



Mark Your Calendars:

**Webinar: Pertussis in Georgia: Diagnosis,
Treatment, Prevention and Trends
November 18, 2015
12:30-1:30pm**

**National Influenza Vaccination Week
(NIVW): NIVW will be observed
December 6–12, 2015**

JANNA MCWILSON MSN, RN
EPIC IMMUNIZATION
PROGRAM DIRECTOR
404-881-5081
jmcwilson@gaaap.org

SHANRITA MCCLAIN
EPIC IMMUNIZATION
PROGRAM COORDINATOR
404-881-5054
smclain@gaaap.org

World Pneumonia Day to be held on November 12

The 7th annual World Pneumonia Day will be held on November 12. World Pneumonia Day was established in 2009 to:

- Raise awareness about pneumonia, the world's leading killer of children under the age of five
- Promote interventions to protect against, prevent, and treat pneumonia
- Generate action to combat pneumonia

Pneumonia is one of the most solvable problems in global health, yet a child dies from pneumonia every 20 seconds. Visit the [World Pneumonia Day website](#) to see how you can help in the effort to end child pneumonia worldwide.

**MenB Vaccine Recommended for 16- to 23-Year-Olds
Preferred age for serogroup B meningococcal vaccination is 16 to 18 years**

MONDAY, Oct. 26, 2015 (HealthDay News) -- Serogroup B meningococcal (MenB) vaccination is recommended for adolescents and young adults aged 16 to 23 years to provide short-term protection from most strains of serogroup B meningococcal disease, according to a report published in the Oct. 23 issue of the U.S. Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

Jessica R. MacNeil, M.P.H., from the CDC in Atlanta, and colleagues summarized the rationale for the decision of the Advisory Committee on Immunization Practices (ACIP), which recommended that adolescents and young adults aged 16 to 23 years may be vaccinated with a MenB vaccine to provide short-term protection.

The authors note that two MenB vaccines have recently been licensed for use and approved in 10- to 25-year-olds (MenB-FHbp and MenB-4C). The immunogenicity and safety data from clinical trials were reviewed for these vaccines. Data suggest the vaccines will protect against most currently circulating strains. Based on available data, there were no patterns of serious adverse events; additional safety data and post-licensure safety surveillance data are required. The ACIP supported vaccination for all adolescents, not just college students, mainly because of the number of cases occurring in those not attending college.

"A MenB vaccine series may be administered to adolescents and young adults aged 16 to 23 years to provide short-term protection against most strains of serogroup B meningococcal disease," the authors write. "The preferred age for MenB vaccination is 16 to 18 years."

Too Few Preteen Girls Get HPV Vaccine, CDC Says

Common sexually transmitted virus can cause multiple cancers

THURSDAY, Oct. 29, 2015 (HealthDay News) -- HPV vaccination rates among American girls remain too low, a new U.S. government study says.

The vaccine protects against infection with the sexually transmitted human papillomavirus (HPV), which can cause cancers of the cervix, vulva, vagina and anus.

"Increasing delivery of HPV vaccination at the recommended ages of 11 or 12 years, before most adolescents are exposed to the virus, can ensure adolescents are protected against HPV infections and associated cancers," according to the report from the U.S. Centers for Disease Control and Prevention.

Researchers from the CDC and the National Committee for Quality Assurance analyzed vaccination data on more than 626,000 girls at age 13 enrolled in either private insurance plans or Medicaid in 2013.

All three doses of HPV vaccine were given to a median of 12 percent of privately insured girls and 19 percent of those covered by Medicaid, the publicly funded insurance program for the poor. Rates in different programs ranged from zero to 34 percent for those with private coverage, and 5 percent to 52 percent for girls with Medicaid.

"HPV vaccination coverage has been lower than that observed for other vaccines recommended for adolescents," the researchers said. Doctors should offer HPV vaccination the same way and the same day they recommend other vaccines for teens, they said.

"Knowledge of barriers and attitudes of clinicians or family members that might contribute to low vaccination coverage" will help improve compliance with the recommendations, the researchers said in the CDC's Oct. 28 *Morbidity and Mortality Weekly Report*.

Other CDC research published Oct. 26 in *Pediatrics* revealed that many 11- and 12-year-old boys aren't getting the recommended HPV vaccine, either. That report said doctors often fail to recommend it or adequately explain its benefits to parents.

Not only are unvaccinated teens vulnerable to HPV infection themselves, they can also transmit the cancer-causing virus to others, experts say.

About 14 million new cases of HPV infection are diagnosed in the United States each year, according to the CDC.

More information

The U.S. Centers for Disease Control and Prevention has more about [HPV vaccination](#).

SOURCE: U.S. Centers for Disease Control and Prevention, news release, Oct. 29, 2015

-- [Robert Preidt](#)

California governor signs bill into law that will require day care workers to be immunized against pertussis, measles, and influenza and joins Rhode Island in having such requirements

On October 11, California Governor Edmund (Jerry) Brown signed a bill into law (SB 792) that will require day care workers in the state to be immunized against pertussis, measles, and influenza. The new law was sponsored by the Health Officers Association of California (HOAC), and goes into effect September 1, 2016.

HOAC has developed a [fact sheet](#) to help day care centers prepare for implementation of the new law.

IAC is aware of one other state that has such a requirement for child care workers. Rhode Island passed [public health regulations July 2014](#), with implementation starting on August 1, 2015. If you are aware of other states that require day care/child care workers to be immune to certain vaccine-preventable diseases, please contact [Diane Peterson](#), IAC's associate director for immunization projects.

Could vaccines protect kids from stroke, too?

BY KATHRYN DOYLE

(Reuters Health) - Stroke is rare in children, but the risk of it happening is increased when a child has a cold or the flu, and reduced when kids are fully vaccinated, according to a new study.

Based on 700 children across nine countries, researchers linked having had a recent illness like bronchitis, ear infection or "strep throat" to a six-fold rise in stroke risk. Having few or none of the routine childhood vaccinations was tied to a seven-fold rise in risk.

"We're always trying to raise awareness that childhood stroke happens at all," said lead author Dr. Heather J. Fullerton of UCSF Benioff Children's Hospital San Francisco.

It is more common in kids who have other risk factors, like congenital heart disease or sickle cell disease, Fullerton told Reuters Health. Some parents of children with chronic conditions wonder if it is safe to vaccinate their kids, and these results indicate it is even more important that they do.

Parents should be reassured to know that infection prevention measures like hand washing and vaccines can help prevent stroke as well, she said.

From birth to age 19 years, the rate of strokes among youth in the U.S. is about five per 100,000 children. In comparison, about three in 100 adults aged 45 to 65 have a stroke each year, according to the Centers for Disease Control and Prevention.

Up to 40 percent of kids who have a stroke will die from it, according to the American Stroke Association. Fullerton and her coauthors used medical records and parental interviews for 355 children under age 18 who experienced a stroke and compared them to records and parental interviews for 354 children without stroke. Half of the children with stroke were age seven or older. In the stroke group, 18 percent of the children had contracted some kind of infection in the week before the stroke occurred, while three percent of children in the comparison group had an infection in the week before the study interview.

Stroke risk was only increased for a one-week period during infection. Infections a month earlier were not tied to stroke risk, according to the results in Neurology.

Continued from page 3.....

“There’s been suspicion about a link between infection and stroke for a while, moreso in adults,” she said. “But whenever it was brought up, people always questioned whether cold medications played a role.” According to this analysis, the infection itself triggers the stroke, not cold medicines, which were used infrequently by parents in the study.

“When you have an infection, the body mounts immune response,” which manifests as fever, aches and blood that clots more easily, Fullerton said.

In stroke, a blood clot blocks blood flow to the brain.

“One can speculate that changes in the body as a result of infection may tip the balance in a child already at higher risk for stroke,” said Dr. Jose Biller, chair of neurology at the Loyola University Chicago Stritch School of Medicine, who coauthored an editorial in the same issue of the journal.

“Parents should not be alarmed if their child has a cold that this will lead to stroke,” Biller told Reuters Health.

But they should be encouraged to continue with routine infection prevention practices, including the regular pediatric vaccine schedule, he said.

“Most physicians will agree that vaccines are among the safest medical products, they are rigorously tested and monitored,” he said. “They prevent thousands of illnesses and deaths in the U.S. each year.”

Infants with stroke generally present with seizures, while older infants and school age kids with stroke will have similar symptoms to an adult, including weakness on one side of the body, Fullerton said.

Parents may recognize these as stroke symptoms but believe children don’t have strokes, so delay calling an ambulance, she said.

“If you ever think your child is having a stroke, call 911 (emergency services),” she said.

SOURCE: bit.ly/NwhhyY Neurology, online September 30, 2015.

American Academy of Family Physicians adopts new policy that supports ending non-medical vaccination exemptions

On October 5, the American Academy of Family Physicians released a [new policy](#) that supports ending non-medical vaccination exemptions. The policy is reprinted below.

Immunization Exemptions

The American Academy of Family Physicians (AAFP) supports immunization of infants, children, adolescents, and adults as defined by recommendations set forth in the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices and approved by the AAFP. With the exception of policies which allow for refusal due to a documented allergy or medical contraindication, the AAFP does not support immunization exemption policies.

AAFP joins the American Medical Association (AMA), which adopted a similar policy at its annual meeting in June.

Old-school and current vaccines have no link to autism (again), study says

Melissa Healy, [Los Angeles Times](#)

Multiple vaccines containing the preservative thimerosal, administered to macaque monkeys on the schedule that pediatricians followed in the 1990s, resulted in none of the key brain or behavioral changes linked to autism, a new study shows.

The same study also administered a wide range of vaccines including the measles, mumps and rubella (MMR) vaccine--which never contained thimerosal--to rhesus macaques. Again, it found no evidence of changes in brains or behavior that would implicate either the much-maligned MMR vaccine or a combination of many vaccines as a cause of or contributor to autism.

Just two weeks after candidates for the Republican presidential nomination reprised the allegation that childhood vaccines may be responsible for the dramatic rise in the number of children with autism, the new research offers additional evidence against such a link.

A neurodevelopmental disorder now affecting roughly one in 70 children in the United States, the autism rate has been on the rise for several decades, confounding experts.

Some of that increase is thought to stem from broader and earlier recognition of its behavioral abnormalities--including repetitive behaviors and difficulties in communication and social development. But researchers are increasingly focusing on a baby's intra-uterine environment as the time and place in which the seeds of autism may be planted.

Study points to years-long immune system woes from measles

The latest research, **published Monday** in the journal PNAS, casts further doubt on a suspected link between autism and vaccines, which has fueled widespread resistance to vaccinations currently recommended for American children. So far in 2015, 189 people in the United States have contracted measles in a series of outbreaks that the Centers for Disease Control and Prevention has linked to low vaccination rates in communities scattered across the country.

Suspicion that a link between autism and vaccines (particularly those containing the preservative thimerosal) persists despite a notable absence of proof. Since 2003, nine studies conducted or funded by the CDC have found no link between vaccines containing thimerosal and autism spectrum disorder, nor any link between the MMR vaccine and the neurodevelopmental disorder.

Benefits of HPV vaccine can be seen in high school girls, study says

The research of Andrew Wakefield, the British physician who purported to establish such a link in 1998, was found to have been fraudulent and in 2010 Wakefield was stripped of his white coat in Britain.

In 2011, the Institute of Medicine--a group of independent experts meeting under the umbrella of the National Academies of Science--declared that, with rare exceptions, eight vaccines widely administered to children and adults are safe, and found no evidence for a vaccine-autism link.

The use of the mercury-containing preservative thimerosal in childhood vaccines was, however, largely phased out in 2001. It is still used in some influenza and meningitis vaccines and can be found in trace amounts in one formulation of the vaccine against diphtheria, tetanus and pertussis.

In the current study, 79 male infant rhesus macaques--primates whose physiology and brain development closely parallel those of human babies--stood in for humans from birth to roughly 18 months of age.

While one group of macaques got saline (or placebo) injections, 12 others were administered a battery of vaccines following the course and timing recommended for American children in the early 1990s--a time when U.S. children had the highest exposure, in vaccines, to thimerosal.

Another dozen macaques got the vaccine regimen recommended in 2008. That schedule had the greatest number of different vaccines, and it closely resembles the recommended vaccination schedule in place today.

Continued from page 5.....

With other groups of macaques, the researchers accelerated the schedule of childhood vaccination to account for macaque babies' speedier development. And they tested the effects of vaccination regimens in which only thimerosal-containing vaccines were active, or only the measles, mumps and rubella vaccine was active.

With other groups of macaques, the researchers accelerated the schedule of childhood vaccination to account for macaque babies' speedier development. And they tested the effects of vaccination regimens in which only thimerosal-containing vaccines were active, or only the measles, mumps and rubella vaccine was active.

Researchers zeroed in on the macaques' behavior between the ages of 12 months and 18 months. At a year old, a little macaque reaches a developmental stage typical of a 4-year-old human child. That's an age at which autism symptoms are typically very pronounced.

All of the macaques studied developed a normal range of behaviors after vaccination and six months of social living, the researchers found. And virtually none exhibited autism-like behaviors such as rocking, self-clasping and repetitive actions.

Neither did the brains of vaccinated macaques exhibit some key hallmarks of autism, researchers found. The post-mortem brains of children with autism who have died have typically shown distinct differences from the brains of normally developing children: in three regions of the brain--the cerebellum, the hippocampus and the amygdala--the brains of children with autism depart significantly from the norm in size and in the density and structure of cells.

The researchers found none of these differences when they compared the post-mortem brains of 20 macaques who got either the highest dose of thimerosal or the most extensive range of vaccines with those of 12 who got the placebo injections.

“This study is one more piece of evidence that shows that the schedule created by CDC and recommended by the American Academy of Pediatrics is a very safe schedule to protect children from specific diseases, at the specific times when they’re most vulnerable,” said Dr. Tanya Altmann, a Calabasas pediatrician and assistant clinical professor at UCLA’s Mattel Children’s Hospital.

Altmann, who is also a spokesperson for the American Academy of Pediatrics, said she is seeing “fewer and fewer families” who are resisting her recommendations for vaccinations. As they’ve seen and read of outbreaks, Altmann says families “actually want to protect their kids.”

Question of the Week

Issue 1211: October 27, 2015

Why is human papillomavirus (HPV) vaccine (Cervarix, GSK; Gardasil and Gardasil 9, Merck) not recommended for people who are known to have had an HPV infection—similar to shingles vaccine—to reduce chances of another outbreak?

Recommendations for use of HPV vaccine are based on age and not history of prior infection. Contrary to the assumption in your question, routine HPV vaccination is recommended for females through age 26 years and males through age 21 years (and certain males through age 26 years) regardless of their history of prior HPV infection. The chance of being infected with all nine vaccine-preventable strains of HPV included in the vaccine is very low, so there will most likely be benefit from the vaccine even in people with prior HPV infection.

Question of the Week

Issue 1210: October 20, 2015

My state has an immunization recommendation for school and child care employees, which states that prior to employment, all full- and part-time employees show proof of vaccination against measles, mumps, rubella, hepatitis B, tetanus, diphtheria, pertussis, influenza, varicella, and hepatitis A. It states that this recommendation is in accordance with the recommendations of CDC. I have not found anything from CDC that makes recommendations for employees in schools and child care centers. Is there any information that you can offer on vaccine recommendations for these populations other than the standard adult vaccine recommendations for the general population?

There is no specific ACIP document that addresses school and day care employees. High-risk persons are outlined in each vaccine's published recommendations. You may access these at www.cdc.gov/vaccines/hcp/acip-recs.