Dr. William L. Atkinson, Immunization Legend, Retiring from CDC

After 25 years of service, Dr. William (Bill) L. Atkinson will be retiring from the Centers for Disease Control and Prevention’s (CDC) National Center for Immunization and Respiratory Diseases (NCIRD) at the end of June. Well known to readers of the popular Needle Tips column “Ask the Experts,” Dr. Atkinson has had tremendous impact on the U.S. immunization program during his career. The following tributes from Dr. Larry K. Pickering and Dr. Deborah L. Wexler attest to the significance of Dr. Atkinson’s tenure of service at CDC. Larry K. Pickering, MD, FAAP, senior advisor to the director of NCIRD and executive secretary of the Advisory Committee on Immunization Practices (ACIP), honored Dr. Atkinson at the February 2012 ACIP meeting. The following paragraphs are adapted from Dr. Pickering’s speech at ACIP. Dr. Wexler’s accolades follow Dr. Pickering’s.

Following training in psychology, medicine, and epidemiology, and board certification in internal medicine and preventive medicine, Bill arrived at CDC in 1983 as an Epidemic Intelligence Service (EIS) officer. Following his two-year assignment as an EIS officer, he served at the Louisiana State Health Department in New Orleans and was on the faculty of the Tulane University School of Public Health and Tropical Medicine until 1989, when he moved to Atlanta. From 1989 through 1994, he was responsible for measles surveillance and outbreak investigation for what was then known as the National Immunization Program. He was the point person for measles during the major resurgence of 1989 through 1991.

The first ACIP statement Bill wrote was the noteworthy 1989 recommendation on measles prevention. It made a significant change in the childhood immunization schedule by recommending two doses of measles-containing vaccine. The Advisory Committee on Immunization Practices (ACIP), honored Dr. Atkinson at the February 2012 ACIP meeting. The following paragraphs are adapted from Dr. Pickering’s speech at ACIP. Dr. Wexler’s accolades follow Dr. Pickering’s.

From 1983 to 1989, Bill served as an Epidemic Intelligence Service (EIS) officer at the Louisiana State Health Department in New Orleans. Through this work, he gained a broad perspective on infectious disease control and prevention.

In 1989, when he moved to Atlanta, Bill became the director of NCIRD and executive secretary of the Advisory Committee on Immunization Practices (ACIP). Under his leadership, NCIRD and ACIP have become leaders in the field of public health and preventive medicine.

In 2005, Bill was named the director of ACIP. Under his leadership, ACIP has become one of the most respected and influential bodies in the United States.

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In 1995, Bill conceived, developed, and took his extensive interaction with front-line clinicians. Bill continued to be an author on subsequent editions, including the 2011 version. Over the past 15 years, Bill has served as a member of almost every ACIP work group, providing useful input based on his extensive interaction with front-line clinicians. Bill has been a trailblazer throughout his career:

- In 1995, he pioneered the use of satellite and broadcast technology to bring immunization education to thousands of immunization providers simultaneously. Since 1995, he produced, wrote, and/or appeared in more than 100 broadcasts and webcasts that were viewed by more than 300,000 healthcare providers.
- In 1995, Bill conceived, developed, and took the lead in writing one of CDC’s most widely sought-after books, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (aka the Pink Book). The book is now in its twelfth edition, and more than 400,000 copies have been distributed.
- In 1995, Bill developed nipinfo@cdc.gov, one of the first and most long-lived program-specific email services at CDC. NIPINFO, which provides access to CDC immunization experts, is run by Bill and other staff of CDC’s Immunization Services Division. Since 1995, NIPINFO has responded to between 5,000 and 10,000 queries per year.

Bill’s talent as a speaker is legendary within the immunization community. He is in constant demand for live presentations. During his tenure at CDC, he gave more than 600 invited lectures and taught more than 100 two-day training courses across the United States, addressing more than 150,000 attendees.

The recipient of numerous awards, Bill was the first recipient of CDC’s highest immunization honor, the Phil Horne Award, which is given to recognize NCIIRD staff members who have demonstrated high ideals, innovation, and commitment to immunization practices, and whose accomplishments and work performance have had a significant impact on achieving NCIRD’s mission. He was also the 2001 recipient of the Bill Watson Medal of Excellence, the highest award given to a CDC employee.

Throughout his career, Bill has used his creativity, dynamic personality, and exceptional teaching abilities to the benefit of the immunization community. His numerous accomplishments serve as an inspiration to all of us.

Deborah L. Wexler, MD, executive director of the Immunization Action Coalition (IAC), recalled the first time she heard Bill speak at an immunization conference. “He was breathtaking. His style was completely engaging, entertaining, and energizing. His content was factual and practical. I’d never heard anyone give a presentation about immunization as dynamically as Bill did. Nor had I ever met anyone with the depth and breadth of knowledge about immunization that Bill had.

“Bill’s contributions to IAC have been immeasurable. From writing his first “Ask the Experts” column for IAC in 1995 to reviewing IAC’s educational materials, he has been an enormously valued partner to IAC for nearly 20 years. He was IAC’s CDC project officer from 2000 to 2004, a time of critical expansion for IAC. Since then, he has consistently helped to clarify and sharpen our work. As IAC’s founder, I am so appreciative of all that Bill has contributed.”

All of us at IAC are grateful to Dr. Atkinson for his enduring leadership and dedication. We wish him great happiness in retirement and hope the immunization community can continue to engage his boundless talents!
Alaska Natives who live in areas where the risk for invasive pneumococcal disease is increased. Please see IAC’s “Pneumococcal Polysaccharide Vaccine: CDC answers your questions” at www.immunize.org/catg.d/p2015.pdf.

Editor’s note: The next Q&A explains which adults need a second dose of PPSV.

**Which adults should receive a second dose of PPSV?**

One-time revaccination 5 years after the first dose is recommended for people age 19 through 64 years who have functional or anatomic asplenia (including persons with sickle cell disease or splenectomy patients); chronic renal failure (including dialysis patients) or nephrotic syndrome; are immunocompromised, including those with HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy; are receiving immunosuppressive therapy (including long-term systemic corticosteroids or radiation therapy); or who have received an organ or bone marrow transplant.

Adults who receive their first PPSV at or after age 65 years should receive only a single dose, regardless of their health status. Please see IAC’s “Pneumococcal Polysaccharide Vaccine: CDC answers your questions” at www.immunize.org/catg.d/p2015.pdf.

**PCV13 is now licensed for use in adults, but I don’t see anything about it in the 2012 adult immunization schedule. How should it be used?**

FDA licensed PCV13 (Prevnar13; Pfizer) for adults age 50 years and older in December 2011. At its February 2012 meeting, ACIP reviewed the evidence for the use of PCV13 in adults but did not vote on recommendations for its use in adults. As always, physicians can use their clinical judgment and use FDA-licensed vaccines if they would like to do so.

**What are the minimum intervals for giving the 3-dose series of Twinrix (hepatitis A-hepatitis B vaccine; GSK)?**

Minimum intervals for Twinrix are 4 weeks between dose #1 and dose #2, and 5 months between dose #2 and dose #3.

**When reconstituting a vaccine with the manufacturer-supplied diluent, should the clinic nurse administer exactly 0.5 mL and then discard the rest?**

No. The nurse should administer the entire volume supplied. The package inserts include this information.

**Should we fill out a report with the Vaccine Adverse Event Reporting System (VAERS) if a patient faints after getting a vaccination, even if no injury or complication resulted?**

Yes. VAERS looks for trends, so such information is helpful. To find out about VAERS and the kinds of events you should report to the system, visit vaers.hhs.gov/index.

**If a new version of a VIS becomes available, is it legal for us to use up the outdated VISs or do we have to discard them and provide the most up-to-date version?**

When a new or updated VIS is released, CDC posts information on its website that indicates if healthcare providers can use up their stock of the old version of the VIS or should discard the old version and begin using the new VIS right away. The answer generally depends on how significantly the VIS was changed. You can tell what has been changed recently by going to the CDC website at www.cdc.gov/vaccines/pubs/vis/vis-news.htm.

To determine whether you need to use the new one versus the old, you can have CDC email you an update by subscribing to CDC’s free email subscription service at www.cdc.gov/emailupdates. After you’ve signed up, you’ll be taken to a page with lots of options. Once there, check the Vaccine Information Statements box under the section titled “Vaccines & Immunizations.”

**A 10-year-old girl came to our immunization clinic, and the nurse noted crustoid lesions on her arms and legs. The parent said the child had had chickenpox a week earlier. The girl was not ill, so we vaccinated her. But now I am wondering if her recent case of chickenpox might interfere with her immune response to vaccines.**

Do not be concerned that the girl’s recent case of chickenpox will interfere with her immune response. Previous history of chickenpox disease, even recent disease, will not interfere with the immune response to different vaccines. To review the true contraindications and precautions to vaccination, consult IAC’s “Guide to Contraindications and Precautions to Commonly Used Vaccines” at www.immunize.org/catg.d/p3072a.pdf. Another helpful resource is ACIP’s General Recommendations on Immunization. It contains a useful table titled “Conditions commonly misperceived as contraindications to vaccination.” The table is available at www.cdc.gov/vaccines/recs/vac-admin/contraindications-misconceptions.htm.

**A child wiggled when we were injecting a dose of vaccine, and approximately half the dose was lost. Should we revaccinate the child? If so, when?**

When injectable vaccine volume is lost (patient moves, syringe leaks), it may be difficult to judge how much vaccine the patient actually received. In general, you should treat this as a nonstandard injectable dose and should not count it. If it was an inactivated vaccine, you should re-immunize the person as soon as possible. If it was a live vaccine, you can give another dose if you detect the error on the same clinical day; otherwise you should wait 28 days to give the next dose. However, if part of a dose of an oral vaccine (rotavirus) was spit out, count the dose and do not administer a second dose.

**Should a healthcare worker who has just received a dose of a live virus vaccine (varicella, MMR, LAIV, yellow fever) stay away from other vaccine.**

No. Healthcare workers should not refrain from working after receiving live virus vaccines or any other vaccine.