

Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in *Vaccine Highlights* is current as of October 24, 2011.

The next ACIP meetings

A committee of 15 national experts, the Advisory Committee on Immunization Practices (ACIP) advises CDC on the appropriate use of vaccines. ACIP meets 3 times a year in Atlanta; meetings are open to the public. The next meetings will be held in 2012 on Feb. 22–23 and June 20–21. For more information, visit www.cdc.gov/vaccines/recs/acip.

ACIP periodically issues public health recommendations on the use of vaccines. Clinicians who vaccinate should have a current set for reference. Published in the *Morbidity and Mortality Weekly Report (MMWR)*, ACIP recommendations are easily available. Here are sources:

- Download them from links on IAC's website: www.immunize.org/acip
- Download them from CDC's website: www.cdc.gov/vaccines/pubs/acip-list.htm

Influenza vaccine news

On Aug. 26, CDC published ACIP's 2011 influenza recommendations, "Prevention and Control of Influenza with Vaccines." The recommendations include information regarding the vaccination schedule for children ages 6 months through 8 years and considerations regarding vaccinating people with egg allergy. To obtain a copy of the recommendations, go to www.cdc.gov/mmwr/pdf/wk/mm6033.pdf and see pages 1128–1132.

On July 26, CDC released two VISs for 2011–12 influenza vaccine: one for trivalent inactivated influenza vaccine (TIV; injectable) and one for live attenuated influenza vaccine (LAIV, nasal spray, FluMist). To access the VIS for TIV, go to www.immunize.org/vis/vis_flu_inactive.asp. To access the VIS for LAIV, go to www.immunize.org/vis/vis_flu_live.asp. More than a dozen translations of the 2011–12 influenza VISs are available at the links above.

Also on July 26, CDC published a large-print version of the 2011–12 VIS for trivalent inactivated influenza vaccine (TIV; injectable). The intent is to make it easier for people with reduced vision or visual acuity to read the VIS. To access it, go to www.immunize.org/vis/flu_inactive_large_print.pdf.

In September, CDC posted "Note to Providers: Febrile Seizures Associated with TIV & PCV13" to its website. The provider note concerns a sentence that appears in the 2011–12 VIS for trivalent inactivated influenza vaccine (TIV; inject-

able). The sentence mentions that an increased risk of febrile seizures exists when TIV and pneumococcal conjugate vaccine (PCV13) are given to young children simultaneously. However, because delaying either of these vaccines poses health risks, ACIP does not recommend administering TIV and PCV13 at separate visits or deviating from the recommended vaccine schedule in any way. To access the note to providers, go to www.cdc.gov/vaccines/pubs/vis/tiv-pcv-note.htm.

In the October issue of *Pediatrics*, the American Academy of Pediatrics (AAP) published "Policy Statement—Recommendations for Prevention and Control of Influenza in Children, 2011–2012." To read the statement, go to <http://pediatrics.aappublications.org/cgi/reprint/peds.2011-2295v1>.

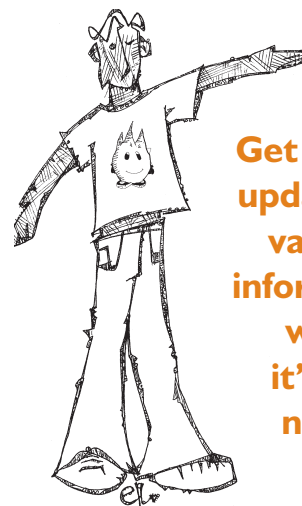
Tdap vaccine news

On Oct. 21, CDC published ACIP recommendations titled "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months." The recommendations call for health-care providers to administer Tdap to pregnant women who previously have not received the vaccine, preferably late in the second trimester (after 20 weeks gestation) or during the third trimester. If not administered during pregnancy, Tdap should be administered immediately postpartum. Additionally, to protect infants against pertussis, adolescents and adults who have not already received their routine Tdap dose, and anticipate having close contact with an infant younger than age 12 months, should receive a single dose of Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant. The recommendations also include information on administering Tdap in these special situations: (1) to pregnant women who are due for a tetanus booster, (2) to pregnant women for wound management, and (3) to pregnant women with unknown or incomplete tetanus vaccination. To obtain a copy of the recommendations, see pages 1424–1426 of this document: www.cdc.gov/mmwr/pdf/wk/mm6041.pdf.

On Sept. 23, CDC published an article titled "FDA Approval of Expanded Age Indication for a Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine." The article summarizes indications for use of the Tdap vaccine Boostrix (GSK), including use in adults age 65 years and older who have not previously received the vaccine. FDA approved this age indication in

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July 2011. Boostrix is now indicated for use in people age 10 years and older. The article summarizes indications and guidance for use of both Tdap vaccines licensed for U.S. use, Boostrix and Adacel (sanofi pasteur). According to ACIP, either Tdap product may be used in people 65 and older. To access the article, go to www.cdc.gov/mmwr/pdf/wk/mm6037.pdf and see pages 1279–1280.

Meningococcal vaccine news

On Oct. 14, CDC published "Recommendation of the Advisory Committee on Immunization Practices (ACIP) for Use of Quadrivalent Meningococcal Conjugate Vaccine (MenACWY-D) Among Children Aged 9 Through 23 Months at Increased Risk for Invasive Meningococcal Disease." The recommendations call for administering MenACWY-D (Menactra; sanofi pasteur) as a 2-dose primary series (doses to be spaced 3 months apart) to children age 9 through 23 months who (1) have persistent complement component deficiencies (e.g., C5-C9, properdin, factor H, or factor D), (2) are traveling to or residents of countries where meningococcal disease is hyperendemic or epidemic, or (3) are in a defined risk group during a community or institu-

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tional meningococcal outbreak. To obtain a copy of the recommendations, go to pages 1391–1392 of this document: www.cdc.gov/mmwr/pdf/wk/mm6040.pdf.

On Oct. 14, CDC published an updated edition of the interim VIS for meningococcal vaccines. It incorporates changes in the routine schedule and indications, as well as in the precautions and adverse events sections. Primarily because of the latter changes, CDC advises providers to begin using the new VIS as soon as possible. To access the VIS, go to www.immunize.org/vis/meningococcal.pdf.

On Aug. 5, CDC published an article titled “Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease.” The report summarizes data supporting (1) FDA’s January 2011 approval for extending the age indication for the quadrivalent meningococcal conjugate vaccine Menveo (Novartis) from 11–55 years to 2–55 years and (2) the interchangeability of the two licensed meningococcal conjugate vaccines, Menveo and Menactra (sanofi pasteur). To obtain a copy of the article, go to www.cdc.gov/mmwr/pdf/wk/mm6030.pdf and see pages 1018–1019.

Rotavirus vaccine news

On Oct. 21, CDC published an article titled “Addition of History of Intussusception as a Contraindication for Rotavirus Vaccination” in *MMWR*. The article includes information that rotavirus vaccine is now contraindicated for infants with a history of intussusception. Previously, CDC had considered history of intussusception a precaution. To read the *MMWR* article, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a5.htm.

Vaccine coverage 2010

On Sept. 2, CDC published “National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months—United States, 2010” in *MMWR*, Vol. 60 (34). The National Immunization Survey (NIS) provides vaccination coverage estimates for children ages 19–35 months for each of the 50 states and 17 selected urban areas, and territories. To access the NIS report, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a2.htm.

On Aug. 26, CDC published “National and State Vaccination Coverage Among Adolescents Aged 13 Through 17 Years—United States, 2010.” The National Immunization Survey (NIS) provides vaccination coverage estimates for adolescents ages 13 through 17 years in the 50 states, the District of Columbia, selected local areas, and the U.S. Virgin Islands. To access the NIS report, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a1.htm.

Additional resources

The American Academy of Pediatrics (AAP) recently published updates to its vaccination policy statements on the following: hepatitis A, Tdap, poliovirus, and quadrivalent and monovalent varicella. To access these and other AAP vaccination policy statements on IAC’s website, go to www.immunize.org/aap.

On Aug. 25, the Institute of Medicine (IOM) released a new report titled “Adverse Effects of Vaccines: Evidence and Causality.” IOM reviewed a list of adverse events associated with eight vaccines and evaluated the scientific evidence about the event-vaccine relationship. Overall, the committee concluded that few health problems are caused by or clearly associated with vaccines. To access the report, go to www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx.

American College of Physicians’ *Guide to Adult Immunization (4th Edition: A Team-Based Manual)* is available at no cost in electronic and hard-copy formats. The guide is intended to help internists develop systematic processes for incorporating immunization in their day-to-day practice. To download the guide, go to <http://immunization.acponline.org>. To order it (supplies

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may be limited), go to https://www.acponline.org/atpro/timssnet/products/tnt_products.cfm?action=long&primary_id=110510100.

Current VISs and dates

The use of most Vaccine Information Statements (VISs) is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs against this list. If you have outdated VISs, print current ones from IAC’s website at www.immunize.org/vis. You’ll find VISs in more than 30 languages.

DTaP/DT/DTP	5/17/07	MMRV	5/21/10
Hepatitis A	10/25/11	PCV	4/16/10
Hepatitis B	7/18/07	PPSV	10/6/09
Hib	12/16/98	Polio	1/1/00
HPV (Cervarix)	5/3/11	Rabies	10/6/09
HPV (Gardasil)	5/3/11	Rotavirus	12/6/10
Influenza (LAIV)	7/26/11	Shingles	10/6/09
Influenza (TIV)	7/26/11	Td/Tdap	11/18/08
Japan. enceph.	3/1/10	Typhoid	5/19/04
Meningococcal	10/14/11	Varicella	3/13/08
MMR	3/13/08	Yellow fever	3/30/11

Multi-vaccine VIS9/18/08
(for 6 vaccines given to infants/children:
DTaP, IPV, Hib, HepB, PCV, RV)

IAC Welcomes Laurel Wood as Coordinator for Public Health

Laurel Wood, MPA, recently joined the Immunization Action Coalition (IAC) as coordinator for public health. Laurel has worked in a variety of public health communicable disease/epidemiology programs for almost thirty years. She recently retired after serving for sixteen years as the immunization program manager for the Alaska Department of Health and Social Services. In that role Laurel provided overall management and oversight for multiple program activities, including distribution of vaccines from a centralized depot to public and private providers throughout the state, development of a state immunization information system (IIS), and coordination of site visits with VFC providers and school/child care facilities. Laurel is the author of more than eighty immunization articles published in the *State of Alaska Epidemiology Bulletin*, and for many years she provided immunization training for students in the nursing/nurse practitioner programs at the University of Alaska Anchorage.



Laurel Wood, MPA

J. Smith, M.D. Award, presented by the Association of Immunization Managers (AIM) “in recognition of her high level of initiative, creativity and commitment to achieving vaccine-preventable disease goals, her service as a role model for immunization program managers, and her significant contributions to the advancement of the mission of the Association of Immunization Managers.”

Prior to moving to Alaska, Laurel served for fourteen years in a variety of roles with the Tennessee Department of Health, including section chief of Communicable and Environmental Disease Services and director of the AIDS/HIV Program.

Laurel helped found the Association of Immunization Managers, serving in leadership capacities or as a member of the organization’s Executive Committee from 1999–2011. In 1999, she became AIM’s original chair, and she assumed the role of chair again in 2009. She represented AIM on several national committees and served as the lead of the Guidelines for Vaccine Storage and Handling Equipment Subgroup of CDC’s International Vaccine Stability Workgroup.

Laurel’s photograph has been added to IAC’s staff page at www.immunize.org/aboutus/iacstaff.asp.