



February Immunization Newsletter

Immunization Champion Award

Are you or someone you know an immunization champion? We want to hear about your efforts! Nominate yourself or your colleagues for a chance to be recognized nationally as an ACOG Immunization Champion. Winners will receive a \$1,500 honorarium and an award to display in their office and will be highlighted in this newsletter. Awardees will also be added to ACOG's [Immunization Champion Honor Roll](#) on ACOG's [Immunization for Women](#) website.

Nominations will be accepted until March 1, 2019, and the winners will be selected by April 1, 2019. [Submit your nomination today!](#)



Summary of Maternal Immunization Recommendations

ACOG recently collaborated with the CDC on a new provider resource, [Summary of Maternal Immunization Recommendations](#). While some vaccines such as Tdap and influenza are routinely recommended during every pregnancy, others may also be needed depending on a patient's age, prior immunizations, comorbidities, or disease risk factors. Providers are encouraged to use this quick reference, also found in ACOG CO 741: [Maternal Immunization](#), to assess their pregnant patients' immunization needs.

2019 Immunization Schedules

On February 5, the CDC released the 2019 recommended immunization schedules for children and adolescents and adults. ACOG has reviewed and endorsed both schedules.

[Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2019](#)

[Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2019](#)

The CDC has [summarized](#) what has changed on these schedules for 2019.

It's Not Too Late — and It's Critical! — to Vaccinate

Seasonal influenza activity continues to increase in the United States and is expected to remain elevated for several weeks. Overall, influenza A(H1N1)pdm09 viruses have predominated in most of the country. CDC has [estimated the effectiveness of the 2018–19 seasonal influenza vaccine](#) for preventing medically attended, laboratory-confirmed influenza virus infections to be 47%.

Vaccination remains the best way to protect against influenza and its potentially serious complications. Health care providers are encouraged to continue to strongly recommend and offer flu shots to all patients, especially pregnant women, throughout the flu season.

Check the CDC's weekly [FluView](#) reports to learn when and where influenza activity is occurring, what influenza viruses are circulating and what their properties are, and what effect influenza is having on hospitalization and deaths in the United States.

Assessment and Treatment for Pregnant Women With Suspected or Confirmed Influenza

Prompt and accurate assessment and treatment of patients, especially pregnant women, is critical to preventing serious illness. Ob-gyns and other obstetric care providers should promptly recognize the symptoms of influenza, adequately assess severity, and readily prescribe safe and effective antiviral therapy for pregnant women with suspected or confirmed influenza regardless of vaccination status or laboratory test results. Over-the-phone treatment for low-risk patients is preferred to help reduce the spread of disease among other pregnant patients in the office.

Refer to ACOG's Assessment and Treatment for Pregnant Women With Suspected or Confirmed Influenza [algorithm](#) for guidance on assessing and treating your pregnant patients with influenza-like illness. This algorithm can also be found in [CO 753](#).

Vaccine Storage and Handling Tool Kit

The CDC has updated their [Vaccine Storage and Handling Tool Kit](#). This tool kit is a comprehensive guide that contains best practices for vaccine storage and handling from ACIP recommendations, product information from vaccine manufacturers, and scientific studies. The tool kit has been redesigned for 2019 to help health care providers find the information they need quickly and easily.

Measles Outbreak

Between January 1, 2019, and February 14, 2019, 127 individual cases of measles were identified in the United States. This includes five jurisdictions that meet the outbreak threshold of three or more cases. These outbreaks have been linked to travelers bringing back cases of measles from other countries. Low vaccination coverage in the United States leads to pockets of vulnerable communities and contributes to outbreaks such as the one we are currently experiencing.

Measles is a highly contagious disease that can cause serious illness and anyone who is unvaccinated or is undervaccinated is at risk. Certain individuals, including infants 12 months of age or younger, severely immunocompromised persons, and unvaccinated pregnant women, are at increased risk of severe illness and complications of measles.

Unvaccinated pregnant women who have been exposed to measles should be tested for measles antibodies. Intravenous IG (IVIG) should be administered to pregnant women without evidence of measles immunity.

Measles-mumps-rubella vaccine should be administered **postpartum** to women who lack evidence of measles immunity. Please see the [CDC's website](#) for more details on these recommendations. ACOG will continue to provide updates as available while these outbreaks progress.