Volume 14 – Number 4

June 2010
(Content current as of June 21)

VACCINATE ADULTS!

Visit www.immunize.org for up-to-date adult immunization information from the Immunization Action Coalition

What's Inside?

Prepare Now to Vaccinate Healthcare Workers in the Fall

Take time now to plan your medical setting's healthcare personnel influenza vaccination campaign. For a succinct summary of why staff vaccination is necessary, an outline of CDC's recommendations, and a list of practical online resources, see the one-page handout "First do no harm" on page 8 of this issue of *Vaccinate Adults*.

To get started, gather key staff members to plan, implement, and promote staff vaccination. Then, consult recommendations, toolkits, and educational materials. Here are some:

- Centers for Disease Control and Prevention recommendation: "Influenza Vaccination of Health-Care Personnel"
- Association for Professionals in Infection Control and Epidemiology: The toolkit "Protect your patients. Protect yourself" includes a month-by-month planning checklist
- National Influenza Vaccine Summit website: The one-page summaries of various institutions' best practices for increasing staff vaccination rates include contact information, and the toolkits from state and national organizations offer steps for conducting successful vaccination campaigns
- American Society of Health System Pharmacists: The web-based resource center "Stop the flu—it starts with you!" includes a toolkit, success stories, and resources for improving staff vaccination rates

Mandatory policies attain high vaccination rates

During 2009, many healthcare institutions achieved high influenza vaccination rates among staff by instituting mandatory influenza vaccination policies. The policies protect patients' health and safety by requiring employees who refuse vaccination to wear masks or by dismissing such employees. For a list of medical settings with stellar mandatory influenza vaccination policies, see page 9 of this issue.

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).

Vaccine questions

Instead of giving tetanus/diphtheria toxoid and acellular pertussis (Tdap) vaccine to a father-to-be who needed protection against pertussis, we mistakenly gave him tetanus/diphtheria (Td) toxoid. How soon after the Td dose can we give him the dose of Tdap he needs?

As long as they are younger than age 65 years and at least age 10 years, parents, grandparents, healthcare workers, and all others who have not already received Tdap, and who are close contacts of infants younger than age 12 months, should receive a single dose of this vaccine as soon as possible to protect infants from pertussis. When giving Tdap to protect infants, one does not need to observe a "minimum interval" between giving Td and Tdap. For example, if you had immediately realized that you had mistakenly given the father-to-be Td instead of Tdap, you could have given him the needed Tdap dose at the same visit at which you gave him the erroneous Td dose.

CDC recommendations state that the minimum intervals for human papillomavirus (HPV) vaccination are at least 4 weeks between doses #1 and #2, and at least 12 weeks between doses #2 and #3. This adds up to a total of 16 weeks between doses #1 and #3. But the recommendations also say that there must be a minimum of 24 weeks between doses #1 and #3. This doesn't make sense to me.

When administering HPV vaccine, you must meet ALL the minimum intervals. For example, if you give dose #2 at the minimum interval of 4 weeks after dose #1, you must wait 20 weeks to give dose #3 in order to meet the 24-week minimum interval between #1 and #3. Determination of these minimum intervals was based on extensive discussion with the manufacturers and on data from the HPV clinical trials.

We mistakenly gave a patient the diluent for Menveo meningococcal conjugate vaccine (MCV4; Novartis) without adding it to the powdered vaccine. Since vaccine is present in the diluent as well as in the powder, what should we do now?

Menveo's liquid vaccine component (i.e., diluent) contains the C, Y, and W-135 serogroups, and the lyophilized vaccine component (i.e., freeze-dried powder) contains serogroup A. Because the patient received only the diluent, he or she is not protected against invasive meningococcal disease caused by *Neisseria meningitidis* serogroup A.

Invasive disease with *N. meningitidis* serogroup A is very rare in the United States; it is more common in some other countries, particularly the African meningitis belt. If the patient who received only the C-Y-W135 diluent does not plan to travel outside the United States, the dose does not need to be repeated. However, if the patient plans to travel outside the United States, the dose should be repeated with either correctly reconstituted Menveo, or with a dose of Menactra brand (sanofi pasteur) MCV4. There is no minimum interval between the incorrect dose and the repeat dose.

We now have two meningococcal conjugate vaccines (MCV4) to chose from—Menactra

(continued on page 4)

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)

Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in "Vaccine Highlights" is current as of June 21, 2010.

Influenza vaccine news

Important for the 2010–11 influenza season:

- ACIP recommends annual influenza vaccination for all people ages 6 months and older. To read the provisional influenza vaccination recommendations, go to www.cdc.gov/vaccines/recs/provisional/downloads/flu-vac-mar-2010-508.pdf.
- CDC encourages providers to begin offering influenza vaccine to people of all ages as soon as it becomes available (usually mid-to-late summer).

On April 30, CDC published ACIP's guidance for use of a high-dose injectable inactivated trivalent influenza vaccine (Fluzone High-Dose; sanofi pasteur). The vaccine, which will be available for the 2010–11 influenza season, was licensed as a single dose for use in people age 65 years and older by FDA in Dec. 2009. ACIP has not expressed a preference for Fluzone High-Dose or any specific licensed inactivated trivalent influenza vaccine for use in people age 65 years and older. To access the ACIP guidance for use of Fluzone High-Dose, go to www.cdc.gov/mmwr/PDF/wk/mm5916.pdf and see pages 485–486.

HPV vaccine news

On May 28, CDC published updated recommendations for human papillomavirus (HPV) vaccination of females with bivalent HPV vaccine (HPV2; Cervarix; GSK) and quadrivalent HPV vaccine (HPV4; Gardasil; Merck). Routine vaccination with 3 doses of either HPV2 or HPV4 is recommended for females ages 11 or 12 years and can be started in females age 9 years. Vaccination is recommended for females ages 13 through 26 years who have not been vaccinated previously or who have not completed the 3-dose series. If a female reaches age 26 years before the vaccination series is complete, remaining doses can be administered after age 26 years. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact. To access the updated recommendations, go to: www.cdc.gov/mmwr/PDF/wk/mm5920.pdf and see pages 626–629.

On May 28, CDC published guidance for human papillomavirus (HPV) vaccination of males with quadrivalent HPV vaccine (HPV4; Gardasil; Merck). The 3-dose series of HPV4 may be given to males age 9 through 26 years to reduce their likelihood of acquiring genital warts. HPV4 would be most effective when given before exposure to HPV through sexual contact. To access CDC's guidance, go to www.cdc.gov/mmwr/PDF/wk/mm5920.pdf and see pages 630–631.

Shingles (zoster) vaccine news

On May 5, CDC updated information about the supply of shingles vaccine (Zostavax; Merck). Zostavax is currently available for order; however, providers will experience backorders, or periods where they are unable to place orders for Zostavax, throughout 2010 and possibly into 2011. For continuing supply information, go to www.cdc.gov/vaccines/vac-gen/shortages.

Ask the Experts . . . continued from page 1

(sanofi pasteur) and Menveo (Novartis). It would be useful to know if they are interchangeable when repeat doses of MCV4 are needed.

Although both vaccines are licensed for single-dose use, you can use either vaccine to revaccinate people ages 11 through 55 years who are at prolonged increased risk for meningococcal disease. Only Menactra is licensed for vaccinating children ages 2 through 10 years. Use only meningococcal polysaccharide vaccine (MPSV4; Menomune; sanofi pasteur) when vaccinating or revaccinating people age 56 years and older.

To access updated recommendations for revaccinating people at prolonged increased risk for meningococcal disease, go to: www.cdc.gov/mmwr/PDF/wk/mm5837.pdf, and see pages 1042–43.

If an adult or child has not had documented chickenpox but has had shingles, is varicella vaccination recommended?

No. Shingles is caused by varicella zoster, the same virus that causes chickenpox. A history of shingles based on a healthcare provider diagnosis is evidence of immunity to chickenpox. Therefore, a person who has had shingles does not need to be vaccinated against varicella. He/she should still receive zoster vaccine, however, if it is not contraindicated and he/she is age 60 or older.

***Vaccinate Adults* 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.