaccine schedule

Federal health authorities have approved a two-dose schedule for HPV vaccine for adolescents under age 15 years.

New research shows a two-dose schedule for younger adolescents provides effective, long-lasting protection from HPV-related cancers and is economical, according to a report from the Centers for Disease Control and Prevention (CDC).

Please click on the link below to view the updated recommendations.

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>



Question of the Week

Issue 1279: December 7, 2016

For our "Mother's Day Out" program, one of the teachers has shingles. The program serves moms of 2-month-olds to 4-year-olds. All children are up to date with their vaccinations, but some are too young to have received varicella vaccine. Is it safe for the teacher to work?

In a school setting, an immunocompetent person with zoster (staff or students) can remain at school as long as the lesions can be completely covered. People with zoster should be careful about personal hygiene, wash their hands after touching their lesions, and avoid close contact with others. If the lesions cannot be completely covered and close contact avoided, the person should be excluded from the school setting until the zoster lesions have crusted over. See www.cdc.gov/chickenpox/outbreaks/manual.html for more information.

If your program is licensed by a state or county, you should check their regulations as well.

Question of the Week

Issue 1280: December 14, 2016

My healthy 29-year-old son recently had a mild episode of herpes zoster. He has no underlying medical problems. He was treated with famcyclovir. Should he now get zoster vaccine?

The Advisory Committee on Immunization Practices (ACIP) does not recommend zoster vaccine for persons younger than 60 years of age regardless of their history of zoster. The currently available vaccine is licensed for persons 50 years and older. A clinician may choose to give the vaccine to a person younger than 50 years, but such use would be off-label.

The National Vaccine Advisory Committee (NVAC) has developed national standards with the goal of improving adult vaccination coverage for all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

The four "Practice Standards for All Healthcare Professionals" are:

- **ASSESS** the vaccination status of your patients at every clinical encounter.
- **STRONGLY RECOMMEND** needed vaccines for your patients.
- **ADMINISTER** recommended vaccines or **REFER** patients to a vaccination provider.
- **DOCUMENT** the vaccines your patients receive.