

8.3 Nursing Mothers

FLUCELVAX QUADRIVALENT has not been evaluated in nursing mothers. It is not known whether FLUCELVAX QUADRIVALENT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when FLUCELVAX QUADRIVALENT is administered to a nursing woman.

8.4 Pediatric Use

Safety and effectiveness have not been established in children less than 4 years of age.

8.5 Geriatric Use

Of the total number of subjects who received one dose of FLUCELVAX QUADRIVALENT in clinical studies and included in the safety population (2493), 26.47% (660) were 65 years of age and older and 7.7% (194) were 75 years of age or older.

Antibody responses to FLUCELVAX QUADRIVALENT were lower in the geriatric (adults 65 years and older) population than in younger subjects. [see *Clinical Studies* (14.3)]

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Research Update

Most pediatricians advise families to quit smoking, but few assist with cessation



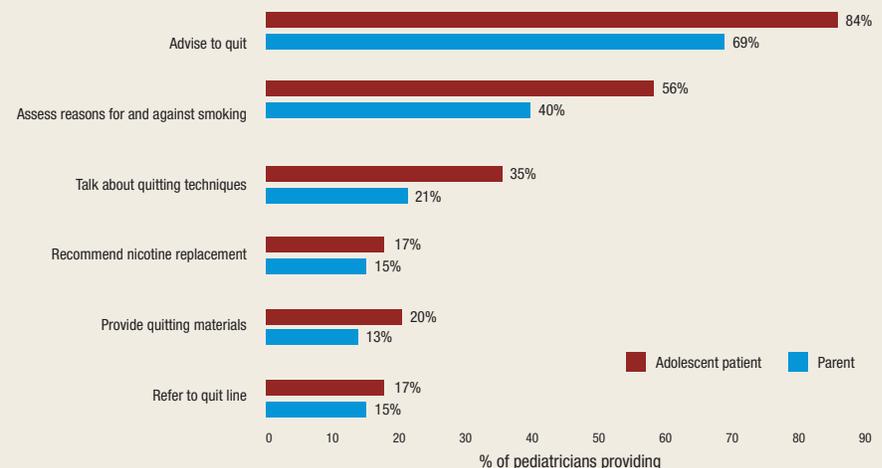
from the **Julius B. Richmond Center of Excellence** and the **AAP Department of Research**

New research using data from AAP Periodic Surveys of Fellows shows that most pediatricians advise both patients and parents who smoke to quit, but they are less likely to assist with cessation by recommending nicotine replacement or referring to a quit line (McMillen R, et al. *Acad Pediatr*. Jan. 16, 2017, <http://dx.doi.org/10.1016/j.acap.2017.01.002>).

Pediatricians were asked about specific components of tobacco screening and counseling, based on the U.S. Public Health Service 5 A's model (Ask, Advise, Assess, Assist, Arrange) in 2010 and 2004, and data revealed positive trends over time. Pediatricians were more likely in 2010 than in 2004 to report that they help adolescents assess reasons for and against continuing to smoke (56% vs. 48%) and were more likely to refer patients to a quit line (17% vs. 13%).

The authors found that most pediatricians in 2010 advised both adolescent patients and parents to quit smoking (84% and 69%, respectively), and many work with their patients and parents to as-

Pediatrician tobacco counseling activities for patient and parent smokers, 2010



Source: McMillen R, et al. *Acad Pediatr*. Jan. 16, 2017, <http://dx.doi.org/10.1016/j.acap.2017.01.002>

sess reasons for and against continuing to smoke (56% and 40%). Pediatricians were less likely to assist patients and parents with tobacco cessation by providing nicotine replacement therapy or other resources (17% and 15%) or by referring to a quit line (17% and 15%).

For all screening and counseling activities, pediatricians reported higher percentages for adolescent patients than for parent smokers (see figure). Pediatricians who participated in tobacco cessation training and those who routinely documented secondhand smoke exposure were more likely to counsel.

The low levels of assisting with cessation indicate that pediatricians experience barriers to addressing tobacco with patients and families in practice. These barriers may include limited time, competing priorities and uncertainty about evidence-based inter-

ventions for tobacco control.

The pediatric visit is an important opportunity to address tobacco cessation and prevention of secondhand smoke exposure with the whole family. Data from this study highlight that pediatricians need assistance in incorporating brief, evidence-based tobacco cessation interventions into the care delivered to patients and families.

Periodic Survey #61 was conducted from June to November 2004, and Periodic Survey #78 was conducted from August 2010 to January 2011. Each survey was mailed to approximately 1,600 non-retired AAP members in the United States, with a response rate of 54% in 2004 and 55% in 2010. Analyses were limited to pediatricians who had completed residency training and who provide health supervision.

RESOURCES

- For more information about addressing tobacco cessation and secondhand smoke prevention in practice or to join the AAP Section on Tobacco Control, visit the AAP Richmond Center's website at www.richmondcenter.org or contact Julie Gorzkowski, in the AAP Division of Tobacco Control and Julius B. Richmond Center of Excellence, at 847-434-7126 or jgorzkowski@aap.org.
- For more information on the Periodic Survey of Fellows, visit <http://www2.aap.org/research/periodicsurvey.htm> or contact Blake Sisk, in the AAP Division of Health Services Research, at 847-434-7630 or bsisk@aap.org.