



Insider Quote:

“Practice is the hardest part of learning, and training is the essence of transformation.”

-- Ann Voskamp,
writer

Mark Your Calendars:

Legislative Day at the Capitol
February 11, 2016
State Capitol, Atlanta

GPNA & GPPMA Spring Meeting
April 22, 2016
Middle Georgia State University
Macon, GA

Pediatrics by the Sea
Summer CME Conference
June 8-11, 2016
The Ritz Carlton, Amelia Island, FL

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**Are you 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.

EPIC Immunization Trainer Requirements:

Physician - Current member, in good standing, of your professional association or academy including Georgia Chapter American Academy of Pediatrics (GAAAP). Currently practicing in a setting that actively immunizes clients or hold a position that requires knowledge of current immunization practices, requirements and regulations (CDC/NIP, Georgia Immunization Program, EPIC Advisory Committee member, etc.).

Nurse Practitioner or Physician Assistant - Current member, in good standing, of your professional association or academy. Currently practicing in a setting that actively immunizes clients or hold a position that requires knowledge of current immunization practices, requirements and regulations (CDC/NIP, Georgia Immunization Program, EPIC Advisory Committee member, etc.).

Immunization Nurse or Coordinator - Currently working as an immunization nurse or coordinator of a practice or facility engaged in active immunization of clients and employs practices for enhancing immunization knowledge through education and immunization initiatives. Knowledge of immunization coding and reimbursement practices. Minimum of two (2) years required. Licensed as a Registered Nurse preferred.

Practice Manager - Currently working as a manager of a practice or facility engaged in active immunization of clients and employs practices for enhancing immunization knowledge through education and immunization initiatives. Knowledge of immunization coding and reimbursement practices. Minimum of two (2) years experience required.

Please contact Shanrita McClain or Janna McWilson for more information.

FDA approves HPV vaccine for males ages 16-26

Melissa Jenco, News Content Editor

The Food and Drug Administration (FDA) has expanded its approval of 9-valent human papillomavirus (HPV) vaccine to include use in males ages 16-26. Gardasil 9 already was licensed for males ages 9-15 and females ages 9-26. The vaccine, manufactured Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., protects against anal, cervical, vulvar and vaginal cancer caused HPV types 16, 18, 31, 33, 45, 52 and 58, genital warts caused by types 6 and 11, and precancerous lesions caused by all nine of those types.

The FDA has expanded its approval of 9-valent HPV vaccine to include use in males ages 16-26. Nearly 80 million people in the U.S. are infected with HPV, and 14 million more contract the virus each year, according to the Centers for Disease Control and Prevention (CDC).

The Academy and CDC recommend HPV vaccine as part of routine immunization for males and females at age 11 or 12 years, although it can be started as early as 9 years, according to the *AAP Red Book*. The Academy and CDC also recommend catch-up vaccination for females ages 13 to 26 and males 13 through 21 who have not been vaccinated or did not complete the three-dose series. Males ages 22 to 26 also should be vaccinated if they have sex with other men or are immunocompromised. If a patient started with another version of the vaccine, he or she still can be given the 9-valent vaccine to complete the series, according to the CDC.

The Academy says pediatricians should recommend the vaccine just as they do other vaccines, but rates have been lagging. In 2014, 60% of teen girls and 42% of teen boys had received at least one dose of HPV vaccine, according to the CDC.

“Research has demonstrated that parents often are influenced by the strong recommendations of their child’s pediatrician, and opportunities to prevent cervical cancer deaths are being missed by physicians focusing on the HPV vaccine as an STI vaccine rather than a cancer prevention vaccine,” according to the *Red Book*.

The most common adverse reactions to the vaccine in clinical studies were pain, swelling or redness at the injection site, according to Merck. Gardasil 9 is contraindicated for people with a history of hypersensitivity to vaccine components and yeast. It also is not recommended during pregnancy.

January is Cervical Health Awareness Month
Check out page 5 of the newsletter to learn about how you can promote
HPV awareness in your practice.

Flu vaccines highly effective for pregnant women and their children

By: KAREN BLUM, Pediatric News Digital Network

DECEMBER 3, 2015

FROM JOURNAL OF VACCINES & VACCINATION

Administering flu vaccines to pregnant women during their second and third trimesters results in high seroprotection against all influenza strains for most women and for more than half of their newly born babies, reported Dr. M.P. Kostinov and colleagues at the I.I. Mechnikov Scientific Research Institute of Vaccines and Sera, at Ul'yanovsk State University, Moscow. The study was published in the Journal of Vaccines & Vaccination.

Researchers gave influenza vaccines (the **Grippol Plus** vaccine) to 27 women in their second trimesters and 21 women in their third trimesters of pregnancy during 2010-2012. Each 0.5-mL dose of the preservative-free vaccine contained antigens of the following strains: A/California/7/2009/H1N1/v-like (5 mcg), A/H₃N₂/(Victoria)-like (5 mcg), and B/Brisbane-like (5 mcg) flu.

Within 1 month after vaccination, the seroprotection rate against all influenza strains was above the recommended threshold level of 1:40 in more than 70% of pregnant women. A gradual decrease in the seroprotection rates against all three influenza strains was reported in the postpartum period.

In infants, protective levels of antibodies were detected within 2-3 days of delivery and ranged from 52% to 62% regardless of the trimester when the vaccination was given. Within 3 months, this seroprotection decreased, and within 6 months it disappeared. The mothers' protective levels against vaccine strains were 46%-65% after delivery.

Read the article in the Journal of Vaccines & Vaccination (**Pakhomov et al. J Vaccines. 2015,6:5**).

Live Attenuated Flu Shot Feasible for Children With Egg Allergy

LAIV linked to low risk of systemic allergic reactions in young people with egg allergy

WEDNESDAY, Dec. 9, 2015 (HealthDay News) -- For young people with egg allergy, live attenuated influenza vaccine (LAIV) is well tolerated, with low risk of systemic allergic reactions, according to a study published online Dec. 8 in The BMJ.

Paul J. Turner, B.S., B.M., B.Ch., from Imperial College London, and colleagues conducted an open label, phase IV interventional study involving 779 participants, aged 2 to 18 years, with egg allergy. Patients were immunized with LAIV, observed for at least 30 minutes post-vaccination, and followed up by telephone 72 hours later. Four weeks later, participants with a history of recurrent wheeze or asthma underwent further follow-up.

The researchers observed no systemic allergic reactions. Mild symptoms were observed in nine participants, potentially consistent with a local, immunoglobulin E mediated allergic reaction. Two hundred twenty-one participants reported delayed events potentially related to the vaccine; 62 participants (8.1 percent) reported lower respiratory tract symptoms within 72 hours. There were no hospital admissions. In the four weeks after vaccination, no increase in lower respiratory tract symptoms occurred.

"LAIV is associated with a low risk of systemic allergic reactions in young people with egg allergy," the authors write. "The vaccine seems to be well tolerated in those with well controlled asthma or recurrent wheeze."

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CATCH grant used to develop vaccine reminder service

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A team of physicians from the University of Kentucky received a grant from the AAP Community Access to Child Health (CATCH) program to create a vaccine reminder service for parents and caregivers.

Text message reminders are sent to parent/caregiver cellphones when their child's vaccines are due based on the recommended childhood immunization schedule from the Centers for Disease Control and Prevention. Parents/caregivers can register to receive reminders in English or Spanish by providing their child's first name and birthdate.

Registration is free. However, standard text message rates will apply.

For more information, visit <http://vaccinereminder.org/index.html>.

CATCH is supported in part by Pfizer and the AAP Friends of Children Fund.

January is Cervical Health Awareness Month

Cervical Health Awareness Month (CHAM) is an annual observance in January that can be used to highlight the need to improve HPV vaccination coverage. Next month, show your support and spread the word about the cancer-preventing power of HPV vaccine. There are many ways you can get involved.

Link to and share CDC factsheet and materials with your audiences.

- [HPV Vaccine for Preteens and Teens](#) (General for Parents)
- [More Information about HPV and HPV Vaccine](#) (In-depth for Parents)
- [9-valent Guidance Factsheet](#) (In-depth guidance for clinicians)

Register for the #PreteenVaxScene webinar miniseries in January, and promote the webinars among your colleagues and partners. Each weekly webinar will offer perspectives on “*Taming Conversations Around HPV Vaccine and Other Immunizations in Social Media*” from experts in immunization, vaccine safety, vaccine acceptance, and social media.

Jan. 8th 11:00AM ET: “*Vaccine Hesitancy, Public Health, and Evidence Based Research.*” Presented by Seth Mnookin. [Register here.](#)

Jan 14th 4:00PM ET: “*To Engage or Not to Engage: That is the question for social media comments.*” Presented by Julie Leask, PhD, MPH. [Register here.](#)

Jan 22nd 11:00AM ET: “*But I saw it on the internet! Addressing safety concerns that have gone viral.*” Presented by Cindy Weinbaum, MD, MPH and Melinda Wharton, MD, MPH. [Register here.](#)

Jan 29th 11:00AM ET: “*Harnessing Enthusiasm: Real world examples of engaging partners in social media discussions.*” Presented by Karen Ernst and Christine Vara. [Register here.](#)

Participate in the #PreventCancerTogether Thunderclap campaign. Thunderclap is a social media tool that allows supporters to sign up in advance to share a unified message at a specific time via their individual Facebook, Twitter, or Tumblr accounts. On January 18th, Thunderclap will release the message on the timelines of all those that signed up, thus creating a social media Thunderclap of support. Lend your social support by signing up now at: <http://thndr.me/T6ScZN>.

There are a number of activities that can be done to observe Cervical Health Awareness Month. Set up a resource table in your clinic about HPV and Vaccines, send out information through social media, texts or email. Provide a strong recommendation to all your clients that need the HPV vaccination.

One in three two-year-olds in United States have not received all recommended childhood vaccines, study finds

November 18, 2015

RTI International

Approximately 34 percent of children in the United States do not receive all doses of vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) by age 2, according to a new study by researchers at RTI Health Solutions, a business unit of RTI International.

This is consistent with findings reported by the Centers for Disease Control and Prevention. The ACIP recommends most children receive a series of routine immunizations, consisting of 19 doses of vaccines administered at age-specific intervals between birth and age 2 to protect against 11 diseases.

The study, published in press in *Vaccine*, used data from the 2012 National Immunization Survey, an annual survey conducted by the CDC, to examine vaccination coverage among a nationally representative sample of nearly 12,000 2-year-olds in the United States. Researchers estimated the proportion of children who completed the ACIP recommended number of doses by 8, 18 and 24 months of age (completion rates); and whether each dose was administered at age-appropriate times between birth and 24 months (compliance rates).

"Although completion rates of many individual vaccines, such as the poliovirus vaccine, were near the national Healthy People 2020 targets, one-third of children did not complete all vaccines recommended by the ACIP," said Samantha Kurosky, an associate director in the Health Economics group at RTI Health Solutions and lead author of the study. "This means a portion of children are protected against some diseases, yet are partially or not at all immunized against others by the time they turn 2 years old."

Researchers also estimated approximately 77 percent of children were non-compliant with the ACIP schedule, receiving one or more of the 19 recommended doses outside of its respective age-appropriate window, or never receiving the dose at all by 24 months of age. Further, 43 percent of the sample was non-compliant with one or more doses in the recommended schedule for a total of 7 months or more, between birth and 24 months of age.

"Our research indicates that a child's immunization status is dynamic between birth and age 2," Kurosky said. "There are periods of time when a child is behind according to the ACIP schedule, but may eventually catch up by the time they turn 24 months. The recommended age-windows for each dose of vaccine are developed to not only maximize the effectiveness of the body's response to the vaccine, but to reduce disease susceptibility at a time when children are at a very high risk for complications if infected with these diseases."

Western states had the lowest rates of completion and compliance. Southern states had the highest completion rates, yet compliance rates were moderate, indicating that children were receiving vaccines late, but catching up by age 2. The most under vaccinated state was Alaska where 55 percent of children completed all recommended doses by age 2; whereas, Mississippi had the highest completion rate at 77 percent.

"The regional patterns we observed point to a need for continued localized, evidence-based interventions that address barriers to vaccination at the family, provider, institutional and policy levels," Kurosky said. "By understanding each community's specific needs, we have a better chance of providing the right tools that can lead to improved vaccination rates across the nation."