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Mark Your Calendars:

August
National Immunization Awareness Month

September 29-30, 2014
National Immunization Conference
Crowne Plaza Ravinia in Atlanta, Georgia.

MEASLES ALERT June 2014

Between January 1 and June 16, 2014, 477 confirmed U.S. measles cases have been reported to the Centers for Disease Control and Prevention. This is the highest number of reported cases since measles elimination was documented in the U.S. in 2000. Cases have been reported from 20 states; 16 outbreaks have occurred (≥ 3 or more cases) accounting for 87% of all cases. Most cases have been reported from Ohio, California, and New York City. To date, no measles cases have been identified in Georgia.

The Georgia Department of Public Health urges healthcare providers to maintain heightened awareness for measles in their communities and to emphasize the importance of vaccination to prevent disease.

The Georgia Department of Public Health should be notified immediately about suspect measles cases. If possible, contact the District or State Public Health Department while the patient is present in the clinical setting or call 1-866-PUB-HLTH (24 hours) to report a suspect measles case. Clinical specimens for laboratory confirmation (blood for serology; 2 throat swabs in viral media for RT-PCR testing and viral isolation, respectively; and one urine specimen for both RT-PCR testing and viral isolation) can be submitted to the Georgia Public Health Laboratory only after consultation with DPH Epidemiology. For measles-related questions or testing, please contact the Georgia Department of Public Health at 404- 657-2588 and ask for Dr. Jessica Tuttle or Ebony Thomas.

Excerpt from Georgia DPH June 2014 Measles Alert

New CDC Health Advisory Regarding Polio Vaccination for Travelers

Recently the World Health Organization (WHO) declared the international spread of polio to be a public health emergency of international concern and issued vaccination requirements for travelers in order to prevent further spread of the disease. The complete guidance can be found at the following link: <http://emergency.cdc.gov/han/han00362.asp>

Those countries experiencing polio outbreaks or with active transmission and included in the guidance are: Pakistan, Cameroon, Syria, Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and Nigeria.

The CDC recommends that anyone planning travel to a polio-affected country be vaccinated against polio. In general:

If travel to the affected countries will be for less than 4 weeks, individuals less than 18 years of age do not need an additional dose of polio vaccine as long as they have completed their polio series. If 18 years and older, one polio vaccination is recommended prior to travel.

If travel to the affected countries will be for 4 weeks or more, everyone, regardless of age, should receive a polio vaccination if they have not had one within the previous 12 months.

GA-AAP Blastfax June 6, 2014

Judge Upholds Policy Barring Unvaccinated Students During Illnesses

New York Times (06/23/14) P. A19 Mueller, Benjamin

Judge William F. Kuntz II of Federal District Court in Brooklyn has upheld a New York City policy that forbids unvaccinated children from attending public school when another student has been diagnosed with a vaccine-preventable disease. Kuntz ruled against three families who claimed that the city's immunization policies, which kept their children from school, violated their right to free exercise of religion. The ruling said that the Supreme Court has "strongly suggested that religious objectors are not constitutionally exempt from vaccinations." New York state law requires children to get certain vaccinations, unless a parent can show religious reservations or a doctor says that vaccines would harm the child. Parents claiming religious exemptions do not have to prove that their faith opposes vaccines, but they must provide a written explanation that school officials can accept or reject. New York City schools granted 3,535 religious exemptions in the 2012-2013 school year, according to the state's Health Department. Daniel Salmon, deputy director at the Institute for Vaccine Safety at the Johns Hopkins Bloomberg School of Public Health, says that it can be difficult to balance vaccination mandates with some leniency toward families' strong objections. He pointed out that parents who refuse vaccination tend to cluster geographically, so it can take only a few unvaccinated children to start an outbreak that can put even vaccinated children at risk.

More Flublok influenza vaccine expected this year over last

Published on [June 13, 2014](#) by [Ryan Parrish](#) (Vaccine News Daily)

Protein Sciences Corp. recently announced that it will produce up to 500,000 doses of its Flublok influenza vaccine for the 2014-2015 season. The company said the vaccines will be available earlier and have a wider distribution than last year. The first Flublok doses are expected to be available in September.

"Last year healthcare professionals wanted Flublok available sooner and from more access points," Wayne Hachey, the head of government and clinical affairs at Protein Sciences, said. "We are pleased to give them just that."

ASD Specialty Healthcare and its Besse Medical and Oncology Supply divisions will also join FFF Enterprises as distributors of Flublok this year.

"We are excited to add ASD Specialty Healthcare and its Besse Medical and Oncology Supply divisions to our distribution network," Manon Cox, the president and CEO of Protein Sciences, said. "Both FFF and ASD offer fast, reliable delivery of Flublok to healthcare professionals nationwide."

Flublok, approved in 2013 by the U.S. Food and Drug Administration, is the world's first recombinant protein-based vaccine for influenza. Flublok currently has FDA approval for people ages 18-49, though Protein Sciences has applied to have it approved for patients 50 years or older and expects it to be available for the 2014-2015 season.

ACIP votes to preferentially recommend live nasal spray influenza vaccine when available for healthy children age 2–8 years (IAC Express)

At its meeting on June 25, ACIP voted to recommend a preference for using live attenuated influenza vaccine (LAIV) instead of inactivated influenza vaccine (IIV) in healthy children age 2–8 years.

Today, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a preference for using the nasal spray flu vaccine (i.e., LAIV) instead of the flu shot (i.e., IIV) in healthy children 2–8 years of age when it is immediately available. ACIP is a panel of immunization experts that advises the Centers for Disease Control and Prevention (CDC). This new ACIP recommendation is based on a review of available studies that suggests the nasal spray flu vaccine can provide better protection than the flu shot in this age group against laboratory-confirmed, medically attended flu illness. The recommendation also says that if the nasal spray flu vaccine is not immediately available, the flu shot should be given so that opportunities to vaccinate children are not missed or delayed. Flu shots continue to be approved and recommended for vaccination of children and adults as indicated. Since 2010, CDC and ACIP have recommended that everyone 6 months and older get a flu vaccine annually with rare exception. This new ACIP recommendation must next be approved by the CDC director. The recommendation would then be incorporated into the 2014–2015 influenza prevention and control recommendations, and published in a Morbidity and Mortality Weekly Report (MMWR), at which point it would become official CDC policy.

Health Officials: Measles Vaccine Effective

Pittsburgh Post-Gazette (PA) (06/02/14) Riely, Kaitlynn

The number of U.S. measles cases is rising, and the Centers for Disease Control and Prevention (CDC) reports that most of the 288 measles cases recorded from Jan. 1 to May 23 were associated with unvaccinated people. In Allegheny County, Pa., however, two reported cases both involved people who said they had been vaccinated. Karen Hacker, director of the Allegheny County Health Department, said that immunity can wane over time. She noted that most people who received the recommended two doses of the MMR vaccine will be protected. The 288 measles cases reported by the CDC represent the highest five-month total of cases in the United States since 1994. Because measles is still relatively rare in the United States, people do not experience a "natural boosting" that also helps the body protect itself from the disease. This also may explain why the two vaccinated people in Allegheny County still developed measles. The CDC recommends two doses of the MMR vaccine, starting at age 12 months. While there is no risk in getting an additional dose, health officials are not recommending it.

Measles Outbreak in Ohio Leads Amish to Reconsider Vaccines

NPR Online (06/24/14) Tribble, Sarah Jane

The United States is currently experiencing its largest measles outbreak in recent history, with many of the cases occurring in unvaccinated Amish communities in Ohio. The state currently has 341 confirmed cases and eight hospitalizations. Although many Amish are not against vaccines in principle, many have never received the shots. Some areas of the Amish community have postponed major events, such as weddings and home church services, because of the outbreak. An Amish woman contacted the Knox County Health Department to inform a county worker that she and a family next door had the measles, which prompted nurse Jacqueline Fletcher to take action. She began to organize door-to-door vaccinations and set up vaccination clinics at various locations, including a store that normally sells construction supplies. Public-health workers do not know for sure how many are still at risk of measles, as because there is no official count of the Amish living in Ohio. Researchers at Ohio State University estimate that about 33,000 Amish live in the six-county area where the outbreak began. So far, about 8,000 people in those counties have been vaccinated, but there are concerns that the measles will keep spreading due to a resistance to vaccinations.

Ask the Experts

IAC Express Issue 1127: June 17, 2014

Is there any harm in giving an extra dose of MMR to a child of age seven years whose record is lost and the mother is not sure about the last dose of MMR?

Answer: In general, although it is not ideal, receiving extra doses of vaccine poses no medical problem. Receiving excessive doses of tetanus toxoid (e.g., DTP, DTaP, DT, Tdap, or Td) can increase the risk of a local adverse reaction, however. For details, consult the ACIP's General Recommendations on Immunization at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf, page 8.

Vaccination providers frequently encounter people who do not have adequate documentation of vaccinations. Providers should only accept written, dated records as evidence of vaccination. With the exception of influenza vaccine and pneumococcal polysaccharide vaccine, self-reported doses of vaccine without written documentation should not be accepted. An attempt to locate missing records should be made whenever possible by contacting previous healthcare providers, reviewing state or local immunization information systems, and searching for a personally held record.

If records cannot be located or will definitely not be available anywhere because of the patient's circumstances, children without adequate documentation should be considered susceptible and should receive age-appropriate vaccination. Serologic testing for immunity is an alternative to vaccination for certain antigens (e.g., measles, rubella, hepatitis A, diphtheria, and tetanus).

EPIC -HPV Awareness Page



Visit the HPV Awareness page on the EPIC website:

HPV Awareness

http://www.gaepic.org/HPV_Awareness.html



Merck's RotaTeq, Glaxo's Rotarix cut hospitalizations by up to 94%

By Carly Helfand Merck headquarters--Courtesy of Merck

Rotavirus vaccines RotaTeq and Rotarix from Merck (\$MRK) and GlaxoSmithKline (\$GSK), respectively, have seen uptake grow over the past several years. And with good reason, a new study shows: As the vaccines have become more widespread, the number of children hospitalized for rotavirus-related diarrhea has plunged.

After the U.S. Advisory Committee on Immunization Practices (ACIP) in 2006 recommended that all children receive rotavirus vaccinations, the study authors found that among 400,000 children from 37 states, 78% of those less than one year old had been vaccinated in 2010--a 14% increase over 2007, Reuters reports.

And over that time--between 2007 and 2011--the yearly rate of rotavirus hospitalizations stayed at least 60% lower than it had been in 2006, results published in the journal *Pediatrics* show. Researchers estimate that during that span, RotaTeq and Rotarix helped avoid 177,000 hospitalizations, 242,000 visits to the ER, and more than one million outpatient visits for diarrhea among children younger than age 5--in other words, \$924 million saved for the U.S. healthcare system, they said.

"One of the interesting findings we had was in one of the later years we saw a 94% decrease in hospitalization; rotavirus had practically disappeared in 2010," lead author Dr. Eyal Leshem, of the CDC, told Reuters. "This is attributed to good vaccine effectiveness and high coverage."

The vaccine also ostensibly helped protect unvaccinated children against rotavirus, which killed about 450,000 children worldwide each year before vaccines were introduced. Their rotavirus-related hospitalizations dropped by 50% in 2007, suggesting they benefited from herd immunity.

But the rate of rotavirus immunization is still much lower than rates for other recommended vaccines, Dr. Evan Anderson, who studies rotavirus at Emory University School of Medicine, told the news service. RotaTeq, for one, was Merck's No. 4 seller in 2013, behind HPV jab Gardasil, chicken pox vaccine Varivax and shingles shot Zostavax.

"Unfortunately, there is a limited window during infancy for receiving the vaccine so a number of children are not able to receive the vaccine or are not completely vaccinated," Anderson said.

California experiencing a pertussis epidemic; 800 new cases reported in the last two weeks (IAC Express Issue 1127: June 17, 2014)

On June 13, the California Department of Public Health (CDPH) declared that the number of pertussis (whooping cough) cases in the state had reached epidemic proportions. More than 800 new cases have been reported in the last two weeks, according to the CDPH news release of June 13 titled [California Experiencing a Whooping Cough Epidemic](#).

An excerpt from the news release is reprinted below.

As of June 10, there have been 3,458 cases of pertussis reported to CDPH in 2014, more than were reported in all of 2013. Over 800 new cases have been reported in the past two weeks. Pertussis is cyclical and peaks every 3–5 years. The last peak in California occurred in 2010, so it is likely another peak is underway.

“Preventing severe disease and death in infants is our highest priority,” says Dr. Chapman. “We urge all pregnant women to get vaccinated. We also urge parents to vaccinate infants as soon as possible.”

Infants too young to be fully immunized remain most vulnerable to severe and fatal cases of pertussis. Two-thirds of pertussis hospitalizations have been in children four months or younger. Two infant deaths have been reported.

The Tdap vaccination for pregnant women is the best way to protect infants who are too young to be vaccinated. All pregnant women should be vaccinated with Tdap in the third trimester of each pregnancy, regardless of previous Tdap vaccination. In addition, infants should be vaccinated as soon as possible. The first dose of pertussis vaccine can be given as early as 6 weeks of age.

Older children, pre-adolescents, and adults should also be vaccinated against pertussis according to current recommendations. It is particularly important that persons who will be around newborns also be vaccinated....

Use of MenACWY-CRM Vaccine in Children Aged 2 Through 23 Months at Increased Risk for Meningococcal Disease

Morbidity and Mortality Weekly Report (06/20/14) Vol. 63, No. 24, P. 527 MacNeil, Jessica R.; Rubin, Lorry; McNamara, Lucy; et al.

Infants aged two months to 23 months who are at increased risk for meningococcal disease may be able to receive a third meningococcal conjugate vaccine. This group includes infants with persistent complement component deficiencies, those with functional or anatomic asplenia, healthy infants who live in communities with a meningococcal disease outbreak that requires vaccination, and infants traveling to or living in areas where meningococcal disease is hyperendemic or epidemic. At its October 2013 meeting, the Advisory Committee on Immunization Practices recommended use of the vaccine MenACWY-CRM, the first quadrivalent meningococcal conjugate vaccine licensed for use in children aged two months to eight months. The burden of meningococcal disease in infants is low in the United States overall. Because most cases that do occur are caused by serogroup B, which is not included in any vaccine licensed in the United States, only those infants at increased risk for meningococcal disease may receive a meningococcal vaccine.



Novartis submits application to FDA for Bexsero meningitis vaccine

Vaccine News Daily

Published on June 19, 2014 by Ryan Parrish

Novartis announced the submission on Tuesday of a Biologic License Application for its Bexsero meningitis B vaccine to the U.S. Food and Drug Administration.

Bexsero, which has already been approved by 34 countries, is targeted toward adolescents and young adults from 10-25 years of age and is the first broad coverage vaccine to protect against meningitis.

“Bexsero is the result of 20 years of groundbreaking research and a testament to our leadership in preventing rare but devastating diseases,” Andrin Oswald, the division head of Novartis Vaccines, said. “With today’s submission, we are one step closer to ensuring that no family in the U.S. has to endure the loss of a loved one from vaccine-preventable meningitis.”

Novartis recently provided approximately 30,000 doses of Bexsero to students and staff at the University of California, Santa Barbara and Princeton University following meningitis B outbreaks on their campuses. The FDA allowed the distribution of Bexsero under an Investigational New Drug designation, and the Centers for Disease Control and Prevention recommended that the incoming class in the at-risk group at Princeton receive Bexsero.

The license application for Bexsero begins a rolling submission process to the FDA, following its designation as a Breakthrough Therapy in April of this year.