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Georgia Preteen Vaccine Awareness Week

March 13-17, 2017

The purpose of Georgia Preteen Vaccine Awareness Week is to help raise awareness and encourage preteens to make smart, healthy choices including defending themselves against vaccine-preventable diseases. Georgia's preteens include more than 351,500 boys and girls between 10 and 14 years of age.

The American Academy of Pediatrics and the CDC currently recommends that 11 and 12-year-olds receive:

- Tetanus, Diphtheria and Pertussis (Tdap)
- Human Papillomavirus (HPV) – see below for **new HPV recommendation**
- Meningococcal Conjugate Vaccine (MenACWY)
- Influenza (flu)

Some preteens may also need to catch up on other immunizations, including chickenpox, MMR (measles, mumps, rubella) and hepatitis B

Georgia Preteen Vaccine Awareness Week Campaign Toolkit

Click [here](#) to access the 2017 Campaign Toolkit.

**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:

**Jim Soapes Charity Golf
Classic**

April 18, 2017

**Cuscowilla Golf Resort
Lake Oconee, Eatonton**

**Georgia Pediatric Nurses and
Practice Managers Meeting**

May 5, 2017

College Park, GA

**Pediatrics by the Sea
Summer CME Meeting**

June 7-10, 2017

Amelia Island, FL

Prolonged new cough in housemates linked to pertussis among infants

[Curtis CR, et al. *Pediatr Infect Dis J.* 2016;doi:10.1097/INF.0000000000001528.](#)

February 7, 2017

Pertussis affliction among infants shared a strong association with a prolonged cough in close household contacts, mostly among mothers, fathers and siblings, according to recent findings.

“Identifying infants’ transmission sources has challenged investigators. Frequently cited source studies were not designed to assess hypotheses including possible transmission by community contacts or persons with atypical symptoms and could not identify [pertussis](#) sources for 40% to 50% of infants,” **C. Robinette Curtis, MD, MPH**, of the immunization services division at the National Center for Immunization and Respiratory Diseases, CDC, and colleagues wrote. “In a 2006-2013 pertussis surveillance case series of infants <1 year of age, source(s) were not identified for 737 (56%) of 1,306 cases. Prior publications describe possible factors for further study, including exposures among >1 household, younger mothers, mothers with ≥ 7 days’ cough duration or Hispanic ethnicity.”

To determine the risks associated with pertussis affliction among infants, the CDC conducted a prospective study including 115 pertussis-confirmed infants aged 4 months or younger from four health department jurisdictions in the U.S. Further, the researchers matched two control infants to each case infant by age and either birth institution or residential area. All infants (n = 345) and their contacts aged 11 years or older underwent serologic testing for immunoglobulin G (IgG), and the CDC considered measurements of 94 units/mL or more pertussis toxin IgG enzyme-linked immunosorbent assay as seropositive.

Additionally, the CDC conducted structured interviews with the caregivers on whether respiratory symptoms or new cough was present within the household and prolonged (≥ 5 days) cough was present among household and visitor contacts.

Among all infants, there were 4,396 contacts during the study period. Eighty-three (72%) of the case patients had one or more contacts with prolonged new cough in their households; the most frequent contacts included siblings (34%), mother (28%) and father (12%). Further, 24 of these infants (29%) had a 20.1-fold (95% CI, 6.48-62.7) greater risk for pertussis from a visitor contact with a prolonged new cough compared with control infants.

Moreover, infants whose mothers had prolonged new cough had a 43.8-fold (95% CI, 6.45-298) [risk for pertussis](#).

“In our study preceding national [Tdap recommendations](#), U.S. infants ≤ 4 months of age during 2002-2005 whose mother had prolonged new cough (≥ 5 days) had 43.8-fold greater odds for pertussis; infants exposed to ≥ 1 nonmother contact with prolonged new cough in primary or secondary households had 20.1-fold greater odds for pertussis,” Curtis and colleagues wrote. “In contrast with studies that failed to identify sources for [about] 40% to 56% of infant cases, our data indicate that 72% of case-patients had identifiable possible pertussis transmission sources with ≥ 1 primary or secondary household contact having a prolonged (≥ 5 days) new cough.” – *by Kate Sherrer*

ACIP releases updated guidance for adult vaccinations

Publish date: February 6, 2017

By: Deepak Chitnis
Family Practice News

FROM ANNALS OF INTERNAL MEDICINE

Live attenuated influenza vaccine should not be used on any patients during the 2016-2017 influenza season, according to the newly issued 2017 adult Recommended Immunization Schedule released by the CDC's Advisory Committee on Immunization Practices (ACIP).

“Changes are related to concerns regarding low effectiveness of [LAIIV] (FluMist, MedImmune) against influenza A(H1N1)pdm09 in the United States during the 2013-2014 and 2015-2016 influenza seasons,” wrote the authors of the [report](#), published in Annals of Internal Medicine and led by David K. Kim, MD, of the CDC's Immunization Services Division in Atlanta.

Another major change involves vaccination of adults with mild or severe egg allergy. The new guidance states that those with a mild egg allergy should receive either inactivated influenza vaccine or recombinant influenza vaccine, while those with severe allergies should be given one of the same vaccinations but only in a health care setting, so a clinician can monitor any signs of reaction and treat the patient accordingly.

Vaccine doses should be administered based on the patient's age; a patient with “severe” egg allergy is one who exhibits angioedema, respiratory distress, lightheadedness, or recurrent emesis; requires epinephrine; or requires emergency medical care of any kind after consuming egg products.

Human papillomavirus (HPV) schedules have also been noticeably altered, with the CDC now considering all men and women through the ages of 21 and 26 years, respectively, who received a two-dose series of HPV vaccinations before the age of 15 to be adequately protected. Those who took only one of those two doses still need to take another dose, while men and women who have not been vaccinated should receive a three-dose series at 0, 1-2, and 6 months.

Hepatitis B recommendations were also updated, with the CDC now advising: “Adults with chronic liver disease, including, but not limited to, hepatitis C virus infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal, should receive a HepB series.”

Meningococcal vaccination guidelines also underwent a number of small changes pertaining to adults with anatomical or functional asplenia and human immunodeficiency virus, among other risk factors.

A number of small changes to the schedule chart were implemented to help make the immunization schedule more “clean and streamlined,” according to the CDC.

“Physicians should pay careful attention to the details found in the footnotes,” the CDC said in a statement. “The footnotes clarify who needs what vaccine, when, and at what dose.”

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Why Skipping Vaccines Is A Public, Not Personal, Health Choice

The vaccines don't stop once you reach adulthood.

02/08/2017 12:22 pm ET

(Reuters Health) - Too many U.S. adults are not getting vaccinated, putting themselves and others at risk, immunization experts say.

According to the latest available data, about 44 percent of adults over age 19 had a flu shot; 20 percent had a TDAP vaccine, which protects against tetanus, diphtheria and pertussis; and 20 percent of 19-to-64-year-olds at risk of pneumonia had that vaccine (compared to 60 percent of those over 65). Just 27 percent of those over age 60 were vaccinated against herpes zoster, which cuts the risk of shingles in half, according to new guidelines from the Advisory Committee on Immunization Practices (ACIP) published in *Annals of Internal Medicine*.

"Vaccinations not only protect you. They also protect those around you," ACIP liaison Dr. Sandra Fryhofer said by email, yet, "vaccination coverage rates for adults are abysmal."

Fryhofer, an Atlanta physician and adjunct associate professor at Emory University School of Medicine, also pointed to racial and ethnic disparities in vaccination rates, with whites more likely than all other groups to be vaccinated. And she noted that adults with health insurance are two to five times more likely to be appropriately vaccinated.

"It's a double whammy for those without insurance. They don't have insurance coverage if they get sick and they don't have insurance coverage to pay for vaccinations that can help them stay well," said Fryhofer, who was also a member of the working group that came up with the new guidelines. Dr. Walter Orenstein, associate director of the Emory Vaccine Center in Atlanta, called adult vaccine uptake "disappointing" and said it is substantially below the rates achieved for most recommended vaccines for young children.

"All adults should be vaccinated against influenza annually, receive a booster of a tetanus vaccine every 10 years, two different types of pneumococcal vaccine when they turn 65, and a vaccine to prevent shingles when they reach age 60," Orenstein said by email.

If you weren't vaccinated as a child, you may need additional vaccines, added Orenstein, who was not involved in the guidelines. "All pregnant women should receive influenza vaccine, which protects them and their newborns, as well as a dose of a vaccine that protects their newborns against whooping cough," he said.

Continued from page 4.....

Some of the important changes made in the 2017 guidelines, according to Fryhofer and Orenstein, include the recommendation that everyone aged 6 months and older should still be vaccinated against flu, even this late in the season, but should not use the nasal vaccine, which has been found not to work very well.

Another new guidance says that young people vaccinated against human papilloma virus (HPV) before age 15 need only two vaccine doses, not three, given at least five months apart. If you're 15 or older and haven't been vaccinated before, you still need three doses.

People with liver disease should get the hepatitis B vaccine, which also protects against liver cancer. And those with HIV need two doses of a meningococcal vaccine, and doctors should use the same vaccine for all doses.

How well an individual responds to a vaccine — whether or not it works — depends on the health of their immune system, Fryhofer said. “The very young, the old, or anyone with a weakened immune system — including pregnant women — don't respond as well,” she noted.

“Healthy people are more likely to make the most protective antibodies, and that's another reason why it's important for them to get vaccinated. They need to stay protected so they won't spread infection to others who are not so healthy and could die if they get sick,” she added.

The Centers for Disease Control and Prevention's Vaccinations for Adults web page (<http://bit.ly/2fzDu1A>) can help you determine which vaccines you need, Orenstein said.

Question of the Week

Issue 1289: February 8, 2017

I have a patient who is 62 years old and is immigrating to the U.S. She received a dose of zoster vaccine 2 months ago. The immigration requirements state she should receive 2 doses of varicella vaccine. Does she need additional varicella vaccine?

To meet the immigration requirements, the dose of zoster vaccine counts as the first dose of the varicella vaccine series. You should give a dose of varicella vaccine now since it has been more than 4 weeks since the dose of zoster vaccine. The varicella vaccine dose may not be needed, but it will not be harmful and will allow your patient to meet the regulatory requirement.

Video of the Week



How can vaccines help beat superbugs?: Vaccines can decrease antibiotic resistance by reducing infectious diseases and the complications of viral infections. Making the best use of current vaccines helps to ensure that antibiotics or antimicrobials will work in the future (from VaccinesToday, EU).

[Visit the VOTW archive](#)

"Parents Now View Flu Vaccine As Less Important Than Other Childhood Vaccines"

Medical News Bulletin (February 27, 2017)

"An American national poll found that parents who do not give their children the flu vaccine view the vaccine less positively. Public health professionals have observed that flu vaccine rates are significantly lower than national targets in the U.S, despite extensive public health efforts.

A recent news article, published by the online news website Newswise, stated that parents now regard the flu vaccine as less safe, effective, and important in comparison to other childhood vaccines. The University of Michigan Health System attributes this decrease in child flu vaccination rates to parents believing the vaccine receives less testing and has more side effects when compared to other childhood vaccines.

Another major parental concern reported was that the flu vaccine does not work, as there is a misunderstanding among some parents that the vaccine will always prevent the flu. It is important for parents to realize that the flu can cause death and hospitalization in children. The flu vaccine is a valuable public health measure because it reduces the severity of infection in children, despite the fact it does not guarantee that infection won't occur."

<https://www.medicalnewsbulletin.com/parents-now-view-flu-vaccine-less-important-childhood-vaccines/>

More than 350 organizations write to President Trump to endorse vaccine safety

More than 350 medical, professional, and nonprofit advocacy organizations signed on to a [28-page letter drafted by the American Academy of Pediatrics](#) (AAP) to President Trump expressing "unequivocal support" for the safety of vaccines. The letter cites more than 40 studies on vaccine safety and effectiveness, and concludes: "Put simply: Vaccines are safe. Vaccines are effective. Vaccines save lives. Our organizations welcome the opportunity to meet with you to share the robust, extensive scientific evidence supporting vaccine safety and effectiveness."

[Read the complete letter](#) to President Donald Trump, dated February 7.

