



September Immunization Newsletter

Flu Season Is Here — Vaccinate Your Patients

Influenza (flu) season severity is classified by the percentage of visits to outpatient clinics for influenza-like illness, influenza-related hospitalization rates, and percentage of deaths resulting from pneumonia or influenza, in a geographically widespread area for an extended period of time. All three of these criteria were elevated last season classifying 2017–18 as a high severity flu season across all age groups.

The Centers for Disease Control and Prevention (CDC) released a [morbidity and mortality weekly report](#) (MMWR) highlighting the vaccine recommendations for the 2018–19 flu season. **The American College of Obstetricians and Gynecologists (ACOG) and the CDC strongly recommend all persons six months and older receive an annual flu shot.** This is particularly important for pregnant women, who are at increased risk of severe disease and hospitalization related to influenza. View ACOG Committee Opinion No. 732, [Influenza Vaccination During Pregnancy](#), for clinical guidance.

ACOG's [Influenza Immunization during Pregnancy Tool Kit](#), which contains patient FAQ tear pads on flu and vaccine safety, can assist you and your staff in communicating with pregnant women about the importance of receiving a flu shot.

New! Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management

ACOG's [Seasonal Influenza Vaccination Programs: Tips for Optimizing Practice Management](#), provides tips to help optimize the flu immunization program in your obstetric-gynecologic practice. Offering the seasonal flu vaccine in the practice setting is the best way to ensure patients receive their influenza immunization.

For additional resources on vaccine administration, storage, and handling, patient education, supply pricing, group purchasing options, reimbursement and coding, and more, see our [influenza vaccination program resources](#).

Human Papillomavirus Vaccination (HPV) Coverage among Adolescents Aged 13–17 Years

The CDC released an [MMWR](#) on the results of the 2017 National Immunization Survey for adolescents aged 13–17 years. In 2017, 49% of adolescents received all the recommended doses to complete the HPV vaccination series, and 66% of adolescents received the first dose to start the vaccine series. The findings also show that adolescents in rural areas are less likely to be vaccinated against HPV cancers and meningitis than adolescents in urban areas. While this data indicates that HPV vaccination rates are increasing, there is still room for improvement; many adolescents do not receive all the recommended doses of the HPV vaccine.

HPV can cause some types of cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancers. The CDC released an [MMWR](#) depicting the trends in HPV-associated cancers within the U.S. population from 1999 to 2015. This data illustrates that HPV-associated cancers are on the rise, making it even more critical to achieve high vaccination coverage rates.

ACOG's [HPV Tool Kit](#), which contains infographics, a patient FAQ tear pad, and script for discussing HPV Vaccination with patients and medical colleagues, can assist you and your staff in communicating the importance of receiving the HPV vaccine with your patients.

Zika Virus

ACOG and SMFM updated guidance for reproductive counseling after Zika exposure in their [Zika virus Practice Advisory](#).

Based on the CDC's new guidance, ACOG now recommends that men with possible Zika virus exposure who are planning a pregnancy with their partner wait at least three months after symptoms or possible exposure (travel to or residence in an [area with risk of Zika](#)). This timeframe has been shortened from the previously recommended six months and also applies to men who are not planning a pregnancy with their partners but who want to prevent sexual transmission of Zika virus. All other Zika guidance remains unchanged.

Regardless of practice 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. For provider resources regarding screening and testing pregnant women, see ACOG's [Zika virus webpage](#).

ACOG's [Zika tool kit](#) which contains an infographic and patient-friendly video, is available in English and Spanish.

Maintenance of Certification Part IV Opportunity for Minnesota Ob-Gyns

As we look back on an especially bad 2017–18 flu season, we encourage Minnesota ob-gyns to participate in a new Maintenance of Certification opportunity to help ensure more pregnant women receive an [influenza vaccination during pregnancy](#). Pregnant women are at increased risk for complications of influenza, and ob-gyns play a critical role in making sure they get vaccinated. Minnesota ob-gyns can complete their Maintenance of Certification Part IV requirement by working with the Minnesota Department of Health to choose and implement quality improvement strategies focused on improving flu vaccination coverage among their pregnant patients.

Please contact health.imm.moc4@state.mn.us to learn more.