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**Mark Your Calendars:**

**National Adult & Influenza Immunization Summit**  
May 13-15, 2014  
Atlanta, GA

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

**ACIP Meeting**  
June 25-26, 2014  
Atlanta, GA

**Harry Keyserling named 2014 CDC Childhood Immunization Champion for Georgia**

The CDC Foundation and CDC have announced the recipients of this year's annual *CDC Childhood Immunization Champion Award*. It is awarded to individuals who have made important contributions to public health through their work in childhood immunizations. Harry Keyserling, MD has been named as the 2014 *CDC Childhood Immunization Champion* for Georgia



Throughout his career, Dr. Keyserling has been a resource for Georgia physicians, always available for consultations on vaccine safety and policy. He has served in multiple leadership roles in state and national professional organizations, including more than 25 years as chair of the Infectious Diseases Committee of the Georgia Chapter of the American Academy of Pediatrics. He has testified before state legislative committees to support vaccine funding and at public hearings to support child care and school vaccine mandates.

Dr. Keyserling's decades of leadership in vaccine research and policy make him Georgia's *CDC Childhood Immunization Champion*. Join the Chapter in congratulating Dr. Harry Keyserling.

**Pediatrics by the Sea Immunization Seminar**  
Thursday, June 12  
Amelia Island, FL

1:30 – 4:30 pm **Immunization Seminar: Current Topics in Immunizations**

Moderator: Steve Thacker, MD

- |                |   |
|----------------|---|
| 1:30 – 1:35 pm | <b>Welcome</b>  |
| 1:35 – 2:20 pm | <i>Update on HPV, Influenza and Rotavirus</i><br>Cody Meissner, MD  |
| 2:20 – 3:05 pm | <i>Catch-up Immunizations: Just Behind, International Adoption, &amp; Cancer Survivors</i><br>Steve Thacker, MD |
| 3:05 – 3:20 pm | <b>Break</b>  |
| 3:20 – 4:05 pm | <i>Update on Pneumococcal and Meningococcal Vaccines</i><br>Sheldon Kaplan, MD                                  |
| 4:05 – 4:30 pm | Ask the Experts: <i>Questions &amp; Answers</i>   |

## 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)

## Polio Spreads From Syria to Iraq, Causing Worries

*New York Times (04/08/14) P. A11 Gladstone, Rick*

Iraq has become the first neighboring country to be hit by a polio outbreak in Syria, and global health officials warn that this outbreak could infect dozens of vulnerable Iraqi children. This is the first time in 14 years that polio has appeared in Iraq. World Health Organization (WHO) officials say that the first case was confirmed March 30 in a six-month-old boy in Baghdad. This virus had the same genetic fingerprint as the one that paralyzed 27 children in eastern Syria in October, and both originated in Pakistan. Polio transmission is one of the most insidious effects of the ongoing conflict in Syria that has driven millions of refugees out of the country and crippled its public health system. Iraqi officials had been immunizing children since the Syria outbreak began, and they are expediting another round of vaccinations. In a joint statement, the WHO and UNICEF said that the expedited polio response was part of a larger vaccination effort in the area, one that aims to reach more than 20 million children this week, with Lebanon, Turkey, Jordan, and the Palestinian territories participating in the future.

## Sanofi Pasteur receives FDA approval to use Adacel vaccine on 10-year-olds

Published on April 4, 2014 by Ryan Parrish (Vaccine News Daily)

Sanofi Pasteur said on Tuesday that it received approval from the U.S. Food and Drug Administration to expand the age indication of its tetanus, diphtheria and pertussis booster immunization to include people 10 years of age.

The Adacel Tdap vaccine was previously licensed for people 11 to 64 years of age by the FDA in June 2005.

“We are pleased the FDA has expanded the age indication for Adacel vaccine, especially in a time when we have seen increases in reports of pertussis, commonly referred to as whooping cough,” Sanofi Pasteur Vice President of U.S. Scientific and Medical Affairs David Greenberg said. “This approval not only reinforces the safety profile of Adacel, but importantly provides an additional opportunity to vaccinate a younger age group to help prevent this highly contagious disease.”

The approval was granted after a Phase IV open label, multi-center trial. The test showed the immunogenicity of a single dose of Adacel vaccine in people 10 years of age in contrast with patients 11 years of age. Results showed antibody response to the vaccine antigens and negative reactions were similar in both age groups.

The U.S. Centers for Disease Control and Prevention recommended that youth in these age groups receive the booster vaccine because protection from vaccines received in early childhood wanes over time.

## HPV Vaccine – By the Numbers

(GA-AAP Blastfax April 2014)

Results from the Centers for Disease Control and Prevention's 2012 National Immunization Teen Survey indicate that HPV vaccination rates in girls age 13 through 17 years failed to increase between 2011 and 2012.

Georgia data indicate:

The 3-dose HPV vaccine coverage rate actually declined slightly during this period.

Just over half of the girls age 13 through 17 years had even started the series.

Only about one-third of girls this age had completed the series.

Only 19.5% of boys age 13 through 17 years had received one dose of HPV vaccine.

There was not sufficient data to calculate the percentage of boys receiving 3 doses.

Nationally, 84% of girls unvaccinated for HPV had a healthcare visit where they received another vaccine such as Tdap, but not HPV. If HPV vaccine had been administered at the same visit, vaccination coverage for one or more doses of HPV vaccine could be nearly 93%.

If you are a VFC enrolled provider, a Georgia Immunization Program Consultant can assist your practice with assessing HPV immunization coverage among your adolescent patients. Please contact Mike Chaney ([mchaney@gaaap.org](mailto:mchaney@gaaap.org)) at the Chapter Office for the contact information of the consultant in your area.

The survey also shows that not receiving a healthcare provider's recommendation for HPV vaccine was one of the five main reasons parents reported for not vaccinating daughters.

We urge you to increase the consistency and strength of how you recommend HPV vaccine, especially when patients are age 11 or 12 years. One issue that has arisen is that physicians treat HPV as a “different” kind of vaccine. Pediatricians will counsel “the State of Georgia requires MCV4 and Tdap for 7<sup>th</sup> grade. But, let’s talk about HPV.” Evidence has shown that if WE talk about HPV as a “different” vaccine and not a routine vaccine, HPV immunization rates may not improve or may even decline.

Also, we urge you to be proactive in recalling your patients who have started the series but have not completed it. You do not need to restart the HPV series if a dose of HPV vaccine is delayed.

Please visit this website for *Tips and Time-savers for Talking with Parents about HPV Vaccine*. <http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>

Additional resources can be found at the newly created Georgia AAP Chapter HPV awareness webpage. [http://gaepic.org/HPV\\_Awareness.html](http://gaepic.org/HPV_Awareness.html)

## New 7th Grade Immunization Requirements

<http://dph.georgia.gov/immunization-section>

Georgia's immunization requirements for children attending seventh grade have been revised to align with the current Recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Effective July 1, 2014, all children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine and one dose of meningococcal conjugate vaccine.



### ***Georgia Certificate of Immunization (Form 3231) Has Been Revised***

*(The information below has been provided to us by the Georgia Immunization Program Office.)*

The new requirement for students entering grade seven in Georgia schools during the 2014-15 school year to have received a dose of Tdap and meningococcal vaccines has necessitated changes to the school certificate of immunization. If your office generates this certificate from your electronic medical record, the Georgia Department of Public Health requires your version to receive their approval.

**As you are seeing these adolescent patients, we encourage you to administer HPV vaccine when they are in for this visit.**

# Remembering How to Fight Measles

By PAUL A. OFFIT MARCH 27, 2014

[The Opinion Pages](#) | Op-Ed Contributor

New York Times

THE measles vaccine is a victim of its own success.

In 1963, when the vaccine first came into existence, measles virus infected about three million people a year in the United States, hospitalized 48,000 and killed 500. By the turn of the 21st century, however, measles infections had been virtually eliminated. Unfortunately, because some parents are choosing not to vaccinate their children, measles is coming back. Last year, nearly 200 cases were reported. This year, the numbers appear to be even worse, with cases in more than half a dozen states already.

The current outbreak in New York City revealed another problem. The city's deputy commissioner for disease control, Jay Varma, found that some of the cases might have resulted from exposure in hospitals. On March 12, one hospital wrote an email to the staff stating that "nearly 600 patients" might have been exposed. Given its rigorous infection-control procedures, a hospital would seem to have measures in place to prevent such exposures. But the lapse shouldn't be so surprising.

First, most clinicians and parents have never seen someone with measles. When potential cases come into emergency departments or outpatient clinics, physicians often call in older colleagues to determine whether a child is infected with measles or with other more common viruses that cause fever and rash. Some of these patients aren't isolated immediately, and wait among other people, or walk the halls. That leads to the next problem.

Measles is remarkably contagious. Probably the best example is a measles outbreak that occurred in Indiana in 2005 after an unimmunized teenager traveled to Romania as part of a church group, and visited a hospital and orphanage. When she came home, she didn't know she was infected. The next day, at the beginning of her illness — when she was most contagious — she attended a church gathering of about 500 people. Of the approximately 450 who had evidence of immunity, less than 1 percent came down with measles. Of the remaining 50 who did not, 32 percent became infected. Among the 35 church members whose parents had declined immunization, 31 eventually caught the virus — 16 of whom were infected that day. They didn't have to have face-to-face contact with the girl; all they had to do was inhabit her airspace within two hours of her having been there.

In my hospital, when someone with measles leaves an examining room, no one else can enter that room for at least two hours. They have to wait until the small droplets carrying the virus, which hang in the air like a ghost, settle down.

Clinicians and parents have forgotten how terrifying measles can be. Earlier this month, Kristin Cavallari, a former reality-show star and the wife of the Chicago Bears quarterback Jay Cutler, told a national television audience that she had decided not to vaccinate her children. "I've read too many books about autism," she said, though the link between vaccines and autism has been thoroughly disproved. Ms. Cavallari's cavalier attitude teaches us that not only have we largely eliminated measles; we've eliminated the memory of the disease.

Measles, however, can be deadly. In February 1991, I witnessed an outbreak of measles in Philadelphia that centered on two faith-healing churches. Five children died in one month. The city was in a panic.

We're approaching a precipice. If we remain on our current path, measles cases will continue to grow. When we get to about 600 cases of measles a year, we could again see measles deaths, most likely among children. But everyone who isn't immune is vulnerable, including those who can't be vaccinated for medical reasons and rely on the rest of us for protection.

What can be done to reverse this trend? One thing we can do is to make it more difficult to obtain nonmedical exemptions. Some states (including California, Washington and Vermont), faced with growing numbers of children with vaccine-preventable diseases, have recently taken that step.

We should also consider returning to some of the tools that helped control the disease in the first place — to make the disease come alive without its actually coming alive. I remember when I was a boy there was a wall chart in my pediatrician's office with a title like "Common Rashes of Childhood." It featured pictures of children with measles, scarlet fever, rubella, chickenpox and roseola. Below each picture was a one-paragraph description of the disease and an explanation of how to tell them apart. It was fascinating. And it gave my mother and me something to read while waiting for the doctor.

Let's again use charts like this in schools, waiting rooms and anywhere clinicians, parents and children gather. Simple tools like this can put a face to the disease, which is what is needed to instill passion in those on the front lines that this is a disease worth preventing. Otherwise, young doctors and parents will again become all too familiar with measles virus, in the worst way possible.



## **Health advisory issued by California Department of Health: 49 measles cases in 2014 (IAC Express Issue #1113: April 8, 2014)**

On April 2, the California Department of Public Health (CDPH) issued a health advisory titled [Measles Update: 49 Measles Cases in the State of California in 2014](#). CDPH asks that healthcare professionals look for signs of measles, a highly contagious disease.

An excerpt from the advisory is reprinted below.

*Measles activity continues to be high in California this year. As of March 27, 2014, 49 confirmed measles cases with onset in 2014 had been reported to California Department of Public Health. In 2013, four measles cases had been reported by this date. Among the 2014 cases, 11 patients had traveled outside of North and South America with travel to the Philippines (n=8), India (n=2), or Vietnam (n=1). Of the patients without international travel, 30 had contact with known measles cases, 3 had contact with international travelers and 5 are under investigation to identify potential sources. Measles cases have occurred in both Northern and Southern California; however, the majority of cases are in Southern California (40/49). Several large contact investigations are ongoing.*

*Cases range in age from 5 months to 60 years. Of the 29 measles cases for whom vaccination records are available: 22 were unvaccinated (16 were intentionally unvaccinated, 3 were too young to be vaccinated, 3 were not vaccinated for unknown reasons), and seven had received appropriate vaccination. Immunization data collection is ongoing and vaccination status is preliminary. Transmission has occurred in the following settings: households, urgent care clinics, physician offices, hospitals, churches, and schools.*

*There are 10 independent measles transmission chains. Four originated from imported cases (Philippines, n=4), two from cases who had contact with international travelers and four from cases with unknown source. A large measles outbreak is ongoing in the Philippines with over 15,000 cases in 2014, but measles is also circulating in many other countries outside of North and South America....*

## **Bexsero receives Breakthrough Therapy designation from FDA**

Published on [April 9, 2014](#) by [Marjorie Clark](#) (Vaccine News Daily)

Novartis announced on Monday that its meningococcal group B vaccine Bexsero received a Breakthrough Therapy designation from the U.S. Food and Drug Administration.

The vaccine is already approved for use in the United Kingdom, Canada and Australia, and was recently recommended for the U.K.'s National Immunisation Programme for use in infants as young as two months of age.

Novartis said it provided approximately 30,000 Bexsero vaccines to students and staff and Princeton University and the University California Santa Barbara in response to meningitis B outbreaks. The vaccine was recommended by the U.S. Centers for Disease Control and Prevention to incoming freshman at Princeton.

“The recent outbreaks on U.S. university campuses have shown that meningitis B is unpredictable and can strike at any time with devastating consequences,” Novartis Vaccines Division Head Andrin Oswald said. “A U.S. license for Bexsero is the only sustainable solution to ensure timely responses to future outbreaks and to provide access to parents and physicians across the country. We will continue to work with the FDA to bring Bexsero to the U.S. as soon as possible.”

The designation of Breakthrough Therapy is intended to rush the development and review of new medicines and therapies that treat serious or life-threatening illnesses.

Meningitis B is rare but aggressive, and can kill or cause life-long disability within 24 hours. Symptoms can be flu-like and difficult to diagnose in early stages.

## Two Shots of HPV Vaccine Against Cervical Cancer Enough, Says WHO

*Guardian (United Kingdom) (04/14/14) Boseley, Sarah*

The World Health Organization's (WHO's) expert advisory group, Sage, says girls vaccinated against the human papillomavirus (HPV) before age 15 need only two shots, rather than the three currently recommended. This makes vaccinating girls in developing countries--where 80 percent of cervical cancer cases occur--more cost-effective. Vaccinators have to go into schools, but not all girls of the relevant age attend school, so the new recommendation makes their jobs slightly easier. Sage said the doses can be given 12 months apart, rather than six months, if necessary, but girls older than 15 still need all three doses.

## Ask the Experts: CDC Experts Answer Your Questions

IAC Express Issue 1117: April 23, 2014

**Q: We weren't familiar with the recommendations and tested a 60-year-old for varicella antibody because she said she never had chickenpox. Her result was negative. Should this patient receive zoster vaccine or varicella vaccine?**

**A:** In this situation, since you've tested the patient and the results were negative, the patient should receive varicella vaccine. A person age 60 years or older who has no medical contraindications is eligible for zoster vaccine regardless of their memory of having had chickenpox. However, if an adult age 60 years or older is tested for varicella immunity for whatever reason, and the test is negative, he/she should be given 2 doses of varicella vaccine at least 4 weeks apart, not zoster vaccine. See [www.cdc.gov/vaccines/vpd-vac/shingles/hcp-vaccination.htm](http://www.cdc.gov/vaccines/vpd-vac/shingles/hcp-vaccination.htm) for more information.

**Q: A long-term care resident age 80 years who received zoster vaccine (Zostavax; Merck) several years ago recently had a mild case of shingles. Is there any recommendation for administering a second dose of vaccine in such a circumstance? Are booster doses ever recommended?**

**A:** The answer to both questions is no. Zoster vaccine is not 100% effective. In the key clinical trial, overall effectiveness among people age 60 years and older was 51% and decreased with increasing age. However, the vaccine was 67% effective in preventing post-herpetic neuralgia; this effectiveness did not decrease with increasing age. The duration of protection from shingles after a dose of zoster vaccine is not known at this time. However, ACIP has not recommended a second dose for anyone. ACIP recommendations for the use of zoster vaccine are available at [www.cdc.gov/mmwr/PDF/rr/rr5705.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5705.pdf).

## Anti-Vaccine Movement Is Giving Diseases a 2nd Life

*USA Today (04/08/14) Alcindor, Yamiche*

The Centers for Disease Control and Prevention (CDC) says vaccine-preventable diseases like measles, whooping cough, and meningitis are making a comeback as more people choose not to get vaccinated. Anne Schuchat, director of immunizations and respiratory diseases at the CDC, says measles outbreaks in New York, California, and Texas show what could happen on a larger scale if vaccination rates decrease. Although measles had been eradicated in the United States in 2000, the number of measles cases this year could be three times the number reported in 2009, as more unvaccinated individuals become infected by people traveling into the United States and then transmit the disease throughout their communities. Schuchat says less than 1 percent of Americans forgo all vaccinations, but Children's Hospital of Philadelphia Chief of Infectious Diseases Paul Offit says there are hot spots of unvaccinated individuals in such states as Idaho, Illinois, Michigan, Oregon, and Vermont due to the anti-vaccine movement and religious and philosophical exemptions. In California, for instance, 14,921 kindergartners were not vaccinated last year due to parents' philosophical reasons, and measles cases in the state rose from four in March 2013 to 49 in March 2014. There are concerns that the decision not to vaccinate leaves children--particularly those who are too young to be vaccinated or unable to be vaccinated for medical reasons--especially vulnerable to disease, and some states are considering measures that would make it harder for parents to obtain vaccine exemptions.