



**Mark Your Calendars:**

**Georgia Pediatric Practice Managers & Pediatric Nurses Spring Meetings**  
Macon Marriott Hotel & Conference Center  
April 25, 2014

**Pediatric Vaccine Symposium**  
Children's Hospital of Georgia  
May 3, 2014  
Augusta, GA

**Pediatrics by the Sea**  
Summer CME Conference  
Amelia Island, Fla.  
June 11-14, 2014

**New! March issue of *Needle Tips* now available online**

The March issue of *Needle Tips* is now online. *Needle Tips*: Download the [entire issue \(PDF\)](http://www.immunize.org/nsltd/n59/n59.pdf) <http://www.immunize.org/nsltd/n59/n59.pdf>  
This issue features important information about ways to improve coverage of human papillomavirus (HPV) vaccination. In addition, it presents the two newly published 2014 U.S. immunization schedules. It also features the "Ask the Experts" column from CDC medical officers Andrew T. Kroger, MD, MPH, and Iyabode Akinsanya-Beysolow, MD, MPH, and nurse educator Donna L. Weaver, RN, MN.

**From CDC's Vaccine Information Statements (VIS) email subscription service.**

The pediatric Multi-Vaccine VIS is being temporarily removed from service so it can be updated to reflect current ACIP recommendations. An updated edition should be available by mid-2014. In the meantime, please do not use the 11/16/12 edition of the Multi-Vaccine VIS, but instead use the individual VISs when DTaP, Hib, Hepatitis B, Polio, PCV13 and/or Rotavirus vaccines are administered.

***Pediatric Vaccine Symposium***

May 3, 2014 Children's Hospital of Georgia Augusta, Ga

The Georgia Chapter AAP is sponsoring a Pediatric Vaccine Symposium on May 3, 2014 in Augusta. Join us for this exciting program!

8:30 - 8:45 am	<b>Welcome</b> Davidson Freeman, MD
8:45 - 9:45 am	<b>A New Crisis in US Health Care: Failure of Primary HPV-related Cancer Prevention</b> Daron Ferris, MD
9:45-10:00 am	<b>Break</b>
10:00-11:00 am	<b>Vaccine Storage &amp; Handling: What You Need To Know</b> Kelly Seegmueller
11:00-12:00 pm	<b>Addressing Vaccine Hesitancy</b> Geoff Simon, MD
12:00 pm	<b>Wrap-up &amp; Adjourn</b>

### **IAC updates its popular guides to contraindications and precautions**

IAC's [Guide to Contraindications and Precautions to Commonly Used Vaccines](#) (covers adults and children) and [Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults](#) have been updated based on information included in the 2014 U.S. immunization schedules for children and adults.

<https://us-mg205.mail.yahoo.com/neo/launch?.partner=sbc&.rand=blu2lr904qjln> - Top  
<https://us-mg205.mail.yahoo.com/neo/launch?.partner=sbc&.rand=blu2lr904qjln> - Top

### **EPIC -HPV Awareness Page**



Visit the newest page on EPIC's website:

HPV Awareness

[http://www.gaepic.org/HPV\\_Awareness.html](http://www.gaepic.org/HPV_Awareness.html)

### **CDC publishes ACIP recommendations for prevention and control of *Haemophilus influenzae* type b (Hib) disease (From IAC Express)**

CDC published [Prevention and Control of \*Haemophilus influenzae\* Type b Disease: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#) in the [February 28 issue of \*MMWR Recommendations and Reports\*](#). The "Summary" section is reprinted below.

*This report compiles and summarizes all recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) regarding prevention and control of *Haemophilus influenzae* type b (Hib) disease in the United States. As a comprehensive summary of previously published recommendations, this report does not contain any new recommendations; it is intended for use by clinicians, public health officials, vaccination providers, and immunization program personnel as a resource. ACIP recommends routine vaccination with a licensed conjugate Hib vaccine for infants aged 2 through 6 months (2 or 3 doses, depending on vaccine product) with a booster dose at age 12 through 15 months. ACIP also recommends vaccination for certain persons at increased risk for Hib disease (i.e., persons who have early component complement deficiencies, immunoglobulin deficiency, anatomic or functional asplenia, or HIV infection; recipients of hematopoietic stem cell transplant; and recipients of chemotherapy or radiation therapy for malignant neoplasms). This report summarizes current information on Hib epidemiology in the United States and describes Hib vaccines licensed for use in the United States. Guidelines for antimicrobial chemoprophylaxis of contacts of persons with Hib disease also are provided.*

## London study finds 77 percent of influenza infections are asymptomatic

Published on [March 20, 2014](#) by [Emma Rogers](#) Vaccine News Daily

A recent study conducted by University College London, United Kingdom, found that influenza reach is larger than previously believed since approximately 77 percent of persons infected are asymptomatic. The study, titled “Flu Watch” and published in *The Lancet Respiratory Medicine* journal, observed five groups of households in England over the course of six influenza seasons, from 2006 to 2011. The researchers found that during recent seasonal outbreaks and the 2009 H1N1 pandemic, roughly 20 percent of the study population was infected with the influenza virus, but only 23 percent of cases were symptomatic and only 17 percent of persons with symptoms sought medical attention.

“Reported cases of influenza represent the tip of a large clinical and subclinical iceberg that is mainly invisible to national surveillance systems that only record cases seeking medical attention,” Lead Study Author Dr. Andrew Hayward said.

The researchers said influenza surveillance is based on patients who seek medical attention, but community cases are often overlooked. They said that whether or not a person is symptomatic, they are still contagious and more should be done to control infection.

“Surveillance of medically attended illnesses provides a partial and biased picture, and is vulnerable to changes in consulting, testing, or reporting practices,” Dr. Peter William Horby of Oxford University’s Clinical Research Unit in Vietnam said. “As such, it is clear that reliable estimates of the infection and clinical attack rates during the early stages of an influenza epidemic requires the collection of standardized data across the whole range of disease severity, from the community, primary care, and secondary care.”

## Flusurvey study shows correlation between exercise and decreased risk of influenza infection

Published on [March 20, 2014](#) by [Jessica Limardo](#) Vaccine News Daily

The London School of Hygiene & Tropical Medicine recently released the preliminary results of this year’s Flusurvey study and found a correlation between vigorous exercise and decreased risk of influenza infection. This year, researchers found that persons who received at least 2.5 hours of vigorous exercise per week saw a reduction in flu-like illness by approximately 10 percent. This year’s survey also found a decrease in cases of influenza infection, compared to last year.

“We’re really interested in the preliminary findings around fitness activity and flu-like illness, as exercise is something that everyone can do to reduce your chance of having flu,” National Science & Engineering Week Ambassador and Research Fellow at the London School of Hygiene & Tropical Medicine Dr. Alma Adler said. “We need to treat this result cautiously as these are preliminary findings, however they are consistent with findings for other conditions and really show the health benefits of exercise. Although many people have dodged the flu bullet this winter, flu can occur at any time, so taking advantage of the better weather is a great opportunity to get out and get fit to ward off flu this spring.”

Flusurvey is an online study conducted by the London School of Hygiene & Tropical Medicine. This year, more than 4,800 persons participated in the study, showing that approximately 100 out of 1,000 cases were possibly prevented through vigorous exercise. The researchers found no correlation between moderate exercise and decreased risk of infection.

The preliminary results of the study were released in observation of National Science & Engineering Week, an initiative to honor science for the central role it plays in the world today.

“If we want to get young people talking about science, we need to show why scientific study today directly impacts on their lives,” British Science Association CEO Imran Khan said. “This project, which involves children reporting and analyzing topical data, really brings the issue to life and puts young people right at the heart of cutting-edge research today.”

## **Pertussis immunization rates increase with changes to hospital orders**

Published on [March 7, 2014](#) by [Ryan Parrish](#) Vaccine News Daily

### **Pertussis**

Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center published study results on Monday that showed changing the hospital orders for postpartum women led to a 69 percent increase in pertussis vaccinations.

The study, which was published in the *American Journal of Obstetrics & Gynecology*, was the first to compare two hospitals' procedures, according to lead researcher Sylvia Yeh. In the hospitals included in the study, one followed standard procedure and the other implemented a physician order for new mothers to receive the vaccination before discharge.

The study showed the baseline vaccination rate to be at zero. When the physician opt-in order was implemented, the immunization rate increased to 18 percent. When the standing order was implemented, the immunization rate increased to 69 percent.

The hospital that followed standard procedure did not experience a vaccination increase.

"Vaccinating mothers of newborns holds the promise to reduce the risk of whooping cough among infants," Yeh said. "Our study found a simple change in a hospital's standing orders can make a profound difference in the immunization rates of mothers of newborns and provide vital protection to their babies and the rest of their families."

The tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine immunization is recommended for all children 2, 4, 6 years of age, as well as 15-18 months of age, according to the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices.

The ACIP recommended women receive Tdap vaccinations in the later part of the second trimester or during the third trimester of pregnancy. The committee reported that less than 3 percent of unimmunized pregnant women received the vaccination.

"Based on our study, hospitals could greatly improve immunization rates and lower risks for newborns by having standing orders for new mothers to receive Tdap vaccinations if they have not received them during pregnancy," Yeh said. "The mothers are likely to agree to be vaccinated if they receive information on the importance of being immunized to protect their children."

## **Parents May Not Know HPV Vaccine Recommended for Boys**

*The Clinical Advisor (03/12/2014) Blazek, Nicole*

A study presented at the 2014 National Association of Pediatric Nurse Practitioners Annual Conference indicates that many parents do not realize the human papillomavirus (HPV) vaccine is recommended for both boys and girls. Researchers led by Tami Thomas, PhD, CPNP, RNC, of Emory University's Nell Hodgson Woodruff School of Nursing conducted an anonymous survey of parents of boys between the ages of nine and 13 and found that only 417 were aware that the HPV vaccine was available for boys and planned to have their sons vaccinated. In addition, mothers were 1.68 times more likely than fathers to have their sons vaccinated. "Raising awareness of the new HPV immunization guidelines from the Advisory Committee on Immunization Practice to vaccinate boys is important to prevent HPV related cancer in men," said Thomas. "Male-focused nursing interventions should start with increasing parents' knowledge about HPV infection and the link between HPV infection and cancer."

## **HPV Vaccination for Girls and Boys Urged by Ob/Gyns**

*Medscape (02/20/14) MacReady, Norra*

The American College of Obstetricians and Gynecologists (ACOG) has voiced its support for Advisory Committee on Immunization Practices recommendations that both boys and girls receive the human papillomavirus (HPV) vaccine starting at age 11 or 12 years, with catch-up doses recommended for individuals up to age 26 who have not already been vaccinated. ACOG notes that obstetrician/gynecologists can have an important role in public education and catch-up vaccination for HPV. Obstetrician-gynecologists could use opportunities to educate mothers about the importance of HPV vaccination in their children, the group writes in the March issue of *Obstetrics & Gynecology*. There are about 12,000 new cases of cervical cancer in the United States each year, which leads to about 4,000 deaths annually. The quadrivalent, three-dose vaccine is effective against HPV genotypes 6, 11, 16, and 18, in females and males aged nine to 26 years. HPV genotypes 16 and 18 are responsible for 70 percent of cases of cervical cancer, and genotypes 6 and 11 are associated with 90 percent of all cases of genital warts. The vaccine ideally should be given before the patient becomes sexually active. A study of 1,398 girls aged 11 to 12 years found that HPV vaccination was not associated with increased risk of pregnancy, sexually transmitted infection diagnosis, or contraceptive counseling.

## **Two-Dose Varicella Vaccination Coverage Among Children Aged 7 Years--Six Sentinel Sites, United States, 2006–2012**

*Morbidity and Mortality Weekly Report (02/28/14) Vol. 63, No. 8, P. 174 Lopez, Adriana S.; Cardemil, Cristina; Pabst, Laura J.; et al.*

If more states and school districts require two-dose varicella vaccination for school entry, it help further the Healthy People 2020 target of 95 percent of U.S. kindergarten students receiving two doses of varicella vaccine. A team of researchers, including those from the Centers for Disease Control and Prevention, compared the number of states that required two-dose varicella vaccination for elementary school entry in 2012 with the number in 2007. They also compared two-dose varicella vaccination coverage during 2006 with coverage in 2012 among children aged seven years. The number of states (including the District of Columbia) with a two-dose varicella vaccination requirement increased from four in 2007 to 36 in 2012. Coverage levels among seven-year-old children at six sites increased from a range of 3.6 percent to 8.9 percent in 2006 to a range of 79.9 percent to 92.0 percent in 2012. The increases suggest that there has been significant progress in implementing routine two-dose varicella vaccination programs since the Advisory Committee on Immunization Practices recommended it.

## **CDC announces new look for its "Vaccines" website**

On March 12, CDC announced that its "[Vaccines](http://www.cdc.gov/vaccines/default.htm)" website (<http://www.cdc.gov/vaccines/default.htm>) had a new look. Many of the web pages had already been redesigned, but now the entire site displays the new look.

Although a web page on the site may look new, be aware that you will have to scroll to the bottom of the page and view the "last modified" and "last reviewed" dates to know when the content was last updated.



## Measles Outbreak May Have Spread in Medical Facilities, a New York City Official Says

*New York Times (03/19/14) P. A20 Hartocollis, Anemona*

Health officials in New York City say some of the 20 confirmed measles cases there may have involved exposure in medical facilities because medical workers failed to quickly recognize the disease and quarantine patients. "We know a number of people were exposed and possibly got their infection either at a doctor's office or at an emergency room where they went and it took more time than it should have for them to be put in an isolation area where they couldn't possibly infect anyone else," says Dr. Jay Varma, deputy commissioner for disease control at the city's health department. Varma would not identify any medical facilities by name but acknowledged that this route of exposure makes it more difficult to track and contain the outbreak. Of the 11 adult cases, only three had records showing they were vaccinated; and of the nine children, two were from families that refused vaccination and seven were either too young to be vaccinated or within the recommended vaccination window of 12 to 15 months.

## Effective Messages in Vaccine Promotion: A Randomized Trial

*Pediatrics (03/14) Nyhan, Brendan; Reifler, Jason; Richey, Sean; et al.*

Researchers conducted a Web-based, 2-wave survey experiment involving more than 1,700 U.S. parents with children age 17 or younger to gauge the effectiveness of messages aimed at minimizing vaccine misperceptions and boosting MMR vaccination rates. Parents not assigned to a control group received one of four interventions: information from the Centers for Disease Control and Prevention (CDC) that explained the lack of evidence that MMR causes autism; textual information from the Vaccine Information Statement about the dangers of diseases prevented by the vaccine; images of children who have those vaccine-preventable diseases; or a CDC fact sheet featuring the story of an infant who nearly died from measles. Refuting claims of a link between MMR and autism lowered misperceptions but also lowered intent to vaccinate among parents with the least favorable vaccine attitudes, though none of the interventions boosted parents' intent to vaccinate a future child. Moreover, images of sick children furthered a belief in the link between MMR and autism, while the dramatic narrative led to an increase in self-reported belief in serious side effects from the vaccine.



## **Survey: 1 in 5 Americans think doctors know vaccines cause autism**

By Nick Paul Fierce Vaccines

It is now four years since Andrew Wakefield was struck off the U.K. medical register and The Lancet retracted his paper that linked the measles, mumps and rubella (MMR) vaccine to autism, but the conspiracy theory he sparked has proven remarkably resilient. The latest survey data suggests 1 in 5 Americans believe doctors know vaccines cause autism.

Data from the survey--which polled 1,351 Americans about some common conspiracy theories--was published in JAMA Internal Medicine. The pollsters asked people whether they agreed with the following statement: Doctors and the government still want to vaccinate children even though they know these vaccines cause autism and other psychological disorders. One-fifth of respondents said they agree with the statement, with a further 36% saying they don't know either way.

The majority of respondents disagreed with the statement, but the large number of people who agree or are unsure shows the difficulty in communicating the science. Within 18 months of the Wakefield paper, epidemiological studies had raised major doubts about his findings--and later investigations showed his research was at best flawed--yet the link still appears valid to a significant minority of people. As reported earlier this month, pro-vaccine messages can actually entrench these opinions.

A 2013 Public Policy Polling survey generated very similar figures to the JAMA data, yet both are slightly at odds with uptake of childhood vaccines. Centers for Disease Control and Prevention figures show that about 90% of kids receive MMR, polio, hepatitis B and varicella shots, suggesting that either one of the data sets is inaccurate, or some parents vaccinate despite believing in the autism link.

## **CDC releases update on meningococcal disease at Princeton and Drexel universities**

On March 18, CDC released *CDC Statement: Meningococcal Disease Update*. The first and last paragraphs are reprinted below.

*On Monday, March 10, a Drexel University student tragically died from serogroup B meningococcal disease. CDC's laboratory analysis shows that the strain in Princeton University's serogroup B meningococcal disease outbreak matches the strain in the Drexel University case by "genetic fingerprinting." This information suggests that the outbreak strain may still be present in the Princeton University community and we need to be vigilant for additional cases.*

*Students at both universities should be especially vigilant to the signs and symptoms of meningococcal disease and seek urgent treatment if suspected. Symptoms may include sudden onset of a high fever, headache, stiff neck, nausea, vomiting, rapid breathing, or a rash. Handwashing and covering coughs and sneezes are also good practices to follow.*

Access the complete CDC Statement:

<http://www.cdc.gov/media/releases/2014/s0318-meningococcal-diisease.html>