IMMUNIZATION GUIDELINES: Maintenance of Knowledge

Jeanne A. Conry, MD, PhD
Immediate Past President
ACOG
Objectives

• Present current NATIONAL Vaccination patterns
• What is the role of an OBGYN in vaccinations?
• Describe practices that improve vaccination rates
What would you do?

It is November 3rd and a 32 yo pregnant woman at 12 weeks EGA is in your office, how do you discuss the flu vaccine?

1. No vaccination, it is not safe
2. Vaccinate at any stage
3. Only vaccinate after the 2nd trimester
4. Influenza season is later, just wait
Just the FACTS

• A pregnant woman admitted for respiratory illness has more complications and longer length of stay
• When a woman’s OBGYN recommends vaccination she is 5-50 TIMES more likely to receive the vaccine!
• A simple CHART PROMPT increases the likelihood we will vaccinate!
• There is neonatal protection when a MOM is vaccinated
But she is only 10 weeks along!

A pregnant woman arrives for a first prenatal visit, what advice do you provide about important vaccines this pregnancy?

1. No need to give Tdap, baby will get vaccinated at birth
2. Give Tdap NOW, protect early
3. Give Tdap between 27-36 weeks
4. No need, she got Tdap last pregnancy
Tdap Facts: PERTUSSIS

• Tdap is an inactive form of bacterial toxins
• Tdap is best given between 27-36 weeks
• Vaccinate EVERY pregnancy
• Be aware of special circumstances that may impact a vaccination schedule
• There is a window of vulnerability from birth until infants FIRST Tdap vaccine at 2 months, and most serious infections are in the first three months of life!
• Remember the “cocoon” approach and vaccinate all the family
Can we put us out of a job?

A 17 yo patient is referred by her pediatrician. Mom had cervical cancer and she is worried about her daughter inheriting her “cancer gene”
You Should

1. Vaccinate with a three dose series, now in two months and then in 6 months
2. It is too late to vaccinate, only age 12 and 13 are vaccinated
3. Vaccinate her and then tell her the follow up should be with her pediatrician
It’s not her genes, it’s her risk

• 70% of cervical cancers are a result of HPV 16 and 18
• 12,000 women in the US with 4000 deaths
• We have a vaccine series available
• DOSE ONE, then TWO and SIX months
• Vaccine 100% effective in preventing CIN 2, 3
• MAXIMUM protection ages 12-13, but ONLY 50% receive dose one and 30% the remainder
• 57 million doses....and NO serious side effects
• Catch up vaccine until age 26
Go for it, we are Women’s Health Physicians

• The ETHICAL treatment of women: preventive health is everyone’s business
• Educate-Advocate-Identify-and IMPLEMENT
• Zoster: Prevent shingles in your patients
  – ONE dose at age 60, regardless of shingles history
• Pneumococcus
  – Vaccinate at age 65, and earlier if CCM
• [http://www.immunizationforwomen.org/](http://www.immunizationforwomen.org/)
• [http://www.pbs.org/wgbh/nova/body/vaccines-calling-shots.htm](http://www.pbs.org/wgbh/nova/body/vaccines-calling-shots.htm)
Every Woman
Every Time