

H1N1 vaccine; or (3) at least 1 dose of seasonal vaccine before July 1, 2010, and at least 1 dose of seasonal vaccine since July 1, 2010.

For more details about the recommendations for which children need 2 doses, see “Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2012–2013 influenza season” on page 10 of this issue of *Needle Tips* or find it online at www.immunize.org/catg.d/p3093.pdf. You can also consult “Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—U.S., 2012–13 Influenza Season” at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf (pages 613–614).

What is the latest CDC guidance on influenza vaccination and egg allergy?

People who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered.

A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

People who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Protocols have been published for safely administering influenza vaccine to people with egg allergies.

Some people who report allergy to egg might not be egg allergic. If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after ingesting eggs, CDC recommends (1) they receive TIV (not LAIV), (2) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy, and (3) the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.

For more details about giving influenza vaccine to people with a history of egg allergy, see “Influenza Vaccination of People with a History of Egg Allergy” on page 18 of this issue of *Needle Tips* or visit www.immunize.org/catg.d/p3094.pdf. You can also consult pages 616–617 of “Prevention and Control of Influenza with Vaccines: Recommenda-

tions of the ACIP—U.S., 2012–13 Influenza Season” at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf.

Which formulations of influenza vaccines (i.e., nasal spray, intradermal, injectable high-dose, and injectable standard-dose) are recommended for various age groups?

Six manufacturers are producing influenza vaccines for the U.S. market for the 2012–13 season. Page 11 of this issue of *Needle Tips* has a table titled “Influenza Vaccine Products for the 2012–2013 Influenza Season.” It summarizes the vaccine products and age groups for which they are licensed.

Can a clinic vaccinate children younger than age 3 years with a 0.25 mL dose of influenza vaccine taken from a multi-dose vial of Fluzone (TIV; sanofi)? The multi-dose vial contains thimerosal as a preservative.

Yes. Fluzone is the only inactivated influenza vaccine licensed for use in children younger than age 3 years. It is available in single-dose and multi-dose vials. Multi-dose vials of Fluzone contain a small amount of thimerosal to prevent bacterial growth in the vials. Thimerosal-containing vaccines are safe to use in children. No scientific evidence indicates that thimerosal in vaccines causes adverse events unless the patient has a severe allergy to thimerosal.

However, a few states have enacted legislation that restricts the use of thimerosal-containing vaccines in children. To find out if your state has such restrictions, check with your state immunization program.

In recommending influenza vaccination for people age 65 and older, does CDC prefer that healthcare professionals administer high-dose influenza vaccine or standard-dose influenza vaccine?

CDC has no preference. CDC stresses that vaccination is the first and most important step in protecting against influenza.

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IAC Welcomes Dr. William Atkinson as Associate Director for Immunization Education

William L. Atkinson, MD, MPH, recently joined the Immunization Action Coalition as associate director for immunization education. In July, Dr. Atkinson retired from the Centers for Disease Control and Prevention (CDC) after 25 years of service. At the time of his retirement, he was medical epidemiologist and training team lead, Immunization Services Division, National Center for Immunization and Respiratory Diseases (NCIRD), a position he held for 17 years. In that role, he pioneered the use of satellite and broadcast technology to bring immunization education to thousands of immunization providers simultaneously. During his tenure at CDC, he produced, wrote, and/or appeared in more than 100 broadcasts and webcasts that were viewed by more than 300,000 healthcare providers. He also 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.



William L. Atkinson, MD, MPH

Dr. Atkinson’s skill as a communicator is not limited to his speaking prowess. He excels as a writer, as well. In 1995, he 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. He is the author or coauthor of 52 publications and book chapters primarily relating to measles and other vaccine-preventable diseases. He contributed to several editions of the American Academy of Pediatrics *Red Book* and to *Vaccines*, the highly regarded textbook edited by Stanley A. Plotkin, MD, Walter A. Orenstein, MD, and Paul A. Offit, MD.

Since 1989, he has been a member of multiple work groups for the Advisory Committee on Immunization Practices (ACIP), and is currently a member of work groups responsible for developing CDC’s harmonized child and adolescent immunization schedule, general immunization recommendations, meningococcal recommendations, and pertussis recommendations.

Dr. Atkinson was the first recipient of CDC’s highest immunization honor, the Phil Horne Award. He was also the 2001 recipient of the Bill Watson Medal of Excellence, the highest award given to a CDC employee, and the 2003 Excellence in Distance Learning Award of the United States Distance Learning Association. He was a recipient of the IAC Superhero Award in 2001.

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

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