



National Immunization Awareness Month

We all need immunizations to help protect us from serious diseases. The Georgia Department of Public Health (DPH) is taking the month of August, National Immunization Awareness Month, to remind all Georgians the importance of being up-to-date with their immunizations.

Immunization is one of modern medicine's most significant public health achievements, and with parents enrolling children in school, college students heading back to the dorms and everyone preparing for the upcoming flu season, August is the perfect time to shine light on the value of immunizations.

Over the course of one year, DPH administers more than 700,000 immunizations at local county health departments, which protects people from illnesses such as measles, pertussis (whooping cough), mumps and seasonal flu.

There are many reasons to make sure you and your loved ones are up to date with your vaccinations. It is always better to prevent a disease than to treat it.

The viruses and bacteria that cause vaccine-preventable diseases and death still exist and can infect people who are not protected by vaccines. According to the CDC, tens of thousands of people in the United States still die from vaccine-preventable diseases every year. Vaccine-preventable diseases have a costly impact, resulting in doctors' visits, hospitalizations and premature deaths. Sick children can also cause parents to lose time from work.

Entire communities are protected through maintaining high immunization rates, thereby interrupting the transmission of disease-causing bacteria or viruses. This reduces the risk that unimmunized people will be exposed to disease-causing agents. This type of protection is known as herd immunity, and demonstrates the concept that protecting the majority with safe, effective vaccines also protects those who cannot be immunized for medical reasons.

This August, make sure you and your loved ones are up to date with vaccinations in order to be protected from disease.

-Story by Kimberly Stringer, DPH Communications

Mark Your Calendars:

CDC's Immunization Update

Date: August 16, 2012

Time: 9am—11:30pm ET

Current Issues in Vaccines Webinar

Date: September 12, 2012

Time: 12pm

Speaker: Paul Offit, MD

Registration: Online

www.vaccine.chop.edu/webinars

GA-AAP Charity Golf Tournament

Date: September 12, 2012

Location: Bear's Best
Suwanee, GA

Immunize Georgia Conference

Date: Thursday, September 13, 2012

Location: Macon Marriott City Center

Speakers: Dr. Paul Offit, Dr. Walter Orenstein, and Dr. Andrew Kroger

Title: Confirmed Measles Case Identified in Atlanta June 29, 2012

Please note that a person with laboratory confirmed measles was identified on June 29, 2012 in the metro Atlanta area. This alert is being disseminated so that any potential secondary cases may be quickly diagnosed, isolated, and reported to Georgia Department of Public Health. Susceptible contacts around this case have been identified and post-exposure prophylaxis has been provided. However, there may have been others exposed in the community and secondary cases may arise. Therefore, through July 18, 2012, persons presenting with a febrile rash illness accompanied by cough, conjunctivitis and coryza should be evaluated for measles.

If you suspect measles in a patient, you should immediately notify the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584). Public Health officials can assist you in the diagnosis of suspect measles cases. Public Health reminds you to take precautions when evaluating highly suspect patients such as:

- Move the patient quickly out of the general waiting area
- Place a mask on patients while waiting to be evaluated
- Move suspect patients to a negative pressure room, if available, as soon as possible

Study Supports Wider Use of Shingles Vaccine

MedPage Today (07/05/12) Smith, Michael

A new study in the Journal of the American Medical Association concludes that the shingles vaccine appears to be safe for older individuals with autoimmune diseases including rheumatoid arthritis, psoriasis, psoriatic arthritis, ankylosing spondylitis, and inflammatory bowel disease. The retrospective analysis of more than 463,000 Medicare beneficiaries found that the herpes zoster vaccine was not linked to a higher rate of herpes zoster disease in the weeks following immunization. In addition, the vaccine was associated with a 39 percent lower risk of herpes zoster disease after the 42 days immediately following vaccination in multivariable analysis. While the live-attenuated vaccine is considered contraindicated for older people with autoimmune conditions, the researchers from the University of Alabama at Birmingham note that "our data call into question" that recommendation, and they suggest that the shingles vaccine's efficacy and safety be assessed in a randomized, controlled trial involving people being treated with medications for autoimmune diseases.



CDC publishes recommendations for use of Tdap vaccine in adults age 65 years and older

CDC published [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis \(Tdap\) Vaccine in Adults Aged 65 Years and Older — Advisory Committee on Immunization Practices \(ACIP\), 2012](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6125a4.htm) (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6125a4.htm>) in the [June 29 issue of MMWR](#) (pages 468–470). The first paragraph and the section titled "Guidance for Use" are reprinted below.

Since 2005, the Advisory Committee on Immunization Practices (ACIP) has recommended a tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine booster dose for all adolescents aged 11 through 18 years (preferred at 11 through 12 years) and for those adults aged 19 through 64 years who have not yet received a dose. In October 2010, despite the lack of an approved Tdap vaccine for adults aged 65 years and older, ACIP recommended that unvaccinated adults aged 65 years and older be vaccinated with Tdap if in close contact with an infant, and that other adults aged 65 years and older may receive Tdap. In July 2011, the Food and Drug Administration (FDA) approved expanding the age indication for Boostrix (GlaxoSmithKline Biologicals, Rixensart, Belgium) to aged 65 years and older. In February 2012, ACIP recommended Tdap for all adults aged 65 years and older. This recommendation supersedes previous Tdap recommendations regarding adults aged 65 years and older.

Guidance for Use

Tdap use in adults. *ACIP recommends that all adults aged 19 years and older who have not yet received a dose of Tdap should receive a single dose. Tdap should be administered regardless of interval since last tetanus or diphtheria toxoid-containing vaccine. After receipt of Tdap, persons should continue to receive Td for routine booster immunization against tetanus and diphtheria, according to previously published guidelines. Currently, Tdap is recommended only for a single dose across all age groups. ACIP will begin discussions on the need for additional doses of Tdap and timing of revaccination of persons who have received Tdap previously.*

Tdap products in adults aged 65 years and older. *Providers should not miss an opportunity to vaccinate persons aged 65 years and older with Tdap. Therefore, providers may administer the Tdap vaccine they have available. When feasible, Boostrix should be used for adults aged 65 years and older; however, ACIP concluded that either vaccine [Boostrix or Adacel] administered to a person 65 years or older is immunogenic and would provide protection. A dose of either vaccine may be considered valid.*

Tetanus prophylaxis in wound management for adults. *As part of standard wound management care to prevent tetanus, a tetanus toxoid-containing vaccine might be recommended for wound management in adults aged 19 years and older if 5 years or more have elapsed since last receiving Td. If a tetanus booster is indicated, Tdap is preferred over Td for wound management in adults aged 19 years and older who have not received Tdap previously.*

U.S. Suffering Worst Whooping Cough Outbreak Since 1959, CDC Says

Los Angeles Times (07/19/12) Maugh, Thomas H.

This year the United States may see its highest number of whooping cough cases since 1959, according to the Centers for Disease Control and Prevention. There have been nearly 18,000 cases of the disease reported in the country this year, more than twice the number reported in the same period last year. There have been nine related deaths so far, all in infants. Many of the cases involve infants under age three months, children too young to be vaccinated. These young children may be protected by vaccination of pregnant women and others with close contact, but the rate of this type of vaccination is lower than it could be. There is also an unusually high rate of whooping cough among teenagers ages 13 and 14, suggesting waning immunity and a need for booster shots. In Washington State, whooping cough was declared an epidemic in April, with more than 3,000 cases reported so far this year.

Pertussis Outbreaks Cause Concern

Given the increase in the number of pertussis cases in Georgia and in a number of states throughout the country, the Chapter would like to urge members to vaccinate your patients on time and also urge family members of newborns to be up-to-date on their pertussis immunizations.

Harry Keyserling M.D., Chairman
Infectious Disease Committee

The Georgia Department of Public Health has requested that we send the press release below to our members.

Whooping Cough Cases Increase in Metro Atlanta

Adolescents, teens and adults may need booster shot

ATLANTA— Whooping cough, also known as pertussis, has recently increased in the eight-county metropolitan Atlanta area of: Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties. As of July 28, 2012, 95 cases of whooping cough have been reported, compared to 51 cases during the same time period last year. “Though we have not seen a substantial increase in the number of whooping cough cases statewide, the increase in whooping cough cases in highly-populated metro-Atlanta is of concern,” said state epidemiologist Cherie Drenzek, D.V.M. The increase is similar to national trends, as the U.S. appears to be headed for its worst year for whooping cough in more than five decades. Nearly 18,000 cases have been reported nationally so far—more than twice the number seen last year.

Whooping cough is a highly contagious respiratory illness spread by coughing and sneezing. It affects people of all ages, but is most serious in infants, especially those too young to be vaccinated or who aren’t fully protected. Whooping cough brings cold-like symptoms followed by a long, severe cough that can last for weeks or months. Sometimes a “whoop” sound occurs while gasping for breath during a coughing episode. However, the sound is not always present. Adolescents and adults often get a much milder case of whooping cough and may not realize they have the disease, though they can still spread it.

“This disease can be very serious for young babies, who often get whooping cough from adults and other family members. Most infected infants must be hospitalized,” said J. Patrick O’Neal, M.D., director of health protection. Whooping cough vaccines are recommended for all children and adults, as the shots children receive wear off over time. Everyone age 11 and older should get a whooping cough booster, called Tdap. It’s especially important for those in close contact with babies younger than 12 months. This includes parents, siblings, grandparents, healthcare providers, and child care providers.

Additional information from the Georgia Department of Public Health regarding pertussis can be found on the following page.

Guidance for Pertussis Diagnosis, Control and Prevention

Rapid recognition of cases, laboratory testing and treatment of close contacts are key components for reducing the transmission of pertussis in our communities. The Georgia Department of Public Health would like to offer the following guidance for pertussis control and prevention:

1. Consider the diagnosis of pertussis in patients with cough illness regardless of vaccination history.
2. Pertussis may present with atypical signs and symptoms. In young infants pertussis may include cold-like symptoms followed by feeding difficulties, gagging, and apnea rather than a cough or whoop. In adolescents and adults pertussis may present as a non-specific cough illness difficult to distinguish from bronchitis or asthma. The whoop may be absent in adolescents and adults.
3. **Please notify your local health department or call 1-866-PUB-HLTH if you suspect a case of pertussis (do not await lab results before notifying public health)**
4. The best diagnostic tests for pertussis are culture AND polymerase chain reaction (PCR) of nasopharyngeal specimens. Both tests should be obtained whenever possible. The Georgia Department of Public Health is able to provide Regan Lowe transport media and Dacron swabs for pertussis culturing. Please contact your local health department to obtain transport media and arrange for testing at Georgia Public Health Laboratory.
5. Treatment of pertussis, as well as chemoprophylaxis of close contacts, should be started immediately upon the suspicion of pertussis, regardless of age or vaccination status.
6. For close contacts assess pertussis vaccination status. Use of DTaP to catch-up or Tdap to boost contacts of pertussis cases is recommended.

Suspect pertussis patients should stay home from school, work or other activities to limit exposure of others until they have completed five full days of appropriate antimicrobial treatment.

For questions regarding this guidance please contact your local health department or the Georgia Department of Public Health at 404-657-2588 and ask for Ebony Thomas or Jessica Tuttle.

CDC issues recommendations on managing healthcare providers and students with hepatitis B virus infection

MMWR Recommendations and Reports / Vol. 61 / No. 3 July 6, 2012

On July 6, CDC published *MMWR Recommendations and Reports* titled [Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students](#). The "Summary," which appears at the beginning of the recommendations, is reprinted below.

This report updates the 1991 CDC recommendations for the management of hepatitis B virus (HBV)–infected health-care providers and students to reduce risk for transmitting HBV to patients during the conduct of exposure-prone invasive procedures (CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40[No. RR-8]). This update reflects changes in the epidemiology of HBV infection in the United States and advances in the medical management of chronic HBV infection and policy directives issued by health authorities since 1991.

The primary goal of this report is to promote patient safety while providing risk management and practice guidance to HBV-infected health-care providers and students, particularly those performing exposure-prone procedures such as certain types of surgery. Because percutaneous injuries sustained by health-care personnel during certain surgical, obstetrical, and dental procedures provide a potential route of HBV transmission to patients as well as providers, this report emphasizes prevention of operator injuries and blood exposures during exposure-prone surgical, obstetrical, and dental procedures.

These updated recommendations reaffirm the 1991 CDC recommendation that HBV infection alone should not disqualify infected persons from the practice or study of surgery, dentistry, medicine, or allied health fields. The previous recommendations have been updated to include the following changes: no prenotification of patients of a health-care provider's or student's HBV status; use of HBV DNA serum levels rather than hepatitis B e-antigen status to monitor infectivity; and, for those health-care professionals requiring oversight, specific suggestions for composition of expert review panels and threshold value of serum HBV DNA considered "safe" for practice (<1,000 IU/ml). These recommendations also explicitly address the issue of medical and dental students who are discovered to have chronic HBV infection. For most chronically HBV-infected providers and students who conform to current standards for infection control, HBV infection status alone does not require any curtailing of their practices or supervised learning experiences. These updated recommendations outline the criteria for safe clinical practice of HBV-infected providers and students that can be used by the appropriate occupational or student health authorities to develop their own institutional policies. These recommendations also can be used by an institutional expert panel that monitors providers who perform exposure-prone procedures.

IAC EXPRESS SPECIAL EDITION - Ask the Experts Issue 1004 – July 11, 2012

Q: A child wiggled when we were injecting a dose of vaccine, and approximately half the dose was lost. Should we revaccinate the child? If so, when?

A: When injectable vaccine volume is lost (patient moves, syringe leaks), it may be difficult to judge how much vaccine the patient actually received. In general, you should treat this as a nonstandard injectable dose and should not count it. If it was an inactivated vaccine, you should re-immunize the person as soon as possible. If it was a live vaccine, you can give another dose if you detect the error on the same clinic day; otherwise you should wait 28 days to give the next dose. However, if part of a dose of an oral vaccine (rotavirus) was spit out, count the dose and do not administer a second dose.

Severe Varicella in an Immunocompromised Child Exposed to an Unvaccinated Sibling with Varicella — Minnesota, 2011

Excerpt from MMWR / Vol. 61 / No. 28 July 20, 2012

Varicella usually is a self-limited disease but can result in serious complications (e.g., encephalitis, pneumonia, sepsis, hemorrhagic varicella, and death), especially among immunocompromised persons. Implementation of the varicella vaccination program in the United States, beginning in 1995, has led to declines of >95% in varicella-related hospitalizations and deaths among populations routinely vaccinated.

On December 13, 2011, the Minnesota Department of Health was notified of varicella in a girl, aged 3 years, admitted to a hospital after a 2-day history of fever of 102.7°F (39.3°C) and an extensive maculopapulovesicular rash (>500 skin lesions) with vesicles in the mouth and throat. The child received weekly immunosuppressive therapy with methotrexate (12.5 mg) for juvenile rheumatoid arthritis diagnosed at age 18 months. Neither she nor her younger sibling, aged 21 months, had received a first dose of varicella vaccine (routinely recommended at age 12–15 months). Their parents refused vaccination because of personal beliefs. The parents reported varicella in the younger sibling 2 weeks before her older sister was admitted. The older sister had not received prophylactic varicella zoster immune globulin (VariZIG); however, her parents monitored her for varicella symptoms.

The patient was treated with intravenous acyclovir for 7 days. Her fever resolved, and no new skin lesions appeared after hospital day 2.

Clinicians should remain vigilant for opportunities to prevent varicella through vaccination of household members of immunocompromised patients and administration of passive immunoprophylaxis (VariZIG) for up to 10 days after a susceptible, immunocompromised patient is exposed. Resources to help clinicians discuss vaccination with hesitant parents are available at <http://www.cdc.gov/vaccines/spec-grps/hcp/conv-materials.htm>.

CDC's August 16 Immunization Update to cover the most recent and significant developments in immunization

CDC will air [Immunization Update 2012](#) on August 16 from 9 a.m. to 11:30 a.m. ET and will rebroadcast the session on the same day from noon to 2:30 p.m. ET.

The update will cover the following topics:

- Influenza
- Pertussis outbreaks and Tdap
- ACIP recommendations for healthcare personnel
- Pneumococcal conjugate vaccine for immunocompromised adults
- Vaccine storage and handling
- Vaccine Information Statements (VISs)
- Vaccine briefs

Presenters include Iyabode Akinsanya-Beysolow, MD, MPH; Andrew Kroger, MD, MPH; Raymond Strikas, MD, MPH; and JoEllen Wolicki, BSN, RN. All are with CDC's National Center for Immunization and Respiratory Diseases (NCIRD). Other guest experts will participate.

[Additional details and registration information](#) are available.

A DVD of the course will be available after September on NCIRD's [Education & Training page](#).

Vaccine Education Center plans September 12 webinar on current vaccine issues

The Vaccine Education Center (VEC) at Children's Hospital of Philadelphia will present a free one-hour webinar, beginning at noon (ET) on September 12. "[Current Issues in Vaccines—Fall 2012](#)" will feature VEC director Paul Offit, MD, discussing the following topics:

- Pneumococcus
- Pertussis
- Influenza
- Meningococcus
- HPV

[Registration \(required\) is open now.](#)