

Pediatric Infectious Diseases Society (PIDS)

INFECTION PREVENTION WORKFORCE AND EDUCATION

JANUARY 25, 2017

PACCARB



**PEDIATRIC INFECTIOUS
DISEASES SOCIETY**

Who We Are:

PIDS is the world's largest professional organization of experts in the care and prevention of infectious diseases in children.

Membership = 1200

Mission Focus Areas/Activities:

- Research
- Advocacy
- Guideline Development
- Fellowship Training
- Continuing Medical Education
- Special Focus on Immunizations for Children
- Society Journal: Journal of the Pediatric Infectious Diseases Society (JPIDS)



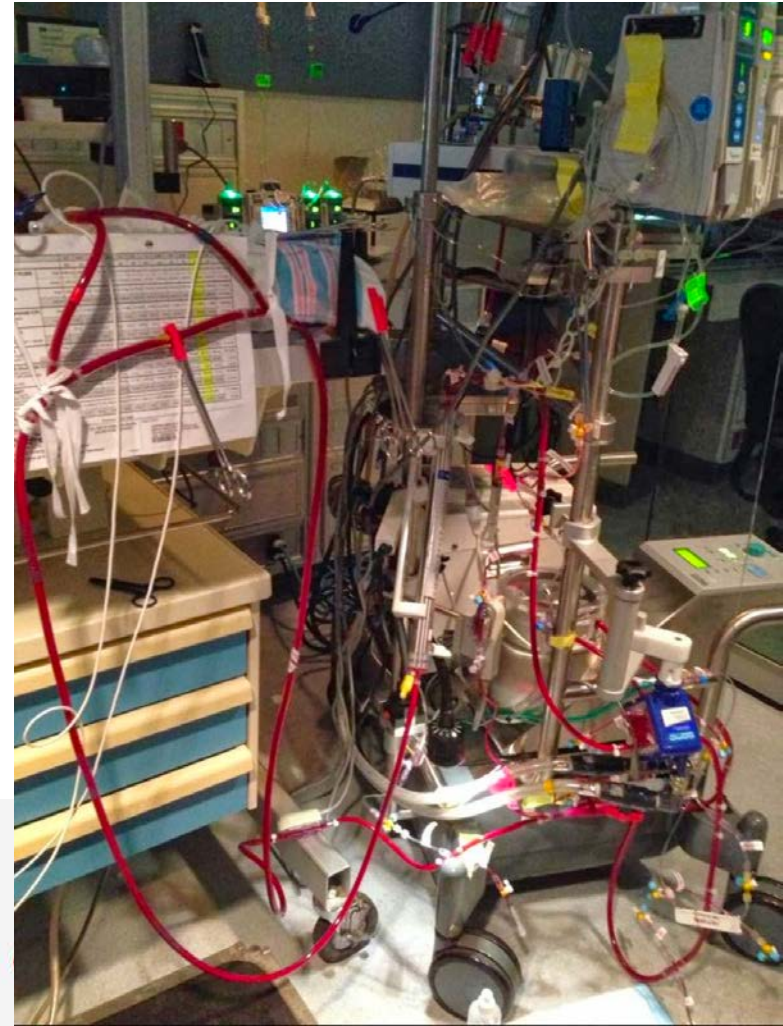
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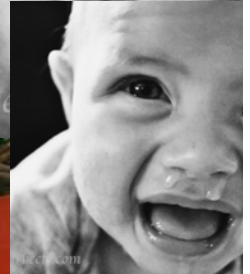
Role of the Pediatric ID Specialist in Infection Prevention

- **Expertise** in specific areas of infection prevention practices unique to neonates and children
 - NICU
 - Playrooms
 - Schools
 - Pediatric Office Settings
- **Vaccination** of children is a superb infection prevention exercise with its own needs and challenges
- **Research** in infection prevention in children: adult studies may not effectively translate to this population



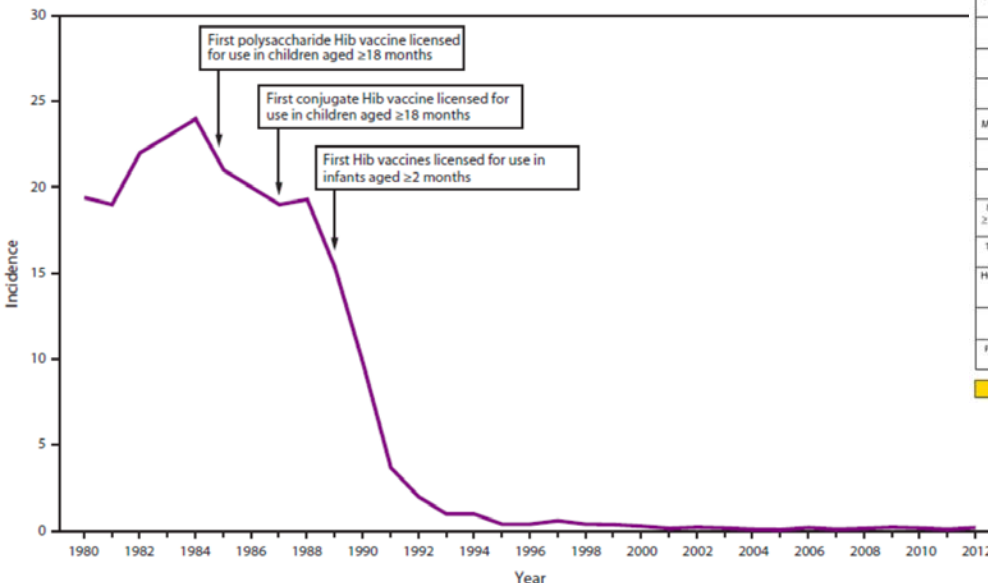
Role of the Pediatric ID Specialist in Infection Prevention





Vaccination of Children is an Outstanding Preventive Measure for Infection Prevention

- Outstanding efficacy, safety record
- Bulk of vaccines provided in childhood; number of vaccinations required is challenging
- Challenges of vaccine-preventable illnesses, anti-vaccine mythology



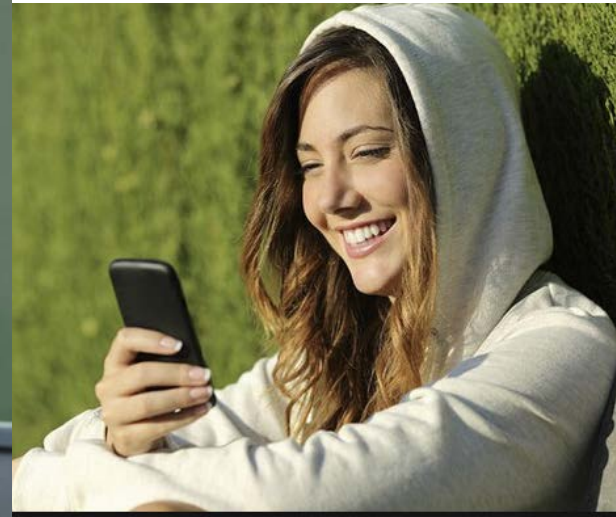
Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose								3 rd dose						
Rotavirus (RV) (RV1 (2-dose series), RV2 (3-dose series))			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis (DTaP, <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose			5 th dose				
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See footnote 6		3 rd or 4 th dose, See footnote 4									
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Inactivated poliovirus (IPV, <18 yrs)			1 st dose	2 nd dose			3 rd dose					4 th dose				
Influenza (IRI, LAV)							Annual vaccination (IRV only) 1 or 2 doses				Annual vaccination (LAV or IRV) 1 or 2 doses				Annual vaccination (LAV or IRV) 1 dose only	
Measles, mumps, rubella (MMR)					See footnote 8		1 st dose					2 nd dose				
Varicella (VAR)							1 st dose					2 nd dose				
Hepatitis A (HepA)									2-dose series, See footnote 10							
Meningococcal (M) Hib, MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)															1 st dose	
Tetanus, diphtheria, & acellular pertussis (Tdap, ≥ 7 yrs)															Tdap	
Human papillomavirus (2vHPV, females only; 4vHPV, 9vHPV, males and females)																(3-dose series)
Meningococcal B ¹																See footnote 11
Pneumococcal polysaccharide (PPSV23)																See footnote 5

■ Range of recommended ages for all children
 ■ Range of recommended ages for catch-up immunization
 ■ Range of recommended ages for certain high-risk groups
 ■ Range of recommended ages for non-high risk groups that may receive vaccine, subject to
 ■ No recommendation



Adult Studies Do Not Always Translate to Pediatric Populations

- Guidelines derived from adult studies may not apply in pediatric settings
- PIDS seeks to increase Infection Prevention research in pediatric populations, and develop pediatric-specific guidelines in collaboration with partner societies



Workforce Issues for Pediatric ID Specialists and Pediatric Healthcare Epidemiologists

- Pediatric ID Recruitment faces challenges
 - Low salaries relative to other specialties with equal years of training
 - Largely hospital-based; few pediatric ID private practices
 - Multiple unfilled slots, programs nationally
- Antibiotic stewardship in Children's Hospitals has been growing
- Need for Ped ID expertise, hospital epidemiology, infection prevention in healthcare settings more important as resistant organisms become more prominent



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PIDS VISION:

INFECTION PREVENTION- Workforce, Education

- Increase recognition of Pediatric ID specialists nationally as **leaders** in Infection Prevention in pediatric hospital and ambulatory setting
- Develop specific “tracks” beginning in **Pediatric ID Fellowship** for Infection Prevention careers
- Promote/advocate for **Ped ID specialist participation** in efforts championed nationally for infection prevention (PACCARB)
- Promote/advocate for **research** studies in Infection Prevention practices that address the pediatric hospital and ambulatory environment
- Publish pediatric studies, develop **pediatric-specific**, evidence-based guidelines
- Coordinate efforts with our sister societies (IDSA, AAP, SHEA, APIC, others) and with federal (NIH, CDC) initiatives



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PIDS Leadership

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