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Mark Your Calendars:

Pediatrics by the Sea
Summer CME Conference
June 7-10, 2017
The Ritz Carlton, Amelia Island, FL

ACIP Meeting
June 21-22, 2017
Atlanta, GA

Follow us on:



May is Hepatitis Awareness Month

The month of May is designated as Hepatitis Awareness Month in the United States. 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.

CDC developed an online Hepatitis Risk Assessment to help people find out if they should get tested or vaccinated for viral hepatitis. The assessment, which takes only five minutes, will provide personalized testing and vaccination recommendations for hepatitis A, hepatitis B, and hepatitis C.

Find out if you should get tested or vaccinated for viral hepatitis by taking CDC's quick online: [Hepatitis Risk Assessment](#).

**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.

So far in 2017, 42 states and D.C. have reported 1,965 mumps cases; learn more

From January 1 to March 25, 2017, 42 U.S. states and the District of Columbia reported 1,965 mumps cases to CDC. Some information from CDC's website follows.

Mumps is no longer very common in the United States. From year to year, mumps cases can range from roughly a couple hundred to a couple thousand. For example in 2016, there were approximately 5,748 cases reported to CDC, and in 2012, there were 229. Before the U.S. mumps vaccination program started in 1967, about 186,000 cases were reported each year, but the actual number of cases was likely much higher due to underreporting. Since the pre-vaccine era, there has been a more than 99% decrease in mumps cases in the United States....

In some years, there are more cases of mumps than usual because of outbreaks. Mumps outbreaks can occur any time of year. A major factor contributing to outbreaks is being in a crowded environment, such as attending the same class, playing on the same sports team, or living in a dormitory with a person who has mumps. Also, certain behaviors that result in exchanging saliva, such as kissing or sharing utensils, cups, lipstick or cigarettes, might increase spread of the virus.

MMR vaccine prevents most, but not all, cases of mumps and complications caused by the disease. Two doses of the vaccine are 88% (range: 66 to 95%) effective at protecting against mumps; one dose is 78% (range: 49% to 92%) effective. The MMR vaccine protects against currently circulating mumps strains. Outbreaks can still occur in highly vaccinated U.S. communities, particularly in close-contact settings. In recent years, outbreaks have occurred in schools, colleges, and camps. However, high vaccination coverage helps limit the size, duration, and spread of mumps outbreaks.

<http://www.immunize.org/express/issue1299.asp>

Stringent state-level vaccine exemption policies reduced measles outbreak risk

Strengthening relaxed non-medical vaccine exemption policies in states and localities within the United States to increase coverage can reduce the health and economic impact that an outbreak of measles can cause, according to a recent study.

“At the national level, nearly 91.5% of children aged 19 to 35 months have received at least one dose of the measles vaccine. However, when refining focus to smaller areas such as individual states or regions within a state, there is substantial variability,” **Melanie D. Whittington, PhD**, from the department of clinical pharmacy at the University of Colorado Anschutz Medical Campus, and colleagues wrote. “When outbreaks occur, the burden of measles prevention falls to public health departments to conduct tracing, administer post-exposure prophylaxis, and implement isolation and quarantine measures. These activities require additional personnel time per contact and thus become very costly as the number of cases increases.”

An agent-based transmission model was used for researchers to understand the extent, probability and financial burden of [a measles outbreak](#) while using non-medical vaccine exemption policies of varying inclusiveness. These policies were categorized as easy, medium or difficult before using the model.

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While using this model, researchers considered several factors, including herd immunity, the infectiousness of the pathogen, vaccine efficacy, duration of incubation and communicable periods, acquired natural immunity and the rate of recovery. The economic burden and outcomes of the simulated outbreaks included the quantity of secondary cases, [hospitalizations and deaths](#).

Researchers observed that when a state implemented easy non-medical vaccine exemption policies, their chances of a measles outbreak were 140% greater when compared with medium policies and 190% greater when compared with difficult policies. The size of an outbreak was decreased by 50% when policies regarding immunization were strengthened, with improvements shown in cost reductions to public health, the health care system and the individual. “This research can inform policymakers in states with regions of low vaccination coverage and easy non-medical vaccine exemption policies of the health and economic benefits associated with strengthening these policies,” Whittington and colleagues wrote. “It is worth noting that there are barriers to changing policies related to vaccinations due to the [fears people have](#) regarding the safety of vaccinations despite evidence showing the benefits of vaccines far outweigh the potential risks. ... non-medical vaccine exemptions do not need to be prohibited, only strengthened to improve population health.” – *by Katherine Bortz*

Disclosure: The researchers report no relevant financial disclosures.

Registration for the ACIP meeting of June 21-22, 2017

In order to attend the ACIP meeting at CDC's Clifton Road campus, ACIP attendees (participants and visitors) must register online. The week prior to the meeting you will receive a placard for your vehicle (parking tag) and instructions for navigating the secure CDC environment to attend the ACIP meeting.

Meeting Location:

Tom Harkin Global Communication Center
(Building 19), Room 232
Kent "Oz" Nelson Auditorium
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30329-4027



[Meeting Registration](#) (U.S. citizens AND non-U.S. citizens)

Deadline for meeting registration:

Non-US Citizens: May 22, 2017, 5:00pm ET (No exceptions)

US Citizens: June 7, 2017, 5:00pm ET

Listening to meeting via phone only:

Toll Free: 1-877-925-7916

Passcode: 4080878459

<https://www.cdc.gov/vaccines/acip/meetings/register.html>

Issue 1301: April 25, 2017

Ask the Experts: CDC Experts Answer Your Questions

The questions and answers in this edition of *IAC Express* first appeared in the [April 2017 issue of *Needle Tips*](#).

IAC extends thanks to our experts: Andrew T. Kroger, MD, MPH; Candice L. Robinson, MD, MPH; Raymond A. Strikas, MD, MPH, FACP, FIDSA; Donna L. Weaver, RN, MN; and Jessie Wing, MD, MPH, all from the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Hepatitis B Vaccines

Q: We give hepatitis B vaccine to newborns in the hospital followed by DTaP-IPV-HepB (Pediatrix, GSK) at 2, 4, and 6 months of age, so our patients get 4 doses of hepatitis B vaccine. For some children, the Pediatrix dose #3 is delayed and given closer to 5 months of age, so the interval is less than 8 weeks between dose #3 and #4 of the hepatitis B component of Pediatrix. We are receiving conflicting information about whether their HepB dose #4 is a valid final dose because of the shortened interval between dose #3 and #4. Our electronic health record says dose #4 is valid (regardless of the short interval from dose #3) but the health department says it is not. Which is correct?

A: According to subject matter experts at CDC, your electronic health record is correct. The CDC website states that hepatitis B vaccine dose #4, if given, must be at 24 weeks of age or later, and at least 16 weeks from dose #1. There is no minimum interval requirement between dose #4 and the previous dose. This information is not published in any current ACIP statement but it can be found under “Hepatitis B” at www.cdc.gov/vaccines/programs/cocasa/reports/algorithm-ref.html.

Q: Some nephrologists give a high dose (40 mcg) of hepatitis B vaccine (2 adult doses of Engerix-B, GSK, or Recombivax HB Dialysis Formulation, Merck) to all patients with renal failure with glomerular filtration rates (GFRs) of less than 30 ml/min even if the patient is not on dialysis. Is this practice advisable?

A: A higher dose hepatitis B vaccine is recommended for hemodialysis and other immunocompromised persons, so to the extent these patients are immunocompromised, this is within ACIP recommendations (note that “immunocompromised” is not defined in the recommendations). Regardless, this practice is appropriate for several reasons, including that these patients may be starting hemodialysis soon, and because use of the higher dose is not harmful. This is somewhat of a gray area but the clinician can use his/her clinical judgment.

Use CDC’s Educational Campaign Materials

[Know More Hepatitis](#) is an educational campaign aiming to increase testing for Hepatitis C among people born during 1945-1965. Supporting fact sheets, posters, infographic, buttons & badges, live-read radio scripts, templates, and other images can all be found under [campaign materials](#).

[Know Hepatitis B](#) is an educational campaign aiming to increase testing for Hepatitis B among Asian Americans and Pacific Islanders (AAPIs). This multilingual campaign has materials in English, Chinese, Korean, and Vietnamese with select fact sheets also available in Burmese, Hmong, Khmer, and Lao. Supporting videos, fact sheets, posters, infographics, customizable flyers, and other materials can all be found under [campaign materials](#).

CDC has multiple viral hepatitis [posters available for ordering](#) at no cost. Some posters are available in Chinese, Korean, and Vietnamese.