

Immunize NY!

Bureau of Immunization

Welcome to *Immunize NY!*

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Frequently Used Abbreviations:

- ✓ **AAP:** American Academy of Pediatrics
- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** Centers for Disease Control and Prevention
- ✓ **FDA:** Food and Drug Administration
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **NYSIIS:** New York State Immunization Information System

Pfizer Inc. Discontinues Distribution of Prevnar 7

As of September 2010, Pfizer Inc. is no longer distributing Prevnar 7 since Prevnar 13 is available. ACIP recommendations for the use of Prevnar 13 in children ages 2–59 months can be found in the MMWR Weekly, March 12, 2010: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm>

Please remember to vaccinate any children under 5 years of age that completed the 4 doses of Prevnar 7 with a single dose of Prevnar 13.

Additional information on Prevnar 13 can be found at:

<http://www.pfizerpro.com/hcp/prevnar13>.

New Recommendations from the October 2010 ACIP meeting

The October 2010 ACIP meeting immunization recommendations were published in the January 14, 2011 edition of the MMWR: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e&source=govdelivery.

In short, they are:

1. Tdap (Tetanus, Diphtheria, Attenuated Pertussis) Vaccine
 - Adolescents ages 11-18 years who have completed the recommended DTP/DTPaP series should receive a single dose of Tdap in place of a Td vaccine dose. The preference is that this dose be given at the age 11 or 12 year old preventive care visits.
 - Children ages 7-10 who have not been adequately vaccinated with DTP/DTPaP, and for whom no contraindications exist, should receive a single dose of Tdap. If further doses are needed to fully immunize against tetanus and diphtheria, children ages 7-10 should be vaccinated according to the ACIP catch up schedule.
 - Adults ages 19-64 should receive a single dose of Tdap in place of a Td vaccine dose.
 - Adults ages 65 and older who have or who anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap. This will protect against pertussis and reduce the likelihood of transmission of pertussis to infants.

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New Recommendations from the October 2010 ACIP meeting

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The Pertussis Vaccines Working Group of ACIP reviewed published and unpublished Tdap immunogenicity and safety data from clinical trials and observational studies on use of Tdap. The Working Group also considered the epidemiology of pertussis, provider and program feedback, and data on the barriers to receipt of Tdap. The Working Group then presented policy options for consideration to the full ACIP. These additional recommendations are intended to remove identified barriers and programmatic gaps that contribute to suboptimal vaccination coverage. An important barrier that limited vaccination of persons with Tdap was unknown history of Td booster. Programmatic gaps included lack of a licensed Tdap vaccine for children aged 7 through 10 years and adults aged 65 years and older. In light of the recent increase of pertussis in the United States, the additional recommendations are made to facilitate use of Tdap to reduce the burden of disease and risk for transmission to infants.

Sometimes ACIP makes recommendations that differ from the FDA-approved package insert indications. There is usually very close agreement between vaccine package inserts and ACIP statements. The FDA must approve the package insert, and requires documentation for all claims and recommendations made in the insert. Occasionally, ACIP may use different data to formulate its recommendations, or try to add flexibility to its recommendations, which results in wording different than on the package insert. ACIP sometimes makes recommendations based on expert opinion and public health considerations. Published recommendations of national advisory groups (such as ACIP or AAP's Committee on Infectious Diseases) should be considered equally as authoritative as those on the package insert.

2. Meningococcal Vaccine

Meningococcal vaccine recommendations approved by ACIP include: 1) routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years and 2) a 2-dose primary series administered 2 months apart for persons aged 2 through 54 years with persistent complement component deficiency and functional or anatomic asplenia, and for adolescents with HIV infection. CDC guidance for vaccine providers regarding these updated recommendations is available at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e&source=govdelivery

Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23)

Updated recommendations for administration of 23-valent pneumococcal polysaccharide vaccine (PPSV23) among adults who are 19 years of age or older include:

- PPSV23 should be administered to adults aged 19-64 years with chronic or immunosuppressing medical conditions, including those who have asthma.
- Adults aged 19-64 years who smoke cigarettes should receive PPSV23 and smoking cessation guidance.
- Routine PPSV23 use is no longer recommended for Alaska Natives or American Indians aged <65 years unless they have medical indications for PPSV23. However, in certain situations, public health authorities may recommend PPSV23 for Alaska Natives and American Indians aged 50-64 years who are living in areas where the risk for invasive pneumococcal disease is increased.
- All persons should be vaccinated with PPSV23 at age 65 years. Those who received PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have passed since their previous dose. Those who receive PPSV23 at or after age 65 years should receive only a single dose.
- ACIP does not recommend routine revaccination for most persons for whom PPSV23 is indicated. A second dose of PPSV23 is recommended 5 years after the first dose for persons aged 19-64 years with functional or anatomic asplenia and for persons with immunocompromising conditions. ACIP does not recommend multiple revaccinations because of uncertainty regarding clinical benefit and safety.

For additional information, please see the September 3, 2010 MMWR article titled *Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23)* at the CDC website:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm?s_cid=mm5934a3_e.

Updated Intussusception Information on Rotarix Vaccine Label

The FDA approved revised Rotarix Prescribing Information and package insert regarding an increased risk of intussusception following administration of Rotarix. This was to inform healthcare providers about preliminary results from a postmarketing study conducted in Mexico. An interim analysis suggests an increased risk of intussusception in the 31 day time period after the first dose of Rotarix (relative risk of 1.8 with a 99% confidence interval of 1.0 to 3.1).

For the U.S., these findings translate to potentially 0-4 additional cases of intussusception hospitalizations per 100,000 infants within 31 days of receiving the first dose of Rotarix. This takes into consideration the background rate of intussusception hospitalizations in the U.S. which is approximately 34 in 100,000 infants per year. Further analysis showed that the increased number of intussusception cases occurred primarily within seven days after the first dose. This information can be found in section 6.2 (*Postmarketing Experience*) of the *Full Prescribing Information* sheet.

Given that the information available suggests a small risk of intussusception caused by Rotarix®, and given that the benefits of rotavirus vaccination are great, **CDC continues to recommend Rotarix® and RotaTeq® to prevent rotavirus disease**, the most common cause of severe diarrhea among children. Either vaccine may be used to protect infants and children from rotavirus disease.

No changes were made to the *Contraindications* or *Indications and Usage* sections of the package insert.

The FDA's label revision approval letter, package insert and *Information on Rotarix - Labeling Revision Pertaining to Intussusception--Questions and Answers*, can be found on the FDA website at: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm133920.htm>.

In addition, the CDC has information regarding the updated Rotarix vaccine label. Question and answer pages are available on the CDC's website for health care professionals and parents at the following links:

<http://www.cdc.gov/vaccines/vpd-vac/rotavirus/Vac-label-hcp.htm>

<http://www.cdc.gov/vaccines/vpd-vac/rotavirus/Vac-label-parents.htm>

An interim Rotarix Vaccine Information Statement is now available at the IAC website:

<http://www.immunize.org/vis/rotavirus.pdf>

Fluzone Influenza Vaccine and Reports of Febrile Seizures in Children

The FDA and CDC have recently detected an increase in the number of reports to the Vaccine Adverse Event Reporting System (VAERS) of febrile seizures, primarily in children younger than 2 years of age, following vaccination with Fluzone (trivalent inactivated influenza vaccine or TIV, manufactured by Sanofi Pasteur, Inc.). Data from VAERS are preliminary and serve as a sign or indication that further investigation is warranted. Further investigations are under way. In the cases reported, all children recovered and no lasting effects have been seen. **Recommendations for the use of flu vaccine in children have not changed.**

For more information, please visit: <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm240037.htm>.

Duration of Immunity for Influenza Vaccine

A question heard frequently by the NYSDOH Bureau of Immunization is: what is the duration of immunity for influenza vaccine? The answer from ACIP's 2010-11 influenza vaccine recommendations is:

- The recommended composition of influenza vaccines changes in most seasons, with one or more vaccine strains replaced annually to provide better protection against wild-type viruses that are likely to circulate. **The protection a person gets from an influenza vaccine lasts throughout a flu season.**

Adults aged 65 years and older usually have a diminished immune response to influenza vaccination compared with healthy young adults. This suggests that immunity might be of shorter duration (although still extending through one influenza season). **However, a review of the published literature concluded that no clear evidence existed that immunity declined more rapidly in the elderly.** Additional vaccine doses during the same season do not increase the antibody response.

Visit the CDC website for more information about the duration of influenza vaccine immunity:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm?s_cid=rr5908a1_w.

So Many Changes, So Little Time...

Staying current on immunization recommendations and practices can be challenging. There is one very important tool which will automatically update your practice as soon as changes are announced: **CDC Email Updates.**

The CDC's *Email Updates* is a **free** email subscription service which allows you to receive email alerts **as soon as** new immunization information is available. You get updated information on the items of interest to you **automatically** without having to return to the web site and check for changes. To choose the topics for which you'd like to receive automatic emails **every time** information is updated, go to the CDC website:

<http://www.cdc.gov/emailupdates/index.html>.

Your email address will only be used to deliver the requested information or to give you access to your user profile (the list of items you chose to be updated on).

Sign up today! CDC's *Email Updates* include:

- All things immunization (for example: Vaccine Information Statements, provider resources for talking with parents, vaccine delays and shortages, pink book, pre-teen/adolescent vaccine information, ACIP recommendations, schedules, immunization-related MMWRs, vaccine safety and many other topics).
- All things influenza (for example: health care professionals vaccination resources, facts about flu and flu vaccine, National Influenza Vaccination Week).

Did you know?

Novartis now recommends that Menveo vaccine
be shaken well after reconstitution.

For more information please go to:

[https://www.novartisvaccinesdirect.com/Menveo/
DosingandAdministration](https://www.novartisvaccinesdirect.com/Menveo/DosingandAdministration)

Did you know?

CDC's 2011 Childhood & Adolescent Immunization Schedules (birth-18 years) was published on February 11, 2011.

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#hcp>

CDC's 2011 Adult Immunization Schedule was published on February 4th, 2011.

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Sign up to receive an automatic email from the CDC when schedules are published.

See page 4, *So May Changes, So Little Time...* for details.

CDC Adult Immunization Scheduler

Download this CDC provider tool to determine the vaccines your patients need according to the Recommended Adult Immunization Schedule. The Scheduler reflects current recommendations such as: clarifications for risk groups and immunocompromising conditions, flexibility in listing additional doses of MCV4/MPSV4 and PPSV23, and a correction of PSSV23 recommendations. Visit the CDC website at <http://www.cdc.gov/vaccines/recs/Scheduler/AdultScheduler.htm> to download the Scheduler.

Most Valuable Resource Outside of the CDC!

The Immunization Action Coalition (IAC) is a premier source of childhood, adolescent, and adult immunization information for healthcare professionals. The IAC creates and distributes educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services. The IAC also facilitates national communication about the safety, efficacy, and use of vaccines within the broad immunization community of patients, parents, healthcare organizations, and government health agencies. All this is accomplished via their website, free email update subscriptions, electronic newsletters, videos, continuing education opportunities and a close alliance with the CDC. Please get to know this site! www.immunize.org.

The IAC supports providers with many tools and resources, including:

- *Ask the Experts*. CDC experts answer challenging and timely questions about vaccines and their administration. This is an especially useful tool for the questions you may have in day to day practice. Visit the IAC website for more information: <http://www.immunize.org/askexperts/>.
- *Vaccine Package Inserts Index*. The IAC makes it easy to find all package insert information for vaccines licensed for use in the United States. Go to: <http://www.immunize.org/packageinserts/>.
- *Manufacturers Contact and Product Information*. The IAC provides website links, contact information, and product listings for vaccine and immune globulin manufacturers. For the listings of U.S. vaccine product manufacturers' visit: http://www.immunize.org/resources/manufact_vax.asp.

Did you know?

Federal law requires that a copy of the appropriate Vaccine Information Statement (VIS) be given to the adult recipient or to a child's parent/legal representative prior to vaccination.

Visit the Immunization Action Coalition website to view "It's Federal Law" which details those VISs required by law and those recommended.

<http://www.immunize.org/catg.d/p2027.pdf>

Educational Opportunities for Nurses

The American Nurses Association (ANA) and Every Child By Two have collaborated to develop *Bringing Immunity To Every Community*, a continuing education webinar for nurses. The purpose of this webinar is to increase immunization competency among nurses by offering practical knowledge and skills on vaccine safety and patient communication. Specifically, this course covers:

- Impact of vaccines on society.
- How the nursing profession is vital to the promotion of immunizations.
- Benefits of vaccination to nurses (and healthcare personnel).
- Vaccine safety and adverse event reporting.
- Common questions and vaccine myths.
- Risk Communication methods to reduce concerns and increase vaccine acceptance.

This continuing education module is **FREE** to members and non-members. The Colorado Foundation for Medical Care (CFMC) provides 2.5 contact hours for the program. CFMC is an approved provider of continuing nursing education by the Colorado Nurses Association and accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information go to the ANA website: www.anaimmunize.org/Main-Menu-Category/nurse-education/Webcast.aspx.

Another continuing education opportunity for nurses comes from the SUNY School of Public Health *Nursing Training on Immunizations Project* (NTIPS). This program offers webinars, webcasts and other resources for nurses. To learn more about NTIPS visit http://www.albany.edu/sph/coned/nurse_tip_coned.htm.

Lead Reports Join Immunization Information

To further improve lead testing rates for New York State children, the department linked the NYSIIS with the lead registry (LeadWeb) to integrate children's lead testing and immunization information.

LeadWeb is a secure, confidential electronic database in which lead test results reported by clinical labs are maintained. Local and state health departments use it to track lead testing of children and follow-up services for those children with elevated blood lead levels, but it has not been accessible to health care providers.

The linkage:

- Facilitates blood lead test reporting into NYSIIS by physician office laboratories that use portable office-based testing devices.
- Allows health care providers to view children's lead test histories in NYSIIS.
- Enables state and local health departments to assess lead testing practices and target quality improvement activities.

Health care providers who use office-based lead testing are required to report results to the state health department within 14 business days of the date of analyses. Physician office laboratories that reported on paper are now able to report electronically via manual entry into the lead module of NYSIIS.

With NYSIIS, a provider can see test results entered by other physician office laboratories and those results submitted by clinical laboratories, both of which are critical to understanding the histories of patients.

Since September 27, 2010, eight live NYSIIS-Lead Training webinars have been held for local health departments and providers. Over 300 providers have attended the webinars. Providers who have not attended a training can choose to watch a recorded training webinar. Go to www.nysdoh.webex.com and:

1. Select *Training Center* from the top tabbed menu.
2. Click on *Recorded Sessions* on the left side of the screen.
3. Type NYSIIS in the search field to bring up all related trainings.
4. Locate *NYSIIS-Lead Training* under *Topic*.
5. Click on the green playback tab on the right side of the screen.

Did you know?

Quadrivalent human papillomavirus vaccine (HPV4; Gardasil, Merck & Co. Inc.) may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts and to prevent anal cancer.

The NYSDOH Vaccines for Children (VFC) Program provides HPV4 vaccine to VFC enrolled providers for males 9-18 years of age who are Medicaid eligible, without health insurance, American Indian or Alaska Native, underinsured **and** seen at Federally Qualified Health Centers. Males 9-18 years old are also covered if they are enrolled in the Child Health Plus program (SCHIP). The vaccine is available for ordering.

Did you know?

The California Department of Public Health's Immunization Branch developed a tool to assist providers in identifying DTaP and Tdap vials.

This publication can be found
at California's website:

<http://www.eziz.org/PDF/IMM-508.pdf>.

Vaccine Safety Resources

CDC: *Provider Resources for Vaccine Conversations with Parents*
<http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>

Click on "Get Email Updates" on the CDC link above to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated!

Immunization Action Coalition (IAC): *Need Help Responding to Vaccine-hesitant Parents?*
<http://www.immunize.org/catg.d/p2070.pdf>

NYSDOH: http://www.nyhealth.gov/prevention/immunization/vaccine_safety.htm

CDC: <http://www.cdc.gov/vaccinesafety/>

IAC: <http://www.immunize.org/concerns/>

Every Child By Two: <http://www.vaccinateyourbaby.com>

FDA: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm>

AAP: <http://www.aap.org/immunization/>

Children's Hospital of Philadelphia, Vaccine Education Center:
<http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75697>

Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at the CDC website:
<http://www.cdc.gov/vaccines/vac-gen/shortages>.

Vaccine recall information will be provided as it is necessary through the NYSDOH Health Commerce System (HCS) and through this newsletter.

General information on recalled vaccines is available at the CDC website:
<http://www.cdc.gov/vaccines/recs/recalls/default.htm>.

2006 ACIP *General Recommendations on Immunization* Updated

The January 28, 2011 report updates the 2006 version of ACIP's *General Recommendations on Immunization*. Notable revisions to the 2006 recommendations include:

- 1) revisions to the tables of contraindications and precautions to vaccination, as well as a separate table of conditions that are commonly misperceived as contraindications and precautions;
- 2) reordering of the report content, with vaccine risk-benefit screening, managing adverse reactions, reporting of adverse events, and the vaccine injury compensation program presented immediately after the discussion of contraindications and precautions;
- 3) stricter criteria for selecting an appropriate storage unit for vaccines;
- 4) additional guidance for maintaining the cold chain in the event of unavoidable temperature deviations;
- 5) updated revisions for vaccination of patients who have received a hematopoietic cell transplant.

The most recent ACIP recommendations for each specific vaccine should be consulted for comprehensive details. To read the report in full, visit the MMWR website:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e&source=govdelivery

Important Contact Information

NYSDOH Bureau of Immunization

Phone: 518.473.4437 email: immunize@health.state.ny.us

Website: www.nyhealth.gov/prevention/immunization/

For more information, please contact your local health department or regional NYSDOH Bureau of Immunization office:

Western Regional Office

Buffalo: 716-847-4385

Rochester: 585-423-8014

Central New York Regional Office

Syracuse: 315-477-8164

Capital District Regional Office

Troy: 518-408-5278

Oneonta: 607-432-2890

Metropolitan Area Regional Office

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Providers and facilities in New York City should contact:

New York City Department of Health and Mental Hygiene, 212-676-2323.

Email the NYSDOH Bureau of Immunization
to receive this e-newsletter directly if you did not.