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! What You Need to Know About the Record Breaking Flu Season

This flu season has been a fierce one. As we have seen from this season and seasons past, influenza viruses can spread rapidly and cause significant morbidity and mortality. During the past five flu seasons in Georgia, we saw elevated influenza-like illness between the months of December through April. During the 2017-2018 influenza season, flu activity peaked in early February. Influenza activity levels during this season were as high as observed at the peak of the 2009 H1N1 pandemic (swine flu) according to data from the CDC.

“The flu season was a somber reminder that you cannot take the flu for granted,” said J. Patrick O’Neal, M.D., commissioner of the Georgia Department of Public

Health. “While flu viruses may change, our message does not. Everyone over the age of six months should get a flu vaccine every year.”

Below are some statistics from the Georgia Department of Public Health on how the flu has affected Georgia as of the week ending April 21, 2018:

- Influenza outpatient visits peaked during early February when the proportion of outpatient visits for influenza-like illness was 15.5% (well above the regional baseline of 1.9%)
- 3,070 total influenza-associated hospitalizations were identified in the eight county metro Atlanta area
- 145 influenza-associated deaths have been confirmed, including four pediatric deaths
- 164 influenza outbreaks were reported to DPH so far this season

Influenza A (H3N2) viruses were predominant this season however influenza A (H1N1) and influenza B spread throughout the year. On a national scale, there have been 160 confirmed pediatric deaths according to the CDC. The proportion of deaths attributed to pneumonia and influenza peaked at 10.9% during late January, meaning one out of 10 people who died that week passed from influenza or pneumonia.



Resources:

<https://dph.georgia.gov/flu-activity-georgia>
<https://www.cdc.gov/flu/weekly/index.htm>

! Shingles (Herpes Zoster) Vaccination

Shingles is a painful rash that usually develops on one side of the body, often the face or torso. The rash consists of blisters that typically scab over in 7 to 10 days and clears up within 2 to 4 weeks. Some people describe the pain as an intense burning sensation. For some people, the pain can last for months or even years after the rash goes away. This long-lasting pain is called postherpetic neuralgia (PHN), and it is the most common complication of shingles. Your risk of getting shingles and PHN increases as you get older.

A new shingles vaccine called Shingrix® (RZV) was licensed by the U.S. Food and Drug Administration (FDA) in 2017. CDC recommends that healthy adults 50 years and older get two doses of Shingrix®, 2 to 6 months apart. Shingrix provides strong protection against shingles and PHN. Shingrix® is the preferred vaccine, over Zostavax® (VZV), a shingles vaccine in use since 2006.

Key Facts About Shingrix®

- Shingrix® delivered 90% efficacy against shingles in patients ≥50 years of age
- Recombinant vaccine; do not freeze
- Shingrix® is a 2-dose series. The second dose can be administered anytime between 2 and 6 months after the first dose
- The majority of solicited local adverse reactions and general adverse events had a median duration of 2-3 days. The most common solicited local adverse reactions were pain, redness,



Healthy adults 50 years and older should get two doses of Shingrix®.

and swelling at the injection site, and the most common solicited general adverse reactions were myalgia, fatigue, headache, shivering, fever, and gastrointestinal symptoms

Storage, Reconstitution, and administration of Shingrix®

- Refrigerate between 36°F and 46°F (2°C and 8°C)
- Reconstitution and use immediately
- Reconstituted vaccine is stable for 6 hours refrigerated between 36°F and 46°F (2°C and 8°C), and should be discarded after 6 hours

Please refer to the full Prescribing Information for Shingrix® for full details. •



What's New with VISs!

A Vaccine Information Statement for recombinant zoster vaccine was posted on February 12, 2018 and may be used starting immediately.

Also, updated VISs for live zoster vaccine, MMR, MMRV, and varicella have been posted. We encourage providers to begin using these VISs immediately, but stocks of the previous editions may be used until exhausted.

<https://www.cdc.gov/vaccines/hcp/vis/index.html> •



IN-PERSON EVENTS:

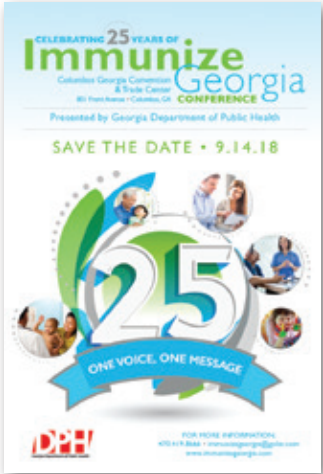
- **CDC’s 48th National Immunization Conference**

 - May 15–17, 2018
 - Atlanta, GA
 - The 48th National Immunization Conference, “Immunization: Prevention, Protection, and Progress” brings together more than 1,500 local, state, federal, and private-sector immunization stakeholders and partners to explore science, policy, education, and planning issues related to immunization and vaccine-preventable diseases.
 - <http://www.cvent.com/events/48th-national-immunization-conference/event-summary-8b963918dc5b4dc3bb548786b087b96f.aspx?RefID=CDC%20Site%20Traffic>
- **National Adult and Influenza Immunization Summit meeting**

 - May 17–18, 2018
 - Atlanta, GA
 - The NAIIS is dedicated to addressing and resolving adult and influenza immunization issues and improving the use of vaccines recommended by CDC’s Advisory Committee on Immunization Practices.
 - <https://www.izsummitpartners.org/summit/2018-naais/>
- **Advisory Committee on Immunization Practices (ACIP) meeting**

 - June 20–21, 2018
 - Atlanta, GA
 - This meeting is to review scientific data and vote on vaccine recommendations with the CDC.
 - <https://www.cdc.gov/vaccines/acip/meetings/register.html>
- **Immunize Georgia Conference**

 - September 14, 2018
 - Columbus, GA
 - To learn the latest recommendations and best practices in immunization services. Continuing Education credits will be available.
 - <http://www.immunizegeorgia.com/>



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Upcoming Events continued

- **Advisory Committee on Immunization Practices (ACIP) meeting**
 - October 24–25, 2018
 - Atlanta, Georgia
 - This meeting is to review scientific data and vote on vaccine recommendations with the CDC.
 - <https://www.cdc.gov/vaccines/acip/index.html>
- **32nd International Conference on Vaccines and Immunization Research & Development**
 - November 9–10, 2018
 - Atlanta, Georgia
 - The theme this year is “Prospects and Development of Prophylactic & Therapeutic Vaccines.” This is a high-quality meeting and a platform for discussion amongst the Vaccines interest groups, Immunologist, Research Scholars, Doctors, and Students and provides an informal networking opportunity to form new relationships and strengthen existing ones. Continuing Professional Development is available. Only speakers will gain CME credits.
 - <https://vaccines.global-summit.com/america/>



ONLINE TRAININGS:

- **General Best Practice Guidelines for Immunization**
 - CDC Immunization Education and Training
 - Online (self-paced document averaging 3 hours)
 - The General Best Practice Guidelines for Immunization publication updates and replaces the General Recommendations on Immunization: Recommendations of ACIP published in 2011 and it is organized into 10 sections. CME Credit is available until April 20, 2019.
 - <https://www.cdc.gov/vaccines/ed/general-recs/index.html>
- **You Are the Key to HPV Cancer Prevention – Train the Trainer**
 - CDC Immunization Education and Training
 - Online Webcast (about 65 minutes)
 - This training provides up-to-date information on HPV infection/disease, HPV vaccine, ACIP recommendations, and ways to successfully communicate with patients and their parents about HPV vaccination. The goal is to find out how to reduce missed opportunities by recommending HPV vaccine the same way and same day you recommend other routinely recommended adolescent vaccines. CME Credit is available until October 26, 2019.
 - <https://www.cdc.gov/vaccines/ed/hpv/you-are-key.html>



Mumps Alert

During 2017, over 5,629* mumps cases were reported in the U.S. to the Centers for Disease Control and Prevention; 110† mumps cases were reported to the Georgia Department of Public Health (DPH) during the same time period. Despite high vaccination levels with MMR, mumps cases remain elevated – primarily due to a number of outbreaks in settings of prolonged close contact with others who have mumps, such as within classrooms, sports teams, campus dorms, and other crowded environments.

Mumps is transmitted by contact with infectious respiratory tract secretions and saliva. Certain behaviors such as kissing, or sharing utensils, cups, lip balm or cigarettes which result in an exchange of saliva, can increase spread of the virus.

Mumps infection is characterized by the acute onset of unilateral or bilateral tender swelling of the parotid (parotitis) or other salivary glands, typically preceded by a nonspecific prodrome of muscle aches, loss of appetite, malaise, headache, and fever. The incubation period is usually 16 to 18 days (range 12-25 days).



Patients are infectious from 2 days before through 5 days after parotitis onset. Rarely, complications of orchitis in adolescent males (<10%), and oophoritis in adolescent females (<1%) can occur. Mumps is the only infection that can result in epidemic parotitis. MMR vaccine remains effective in preventing most cases of mumps, as well as the associated complications.

DPH urges healthcare providers to maintain heightened awareness for mumps and offers the following reminders for diagnosis and containment:

- Mumps should be considered in persons with acute parotitis unexplained by a more likely diagnosis, **regardless of vaccination history**.
- Persons suspected of having mumps should be instructed to **isolate themselves (ie no return to school, work, or public places) until 5 days after the onset of parotitis**. Patient education should include refraining from behaviors that result in the exchange of saliva, and respiratory etiquette should be advised.
- Laboratory testing for mumps is required for confirmation. This includes buccal swabs for mumps PCR and mumps culture, and blood for serology testing (see Mumps Laboratory Testing Guidance).
- **All suspect cases of mumps should be reported at the time of testing to the Health Department** by calling either the District Health Department or DPH at 404-657-2588 (during business hours), or 1-866-PUB-HLTH after hours or weekends.
- The GA Public Health Laboratory can accept specimens for testing at no charge if pre-arranged through the Health Department (see Mumps Laboratory Testing Guidance).
- Ensure patients are up to date on their vaccinations. Healthcare personnel should have documented evidence of mumps immunity on file at their work location.

We appreciate your efforts to protect the health of Georgia's residents by diagnosing, reporting, and helping to contain this disease. For questions or concerns please contact Ebony Thomas, MPH (Ebony.Thomas@dph.ga.gov) or Jessica Tuttle, MD (Jessica.Tuttle@dph.ga.gov) at 404-657-2588. •

* 2017 data are preliminary and subject to change

† Includes suspect, probable, and confirmed cases

CDC released the new Vaccine Storage and Handling Toolkit!

The Vaccine Storage and Handling Toolkit reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.

The 2018 Toolkit is designed to help health care providers find the information they need quickly and easily. The Vaccine Storage and Handling Toolkit is a comprehensive guide for health care providers on recommendations and best practices for:

- Managing vaccine inventory and transport
- Storing and preparing vaccine
- Monitoring vaccine temperature
- Using and maintaining storage unit and temperature monitoring equipment
- Preparing for emergency storage, handling, and transport situations
- Developing standard operating procedures for routine and emergency vaccine management and training staff



Check out the redesigned You Call the Shots: Storage and Handling training module.

Be sure to check out the redesigned You Call the Shots: Storage and Handling training module that includes the updates and changes made to the Vaccine Storage and Handling Toolkit.

For additional resources on proper Vaccine Storage and Handling visit the CDC website at <https://www.cdc.gov/vaccines/hcp/admin/storage/index.html>. •



ACIP Highlights

On February 6, CDC published Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger and the Immunization Schedule for Adults Aged 19 Years or Older—United States, 2018 as an MMWR Early Release.

The comprehensive summary of the ACIP recommended changes to the schedule can be found in the February 6, 2018 MMWR. Both schedules are available on the CDC website as a color document in PDF format.

<https://www.cdc.gov/vaccines/schedules/index.html> •