EPIC® Educating Physicians in their Communities & Practices

INSIDER

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When we fail, our pride supports us; when we succeed, it betrays us.

-Charles Caleb Colton, cleric and writer

Follow us on:

Mark Your Calendars:

Immunize Georgia Conference
September 9, 2016
Peachtree City, GA

National Immunization Conference
September 13-15, 2016
Atlanta, GA

Pediatrics on the Perimeter
CME Fall Meeting
September 22-24, 2016
Atlanta, GA

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August is National Immunization Awareness Month (NIAM)

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.
National Public Health Information Coalition in collaboration with CDC's National Center for Immunization and Respiratory Diseases, developed communication toolkits to help you communicate about vaccines for various audiences.

Each week of #NIAM16 focuses on a different stage of the lifespan:

- Adults (Aug. 1-7)
- Pregnant women (Aug. 8-14)
- Babies and young children (Aug. 15-21)
- Preteens and teens (Aug. 22-28)

national IMMUNIZATION awareness month

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 or Janna McWilson for more information.

Male HPV vaccination rates soar with intensive QI project

By: KARI OAKES, Pediatric News Digital Network

MAY 4, 2016

BALTIMORE – A 3-year quality improvement (QI) measure succeeded in delivering the full human papillomavirus series to more than four out of five eligible boys. The high rate of completed vaccinations – nearly triple the national average – was accomplished at a clinic with a high-need population that includes many newly-arrived immigrants, said Dr. Pilar Gonzalez, a pediatrician at Mount Sinai Health System, New York.

The improvements occurred against the backdrop of a clinic where physicians and staff already had a very strong commitment to achieving high immunization rates, Dr. Gonzalez said during a poster session at the annual meeting of the Pediatric Academic Societies. "We feel this is one of the most important things we can do for our population." To assess the efficacy of the pediatric primary care QI program, Dr. Gonzalez and her coinvestigators conducted a retrospective chart review to assess how many of the clinic's male patients aged 13-17 years had initiated or completed the HPV series. The chart review looked back to Jan. 1, 2012, a full year before the QI initiative was implemented, and ended in December 2015.

Implementing the comprehensive QI program first involved engaging clinic staff, patients, and families through an educational curriculum that gave them facts about the HPV vaccine, and also provided information about oral, genital, and cervical cancer risks from HPV infection. The second arm of the QI project was outreach to the community. This included such interventions as Saturday vaccination clinics focused on delivering the full series to the target patients.

At the end of 2012, 50% of the 731 eligible male patients had received the full HPV vaccination series. One year later, 67% had completed the series and 24% more had started the series, for a total of 91% of eligible male patients who had received at least one HPV immunization. After 2 years of the QI project, a total of 93% of the eligible male patients had at least begun the HPV series. The final data collection in December 2015, after a full 3 years of the QI project, showed that nearly all eligible male patients – 97% – had received at least one dose of the HPV vaccination.

"At the time we designed the QI project, we did not have the data" showing good efficacy with fewer doses than the full series of three immunizations, said Dr. Gonzalez, so the initiative was focused on getting all eligible adolescent males to completion of the series.

"Educating clinical staff and families, routinely offering the vaccine during clinic visits, sending patient reminders and recalls, and creating a catch-up immunization clinic helped increase the rate of HPV vaccination," wrote Dr. Gonzalez and her coauthors, emphasizing that success of the effort in a high-need community was really a team effort.

CDC Panel Says FluMist Nasal Flu Vaccine Ineffective

Agency advisors say the product has lost potency in kids and shouldn't be used in upcoming season

THURSDAY, June 23, 2016 (HealthDay News) -- Americans may have to do without the easier, nasal spray form of flu vaccine next flu season, a panel of experts decided Wednesday. That's because the medicine, called FluMist, has been largely ineffective in children in recent years and should not be used in the United States during the 2016-17 flu season, the panel of experts said. "We could find no evidence [the spray] was effective," Dr. Joseph Bresee, a flu expert at the U.S. Centers for Disease Control and Prevention, told the *Associated Press*.

The decision was announced late Wednesday by the CDC's Advisory Panel on Immunization Practices (ACIP). The traditional flu shot *is* effective, however, and recommended for everyone aged 6 months and older, the panel concluded. The ACIP panel's advisories are adopted by federal government, which then issues guidance to the nation's doctors.

FluMist differs from the traditional shot in that it is not made from dead virus, but from a weakened form of the influenza virus. The decision is a reversal of fortune for FluMist, which is made by AstraZeneca and was first licensed in 2003. Early studies that showed it outperformed the traditional flu shot in protecting kids. In fact, in 2014, the ACIP recommended FluMIst over needle-based flu vaccines for children, the *AP* noted. But more recent trials have shown less impressive results. ACIP said it reviewed data from 2013 through 2016 to assess the effectiveness of the nasal spray for children aged 2 to 17. These new studies found that FluMist offered kids virtually no protection against the flu.

In the 2015-16 flu season, the nasal flu vaccine's protection rate was only 3 percent, which means that no protective benefit could be measured, the panel explained. It's effectiveness in the previous two flu seasons was also low. In comparison, the traditional flu shot was 63 percent effective among children aged 2 to 17 during the 2015-16 flu season, ACIP said.

Why has FluMIst seemingly lost its effectiveness? Speaking with the *AP*, Breese theorized that when a fourth strain of influenza was added to the vaccine a few years ago, that may have weakened the body's response to another strain. The American Academy of Pediatrics supported the panel's move. "We do understand this change will be difficult for pediatric practices who were planning to give the intranasal spray to their patients, and to patients who prefer that route of administration," Dr. Karen Remley, CEO and executive director of the AAP.

"However, the science is compelling that the inactivated [needle-based] vaccine is the best way to protect children from what can be an unpredictable and dangerous virus," she said in an AAP news release. The panel's recommendation could have a significant impact since data suggests that nasal flu vaccine now accounts for about one-third of all flu vaccines given to children, according to the CDC. The agency said it will work with vaccine makers throughout the summer to ensure there is enough of the traditional flu vaccine to meet demand for the upcoming season.

Remley said that, "the AAP will be working with CDC and vaccine manufacturers to make sure pediatricians and families have access to appropriate vaccines, and to help pediatricians who have already ordered intranasal vaccines."

The CDC director must review and approve the ACIP recommendation before it becomes policy. A decision is expected in late summer or early fall.

ACIP recommends MenACWY vaccine for HIV-infected

By: WHITNEY MCKNIGHT, Pediatric News Digital Network

JUNE 22, 2016

FROM AN ACIP MEETING

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices unanimously voted to recommend that all HIV-infected persons aged 2 months and older receive the meningococcal ACWY (MenACWY) vaccine.

Guidance for this recommendation states that persons 2 months and older with HIV who have not been vaccinated previously should receive a two-dose, primary series of MenACWY; and that HIV-infected persons who have been vaccinated previously with one dose of MenACWY should receive a second dose at the earliest opportunity, with an 8-week minimum interval between doses. After that, boosters are to be given at the appropriate intervals.

Committee members voted in favor of immunizing earlier rather than waiting until 11 years of age or older, in part because human complement (hSBA) antibody titers following up to two doses of MenACWY vaccine in HIV-infected children ages 2-10 years is higher than in those ages 11-24 years. Also, the agreed upon recommended policy for earlier immunization is in step with current ACIP recommendations for use of the vaccine in persons with functional/anatomic asplenia or complement component deficiencies.

Despite an overall decline in the risk of meningococcal disease in the United States, there was a 13-fold increased risk in HIV-infected persons aged 25-64 years between 2000 and 2008, according to surveillance data presented to ACIP by Ms. Jessica MacNeil, MPH, an epidemiologist at the National Center for Immunization and Respiratory Diseases at the CDC in Atlanta. A ten-fold increase in risk was recorded in New York City alone in this population between 2000 and 2011.

Although fatality data are mixed, the infections were due primarily to serogroups C, W, and Y, for which the immune response wanes rapidly, according to Ms. MacNeil. There are no safety or immunogenicity data currently available for the use of serogroup B meningococcal vaccines in HIV-infected persons, she said. ACIP members also unanimously recommended this vaccine be covered under the Vaccines for Children program.

Question of the Week
Issue 1254: July 6, 2016

The meningococcal conjugate vaccine recommendations state that a routine second dose of meningococcal conjugate (MenACWY) vaccine needs to be given at 16 years of age. Children with asplenia or other high-risk conditions should receive a booster dose every 5 years. If a child with a high-risk condition receives a dose of MenACWY at age 9 years (and a second primary dose 8 weeks later), should they receive a booster dose at age 14 years (5 years after the primary series), or should they receive a dose at age 16 years as recommended in the routine schedule?

The MenACWY booster dose should be given at 14 years (5 years after the primary series) and every 5 years thereafter. The every 5-year booster dose schedule for persons with high-risk conditions takes precedent over the routine second dose schedule.

Children Receiving Japanese Encephalitis vaccine tolerated it well

By: LORI LAUBACH, Pediatric News Digital Network

JUNE 10, 2016

FROM JOURNAL OF THE PEDIATRIC INFECTIOUS DISEASES SOCIETY

Children given the inactivated Vero cell–derived vaccine (IXIARO) to prevent diseases caused by Japanese encephalitis virus (JEV) tolerated it well, Dr. Shauna Butler and her associates at the San Antonio Military Medical Center, Fort Sam Houston, Tex., reported.

Ninety-two children aged 2 months to 16 years (mean age, 6 years) received 145 doses of IXIARO when traveling to Japan or South Korea. In this population of 92 children, seven adverse events were documented within the 3 months after vaccination, with six adverse events in the 2- to 23-month age group and one adverse event in the 6- to 12-year age group. Only one event, which occurred 3 days after the second dose of the JEV vaccine, a fever, was believed to be possibly related to the vaccine; it occurred in a patient receiving an inactivated influenza vaccine on the same day as the JEV dose, which could have been a contributing factor, the researchers said.

It also was noted that none of the other documented adverse events was serious nor believed to be related to JEV dosing. None of the children required hospitalization.

“Our study’s confirmation of IXIARO’s tolerability in a pediatric population reinforces the recent decision [2013] to expand its use into this younger age group,” they concluded. “Practitioners should feel comfortable universally recommending vaccination against JEV for any pediatric traveler to an area of risk, and they can reassure families about the vaccine’s tolerability.”

Cancer doctors leading campaign to boost use of HPV vaccine

By Laurie McGinley

"Cancer doctors leading campaign to boost use of HPV vaccine" The Washington Post (June 20, 2016) - "The nation's leading cancer doctors are pushing pediatricians and other providers to help increase use of the HPV vaccine, which studies show could help avert tens of thousands of cancer cases during young Americans' lives. Yet a decade after its controversial introduction, the vaccine remains stubbornly underused even as some of those diseases surge. The vaccine's low uptake among preteens and adolescents belies its universally acknowledged effectiveness in preventing the most common sexually transmitted infections linked to the human papillomavirus. Those infections can cause a half-dozen cancers, including more than 90 percent of anal and cervical cancers; 70 percent of vaginal, vulvar and oropharyngeal, or middle throat, cancers; and 60 percent of penile cancers...Terry, whose father was Luther Terry, the 1960s-era U.S. surgeon general who issued a landmark report about the dangers of tobacco, talked about undergoing surgery, chemotherapy and radiation and about living with splitting headaches, neck aches and difficulties swallowing. His concluding plea: 'Vaccinate, vaccinate, vaccinate, boys and girls.'"

Childhood Vaccinations Rarely Spur Seizures, Study Finds

Doctors might see 1 case every 5 to 10 years, researchers report

By Amy Norton
HealthDay Reporter

MONDAY, June 6, 2016 (HealthDay News) -- Certain vaccines can trigger fever-related seizures in young children, but the risk is so low that pediatricians might see one case every five to 10 years, a new study estimates. It has long been known that some vaccines carry a small seizure risk. But the researchers said the new report offers some hard numbers. And it suggests that even when babies and toddlers get three vaccines at once, they only develop fever-related seizures at a rate of 30 per 100,000 -- at most.

The findings should be "reassuring" to parents, said lead researcher Dr. Jonathan Duffy, of the U.S. Centers for Disease Control and Prevention. "Looking at the big picture, the benefits of vaccination are much greater than the risk of febrile [fever-related] seizures," Duffy said. Up to 5 percent of young children will have a fever-related seizure at some point, according to the CDC. It usually happens when they have the flu, a cold or other infection, the agency said. But while the seizures are scary for parents, Duffy said, they do not cause lasting harm.

According to Dr. Mark Sawyer, a member of the American Academy of Pediatrics Committee on Infectious Diseases, "This study is an important contribution to our understanding of how common -- or how rare -- this vaccine side effect is." Sawyer wrote an editorial accompanying the study, which was published online June 6 in the journal *Pediatrics*. He said it's common for parents to worry about the safety of giving multiple vaccines on the same day.

The new findings do suggest that the risk of fever-related seizure is higher when certain vaccines are given together. "But it's still quite small," Sawyer said. For the study, Duffy's team combed through a health care database with information on nearly 10 million Americans. The investigators focused on 333 cases of fever-related seizures among babies and toddlers aged 6 months to 23 months. Overall, the study found, a child's risk of fever-related seizure was no greater than normal after the flu shot or the DTaP vaccine for diphtheria, tetanus and whooping cough.

There was, however, a small excess risk linked to the pneumococcal vaccine, the findings showed. The risk increased further when the flu shot was given with the pneumococcal vaccine or DTaP -- or both. When all three are given, the CDC estimated, seizures may happen at a rate of up to 30 per 100,000 children. Sawyer put it another way: Over five to 10 years, the average pediatrician would see one case of fever-related seizure connected to the vaccine trio. "The total risk is still very small," Duffy agreed.

The CDC recommends that the DTaP and pneumococcal vaccines be given on the same day. The flu shot is seasonal, so it may be given alone, Sawyer pointed out. But if the timing is right, he said, it is given on a day when a child is getting other routine vaccinations. Sawyer acknowledged that if there is no extra risk of seizure when the flu shot is given alone, some parents may want the vaccine on a separate day. "But we know that if we don't give simultaneous vaccinations, some kids always fall through the cracks," Sawyer said.

Parents get busy, children get sick and appointments get canceled or delayed, he noted. That's a problem even if a child eventually catches up on the recommended vaccinations, according to Sawyer. "When you space out vaccinations," he said, "your child is at risk of infection during that time." Those infections can come with complications, including fever-induced seizure. "So if you want to avoid febrile [fever-related] seizure," Sawyer said, "delaying vaccinations is not the way to do it."