



**Volume 7, Issue 4**

**April 2017**

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Follow us on:



**Mark Your Calendars:**

**April 18, 2017**

Jim Soapes Charity Golf Classic, Cuscowilla at Lake Oconee

**May 5, 2017**

Georgia Pediatric Practice Managers & Nurses Spring Meeting; Georgia International Convention Center

**June 7-10, 2017**

Pediatrics By the Sea, Amelia Island, Florida

**National Infant Immunization Week**

April 22-29, 2017

National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. Since 1994, local and state health departments, national immunization partners, healthcare professionals, community leaders from across the United States, and the Centers for Disease Control and Prevention (CDC) have worked together through NIIW to highlight the positive impact of vaccination on the lives of infants and children, and to call attention to immunization achievements.

NIIW, set for April 22-29, 2017, will be celebrated as part of World Immunization Week (WIW), an initiative of the World Health Organization (WHO). During WIW, all six WHO regions, including more than 180 Member States, territories, and areas, will simultaneously promote immunization, advance equity in the use of vaccines and universal access to vaccination services, and enable cooperation on cross-border immunization activities.

For more information: <https://www.cdc.gov/vaccines/events/niiw/overview.html>

**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.**

## **Study: Doctors, patients more likely to approve flu vaccine when given electronic prompts**

Findings suggest method dramatically increased rate of flu vaccine administration

STUDIES VACCINES PHILADELPHIA PERELMAN SCHOOL OF MEDICINE UNIVERSITY OF PENNSYLVANIA FLUWELLNESS PENN MEDICINE

BY **ELISA LALA**

*PhillyVoice Staff*

A [study](#) aimed at increasing the odds of flu vaccine administration found that doctors and patients were more likely to go through with the vaccine, even administering it on the spot, when electronic prompts were programmed into patients' medical records.

Researchers out of the University of Pennsylvania's Perelman School of Medicine conducted the study at three clinics, with one employing the active choice prompt and the others acting as controls.

The prompt is basically a behavioral economic technique, which works like this: The doctor is alerted when the patient in their care is due for the vaccine and is given an option to accept or deny the administration of the vaccine. In order to accept, they must administer the shot then and there.

According to [Penn Medicine](#), the researchers found the rates of flu vaccine administration rose 37 percent from the prior year at the clinic using the behavior economic technique. It was so successful that the technique has since been put into practice at all internal medicine outpatient clinics across Penn Medicine as of September 2016.

The research, to be published online this month in the *Journal of General Internal Medicine*, was led by Dr. Mitesh S. Patel, a Penn physician and professor and the director of the Penn Medicine Nudge Unit. Patel and his team have previously used the active choice technique for other high-value medical screening tests, including colonoscopies and mammographies, with similar promising results.

## **Vaccination Tied to Reduced Risk of Flu-Linked Pediatric Death**

**Influenza vaccine effectiveness 51 percent among children with high-risk conditions, 65 percent overall**

MONDAY, April 3, 2017 (HealthDay News) -- Influenza vaccination is associated with reduced risk of laboratory-confirmed influenza-associated death in children, with overall vaccine effectiveness of 65 percent, according to research published online April 3 in *Pediatrics*.

Brendan Flannery, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues conducted a case-control analysis comparing vaccination uptake among laboratory-confirmed influenza-associated pediatric deaths with estimated vaccination coverage among pediatric cohorts. The authors obtained influenza vaccination coverage estimates from national survey data or a national insurance claims database. (Continued on page 3)

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The researchers found that there were 358 laboratory-confirmed influenza-associated pediatric deaths among children aged 6 months through 17 years from July 2010 through June 2014. Vaccination status was obtained for 291 deaths; 26 percent received vaccine before onset of illness. In the survey cohorts, the average vaccination coverage was 48 percent. The overall vaccine effectiveness against death was 65 percent. Of 153 deaths in children with underlying high-risk medical conditions, 31 percent were vaccinated. Among children with high-risk conditions, vaccine effectiveness was 51 percent, compared with 65 percent among children without high-risk conditions.



"Influenza vaccination was associated with reduced risk of laboratory-confirmed influenza-associated pediatric death," the authors write. "Increasing influenza vaccination could prevent influenza-associated deaths among children and adolescents."

## 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>

## Study: High-dose flu vaccine may cut deaths in seniors

### Influenza Vaccines

Stephanie Soucheray | News Reporter | CIDRAP News

Mar 02, 2017

According to the Centers for Disease Control and Prevention (CDC), the vast majority of flu deaths occur in elderly patients over the age of 65. Thus, saving lives is one of the main goals of influenza vaccination, and a new study published today in the *Journal of Infectious Diseases* says that high-dose vaccine may do a better job than its standard-dose counterpart of reducing mortality in this group, at least in H3N2-dominated seasons.



The study was conducted with data gathered from more than 1 million Medicare recipients who received either the standard or high-dose vaccine at community pharmacies during the 2012-13 and 2013-14 flu seasons.

The high-dose flu vaccine was 36.4% more effective at preventing deaths than the standard-dose vaccine among the patients during the 2012-13 flu season, when the H3N2 strain dominated. In 2013-14, when H1N1 dominated, the high-dose vaccine was only slightly (2.5%) more effective, and the difference was not statistically significant.

"Our findings suggest that high-dose influenza vaccines and perhaps other vaccines designed to elicit higher HAI [hemagglutination inhibition] immune responses among older adults may yield the most benefits during seasons when influenza A(H3N2) viruses are widespread," said the study authors, who were from the CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration (FDA).

### **An impact on hospitalization rates**

Besides reducing the risk of death, the high-dose vaccine reduced the chance of influenza-based hospitalizations by 22.1% and influenza-like illness (ILI) by 22% for the 2012-13 season. There was no reduction in hospitalizations or ILIs in 2013-14.

This year's flu season has also been dominated by the same strain, and recent reports from the CDC showed that only about half of all recipients of this year's vaccine have been sufficiently protected from the flu. In the 2012-2013 season, vaccine effectiveness was also about 40%, according to study authors. In those seasons hospitalizations for elderly patients for ILI were higher than average.

When H1N1 or influenza B strains dominated a season, the authors said both high and standard-dose vaccines conferred equal amounts of protection for elderly populations.

Still, the CDC said there's no change to current vaccine recommendations. According to Ian Branam, MA, a public affairs specialist with the CDC's National Center for Immunization and Respiratory Diseases, ongoing vaccination is still recommended as the flu season is expected to last for several more weeks. Elderly patients should be offered the high-dose vaccine, but more important is that they get vaccinated. (Continued on page 5)

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"Vaccination is especially important for people 65 years and older, because they are at high risk for complications from flu. Flu vaccination is recommended as long as flu viruses are circulating, so it's not too late to get a flu vaccine," said Branam.

### **When to use high-dose vaccine?**

The high-dose vaccine is an inactivated trivalent vaccine approved for use by the FDA in 2009. It contains four times more antigen than the standard dose (60 micrograms vs 15 micrograms per strain). It has been shown to be more efficacious than the quadrivalent standard-dose flu vaccine in some post-licensure studies, but flu experts caution that there is no consensus about how, or when, to use the high-dose vaccine.

Lisa Jackson, MD, MPH, a senior researcher from the Group Health Research Institute, said the high-dose vaccine is usually more expensive.

"Some health plans don't offer it, but there's no preferential recommendation," said Jackson.

"There is some benefit to the high-dose vaccine, but we don't know a lot about it."

Jackson cautioned, however, that high-dose influenza vaccine may be used more broadly than just in elderly patients.

"We know that immune response to influenza vaccine starts decreasing already when someone is in their 30s, and then there's a gradual decline in adulthood," Jackson said. "It seems too 'one-size fits all' to say you can only start to use it after 65."

In a commentary on the study, Arnold S. Monto, MD, of the University of Michigan School of Public Health, said the usefulness of high-dose vaccines shouldn't be overlooked as influenza vaccine technology advances.

"This indicates that improvement in our 70-year-old influenza vaccines is possible, and to get there more quickly we should not ignore older technologies while working on more dramatic advances," Monto wrote.

### **Question of the Week**

**If a person received a Tdap vaccine and then had a positive pertussis PCR two weeks later, could it be a false positive from the vaccine or should we consider this a case of pertussis? The patient had a cough, nausea, and vomiting for 2–3 days prior to PCR testing.**

Recent Tdap vaccination does not affect PCR testing. PCR tests are used to detect DNA sequences of the *Bordetella pertussis* bacterium. PCR tests are very sensitive and could give a false positive result for other reasons. For more information on the interpretation of pertussis diagnostic tests, see

[www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-confirmation.html](http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-confirmation.html)