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VACCINATE ADULTS!

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CDC's 2010–11 influenza recommendations are now simple and easy to remember — everyone, every year!

Dear Colleagues,

In February, the Advisory Committee on Immunization Practices (ACIP), which advises the Centers for Disease Control and Prevention (CDC) on vaccine guidance, made a landmark decision establishing a universal influenza vaccine recommendation, starting with the 2010–11 influenza season. This means that all people in the United States—excluding babies younger than age six months and people with certain medical conditions—are now recommended to receive influenza vaccine every year.

The new recommendation is simple, straightforward, and easy to communicate. It eliminates the complexities of the prior recommendations, which said people should be vaccinated if they fell into any of 15 different targeted groups (a lengthy list to commit to memory). Going forward, healthcare professionals will have a very easy time deciding which of their patients are recommended for influenza vaccine. And patients will eventually come to recognize that influenza vaccine is routinely recommended for them. Now, the message is simple: everyone, every year, unless specifically contraindicated.

Here at the Immunization Action Coalition, we welcome this change. We think it will erase any uncertainties healthcare professionals and their patients may have had about who should be vaccinated, and will lead to more people than ever protecting themselves, their families, and their communities by getting immunized.

Best regards,

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Ask the Experts

IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Immunization questions

I've heard that the recommendations for influenza vaccination have been expanded for the 2010–11 season. Tell me more.

At its February 2010 meeting, ACIP voted to recommend routine annual influenza vaccination for all people age 6 months and older, beginning with the 2010–11 influenza vaccination season. This change expands the existing recommendations to include all healthy adults ages 19 through 49 years who hadn't previously been included in routine vaccination recommendations. On March 2, the provisional influenza vaccine recommendations were posted on CDC's website at www.cdc.gov/vaccines/recs/provisional/downloads/flu-vac-mar-2010-508.pdf.

Will we need to give H1N1 vaccine as a separate vaccine in the next season (2010–11)?

No. The 2009 H1N1 virus will be incorporated into the 2010–11 seasonal influenza vaccine formulation. The three influenza viruses in the vaccine are A/California (H1N1) [formerly known as the 2009 H1N1], A/Perth (H3N2) [replacing the 2009–10 A/Brisbane (H3N2)], and B/Brisbane [same as in the 2009–10 vaccine].

I would like to help establish a policy of mandatory vaccination for healthcare workers in our facility and would like to learn from others. Can you help?

You will be happy to know that more and more healthcare facilities are adopting mandatory vaccination policies for their employees. IAC has included many of these on its Honor Roll for Patient Safety, which gives special recognition to institutions that enforce mandatory vaccination for all personnel who are in the vicinity of a patient (e.g., including volunteers, housekeeping staff). To read about the policies of the various facilities included in the Honor Roll, go to www.immunize.org/laws/influenzahcw.asp. We hope reviewing these policies will give you the information you need to assist you in developing a policy for your facility.

We have a mandatory vaccination policy in our facility; however, we allow employees to choose not to be vaccinated after filling out and signing an informed declination form. What can we do to achieve assurances that patient safety is still maintained?

Though vaccination is the most effective means of protecting your patients from influenza, there may be instances where employees are not vaccinated for medical or personal reasons. In these instances, you may want to consider reassigning unvaccinated workers to non-patient areas or requiring that they wear masks throughout the influenza season.

When should we stop giving H1N1 influenza vaccine for the 2009–10 season?

The answer is the same for both H1N1 and seasonal influenza vaccines—providers are encouraged to continue vaccinating patients into the spring months (e.g., through May), as long as they have

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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)

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vaccine in the refrigerator and unvaccinated patients in their office. No one knows for sure how the H1N1 influenza epidemic will progress; some experts predict a third wave of cases in the spring. Be sure to check the expiration date before administering 2009 H1N1 vaccine—some lots expire earlier than seasonal influenza vaccine. Expired vaccine should never be administered.

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Please tell me about the newly licensed meningococcal conjugate vaccine, Menveo.

FDA licensed Menveo (Novartis) on Feb. 19. It is a quadrivalent meningococcal conjugate vaccine intended for use in people ages 11 through 55 years. Menveo protects against *Neisseria meningitidis* serogroups A, C, Y, and W-135. The vaccine consists of two components, a lyophilized vaccine (containing the serogroup A conjugate) and a buffered saline diluent (containing the C, W-135, and Y conjugates) used for reconstitution. The reconstituted vaccine should be used immediately but may be held at or below 77°F (25°C) for up to 8 hours. Menveo is administered as an intramuscular injection.

ACIP recommends meningococcal conjugate vaccine for all people ages 11–18 years and for people ages 2–55 years who are at increased risk for meningococcal disease. These include (1) college freshmen living in dormitories, (2) microbiologists who are exposed routinely to isolates of *Neisseria meningitidis*, (3) military recruits, (4) people who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic, (5) people who have persistent complement component deficiencies, and (6) people with anatomic or functional asplenia. Menveo or Menactra (sanofi pasteur) may be used in people ages 11–55 years. People ages 2–10 years who are recommended to receive a meningococcal vaccine should receive Menactra (which is licensed for this age group), and people older than age 55 years should receive meningococcal polysaccharide vaccine (MPSV).

I have a 45-year-old patient who had an emergency splenectomy. Afterward, I gave her a dose of meningococcal vaccine. Will she need additional doses of meningococcal vaccine in the future?

Yes. Since asplenia places her at highest risk for meningococcal infection, you should give her another dose of a meningococcal conjugate vaccine (MCV4) 5 years after the date you gave her the first dose. Then, give her additional doses of MCV4 every 5 years. Once she reaches age 56, all subsequent booster doses should be with meningococcal polysaccharide vaccine (MPSV4), which should be administered at 5-year intervals.

I continue to see conflicting advice for giving pneumococcal vaccine to patients who do not have a spleen. Do they get re-immunized with pneumococcal polysaccharide vaccine (PPSV) every 5 years, or do they get only 1 additional dose in their lifetime?

Giving pneumococcal vaccine every 5 years is a widespread myth; ACIP has never recommended an every-5-year schedule. People with asplenia age 2 years and older should receive a lifetime total of 2 doses of PPSV separated by a minimum of 5 years. Here is a good resource: www.immunize.org/catg.d/p2015.pdf.

We have a newly diagnosed diabetic who was given the first dose of PPSV at age 65 years. Should I give him a second dose in 5 years because of his chronic disease?

No. For people age 65 years and older, one-time revaccination is recommended only for those who are at highest risk for serious pneumococcal infection and those who are likely to have a rapid decline in pneumococcal antibody levels. This includes people with functional or anatomic asplenia (e.g., sickle cell disease), HIV infection, leukemia, or other conditions associated with immunosuppression. It does not include diabetics.

Find all IAC's Quick Links at

www.immunize.org/quicklinks

These Quick Links are popular with IAC's web users:

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- www.immunize.org/printmaterials
- www.immunize.org/askexperts
- www.immunize.org/standingorders
- www.immunize.org/concerns
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The new Zostavax vaccine (Merck) package insert says that Zostavax should not be given simultaneously with pneumococcal polysaccharide vaccine (PPSV). What does ACIP say about this?

ACIP has not changed its recommendation on the simultaneous administration of these two vaccines (i.e., they can be given at the same time or any time before or after each other).

Now that there is a second vaccine licensed for the prevention of Japanese encephalitis (JE) among travelers, where can I find the recommendations for its use?

CDC recently published updated recommendations of the Advisory Committee on Immunization Practices for the use of both vaccines—JE-VAX (sanofi) and Ixiaro (Intercell Biomedical distributed by Novartis)—in *MMWR* 2010;59(RR-1):1-26. You can find them on CDC's website at www.cdc.gov/mmwr/pdf/rr/rr5901.pdf. Ixiaro is licensed for use in people 17 years and older. JE-VAX is no longer being produced, and remaining supplies are reserved for children ages 1 through 16 years.

My patient got JE-VAX 5 years ago and is now returning to Asia. Can I use Ixiaro as a booster dose?

There are no data on the use of Ixiaro as a booster for JE-VAX. If a previously vaccinated person age 17 years or older needs a booster dose, you should administer a full series (2 doses separated by at least 28 days) of Ixiaro.

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