



Mark Your Calendars:

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

ACIP Meeting
June 22-23, 2016
Atlanta, GA

[Storage and Handling Webinar](#)
June 29, 2016

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Education is not the filling of a pail, but the lighting of a fire.
-William Butler Yeats

Follow us on:



May is Hepatitis Awareness Month

The month of May is designated as Hepatitis Awareness Month in the United States, and May 19th is Hepatitis Testing Day. During May, the campaign aims to shed light on this hidden epidemic by raising awareness of viral hepatitis and encouraging priority populations to get tested. Pediatric providers are encouraged to check immunization records of children and adolescents for proof of hepatitis A and B vaccinations, vaccinate those with no documented history, and screen high-risk children for hepatitis B and C infection.

More than five million Americans are living with chronic hepatitis, yet most do not know they are infected. One in 12 Asian Americans have chronic hepatitis B infection, but most have not been diagnosed. Viral hepatitis is a leading cause of liver cancer and liver transplants. People with chronic hepatitis B and hepatitis C infections have the greatest risk of liver cancer. In fact, more than 60 percent of liver cancer cases are caused by hepatitis B or C. Screen pediatric patients whose mothers were born in high endemic areas of the world, and routinely monitor those found to be infected with hepatitis B. Consider referral and treatment for patients diagnosed with chronic hepatitis. Vaccinate susceptible patients.

The ABCs of Viral Hepatitis

Click [here](#) to view a one page factsheet on hepatitis A, B, and C that provides hepatitis basics, important facts, and public health strategies.

Also, information on **Georgia's Perinatal Hepatitis B Prevention Program** may be found [here](#).

**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.

Visit the newly designed CDC immunization website for parents

During National Infant Immunization Week (April 16–23), CDC launched a redesigned website that offers a variety of resources for parents seeking to learn more about childhood immunization and the diseases that can be prevented with vaccines.

Parents can learn about vaccines needed for their child's age, how to make vaccine visits less stressful, immunization records and requirements, and the 16 diseases that vaccines prevent in children and teenagers. They can also download easy-to-read immunization schedules in both English and Spanish, use an interactive immunization scheduler, and view CDC educational resources. The new website also contains specialized immunization related to adoption, travel, and pregnancy.

Please visit the new website at www.cdc.gov/vaccines/parents and recommend it to the parents in your practice.

Measles Key Points – 2016 U.S. Situation and General Information

New information is indicated in red.

2016 U.S. Measles Situation

2016 Measles cases

From January 2, 2016 to **March 4, 2016, 2*** people from **2** states in the U.S. (California and Texas) have been reported as having measles.

*Preliminary data reported to CDC's National Center for Immunization and Respiratory Diseases, updated monthly.

Guidance for healthcare professionals

Healthcare professionals should ensure all patients are up to date on MMR vaccine. Consider measles in patients with fever and rash and ask about recent international travel or exposure to international travelers or people with measles; promptly isolate, collect specimens, and report patients with suspected measles.

Guidance for general public

Parents should get their children vaccinated on schedule with MMR vaccine. Teens and adults should check with their doctors to make sure they are protected against measles. People 6 months and older should be protected against measles before leaving for international trips.

In 2015, 189* people from 24 states and the District of Columbia were reported to have measles.

Most of these people were not vaccinated or did not know their vaccination status.

Most of these cases (60%) were part of a large multi-state outbreak linked to an amusement park in California.

*Preliminary data reported to CDC's National Center for Immunization and Respiratory Diseases.

Expectant Mom's Flu Shot Protects 2

Infants benefit when a woman gets her influenza immunization during pregnancy, study confirms

By Don Rauf, HealthDay Reporter

TUESDAY, May 3, 2016 (HealthDay News) -- When a pregnant woman gets vaccinated for the flu, the protection extends to her baby too, new research confirms. Babies 6 months and younger whose mothers had a flu vaccine during pregnancy were 70 percent less likely to have lab-confirmed flu than babies born to mothers who didn't have the immunization while pregnant. In addition, the babies born to mothers immunized during pregnancy had an 80 percent reduction in flu-related hospitalizations, the study found.

"Children younger than 6 months are too young to be vaccinated," said the study's lead author, Dr. Julie Shakib. "The best way to protect infants younger than 6 months is to make sure everyone around them is vaccinated. Immunizing pregnant women provides immunity to the baby through the placenta. Immunizing others who live with or care for the baby prevents them from getting the flu and passing it to the baby," said Shakib, assistant professor of pediatrics at the University of Utah School of Medicine. The study authors called the need to get more pregnant women immunized "a public health priority."

The U.S. Centers for Disease Control and Prevention recommends that all pregnant women receive the flu vaccine to protect both the mother and the baby. Pregnancy causes changes that make women more susceptible to the flu and its complications, the CDC says. And babies can't receive a flu vaccine of their own until they're at least 6 months old, according to the CDC.

The flu vaccine isn't recommended for infants under 6 months of age because their immune systems can't yet respond to the vaccine in a way that would allow them to develop enough protective antibodies, Dr. Tina Tan said. She's a professor of pediatrics at Feinberg School of Medicine at Northwestern University in Chicago, and was not involved with the study.

For the study, the researchers reviewed more than 245,000 health records of pregnant women and more than 249,000 infant records. Information was available for nine flu seasons from December 2005 through March 2014. Only about 10 percent of these women reported being vaccinated while pregnant, the study revealed.

According to Tan, mothers-to-be cite a variety of reasons for not getting a flu vaccine. They include: misconceptions about harming the infant, harming the mother, belief that they will get influenza from the vaccine, belief that the vaccine is not effective, or they are not at risk for getting influenza so why get the vaccine." The American Congress of Obstetricians and Gynecologists also strongly recommends that pregnant women get a flu shot during any trimester of pregnancy during flu season, Tan said.

The new study found that 97 percent of confirmed flu cases were among babies whose mothers hadn't been immunized during pregnancy.

"The flu vaccine has a two-for-one benefit if administered during pregnancy because it also provides passive immunity for the newborn," said Dr. Jennifer Wu, an obstetrician-gynecologist at Lenox Hill Hospital in New York City.

"This can be critical during flu season. Newborns cannot get the flu vaccine, and if they do contract the flu, this will likely require a hospital admission," added Wu, who was not involved with the study. Ultimately, Shakib hopes the results of her team's study will encourage more pregnant women to get the vaccine.

The report was published online May 3 in the journal *Pediatrics*.

NFID publishes Call To Action on adolescent vaccination

The National Foundation for Infectious Diseases (NFID) has announced the publication of the final [Call to Action: Addressing New and Ongoing Adolescent Vaccination Challenges](#). Vaccines are one of the most effective public health interventions available to protect individuals of all ages. Persistent gaps in vaccination coverage leaves adolescents at risk for HPV-related cancers, meningitis, and annual outbreaks of influenza among other infectious diseases. Read more about the risks and ways to improve vaccination rates in the Call to Action.

We encourage you to share this widely with your members and constituents. Additionally, for those of you using social media, please share the following message with the attached image:

Adolescent #vaccination rates are below US public health goals. Read more: <http://ow.ly/ZjVII> & #RaiseVaxRates.

AAP Community of Immunizers offers vaccine hesitancy module

The AAP Childhood Immunization Support Program's [Community of Immunizers](#) now offers vaccine hesitancy and vaccine storage and handling educational modules. The SharePoint site will help aid practice change by offering education, resources, practice improvement projects, and a connection to colleagues who are passionate about immunization. All office staff are welcome to join.



Efficacy of DTaP, Tdap Holds Despite Pertactin Deficiency

Similar estimates for DTaP, Tdap VE to other settings, despite high prevalence of pertactin deficiency

TUESDAY, April 12, 2016 (HealthDay News) -- Despite an increased proportion of *Bordetella pertussis* isolates lacking pertactin, vaccine effectiveness (VE) is still high in Vermont for the five-dose diphtheria, tetanus, and acellular pertussis vaccine (DTaP) series and the tetanus, diphtheria, and acellular pertussis vaccine (Tdap), according to research published online April 12 in *Pediatrics*.

Noting that the proportion of *Bordetella pertussis* isolates lacking pertactin increased from 2010 to 2012 in the United States, Lucy Breakwell, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues conducted two matched case-control evaluations in Vermont to examine the impact on VE for DTaP among 4- to 10-year-olds and Tdap among 11- to 19-year-olds. Clinical cases of pertussis were reported during 2011 to 2013, and matched with three controls each.

The researchers found that the overall VE for DTaP was 84 percent. Within 12 months of dose five, VE was 90 percent, and decreased to 68 percent within five to seven years after vaccination. For Tdap, overall VE was 70 percent. VE was 76 percent within 12 months of Tdap vaccine, decreasing to 56 percent by two to four years after vaccination. More than 90 percent of cases with available isolates were pertactin-deficient.

"Our DTaP and Tdap VE estimates remain similar to those found in other settings, despite high prevalence of pertactin deficiency in Vermont, suggesting these vaccines continue to be protective against reported pertussis disease," the authors write.

Obamacare Boosts DTaP Vaccine Rates

Less cost-sharing also led to higher vaccination completion rates

by Molly Walker

Contributing Writer

This article is a collaboration between MedPage Today® and: IDSA

BALTIMORE -- The preventive care mandate of the Affordable Care Act (ACA) led to the timely administration of the full diphtheria, tetanus, and acellular pertussis (DTaP) vaccine to young children, researchers reported here.

DTaP vaccination rates improved for infants following implementation of the ACA, with the largest increase in the fourth dose of vaccine ($P < 0.001$), reported [Teresa B. Gibson, PhD](#), direct of health outcomes at Thomson Reuters in Ann Arbor, Mich., and colleagues.

Not only were kids receiving more complete doses of the vaccine, they were receiving them on time, with the largest increases among the poorest families, the authors reported at [Pediatric Academic Societies](#) (PAS) annual meeting.

Children in families <200% below the federal poverty level saw a 5.5% increase in on-time vaccination rates for the fourth dose of DTaP vaccine, with a 5.0% increase in children at 200%-300% of the federal poverty level and a 2.0% increase in children at $\geq 400\%$ of the federal poverty level, they said.

In addition, cost-sharing levels declined significantly after ACA implementation, the authors noted.

[Rebecca Pellett Madan, MD](#), of Montefiore Medical Center in New York City said that there were significant clinical implications to these findings because timely vaccination for pertussis is critical to preventing the condition infants.

"We know when vaccinations are delayed in children, it simply expands the interval of time in which they're at risk for contracting a disease, so timely vaccination is really critical to especially young infants," said Madan, who was not involved with the research, to *MedPage Today*. The fact that we're seeing better adherence to timely vaccination, particularly in low resource health settings, is an important clinical implication."

Gibson's team decided to examine the effect of the preventive care mandate on childhood vaccination rates. Using the [Truven Health MarketScan Database](#), which includes data from 100 large employers and health plans in the U.S., they constructed a birth cohort of children born from 2007 to 2013 in the 33 states where vaccines were recorded consistently by the child's health plan (about 1 million privately insured children). The first vaccine was given no later than 93 days of age. "The ACA was passed in 2010 and sought to encourage preventive service use, including vaccinations, by eliminating cost sharing, but limited data exists on the effects of the [preventive service use mandate](#)," Gibson said.

Following implementation of the ACA, cost-sharing levels declined considerably, though Gibson noted they never reached \$0, because of a grandfathering clause, which allows health plans to continue to charge cost-sharing amounts for wellness visits -- plus vaccines -- if they never changed their benefits in any material way.

But higher cost sharing was associated with lower percentage of timely vaccination. To illustrate the relationship between cost-sharing, income level and the ACA, Gibson examined the percentage of children predicted to be up-to-date on their DTaP vaccination with a higher cost-sharing plan in a lower income area prior to the ACA (84.2%) and compared that with the percentage of predicted up-to-date children with a lower cost-sharing plan in a higher income area after the ACA (92%). Madan said that the missing piece to this data is how the ACA has impacted the uptake of pertussis vaccination rates for adults, who are "reservoirs" for the disease.

"Vaccinating children has always been easier than vaccinating adults because children see doctor at regularly scheduled intervals, but we don't really have great system in place to approach vaccination from a family standpoint," she said.

A Mild Flu Season, and the End Is in Sight: CDC

This year's vaccine was a very good match, officials say

Steven Reinberg

HealthDay Reporter

TUESDAY, April 12, 2016 (HealthDay News) -- This year's flu season may not quite be over, but it's clearly winding down and will be recorded as a relatively mild one, U.S. health officials say. That's a far cry from the 2014-2015 flu season, which was a particularly early and nasty one. Last year, flu was severe, especially for people aged 65 and older, officials said. Lynnette Brammer, an epidemiologist with the U.S. Centers for Disease Control and Prevention's influenza division, cited several factors that contributed to this year's relatively mild season.

One: there were no new viruses this year, so many people were immune because they'd been vaccinated before.

Two: this year's vaccine was a good match for the circulating viruses.

Three: "Overall, there was less flu out there," she added.

Last year, an estimated 40 million Americans came down with the flu, nearly 1 million were hospitalized, and 148 children died, according to the CDC. Comparable numbers for this year's flu season aren't available yet, Brammer said.

Despite this year's mild season, 40 children have died from flu complications so far, Brammer said. Depending on the severity of a flu season, the CDC has reported anywhere from 40 to more than 300 deaths among babies and children in a year. So, the number of pediatric deaths this year is comparatively low, she said. In a typical season, flu complications -- including pneumonia -- send more than 200,000 Americans to the hospital. Death rates linked to flu vary annually, but have gone as high as 49,000 in a year, the CDC said. This year's vaccine proved to be nearly 60 percent effective against the circulating viruses, CDC officials said.

"This means that getting a flu vaccine this season reduced the risk of having to go to the doctor because of flu by nearly 60 percent," Dr. Joseph Bresee, chief of the CDC's epidemiology and prevention branch, said in a statement. "It's good news and underscores the importance and the benefit of both annual and ongoing vaccination efforts this season."

That's much better than last year when the vaccine was only about 23 percent effective, because it did not contain the most common circulating virus -- the H3N2 strain, according to the CDC. Unlike last year, the most common flu strain this season is the H1N1 strain. "But H3N2 is still hanging in there, it's not going away," Brammer said. "We've got a little bit of everything out there." Even though the flu season is gearing down, Brammer still advises people who haven't gotten a flu shot to get one. "At this point there is still a benefit, but not as much as if they had been vaccinated earlier," she said.

Virtually everyone older than 6 months of age is advised to get a flu shot every year. Exceptions include people with life-threatening allergies to the flu vaccine or any ingredient in the vaccine, according to the CDC. Pregnant women are considered at high risk for flu and should get vaccinated. Women with newborns also need their flu shot to help protect their infants, who can't be vaccinated until they are at least 6 months old. Also considered at high risk for flu and prime candidates for a vaccine are seniors and people with chronic health problems, such as lung and heart disease, the CDC said.