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### **Mark Your Calendars:**

Immunize Georgia Conference  
September 15, 2017  
Columbus, GA

Georgia Pediatric Nurses & Practice  
Manager Associations Fall Meeting  
October 13, 2017  
Cobb Galleria Centre, Atlanta, GA

Pediatrics on the Parkway (GAAAP)  
Fall CME Meeting  
October 26-28, 2017  
Westin Buckhead Atlanta, GA

national  
**IMMUNIZATION**  
awareness month



Vaccines give parents the safe,  
proven power to protect their children.



**A HEALTHY START**  
*begins with on-time vaccinations.*



**READY FOR SCHOOL?**  
*Check those  
vaccine records.*

national  
**IMMUNIZATION**  
awareness month



### ***August in National Immunization Awareness month***

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. NIAM was established to encourage people of all ages to make sure they are up to date on the vaccines recommended for them. Communities have continued to use the month each year to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases.

NIAM is sponsored by the National Public Health Information Coalition (NPHIC). For more information on the observance, visit NPHIC's [NIAM website](http://www.nphic.org).

**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 at (404) 881-5054 more information.**

## Slight drop in measles vaccinations could triple infections in U.S. kids

Lisa Rapaport

FILE PHOTO: A measles vaccine is seen at Venice Family Clinic in Los Angeles, California February 5, 2015. Lucy Nicholson

(Reuters Health) - Just a 5 percent decline in measles vaccination rates could triple the number of young children who get infected with the virus in the U.S., according to a study highlighting the risks of parents refusing to vaccinate their kids.

Nationwide, about 93 percent of children aged 2 to 11 years old get the measles vaccine, researchers note in JAMA Pediatrics. If this vaccination rate dropped to 88 percent, it could result in 150 additional measles cases a year and cost government health programs \$2.1 million, not counting hospital bills, researchers estimate.

"Given increasing parental decisions to not vaccinate their children, we wanted to understand the effect of small reductions in vaccine coverage on overall measles cases," said study co-author Nathan Lo of Stanford University School of Medicine in California.

"We found that small declines in vaccine coverage can really reduce the 'herd immunity' effect and result in more frequent and larger outbreaks of measles," Lo said by email. Measles is a highly contagious virus that can be serious or even fatal. It starts with a fever that can last a couple of days, followed by a cough, runny nose and pink eye. A rash develops on the face and neck then spreads to the rest of the body. In severe cases, pneumonia and encephalitis can develop. People with measles can be spreading the virus for four days before and after the rash appears, according to the Centers for Disease Control and Prevention. The virus can live for up to two hours on surfaces where an infected person coughs or sneezes. People can become infected by breathing in droplets or touching a contaminated surface and then touching their eyes, nose or mouth.

Because measles spreads so easily, about 95 percent of people need to be vaccinated against the virus to achieve so-called herd immunity, when outbreaks can be prevented, Lo said. Already, the nation is dotted with "hot spots" where vaccination rates are below this level and widespread outbreaks are possible, he added.

"Outbreaks happen in communities, so we need to zoom in further than just national or statewide statistics when it comes to vaccination rates," said Maimuna Majumder, a researcher at the Massachusetts Institute of Technology in Cambridge who wasn't involved in the study.

For example, one recent study in California found county-level measles vaccination rates as low as 70 percent even though the statewide average was 90 percent, Majumder said by email. For the current study, Lo and co-author Dr. Peter Hotez of Baylor College of Medicine in Houston only examined data on measles vaccination and infection rates for children aged 2 to 11. The estimated number of measles cases and associated costs would be much higher if the study also included infants, teens and adults, the authors note. Babies can't be vaccinated, and would be particularly vulnerable to infection if an older sibling caught the virus.

Very few people need to skip the measles vaccine for medical reasons, said Dr. George Rutherford, head of the division of infectious disease epidemiology at the University of California, San Francisco.

This includes pregnant women, patients with compromised immune systems related to conditions like cancer or AIDS and people who have had severe allergic reactions to vaccines in the past.

Even a small drop in vaccination rates can make it more likely that people who can't get the vaccine for medical reasons will catch measles, Rutherford, who wasn't involved in the study, said by email.

"When immunization levels go low enough, there can be massive outbreaks of measles," Rutherford said.

SOURCE: [bit.ly/2utn13I](https://bit.ly/2utn13I) JAMA Pediatrics, online July 24, 2017.

## Secretary Price appoints Dr. Brenda Fitzgerald as new CDC director

On July 7, U.S. Health and Human Services (HHS) Secretary Tom Price, MD, named Brenda Fitzgerald, MD, as director of the Centers for Disease Control and Prevention. The first four paragraphs of [the HHS press release](#) are re-printed below.

Today, Health and Human Services Secretary Tom Price, M.D., named Brenda Fitzgerald, M.D., as the 17th Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR).

“Today, I am extremely proud and excited to announce Dr. Brenda Fitzgerald as the new Director of the CDC,” said Secretary Price. “Having known Dr. Fitzgerald for many years, I know that she has a deep appreciation and understanding of medicine, public health, policy and leadership—all qualities that will prove vital as she leads the CDC in its work to protect America’s health 24/7. We look forward to working with Dr. Fitzgerald to achieve President Trump’s goal of strengthening public health surveillance and ensuring global health security at home and abroad. Congratulations to Dr. Fitzgerald and her family.”

Dr. Fitzgerald has been the commissioner of the Georgia Department of Public Health (DPH) and state health officer for the past six years. She replaces Dr. Anne Schuchat, who has been the acting CDC director and acting ATSDR administrator since January 20. Dr. Schuchat is returning to her role as CDC’s principal deputy director.

“Additionally, I’d like to extend my deep appreciation and thanks to Dr. Anne Schuchat for her exemplary service as acting director of the CDC,” said Secretary Price. “We thank Dr. Schuchat and her team for their dedication in our public health efforts to keep Americans safe and for their work to ensure a seamless transition. We look forward to continuing to work with Dr. Schuchat in her role as principal deputy director of CDC.”

Read the complete statement from HHS: [Secretary Price Appoints Brenda Fitzgerald, M.D., as CDC Director and ATSDR Administrator](#)

## CDC and FDA announce new Vaccine Adverse Event Reporting website and reporting form

On June 30, CDC and the Food and Drug Administration (FDA) announced a [new Vaccine Adverse Event Reporting \(VAERS\) website](#) and reporting form that allows people to:

- Easily submit a VAERS report electronically
- Access VAERS data
- Learn more about how CDC and FDA monitor the safety of vaccines

There are now [two ways to report](#) an adverse event following vaccination to VAERS: Use the online reporting tool. Complete a paper VAERS form (PDF format) and upload it to the new VAERS website.

By the end of 2017, CDC and FDA will phase out the VAERS paper form and fully transition to the new VAERS 2.0 electronic submission process. Accommodations will be made for persons unable to submit reports electronically. Additional assistance is available via email at [info@vaers.org](mailto:info@vaers.org) or by phone at (800) 822-7967.

[Access the new VAERS website.](#)

Adverse events should be reported to VAERS regardless of whether a healthcare professional thinks its related to the vaccine or not, as long as it follows administering a dose of vaccine.

## Study shows efficacy of flu shot in mom and baby

Pregnant women and their babies are among those most at risk for complications, hospitalization and death from influenza.

By Amy Wallace | Aug. 1, 2017 at 2:02 PM

A new study by The Ohio State University has found that pregnant women who received a flu shot the previous year had slightly less initial antibody and immune response compared to women who did not receive a shot the previous year. Photo by Adam Gregor/Shutterstock



Aug. 1 (UPI) -- A recent study from Ohio State University suggests that previous influenza vaccines can somewhat weaken the immune response in pregnant women, not baby.

The study, published Aug. 1 in Vaccine, included 141 pregnant women, 91 received a flu shot the previous year and 50 who did not receive a previous flu shot.

Researchers found that one month after receiving the flu vaccine, women with prior vaccination had higher baseline antibody concentrations and decreased antibody responses against all strains of influenza. Those women also had lower antibody responses and seroconversion rates at one month post-vaccination compared to women who did not have a prior flu vaccine.

"The effect of lower antibody responses to flu vaccine among those with repeated vaccination has been shown in other studies, and the reasons for this are not well delineated," Lisa Christian, associate professor from the Institute for Behavioral Medicine Research at Ohio State University Wexner Medical Center, told UPI.

"Annual vaccination is still the best avenue for reducing the number of flu cases -- vaccination still provides protection, even if it is somewhat diminished among those with repeated vaccination."

Researchers found no significant differences in antibody concentrations or seroprotection rates in women or newborns at delivery, and no significant differences in efficiency of antibody transfer from mother to baby after testing umbilical cord blood.

Researchers say the results should not change the recommendations that annual flu vaccinations are the best way to protect against the flu. It is recommended that all women should get the flu vaccine during pregnancy due to their high risk of complications and to protect babies through the first six months of life before they are able to get their own flu vaccine.

"In addition, vaccination can reduce the severity of illness if it does occur," Christian said. "An important take away point from this study is that although women with prior vaccination exhibited lower antibody responses to current vaccination, this did not meaningful impact immunity conferred to the neonate."

## Majority of parents unaware of teen's incomplete vaccination status

[Clark SJ. CS Mott Children's Hospital National Poll on Child Health. 2017; 29\(4\).](#)

July 17, 2017

Despite data supporting inadequate vaccination among adolescents, especially ones that require multiple doses such as meningitis, more than 90% of parents believe that their teenager had received all vaccinations necessary for their age, according to a C.S. Mott Children's Hospital National Poll.

"In the United States, vaccines have long been recommended for babies and at kindergarten entry; more recently, several vaccines have been recommended for the adolescent age group," **Sarah J. Clark, MPH**, a research scientist from the Institute for Healthcare Policy & Innovation at the University of Michigan, and colleagues wrote. "However, data from the CDC indicate that national vaccination rates are well below public health targets, particularly those that require more than one dose, such as meningitis, human papillomavirus and annual influenza shots."

To understand current parental understanding of [vaccine recommendations for teenagers](#), a poll was conducted through the C.S. Mott Children's Hospital National Poll on Children's Health. The poll focused on vaccination for teenagers between 13 and 17 and included a national sample of parents.

Most parents had reported that their adolescent child had definitely (79%) or probably (14%) had all vaccinations [recommended for their age](#), despite 36% of parents not knowing when their child is due for their next vaccine. The rest believed their child was due for their next vaccine within the next year (19%) or in more than a year (26%). One in five parents believed their teenager needed no more vaccines (19%).

The main way that parents knew about [upcoming vaccinations](#) was through the doctor's office, from either a scheduled appointment (44%), it was mentioned during a visit (40%) or a reminder was sent (11%). Rarely would a notice be sent from the school (10%), health plan (1%) or the public health department (0.3%). A large number (10%) were not aware of how to be notified about upcoming vaccinations.

"Parents rely on child health providers to guide them on vaccines in childhood and during the teen years," Clark said in a press release. "Given the general lack of awareness about adolescent vaccines shown in this poll, there is a clear need for providers to be more proactive for their teen patients." — *by Katherine Bortz*

**Disclosure:** The researchers provide no relevant financial disclosures.



**Sarah J. Clark**