



IMMUNIZATION *for* WOMEN

Immunization Information for Ob-Gyns and Their Patients

MAY

Immunization Newsletter

PRACTICE ADVISORY: MANAGEMENT OF PREGNANT AND REPRODUCTIVE-AGED WOMEN DURING A MEASLES OUTBREAK

The United States is currently experiencing the greatest number of reported cases of measles since the disease was eliminated in 2000. Outbreaks have been confirmed in 22 states and the number of cases and their distribution is increasing rapidly.

The University of Washington has developed a [consensus statement](#) including algorithms for guidance in managing high risk pregnant patients—those living in, or traveling to, areas with an active outbreak. Providers who care for pregnant women, as well as women in the periconception and postpartum periods, are encouraged to refer to the recommendations and algorithms in this ACOG-supported consensus statement for additional information.

View [ACOG's Practice Advisory](#) for a summary of selected points from the ACOG-supported University of Washington consensus statement, ACOG, and the CDC and additional information related to the measles outbreak.

Read the new [Dear Provider letter](#) that the CDC recently released to help clarify recommendations for adult measles, mumps, and rubella vaccination and assessing immunity.

CONGRATULATIONS TO ACOG'S 2019 IMMUNIZATION CHAMPION AWARD WINNERS

The ACOG Immunization Champion Award recognizes members who have demonstrated exceptional progress in increasing immunization rates among women. This year ACOG recognizes the hard work and dedication of three selected members who exemplify ACOG's guidance on immunization for women.

Dana Meaney-Delman, MD, is an ob-gyn generalist practicing at Grady Memorial Hospital as an adjunct faculty member for Emory University in Atlanta, Georgia. For many years she has promoted routine vaccination as part of well-woman care and has advocated for increased use of vaccines during the prenatal and postpartum periods. She is passionate



about preventing morbidity and mortality among women from infectious diseases.

Denise Jean Jamieson, MD, is the James Robert McCord professor of obstetrics and gynecology at Emory University School of Medicine and has been practicing general obstetrics and gynecology at Grady Health System for 22 years. She launched an initiative to increase maternal immunization rates among pregnant patients at Grady with colleagues from Emory University and Morehouse College.

Mary Pell Abernathy, MD, is a maternal–fetal medicine specialist working at the Indiana University School of Medicine. She currently serves as the ACOG Indiana Section chair. Dr. Abernathy is working with the Indiana State Department of Health and Indiana University School of Public Health–Bloomington to improve access for HPV vaccination among college-age students. She remains a strong advocate for immunizations for women and has presented at the statewide conference regarding the safety of Tdap and flu vaccinations during pregnancy.

Visit ACOG's [Immunization for Women](#) website to see all of ACOG's Immunization Champions.

UPDATED INFORMATION FOR THE USE AND AVAILABILITY OF VARIZIG® (VARICELLA ZOSTER IMMUNE GLOBULIN [HUMAN]) FOR POST-EXPOSURE PROPHYLAXIS OF VARICELLA IN PATIENTS AT HIGH-RISK

The CDC has updated [information](#) related to the use and availability of VARIZIG. VARIZIG is an FDA-approved immunoglobulin for post-exposure prophylaxis of varicella and herpes zoster in high-risk individuals, replacing VZIG, which was discontinued in 2006 and is no longer available. Varicella zoster immune globulin can prevent varicella from developing or lessen the severity of the disease. With this update, the CDC notes that VARIZIG, which is recommended for varicella post-exposure prophylaxis, is commercially available from a [broad network](#) of specialty distributors in the United States.

The CDC recommends VARIZIG for people exposed to varicella or herpes zoster who cannot receive the varicella vaccine, including pregnant women and people who lack evidence of immunity to varicella, whose exposure is likely to result in infection, and are at high risk for severe varicella.

High-risk patients include newborns with mothers having varicella symptoms around delivery; pregnant women without evidence of immunity; hospitalized infants born at or before 28 weeks and weighing less than 2 lb.; and immunocompromised patients without evidence of immunity, such as cancer patients, transplant recipients, and patients with autoimmune or immune-mediated inflammatory disorders. ACOG is reviewing this information for any necessary updates to its clinical guidance.

For more information please see the CDC's guidance:

- [CDC. Updated Chickenpox \(varicella\): For Healthcare Professionals — 2019](#)
- [CDC. Updated Recommendations for Use of VARIZIG — United States, 2013](#)

COMPOSITION OF THE 2019–20 INFLUENZA VACCINE

There are many different flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated as needed to match circulating flu viruses. Flu vaccines protect against the three or four viruses (depending on the vaccine) that research suggests will be most common.

For 2019–20, trivalent (three-component) vaccines are recommended to contain:

- A/Brisbane/02/2018 (H1N1)pdm09-like virus (updated)
- A/Kansas/14/2017 (H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus

Quadrivalent (four-component) vaccines, which protect against a second lineage of B viruses, are recommended to contain the three recommended viruses above, plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

The WHO made the selection of the H1N1 and both B components for 2019–20 Northern Hemisphere flu vaccines on February 21, 2019, and at that time decided to delay the decision on an H3N2 vaccine component. The FDA's Vaccines and Related Biological Products Advisory Committee also selected the H1N1 and B components at their first meeting on March 6, 2019, but also decided to postpone the selection of the H3N2 component. The WHO selected the H3N2 component listed above on March 21, 2019. The Vaccines and Related Biological Products Advisory Committee chose the same H3N2 component for U.S. vaccines on March 22, 2019.

View ACOG's [Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management](#) tip sheet to help optimize the flu immunization program in your ob-gyn practice.

Visit [CDC's website](#) for more information on how flu vaccines are made.

UPDATED! ACOG'S IMMUNIZATION APPLLET

Download the [ACOG app](#) and access authoritative information from the leading experts in women's health care. The immunization applet is part of the ACOG app and is a trusted and interactive resource on immunization best practices. The app includes an interactive feature that generates recommended immunizations based on the information providers enter about their patient's age and conditions.

The app has also been updated to include the 2019 CDC Adult Immunization Schedule.



OPTIMIZING IMMUNIZATION PROGRAMS IN OBSTETRIC–GYNECOLOGIC PRACTICES

ACOG is pleased to share a new health care provider resource, [Optimizing Immunization Programs in Obstetric–Gynecologic Practices](#). This tool kit provides information and resources for women's health care providers as they implement strategies to improve immunization processes and increase patient immunization rates and can also help ob-gyn practices effectively integrate immunizations into work flow and routine practice.

Within the [tool kit](#), you will find the following ACOG immunization resources for providers:

- CO 772: Immunization Implementation Strategies for Obstetrician–gynecologists
- Strategies for Effectively Integrating Immunizations into Routine Obstetric–Gynecologic Care tip sheet
- Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management tip sheet
- Developing an Immunization Referral System tip sheet
- 2019 Immunization Coding for Obstetrician–Gynecologists quick reference coding card



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409 12th Street, SW, Washington, DC 20024-2188, ATTN: Communications and Marketing