American Academy of Pediatrics
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Ohio Chapter

Whale's Tales

A newsletter for the MOBI and TIES Trainer

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TIES
TEEN IMMUNIZATION EDUCATION SESSIONS

MOBI
Maximizing Office Based Immunization

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Welcome to Whale's Tales, a periodic newsletter written for MOBI and TIES trainers. Whale's Tales reports the pertinent information about statewide training activities, trainer experiences, challenges and immunization information that impacts the trainer and course participant.

From the Medical Directors:

What's New with Vaccinations for 2019?

Influenza Vaccination

The CDC has just released the 2019 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger for the United States. Two influenza vaccines are available: **Inactivated Influenza Vaccine (IIV) and Live, Attenuated Influenza Vaccine (LAIV).**

IIV is recommended for anyone 6 months of age or older who does not have a history of severe allergic reaction to any component of the vaccine (excluding eggs) or to a previous dose of any influenza vaccine.

LAIV is licensed for those 2 years of age and older who do **NOT** meet any of the following:

- History of a severe allergic reaction to any component of the vaccine (excluding eggs) or to a previous dose of any influenza vaccine
- Receiving concomitant aspirin or salicylate-containing medications
- Ages 2 to 4 years with a history of asthma or wheezing
- Immunocompromised due to any cause (including due to medications or HIV)
- Anatomic or functional asplenia
- Has a cochlear implant
- Has a cerebrospinal fluid (CSF)-oropharyngeal communication or a CSF leak
- Has close contact or takes care of someone who is severely immunosuppressed and requires a protected environment
- Pregnant
- Received an influenza antiviral medication within the previous 48 hours

Number of Vaccine Doses

Children 6 months-8 years who did not receive at least 2 doses of influenza vaccine before July 1, 2018 should receive 2 doses separated by at least 28 days. Everyone else should receive one dose of any influenza vaccine appropriate for their age and health status annually.

Special Situation: Egg Allergy

Egg allergy, hives only: Any influenza vaccine appropriate for age and health status annually

Egg allergy, more severe than hives (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

Different formulations of IIV Available for Those 6 Months to 3 Years of Age

Remember that there are different formulations of IIV available for young children 6 months to 3 years of age. For Fluarix Quadrivalent and FluLaval Quadrivalent, the dose is 0.5 mL. For Fluzone Quadrivalent, the dose is 0.25 mL. Be sure to check the package insert for the product available at your practice.

New Combination Vaccine

A new combination vaccine DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine (DTaP-IPV-Hib-HepB or Vaxelis) was approved in 2018. The 3-dose series should routinely be administered as a 0.5 mL intramuscular injection, at 2, 4, and 6 months of age. This vaccine may not be available in offices yet and was not included on the 2019 Immunization Schedule from the CDC.

The 2019 Immunization Schedule

The updates are relatively minor and will be discussed at upcoming Train-the-Trainer meetings. The highlights for Table 1 (the Schedule) are:

- The influenza vaccine row is modified with the recommendations for IIV and LAIV use among children 24 months and older.
- The hepatitis A row reflects the recommendation for use among infants 6 through 11 months of age prior to departure to an international destination.
- The Tdap vaccine row includes advice for vaccination of pregnant adolescents 13 through 18 years of age.

For Table 2 (the Catch-up schedule), the need for additional doses of Hib and pneumococcal conjugate vaccines are discussed.

For Table 3 (Medical Conditions and Vaccination), the influenza row is separated into IIV and LAIV and there is a reminder to delay HPV vaccination for pregnant adolescents.

Minor updates to the Notes have been made for the hepatitis A vaccine, hepatitis B vaccine, influenza vaccines, Tdap, MMR, and meningococcal vaccines.

2019 Measles Outbreak

Measles, a disease that could (and should) be eradicated, has begun to show a resurgence. The reason; lack of vaccination. The Washington Department of Health reports that in one of their counties (Clark), nearly 1 in 4 kindergarten students during the 2017-18 school year did not get all their immunizations. And in 3 of the schools in the county, more than 40 percent of kindergartners did not receive all recommended shots before starting school. Now we are seeing the consequences of the decision to not routinely immunize. There is an ongoing outbreak of measles in Clark County with at least 53 people having developed the infection which has led Washington state to declare a public emergency. Parents are reacting to the outbreak by vaccinating their children. The Washington State Health Department says about 530 people were immunized against measles in the Clark County area last January. This January, there have been more than 3,000 immunizations. While the increase in vaccinations administered is impressive, it is a travesty that children have to become ill, and possibly die, to remind people of the importance of vaccines.

Measles is a viral infection typically spread by direct contact with infectious droplets (i.e. from sneeze or cough). However, the virus can remain infectious in the air for up to two hours after the infected person has left the area, meaning a person can have no direct contact with the infected person and still become ill if not immune. Measles is so contagious that, if susceptible, 90% of those who are in contact with an infected person will become infected.

Humans are the ONLY natural host of measles. Thus, it is an infection ideally suited to eradication through vaccination. And, we almost achieved the goal. With a greater than 99% decrease in the reported incidence of measles since the introduction of the measles vaccine in 1963, an expert panel in 2000 unanimously agreed that measles no longer was endemic in the United States. However, over the past 10 years, we have seen numerous outbreaks of measles, all of which have occurred primarily among unvaccinated people. As many may recall, in Ohio in 2014 there was an outbreak of 383 cases of measles, occurring primarily among unvaccinated Amish communities. It appears that the outbreak started from members of the community acquiring measles in the Philippines and unknowingly bringing the infection back to the United States.

The measles-mumps-rubella (MMR) vaccine is recommended for children at 12 to 15 months of age, with a follow up dose given between 4 and 6 years of age. **The vaccine is highly effective. In people who have received the two dose series; there is a greater than 95% rate of protection against developing measles. Said in another way, if a vaccinated child is exposed to measles, less than 5 in 100 will develop the infection as compared to the 90 in 100 of unvaccinated people who will become infected after exposure.**

Luckily, many providers have not seen a case of measles and we hope to keep it that way. However, due to the recent increase in cases, we thought it would be good to send a reminder about the infection. The typical incubation period of measles is 8 to 12 days. Initial symptoms include cough, fever, sneezing and red or watery eyes. The disease culminates with the tell-tale indicator of a full body rash. A hallmark of the rash is that it starts around the hairline and then spreads to the rest of the body. The rash resolves in the same pattern and often is accompanied by a fine desquamation.

A important fact, and one that enhances spread of the infection, is that people **are contagious up to 4 days before and 4 days after the rash appears.** Thus, people can pass along the infection before it is recognized that they have measles.
We still have no good treatment for the infection. While most people will recover from measles without complications, the infection can be very serious. In fact, according to the Centers for Disease Control and Prevention (CDC); One to two of every 1,000 children exposed to measles will die from complications of the infection. Another 1-2 per 1000 children will suffer permanent brain damage.

In an outbreak setting, for those at risk of acquiring measles the following is recommended; 1) vaccination with MMR if within 72 hours of exposure (Even if past this time point, vaccination is reasonable as would protect against subsequent exposures), 2) Intramuscular immunoglobulin if given within 6 days of exposure.
If you have a child who is susceptible to measles and has not or cannot receive the vaccine, isolation from all other individuals is suggested until 21 days after the onset of rash in the last affected individual. Parents should be reminded that schools may choose to not allow children unvaccinated against measles to attend school until the outbreak has ceased. Those who have been exposed to measles and are at risk for severe illness and complications but cannot receive the MMR vaccine (for example, those with an immune deficiency) should receive immunoglobulin, a blood product that has antibodies to measles virus.

Thank You,
Dr. Rebecca Brady, MD, FAAP and Dr. Robert Frenck, Jr., MD, FAAP

National AAP Red Book:

Red Book Online Outbreaks Update: Measles 2019

Pediatricians are advised to monitor multiple outbreaks of measles across several US states.

A new entry has been added to the *Red Book Online* Outbreaks section, providing information about the measles outbreak and its impacts for the pediatric population. In addition, updates have been made to other current outbreaks listed in the Outbreaks section.

Overseen by members of the AAP Committee on Infectious Diseases, the Outbreaks section is intended to provide pediatric health care professionals with a quick resource to get up to speed on current outbreaks and how they affect children, along with links to explore further.

Bookmark the section for regular visits, and keep an eye out for emails from *Red Book Online* alerting you to updates.

From Lory:

Fast VAX Facts is Now a Website!

Our Fast VAX Facts Mobile App has been updated and reconfigured into an easily-accessible website! This online resource is still a great way for parents to get trusted, factual information on immunizations. New features include answers to frequently asked questions; breaking news alerts on outbreaks, new research and other important immunization headlines; pediatrician-approved links and resources for parents and teens; and links to Ohio Parents Advocating for Vaccines (PA4V) and Teens Advocating for Vaccines (TA4V).

Link to website: http://fvf.ohioaap.org/

Train the Trainer Training – March 7, 2019

Please register today for the next Train the Trainer on March 7 at the Ohio AAP office (94-A Northwoods Blvd., Columbus 43235). New trainers should plan to attend along with current trainers who missed the July or October 2018 trainings. Registration begins at 9:30am and the training ends at 4:00pm. Please contact Lory Sheeran Winland at lwinland@ohioaap.org with any questions.

Link to registration: http://ohioaap.org/TTT

From Beth:

HPV Persona Project – We need your help!

Ohio AAP is still in search of more opportunities for surveying parents/caregivers and youth/young adults across the state about the HPV vaccine. Any events that engage our target audience would be of great benefit to Ohio's children & adolescents! Our target audience is parents/caregivers with children ages 8-18 years and youth/young adults age 10-24 years.

This new and exciting program uses an innovative approach that will be instrumental in deepening our understanding of the challenges and opportunities to decrease disparities in the administration of the HPV vaccine. The Ohio AAP has partnered with national immunization experts and highly engaged stakeholders to develop a series of surveys to obtain information from parents/caregivers and youth/young adults regarding the HPV vaccine.

Our goal is to attend 30 community events across the state by May 31, 2019. There are three versions of the survey that include: parents/caregivers, youth/young adult, and never heard of the HPV vaccine. The survey will be available in paper format, with Ohio AAP staff available to assist the participant when needed. We are also offering an incentive for those willing to participate! **For more information or if you or anyone you know have upcoming events in your area, please contact Beth Barker at bbarker@ohioaap.org.**