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Education is the most powerful weapon which you can use to change the world.

-Nelson Mandela

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Mark Your Calendars:

Georgia Pediatric Nurses and Practice
Managers Meeting
October 14, 2016
Atlanta, GA

ACIP Meeting
October 19-20, 2016
Atlanta, GA

Researchers find disparities in HPV vaccine recommendation

AAP News

September 26, 2016

Melissa Jenco, News Content Editor

Mohammed KA, et al. *J Adolesc Health*. Aug. 6, 2016, <http://bit.ly/2c87ihK>.

A teen's age, gender, ethnicity and home state all factor into their likelihood of receiving a doctor's recommendation to receive HPV vaccine, researchers found.

The Academy and Centers for Disease Control and Prevention (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.

However, just 60% of teen girls and 41.7% of boys had started the three-dose series at the time of the study. The CDC recently updated those figures to 63% and 50%, respectively.

Provider recommendation, authors said, plays a key role in whether an adolescent will be vaccinated. Aiming to determine where disparities exist in receiving such recommendations, they analyzed data on 34,478 adolescents from the National Immunization Survey-Teen 2014.

The team found about 72.6% of girls and 51.8% of boys received a vaccine recommendation. Girls were more likely to receive one if they were older, living above the poverty line or residing in the Northeast or Midwest vs. the South.

Boys had higher odds of receiving an HPV vaccine recommendation if they were black or Hispanic, or living in the Northeast or West vs. the South.

For both sexes, having a college educated mother or frequent doctor visits in the last year were tied to higher odds of receiving a vaccine recommendation.

Authors said providers need to be aware that HPV can cause serious health issues for both girls and boys and that the vaccine is more effective at young ages regardless of whether teens are sexually active at that time.

**Are you or someone you know an immunization expert?
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Please contact Shanrita McClain or Janna McWilson for more information.

Motivational interviewing for HPV vaccination well accepted by doctors

By: KARI OAKES, Pediatric News Digital Network

JULY 26, 2016

BALTIMORE – Motivational interviewing (MI) was well accepted by providers as part of a communication tool kit to improve human papillomavirus vaccine uptake, according to results of an eight-site study. Overall, most of the 107 medical providers who participated in the cluster-randomized trial found MI to be a “somewhat useful” (47%) or “very useful” (31%) tactic to use when discussing human papillomavirus (HPV) vaccination with parents of adolescents. The overall amount of time that providers spent discussing vaccinations actually decreased after implementing MI; at the same time, providers felt that they had more power to influence parental decision-making when using MI techniques.

“Primary care providers given the Physician Communication Toolkit used MI frequently, and this use was generally sustained over time,” said lead author Amanda Dempsey, MD, who presented the findings during a poster symposium at the annual meeting of the Pediatric Academic Societies.

Motivational interviewing, an open-ended, nonjudgmental listening and communication style, was taught to providers in one 30-minute webinar and two 1-hour in-person role-playing sessions. Participants were able to practice using MI both in circumstances where parents were accepting of vaccination, and with vaccine-hesitant families.

Participating providers were surveyed pretraining and at 4, 7, and 10 months after the training to assess their practices in the preceding month. The two primary outcome measures assessed, and compared from baseline, were the estimated time spent discussing HPV vaccination with both vaccine-hesitant and nonhesitant families, and the providers’ perceived abilities to influence decisions about HPV. Dr. Dempsey and her colleagues also asked whether practitioners were actually using MI techniques with vaccine-hesitant parents, and whether they found the techniques useful in HPV vaccination discussions.

Dr. Dempsey, associate professor of pediatrics at Children’s Hospital Colorado in Aurora, said that uptake of MI was initially high and remained so. Three months after the intervention, 85% of providers reported they were using MI; at 9 months after the intervention, the figure was 72%. Previous research has shown that providers generally do not communicate strong recommendations about HPV vaccination. “Providers often feel the parents will argue with them about it, and sometimes don’t even bring it up,” Dr. Dempsey said in an interview. “Anecdotally, providers found MI a useful way to frame the conversation, and they found it less confrontational.”

Overall, about three-quarters of providers responding to the sequential surveys were physicians, another 15%-20% were physician assistants, and the remainder were nurse practitioners. About one in four respondents were male. The pediatric and family medicine practices were approximately evenly divided between public and private clinics. Although participation in the training and the subsequent surveys was voluntary, uptake was fairly high at participating clinics. The training was offered for 25 MOC (maintenance of certification) part 4 credits, which probably helped participation rates, said Dr. Dempsey.

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The small sample size of the study, said Dr. Dempsey, limits the generalizability of the findings. However, the eight sites chosen represented a wide range of socioeconomic and cultural demographics in the patients served. Also, self-report of MI use may be subject to some bias. Finally, because this was a naturalistic study that allowed providers full discretion in using the various components of the Physician Communication Toolkit, it was not possible to perform a completely independent analysis of the effects of using MI apart from the other toolkit components.

“Use of MI did not appear to lengthen the time of clinical visits, and in some cases may actually shorten them,” said Dr. Dempsey. In addition to analyzing whether MI and other components of the toolkit increased HPV vaccine uptake rates, Dr. Dempsey and her colleagues also plan to explore whether MI would be an effective approach to use when discussing immunizations with parents of infants and younger children.

The study was funded by the National Center for Immunization and Respiratory Diseases and the Centers for Disease Control and Prevention, with survey administration supported by the National Institutes of Health. Dr. Dempsey reported no conflicts of interest.

Reduced rotavirus detection after vaccine licensure tied to herd immunity

By: LORI LAUBACH, Pediatric News Digital Network

SEPTEMBER 23, 2016

Rotavirus detection was found to be diminished after rotavirus vaccine licensure, which is consistent with herd immunity, according to Harvey W. Kaufman, MD, and Zhen Chen.

During the 11-year period, 276,949 specimens were submitted for rotavirus antigen detection. In the prevaccine period, the laboratory performed an average of 31,800 tests for rotavirus antigen detection annually, of which 21% were positive. During the postvaccine period, an average of 20,981 annual tests were performed, with only 6% having a positive result, which represents an 82% reduction in the total number of positive results and a 73% reduction in the positivity rate (*P* less than .001). In the transition period, the positivity rate for rotavirus antigen detection was 14%, which represents a 27% reduction in the positive number and a 32% reduction in the positivity rate, compared with the prevaccine period (*P* less than .001).

The study noted that the positivity rate during each of the three periods was nearly identical for boys and girls, with 21.1% for boys and 20.9% for girls during the prevaccine period, 9.8% for boys and 9.6% for girls in the transition period, and 4.9% for boys and 4.6% for girls in the postvaccine period.

“The data support the notion of herd immunity in children unlikely to have been vaccinated,” the researchers concluded. “Although the postvaccination period featured alternating years of higher and lower positivity, the peak seasons have a lower positivity rate than in the prevaccination period.”

Find the full study in *Pediatrics* (2016 Sept. 23. doi: [10.1542/peds.2016-1173](https://doi.org/10.1542/peds.2016-1173)).

Alternative medicine may be linked to lower vaccination rates

By [Lisa Rapaport](#)

(Reuters Health) - Children that visit alternative medical practitioners like acupuncturists and chiropractors may be less likely to receive flu shots than their peers, a U.S. study suggests.

Roughly 33 percent of kids who saw providers of so-called non-Western medicine for services like acupuncture or homeopathic care got vaccinations for influenza, the analysis of national survey data on about 9,000 kids found. About 35 percent of kids who went to practitioners of what's known as manipulative and body-based therapies such as chiropractic care or massage got flu vaccinations.

In comparison, 43 percent of children who didn't see these types of alternative medicine providers got vaccinated, researchers report in the journal *Pediatrics*. "Some complementary and alternative medicine practitioners have anti-vaccine or vaccine-hesitant viewpoints," said lead study author William Bleser of Pennsylvania State University in State College.

While the findings don't prove alternative medicine providers discourage vaccination, these results suggest that it makes sense for pediatricians to ask parents whether their kids use these services to help shape discussions about vaccinations, Bleser added by email.

"More and more patients are using complementary and alternative medicine and may be expecting their health professionals to guide them in making decisions about whether complementary and/or conventional approaches work better for disease treatment or prevention," Bleser said, "yet most complementary and alternative medicine users do not disclose to their physicians that they use (these services)."

To assess how use of different types of complementary and alternative medicine may influence the odds of vaccination, Bleser and colleagues examined data from the 2012 National Health Interview Survey. Overall, about two-thirds of children in the study used at least one form of complementary or alternative medicine, including everything from yoga practice to taking daily multivitamins or following various popular diets, the study found.

Excluding multivitamins or mineral supplements, however, only 17 percent of kids used complementary medicine. When kids did take multivitamins, they were more likely to get the flu vaccine than their peers that didn't, the study found. About 45 percent of children using multivitamins got vaccinated, compared with 39 percent of other kids. One limitation of the study is that researchers lacked data on how recently or how often children visited alternative medicine providers, the authors note. They also lacked data on kids under age 4, a group that is at high risk for complications from influenza.

Still, the results highlight the need for pediatricians to understand how parents view alternative medicine, said Linda Greene, a researcher at the University of Rochester Highland Hospital in New York and president-elect of the Association for Professionals in Infection Control and Epidemiology.

"Most likely parents may have been influenced by the beliefs often consistent with alternate medicine," Greene, who wasn't involved with the study, said by email. "These beliefs may center on personal control of one's health through healthy lifestyles rather than traditional medicine."

It's also possible that parents who are more worried about the risks of vaccination may be more likely to seek out alternative medicine providers for their kids, noted Dr. Matthew Davis, a pediatrics researcher at Ann and Robert H. Lurie Children's Hospital of Chicago.

"Respectful discussions with parents can sometimes lead to a change in their decision-making about vaccinations," Davis, who wasn't involved in the study, said by email.

SOURCE: bit.ly/2cO1lip *Pediatrics*, online October 3, 2016.

Will Lack of Nasal Spray Flu Vaccine Cut Immunization Rate?

Robert Lowes

Public health leaders worry that a government decision not to recommend a live attenuated influenza vaccine (LAIV; FluMist Quadrivalent, MedImmune) in the form of a nasal spray for the current flu season could cause more people, especially children, to go unimmunized.

Those worries emerged at a press conference today organized by the National Foundation for Infectious Diseases (NFID) to promote influenza vaccination. There, Tom Frieden, MD, MPH, director of the Centers for Disease Control and Prevention (CDC), noted that its Advisory Committee on Immunization Practices (ACIP) concluded that the nasal spray vaccine was ineffective in preventing flu illness in the prior 3 seasons and therefore should be removed from the vaccine supply for the 2016-2017 season. The American Academy of Pediatrics concurred.

FluMist was widely used in 2015-2016, accounting for roughly 14% of all flu vaccinations, and 33% of those in children. "For a lot of kids, it's certainly preferable to getting a shot," Dr Frieden said at the press conference. Parents accustomed to having their children receive the nasal spray should not use that as a reason to skip immunization this fall, said NFID Vice President Patricia Whitley-Williams, MD, a professor of pediatrics at Rutgers Robert Wood Johnson Medical School. "Flu shots have proven to be effective, and parents need to make sure their children are protected."

"That's not an excuse," added NFID Medical Director William Schaffner, MD, about people forgoing a shot because they can't get the nasal spray. Dr Schaffner is a professor of preventive medicine at Vanderbilt University School of Medicine.

In an interview with the Washington Post, the CDC's Dr Frieden put these exhortations for people to get the jab in a clearer context. "We're concerned that vaccination rates could be lower this year because the mist isn't available," he said.

The overall flu vaccination rate in 2015-2016 was 45.6%, down from 47.1% the season before.

Hoping for a Nasal Spray Vaccine Comeback

At the press conference, Dr Frieden said the nation will have enough flu shots to make up for the loss of the nasal spray. "There are going to be between 157 million and 168 million doses," he said. "There's plenty for everyone."

The shots will come in the form of either inactivated or recombinant influenza vaccines. However, Dr Frieden repeatedly said that he wants an effective LAIV nasal spray vaccine with ACIP approval back on the market. "We hope this option will be available as soon as possible," he said.

AstraZeneca, MedImmune's parent company, shares that goal. In a statement emailed to Medscape Medical News, AstraZeneca spokesperson Michele Meixell said the company is investigating why its LAIV nasal spray vaccine has performed poorly in recent seasons. The Food and Drug Administration and outside scientific experts are providing input.

"We have seen, through both our data and investigation in the labs, that the H1N1 strain [in the vaccine] is not replicating as well as it should," said Meixell. "Our goal is to select a better performing A/H1N1pdm09 LAIV strain for inclusion in future seasons, including the upcoming [2017-2018] season."

Meningococcal Webinar

The Webinar presented on September 29th by the Ga AAP titled “What You Need to Know About Meningitis and Meningococcal Vaccines” presented by Jessica MacNeil, Epidemiologist, Meningitis and Vaccine Preventable Disease Branch of the Centers of Disease Control and Prevention was recorded and can be viewed at the link below.

[Meningococcal Webinar](#)

Question of the Week

Issue 1266: September 21, 2016

With the ACIP recommendation to not use live attenuated influenza vaccine (LAIV, FluMist, Astra-Zeneca) during the 2016–2017 season will there be enough inactivated influenza vaccine (IIV) to meet the demand for the upcoming season?

Influenza vaccine manufacturers project that as many as 171 to 176 million doses of influenza vaccine will be available for the 2016–2017 season. LAIV accounts for up to 14 million of those doses (about 8% of the total supply). Based on manufacturer projections, health officials expect that supply of IIV for the 2016–2017 season should be sufficient to meet any increase in demand resulting from the ACIP recommendation, though providers may need to check more than one supplier or purchase a vaccine brand other than the one they normally select.

Question of the Week

Issue 1267: September 28, 2016

Is it acceptable to write the expiration date (the “Beyond Use Date”) of an opened vaccine multi-dose vial on the box rather than the vial or must it be written on the vial?

It is acceptable to put the Beyond Use Date (BUD) on the packaging; this may help when reviewing inventory. But a provider should always read the label on the vial before administering a vaccine. It is possible for a vial to be placed in the wrong box. So the vial label is the safest place to put the BUD. Vial labels are small and it may require putting an extra sticky label on the vial.

Question of the Week

Issue 1268: October 5, 2016

Mom comes in with her 19-month-old. She reports that her (the mother’s) sibling has a history of a severe reaction to pertussis vaccine in the mid 1990s. Now mom is reluctant to give her child pertussis vaccine although the child received Pediarix (DTaP-HepB-IPV, GlaxoSmithKline) 2 months ago without incident. Should we be concerned about the mother’s family history of a severe reaction to pertussis vaccine?