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Don’t Just “Offer” HPV Vaccine to Parents for Preteens. Recommend It!

Let’s start with the good news. Since human papillomavirus (HPV) vaccine was licensed for use in the U.S. in 2006, vaccine-type HPV prevalence has declined 56% among females 14–19 years of age. Now for the bad news. According to CDC’s most recent National Immunization Survey for teens, HPV vaccination rates did not increase at all from 2011 to 2012 in 13- to 17-year-old girls. Only half of these teens received the first dose of this anticancer vaccine, and only one-third received the full 3-dose series. Tdap and meningococcal vaccines were added to the vaccination schedule for preteens at about the same time; their coverage rates are quite high, 85% and 74%, respectively. These survey results demonstrate that we are missing opportunities to vaccinate preteens for HPV. We need to do better.

Research consistently shows that a provider’s recommendation to vaccinate is the single most influential factor in convincing parents to vaccinate their children. Here are some important points to remember and statements you can make to parents when recommending HPV vaccine:

• Rather than asking a parent if they’re interested in getting HPV vaccine for their child, say: “HPV vaccine is very important because it prevents cancer. That’s why I’m recommending that your daughter/son receive the first dose of HPV vaccine today.”
• You can say: “HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both men and women.”
• You can say: “We’re vaccinating today so your child will have the best protection possible, well before they get exposed to HPV.”
• You can say: “I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend’s children. Experts (like the AAP, AAFP, ACOG, cancer doctors, and CDC) also agree that this vaccine is very important for your child.”

Your approach to discussing HPV vaccination with a parent strongly influences whether they have their child vaccinated. When you ask parents if they’d like to vaccinate their child, vaccine acceptance drops significantly. Your strong recommendation is what is needed to protect our nation’s children from HPV.

See page 6 for more sample scripts from CDC about how to recommend HPV vaccine, and page 7 for IAC’s new HPV handout for parents.

Ask the Experts

IAC extends thanks to our experts, medical officer Andrew T. Kroger, MD, MPH; nurse educator Donna L. Weaver, RN, MN; and medical officer Iyabode Akinsanya-Beyso1ow, MD, MPH. All are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

General vaccine questions

What are the ACIP recommendations for vaccination of preterm infants?

Preterm infants should be vaccinated at the same chronological age and according to the same schedule as full-term infants, regardless of birth weight, with the exception of the birth dose of hepatitis B vaccine. Infants weighing less than 2 kg (4.4 lb) whose mothers’ HBsAg status is either positive or unknown should receive HBIG (hepatitis B immune globulin) and hepatitis B vaccine within 12 hours of birth. This dose of hepatitis B vaccine should not be counted as a valid first dose in the series, and it should be repeated at age 1–2 months. If the preterm infant’s mother’s HBsAg status is negative, the infant’s first dose of hepatitis B vaccine should be withheld until the infant is chronologically 1 month of age or is ready to be discharged from the hospital, whichever occurs first. For complete details, see the Vaccination of Preterm Infants section (pages 25–26) of the ACIP General Recommendations on General vaccine questions

Immunization questions?

• Call the CDC-INFO Contact Center at (800) 232-4636 or (800) CDC-INFO
• Email nipinfo@cdc.gov
• Call your state health dept. (phone numbers at www.immunize.org/coordinators)
for certain high-risk children: MenHibrix (Hib-MenCY, GSK) for children 6 weeks through 18 months of age, Menevo for children 2 months and older, and Menactra (MCV4-D, sanofi) for children 9 months and older.

In the November issue of the journal Pediatrics, the American Academy of Pediatrics (AAP) endorsed ACIP’s recommendations for meningococcal vaccination of children and adults. See http://pediatrics.aappublications.org/content/132/5/e1463.full. The publication Prevention and Control of Meningococcal Disease: Recommendations of ACIP is available at www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

Measles news

In the September 13 issue of MMWR, CDC published three reports on measles outbreaks in the United States:

- “Measles—U.S., January 1–August 24, 2013,” available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm;
- “Notes from the Field: Measles Outbreak Among Members of a Religious Community—Brooklyn, New York, March–June 2013” at www.cdc.gov/mmwr/preview/mmwrhtml/mm66236a5.htm; and
- “Notes from the Field: Measles Outbreak Associated with a Traveler Returning from India—North Carolina, April–May 2013” at www.cdc.gov/mmwr/preview/mmwrhtml/mm66236a6.htm.

J. encephalitis vaccine news

On November 15, CDC published “Use of Japanese Encephalitis Vaccine in Children: Recommendations of the Advisory Committee on Immunization Practices, 2013.” In May 2013, the Food and Drug Administration approved Intercell Biomedical’s license application to extend the age range of its inactivated Japanese encephalitis vaccine (IXIARO) from age 17 years and older to age 2 months and older. This ACIP statement can be accessed at www.cdc.gov/mmwr/pdf/wk/mm6245.pdf, pages 898–900.

Influenza vaccine

We inadvertently administered a 0.5 mL dose of FluvLaval (GSK) to a 2-year-old child before realizing that the vaccine is only licensed for use in people age 3 years and older. Do we need to repeat the dose with an age-appropriate product?

No, the dose does not need to be repeated. However, two errors actually occurred here. In addition to the age discrepancy, the child also received a 0.5 mL dose of vaccine rather than the correct dose (0.25 mL) for the child’s age. Clinicians should carefully select an influenza vaccine that is licensed for the age group of the person being vaccinated. Fluzone 0.25 mL (sanofi) is the only inactivated influenza vaccine approved for use in children age 6 months through two years. The live attenuated nasal spray vaccine (LAIV, FluMist, MedImmune) is approved for use in most healthy children age 2 years and older (as well as for healthy nonpregnant adults through age 49 years).

If the child should need a second dose of influenza vaccine, an age-appropriate vaccine should be selected.

The Immunization Action Coalition’s educational piece “Influenza Vaccine Products for the 2013–2014 Influenza Season” (available at www.immunize.org/catg.d/p4072.pdf) provides helpful information on the wide variety of influenza vaccines in use this season.

We inadvertently administered intradermal influenza vaccine (Fluzone ID, sanofi) to a patient who is not in the recommended age range of 18 through 64 years. What should we do now?

Because people younger than age 9 years or older than 65 years are more likely to have skin that is too thin for proper intradermal administration, a dose given to a person in these age ranges should be considered invalid, and the patient should be revaccinated. For people age 9 through 17 years, the dose is considered valid and does not have to be repeated if the clinician is certain that the dose was administered intradermally rather than subcutaneously. If there is any doubt about whether the dose was injected intradermally, it should be repeated.

Is it acceptable to administer a dose of the quadrivalent influenza vaccine to a patient?

Ask the Experts . . . continued on p. 21

Visit IAC’s newly designed website for parents, adults, and teens, “Vaccine Information You Need” www.vaccineinformation.org

Needle Tips correction policy

If you find an error, please notify us immediately by sending an email message to admin@immunize.org. We publish notification of significant errors in our email announcement service, IAC Express. Be sure you’re signed up for this service. To subscribe, visit www.immunize.org/subscribe.

Visit the VFC program’s website, www.vaccines.gov, for information on vaccine supplies and/or vaccine manufacturer for guidance. Do not discard the vaccines or diluents unless directed to by your immunization program and/or the manufacturer. For more information, see the Transporting Vaccine in an Emergency or to Off-Site Facilities section on pages 91–96 of CDC’s Vaccine Storage and Handling Toolkit at www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf. Additional information is available on IAC’s Vaccine Storage and Handling website at www.immunize.org/handouts/vaccine-storage-handling.asp.

For a ready-to-print version of this table for posting in your practice, go to www.immunize.org/catg.d/p2029.pdf.
who has already received the trivalent vaccine? We’ve had a few patients request this.

No. ACIP does not recommend that anyone receive more than one dose of influenza vaccine in a season, except for certain children age 6 months through 8 years for whom two doses are recommended.

Sometimes patients age 65 years and older who have received the standard-dose influenza vaccine hear about the high-dose product (Fluzone High-Dose, sanofi) and want to receive that, too. Is this okay to administer?

No. ACIP does not recommend that anyone receive more than one dose of influenza vaccine in a season except for certain children age 6 months through 8 years for whom two doses are recommended.

Would giving an older patient 2 doses of standard-dose influenza vaccine be the same as administering the high-dose product?

No, and this is not recommended.

How soon after bone marrow transplant do we start to vaccinate our patients against influenza?

Inactivated influenza vaccine should be administered beginning at least 6 months after bone marrow transplant and annually thereafter for the life of the patient. A dose of inactivated influenza vaccine can be given as early as 4 months after transplant, but a second dose should be considered in this situation. A second dose is recommended routinely for all children receiving influenza vaccine for the first time.

For more information about vaccination of people who receive hematopoietic stem cell transplantation, visit this CDC web page: www.cdc.gov/vaccines/pubs/hemato-cell-transplts.htm.

Tdap and Td vaccines

When should adolescents who received a dose of Tdap (tetanus-diptheria, pertussis-containing vaccine; Adacel, sanofi; Boostrix, GSK) at age 11–12 years receive their next dose of Td or Tdap?

Currently, ACIP recommends only one lifetime dose of Tdap for everyone with the exception of pregnant women for whom a dose is recommended during each pregnancy. Someone who received a dose of Tdap at age 11 or 12 should receive a booster dose of Td vaccine ten years later, unless tetanus prophylaxis is required sooner due to an injury.

Meningococcal vaccine

Please describe the new Advisory Committee on Immunization Practices (ACIP) vote recommending the use of the meningococcal vaccine Menveo in high-risk children 2 through 23 months of age.

On October 23, the ACIP voted to recommend the use of Menveo (MCV4-CRM, Novartis) in high-risk children 2 through 23 months of age. Previously, the FDA had licensed the use of Menveo in children 2 years of age or older, but the agency expanded licensure to the 2 through 23 months age group on August 1. Three meningococcal conjugate vaccines are now approved and recommended for certain high-risk children: MenHibrix (Hib-MenCY, GSK) for children 6 weeks through 18 months of age, Menveo for children 2 months and older, and Menactra (MCV4-D, sanofi) for children 9 months and older.

Why is it recommended to delay meningococcal vaccination for infants with functional or anatomic asplenia until after the PCV13 (pneumococcal conjugate vaccine, Prevnar, Pfizer) series is completed?

Although people with anatomic or functional asplenia also appear to be at increased risk for meningococcal disease, the data are less compelling than data that demonstrate the increased risk for pneumococcal disease in patients with asplenia (see page 6 of Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices [ACIP], www.cdc.gov/mmwr/pdf/rr/rr6202.pdf). Data show that the MCV4-D vaccine (Menactra, sanofi) may interfere with the immunologic response to PCV13 if these two vaccines are given too close together. Therefore, ACIP recommends that MCV4-D not be administered until at least 4 weeks after completion of the age-appropriate PCV13 series. MCV4-CRM (Menveo, Novartis) and Hib-MenCY (MenHibrix, GSK) do not affect the immune response to PCV13, so these vaccines may be given at any time before or after PCV13 doses.

Polio vaccine

We frequently see children (mostly from certain foreign countries) who have received 6 or more doses of polio vaccine, all administered before age 4 years. How do we handle this when assessing the child’s immunization history?

Because it is common practice in many developing countries to administer oral polio vaccine to children during both routine visits and periodic nationwide vaccination campaigns, a child’s record may indicate more than 4 doses. Depending on the timing, some of these doses may be invalid according to the U.S. immunization schedule. To be counted as valid, the doses should all be given after age 6 weeks and be separated from each other by at least 4 weeks. If the history is of a complete series of inactivated polio vaccine (IPV) (unlikely given the context), at least one dose should be administered on or after age 4 years and at least 6 months after the previous dose. If a complete series cannot be identified that meet these criteria, then the child should receive as many doses of IPV as needed to complete the U.S. recommended schedule.

Pneumococcal poly. vaccine

Pneumococcal polysaccharide vaccine (PPSV, Pneumovax, Merck) is recommended for people with diabetes. Does this include gestational diabetes?

No.