



June Immunization Newsletter

Influenza Activity in the United States During 2017-2018 Season

The CDC's May 25 [influenza season update](#) marked the final update for the 2017 – 2018 season. The United States 2017 – 2018 influenza season was a high severity season. Nationally, influenza-like illness (ILI) activity began increasing in November, followed by an extended period of high activity during January and February, and remained elevated through March. Influenza A(H3N2) viruses were most common through February and predominately overall for the season. Influenza B viruses were most common from March onward.

On June 8, the [CDC reported](#) that there have been 172 pediatric deaths in the 2017- 2018 influenza season. This number exceeds the 2012-2013 season, which previously set the record for the highest number of flu-related deaths in children reported during a single flu season (excluding pandemics). Approximately 80 percent of these deaths occurred in children who had not received a flu vaccination this season.

[View CDC's MMWR, Update: Influenza Activity in the United States During the 2017-18 Season and Composition of the 2018 - 2019 Influenza Vaccine](#) for a summary of the United States influenza activity during October 1, 2017 – May 19, 2018.

Composition of the 2018-2019 Influenza Vaccine

There is not much down time between flu seasons, and it's time to start planning for next year! The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common.

The Food and Drug Administration's Vaccines and Related Biologic Products Advisory Committee (VRBPAC) recommended that the 2018 – 2019 influenza trivalent vaccine to be used in the United States contain:

- an A/Michigan/45/2015 A(H1N1) pdm09-like virus
- an A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus
- an B/Colorado/06/2017-like (B/Victoria lineage) virus

Four-component (quadrivalent) vaccines, which protect against a second lineage of B viruses, are recommended to be produced using the same viruses recommended for the trivalent vaccines, as well as a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

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

ACOG's Immunization Applet

[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 "By Profile" feature in which recommended immunizations are generated based on the information providers enter about their patient's age and conditions.



The app includes the 2018 CDC Adult Immunization Schedules.

NEW! ACOG Maternal Immunization Toolkit

[Visit ACOG's Immunization for Women website](#) to access the [Maternal Immunization Toolkit](#), which includes:

- [Committee Opinion 732, Influenza Vaccination During Pregnancy](#)
- [Committee Opinion 718, Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination](#)
- [Vaccines During Pregnancy Poster](#)
- [FAQ for Patients Concerning Influenza \(Flu Vaccination During Pregnancy\)](#)
- [FAQ Concerning Seasonal Influenza for Obstetrician-Gynecologists](#)
- [FAQ for Pregnant Women Concerning Tdap Vaccination](#)
- [FAQ Tetanus, Diphtheria, and Pertussis FAQs for Providers](#)



New! ACOG Committee Opinion: Maternal Immunization

ACOG has newly released [Committee Opinion 741: Maternal Immunization](#). Within the CO, ACOG recommends that ob-gyns and other obstetric care providers should routinely assess their pregnant patients' vaccination status, as well as recommend, and, when possible, administer needed vaccines to these patients.

The new *Maternal Immunization* Committee Opinion features a **maternal immunization table** that summarizes recommended immunizations during pregnancy based on the CDC schedules. This table provides an easy-to-use reference to quickly assess which vaccines a pregnant woman needs and when she should receive those vaccines.



Save the Date for ACOG's Upcoming Webinar, An Overview of Adult Immunizations for Ob-Gyn Providers

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. ACOG is participating by hosting a webinar during the month of August.

On **Thursday, August 2, at 12:00 – 1:00 pm EDT** (9:00 – 10:00 am PT), ACOG will offer a free, 1 CME credit webinar on adult immunizations.

This webcast will discuss vaccines recommended for routine use in adult ob-gyn patients, as well as review strategies and resources ob-gyns can utilize as they incorporate immunizations into their practice.

[Register today!](#)

Zika Virus

See ACOG and SMFM's [Practice Advisory](#) on Zika virus.

Regardless of location, providers should evaluate all pregnant women in the United States for possible Zika virus exposure during each prenatal care visit. This evaluation should include an assessment of signs and symptoms of Zika virus disease, a travel history and a woman's sexual partner's potential exposure.

Access ACOG's [Zika Toolkit](#) online! The toolkit includes ACOG's Patient Education Zika virus [infographic](#) (also available in [Spanish](#)) and [video](#) (also available in [Spanish](#)), and additional links for ob-gyns.

Visit ACOG's [Zika Virus webpage](#) for up-to-date information and resources.

Remind travelers to protect themselves and loved ones [from mosquito bites](#) and [sexual transmission of Zika](#). Refer them to [CDC's Zika Travel Information](#) page to learn what they need to know before, during and after their travel.

[Zika Care Connect](#)

The Centers for Disease Control and Prevention (CDC), in collaboration with March of Dimes, has established a specialty healthcare professional network, known as [Zika Care Connect](#) (ZCC), to facilitate access to services for managing Zika. **ZCC now includes a searchable member directory**, an online searchable tool for ZCC members to find the phone number, email, and address of other ZCC members. The information you provide for this directory will only be accessible to other professionals with a ZCC login and not to the public. If you are already a member of the Zika Care Connect Network you can call the HelpLine for assistance joining the directory.

If you have not yet joined the ZCC network it's not too late! To find out more about how to be included or the member directory, please contact the Program Director, Lindsay Rechtman (lrechtman@mckin.com or 404-683-4394) or the Zika Care Connect HelpLine (helpline@zickareconnect.org/ or 844-677-0447).