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**Mark Your Calendars:**

**Pediatrics by the Sea**  
Summer CME Conference  
Amelia Island, Fla.  
June 11-14, 2014

**ACIP Meeting**  
June 25-26, 2014  
Atlanta, GA

**U.S. measles outbreak sets record for post-elimination era**

By Lenny Bernstein Updated: May 29 at 12:04 pm  
The Washington Post

The ongoing measles outbreak in the United States has reached a record for any year since the disease was eliminated in this country 14 years ago, with 288 cases of the potentially deadly infection reported in 18 states, the Centers for Disease Control and Prevention said Thursday. The largest measles clusters are in Ohio (138 confirmed cases), California (60) and New York (26), according to the CDC. Almost all — 97 percent — have been brought into the country by travelers, mainly Americans, who contracted the infection abroad. About half of those were people who picked it up in the Philippines, where a large measles outbreak has affected more than 32,000 people, causing 41 deaths, since January alone, said Anne Schuchat, director of the CDC’s National Center for Immunization and Respiratory Diseases. In this country, the biggest outbreak is centered in the Amish community in Ohio, where many of the residents are unvaccinated, the CDC reported. In Virginia, two cases were confirmed earlier this month.

To continue reading visit:  
<http://www.washingtonpost.com/news/to-your-health/wp/2014/05/29/u-s-measles-outbreak-sets-record-for-post-elimination-era/>

**Pediatrics by the Sea Immunization Seminar**

Thursday, June 12  
Amelia Island, FL

1:30 – 4:30 pm **Immunization Seminar: Current Topics in Immunizations**

Moderator: Steve Thacker, MD

- |                |   |
|----------------|---|
| 1:30 – 1:35 pm | <b>Welcome</b>  |
| 1:35 – 2:20 pm | <i>Update on HPV, Influenza and Rotavirus</i><br>Cody Meissner, MD  |
| 2:20 – 3:05 pm | <i>Catch-up Immunizations: Just Behind, International Adoption, &amp; Cancer Survivors</i><br>Steve Thacker, MD |
| 3:05 – 3:20 pm | <b>Break</b>  |
| 3:20 – 4:05 pm | <i>Update on Pneumococcal and Meningococcal Vaccines</i><br>Sheldon Kaplan, MD                                  |
| 4:05 – 4:30 pm | Ask the Experts: <i>Questions &amp; Answers</i>   |

## EPIC -HPV Awareness Page



Visit the newest page on EPIC's website:

HPV Awareness

[http://www.gaepic.org/HPV\\_Awareness.html](http://www.gaepic.org/HPV_Awareness.html)

## Rotavirus Vaccination Appears Safe to Administer in NICU

Written by Akanksha Jayanthi ([Twitter](#) | [Google+](#)) | May 20, 2014

Administering the rotavirus vaccine in the neonatal intensive care unit appears to be safe, despite previous literature discouraging the practice, according to a study in *Pediatrics*. Infants should receive the rotavirus vaccine by 104 days old, after which they become age-ineligible. However vaccination is discouraged during hospitalization due to concerns with live attenuated virus transmission. Researchers retrospectively identified unvaccinated infants located near vaccinated infants within 15 days of vaccination. They screened unvaccinated infants for gastrointestinal symptoms to identify potential transmission. Researchers identified 24 vaccinated infants in the NICU and 801 neighboring unvaccinated infants. Seventy-six percent of vaccinated infants had no symptoms after vaccination. Of those who did have symptoms, they were not related to the vaccination. Of the neighboring unvaccinated infants, 1.2 percent experienced symptoms, but, again, none were directly related or attributed to the vaccination.

## News Story: New Approaches to Immune Globulin for Measles

Red Book Online Special Alert – May 29, 2014

In June 2013, the Advisory Committee on Immunization Practices (ACIP), published summary recommendations, "Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013." The publication included updated recommendations on the use of immune globulin for prevention of measles. The recommended dose of immune globulin administered intramuscularly (IGIM) is 0.5 mL/kg (the maximum dose by volume is 15 mL).

Immune globulin administered intravenously (IGIV), administered at a dose of 400 mg/kg, is the recommended IG preparation for:

- Pregnant women without evidence of measles immunity and severely immunocompromised hosts regardless of immunologic or vaccination status, including patients with severe primary immunodeficiency
- Patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease
- Patients on treatment for ALL within and until at least 6 months after completion of immunosuppressive chemotherapy
- Patients with a diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent less than 15% (all ages) or CD4 count less than 200 lymphocytes/mm<sup>3</sup> (aged older than 5 years) and those who have not received MMR vaccine since receiving effective ART. These updated ACIP recommendations complement the information in the Measles chapter in the current 2012 edition of *Red Book* (p 489-499).

# Faster vaccination saves lives, money during flu pandemic

BY ANDREW M. SEAMAN

NEW YORK Tue May 20, 2014 4:59pm EDT

(Reuters Health) - Shortening the time between the start of a severe flu outbreak and mass vaccination saves lives and money, suggests new research. Traditional methods, such as washing hands and wearing face masks, are also effective at controlling an outbreak until vaccines are made available, researchers said.

“We saw what happened in 2009 and we wanted to take a look at if the response was similar to that in a more severe pandemic episode how prepared are we,” said Dr. Nayer Khazeni, the study’s lead author from the Stanford University School of Medicine in California. The World Health Organization declared in June 2009 that an outbreak of the H1N1 influenza virus qualified as a pandemic, which is when a virus circulates around the globe and most people do not have immunity against it. The strain was referred to as “swine flu” early on. Khazeni and her fellow researchers write in the *Annals of Internal Medicine* that vaccination against H1N1 did not start until about nine months after the outbreak began.

In a previous study, they found that every four-week delay in vaccinations during that outbreak led to significant increases in infections, deaths and costs. The researchers used a computer model for the new study to estimate what those figures might look like in a city like New York during a more severe flu pandemic, depending on when the first 30 percent of the population became vaccinated. The pandemic used for the computer model was crafted like the 1918 Spanish flu pandemic, which killed an estimated 30 to 50 million people globally, including 675,000 in the U.S. The flu virus used in the model also borrowed traits from two emerging bird flu viruses from Asia and the Middle East, H7N9 and H5N1. The researchers estimated that each person with the flu would infect about two more. About 48,250 people would die if it took a full year from the start of the outbreak for 30 percent of a city with about 8 million people to get vaccinated, according to the model. About 45,890 people would die if vaccination took nine months – as it did during the 2009 outbreak. Deaths would fall to about 34,480 if vaccination was pushed up to four months. Healthcare costs would also fall by about \$100 million city-wide if widespread vaccination was moved from nine months to four months, or almost \$4 billion nationally.

The researchers note that the current process to create flu vaccines takes about five months under the best circumstances, however. New technology that does not use eggs to develop a vaccine may allow for shorter production times, they write. “These figures may help policymakers decide what scenarios warrant a concerted effort between vaccine manufacturers and the government to speed production and administration,” they add. If speeding up vaccine production is not possible, the researchers also found that non-drug techniques like wearing masks, washing hands and staying in may control the outbreak until a vaccine is ready. “I think that’s a really encouraging finding,” Khazeni said.

Dr. Mark Mulligan, executive director of the Hope Clinic of the Emory Vaccine Center in Atlanta, told Reuters Health that people should know the best defense against the flu is prevention. “That weapon - although not perfect - is the vaccine,” he said. “People should be vaccinated annually and when there is a pandemic we want to get as many people vaccinated as possible.”

Mulligan, who was not involved with the new study, also said it’s important that people follow the advice that’s already known, such as washing hands and coughing into the crook of the arm.

SOURCE: [bit.ly/1j5MYqF](http://bit.ly/1j5MYqF) *Annals of Internal Medicine*, online May 19, 2014.

## **Protecting Newborns Against Whooping Cough**

*New York Times (05/27/14) P. D4 Bakalar, Nicholas*

The Tdap vaccine--which protects against tetanus, diphtheria, and pertussis--is recommended for all pregnant women, and it may help newborns as well. Children aged at least two months can receive a different version of the vaccine, but most pertussis-related deaths occur in infants too young to be vaccinated. A small clinical trial randomized 33 pregnant women to a vaccination at 30 to 32 weeks gestation, while another 15 received a placebo shot. Researchers found no serious side effects in either the women or infants, and none of them developed pertussis. However, women in the vaccination group and their newborn babies had high concentrations of pertussis antibodies. The antibodies did not significantly affect the babies' response to the recommended four doses of the infant vaccine given from age two months to 13 months. The researchers report their findings in the Journal of the American Medical Association.

## **Patients Most in Need of the Vaccine Against Shingles Don't Get It**

*Science Codex (05/13/14)*

A new report indicates that people with HIV and other immunosuppressive conditions are most vulnerable to shingles, but safety concerns prevent them from being vaccinated. Researchers from the London School of Hygiene & Tropical Medicine studied more than 144,000 adults in the United Kingdom who developed shingles from 2000 to 2011 and found that people with rheumatoid arthritis, chronic obstructive pulmonary disease, or inflammatory bowel disease were 30 percent to 50 percent more likely to develop shingles than those without such conditions. There was a smaller increase in shingles risk among people with asthma, chronic kidney disease, type 1 diabetes, and depression. To reduce the risk of shingles among these individuals, researchers say alternative strategies are needed, and further research is necessary to determine whether they should be vaccinated. The findings are published in BMJ.

## **Passing Hepatitis B From Mother to Child Halted With Vaccine**

*San Francisco Chronicle (05/27/14) Colliver, Victoria*

Vaccinating high-risk newborns against hepatitis B within hours of their birth, and following up with vaccinations over the baby's next six months, could eliminate transmission of the virus from mother to child. About 24,000 U.S. women infected with hepatitis B give birth each year, and 25 percent of those babies born with the virus will develop complications that can lead to liver cancer, cirrhosis, or death. A large Northern California Kaiser study examined the effectiveness of longstanding recommendations from the Centers for Disease Control and Prevention (CDC) for preventing infected mothers from spreading hepatitis B to their babies. The CDC recommends that all expectant mothers be tested for the presence of hepatitis B and that babies born to infected mothers receive two shots within the first 12 hours of life, followed by two more vaccinations within six months. The Kaiser study, published in the Annals of Internal Medicine, looked at the records of 4,446 infants born to 3,253 mothers carrying the virus between 1997 and 2010 in Northern California Kaiser hospitals, all of whom received care according to the guidelines. Researchers found that mothers who were negative for "e antigen," a viral protein, and who had low viral loads were unlikely to pass the virus on to their babies. A positive e-antigen test and an extremely high viral load are signs that transmission is more likely.

## Association of Immunization Managers Supports Efforts to Promote Vaccine Confidence

For immediate Release, April 25, 2014 [kwells@immunizationmanagers.org](mailto:kwells@immunizationmanagers.org)

Press Release Contact: Katelyn Wells (615) 469-5486

**Rockville, MD, April 25th , 2014** – The Association of Immunization Managers (AIM), representing the 64 federally-funded state, territorial and large urban area immunization programs, applauds the American Academy of Arts & Sciences’ report calling for more research on parental trust in vaccines. AIM supports efforts to promote vaccine confidence and reduce the number of parents choosing not to vaccinate their children or to delay vaccination.

The American Academy report entitled *Public Trust in Vaccines: Defining a Research Agenda*, announced April 24, 2014 in *Science* magazine and released online [www.amacad.org/vaccines](http://www.amacad.org/vaccines), outlines the critical gaps in understanding of parental attitudes and decision-making and provides recommendations for research. The report encourages government agencies and private foundations to support and prioritize cross-disciplinary research on immunization decision-making and the effectiveness of health communications.

“With outbreaks of measles, mumps and whooping cough threatening children across the country, public health immunization programs are prioritizing efforts to promote vaccine confidence,” said Dr. Katelyn Wells, AIM Research Coordinator. Recent AIM survey results show that most (87%; 47 of 57) immunization programs have prioritized activities, such as implementing public mass media campaigns to educating physicians on how to address the issue with parents. “Additional research to understand how to effectively communicate factual information to vaccine-hesitant parents will improve these public health efforts and protect more children,” added Dr. Wells.

AIM is making further efforts to support state, local and territorial immunization program efforts to promote vaccine confidence. The recently released “AIM Position Statement on Personal Belief Exemptions from State Vaccination Mandates,” found at [www.immunizationmanagers.org](http://www.immunizationmanagers.org), encourages states and territories not to adopt new personal belief exemption policies and to strengthen existing exemption policies to assure that exemptions are only available after parental education and acknowledgment of the associated risk to their child and community.

“Most parents today haven’t seen disease. But with measles, mumps and whooping cough on the rise, parents need to understand the risks and benefits of vaccine,” said AIM Executive Director Claire Hannan. “Public health immunization programs need better insight on how to communicate with parents. We hope that the AIM Position Statement on Personal Belief Exemptions provides guidance to programs, and that the Academy’s report results in additional communication research. Our nation’s children deserve the greatest opportunity for a healthy life.”

The Association of Immunization Managers is non-profit membership organization comprised of the 64 state, territorial and urban area immunization programs which receive federal funding for immunization through the Section 317 program. AIM is dedicated to enabling immunization program managers to work together and with federal, state, and local partners to effectively prevent and control vaccine preventable diseases.

[www.immunizationmanagers.org](http://www.immunizationmanagers.org).



### **Revised AAP Refusal to Vaccinate Form**

(AAP SmartBrief)

The AAP form, "Documenting Parental Refusal to Have Their Children Vaccinated," was developed by the Section on Infectious Diseases (SOID) as a resource for pediatricians when talking with parents who are hesitant or refuse to have their children fully vaccinated. The updated form, as well as other practice resources that address common reasons for parental hesitancy or refusal to vaccinate, can be accessed on the [AAP Immunization http://www2.aap.org/immunization/pediatricians/refusaltovaccinate.html](http://www2.aap.org/immunization/pediatricians/refusaltovaccinate.html) and the SOID websites.

### **IAC Spotlight! Access up-to-date vaccine package inserts**

Looking for vaccine product information? IAC's Package Inserts web section <http://www.immunize.org/packageinserts/> provides up-to-date product information for all vaccines licensed for use in the United States.

This handy listing is part of IAC's online Directory of Immunization Resources, <http://www.immunize.org/resources/> which is a compendium of helpful immunization resources—such as apps (applications for mobile devices), blogs, books and periodicals, state and local immunization coalitions, email news services, and more—from a variety of organizations: government, professional associations, nonprofit organizations, private industry, and others.