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## **Arizona Vaccine News**

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## VACCINE NEWS

### **History of Intussusception Is Now a Contraindication for Rotavirus Vaccine**

- The Centers for Disease Control and Prevention (CDC) now recommends that a history of intussusception be a contraindication to rotavirus vaccination, and not just a precaution.
- This contraindication applies to both Rotarix® (RV1—GlaxoSmithKline) and RotaTeq® (RV5-Merck).

For more information, see *Morbidity and Mortality Weekly Report* (MMWR), October 21, 2011 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a5.htm?s\\_cid=mm6041a5\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a5.htm?s_cid=mm6041a5_w)

### **New Minimal Interval between Pneumococcal and Meningococcal Vaccines for Children with Functional or Anatomic Asplenia**

- The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has made new recommendations for a minimal interval between pneumococcal and meningococcal vaccines for children with functional or anatomic asplenia.
- Coadministration of a quadrivalent meningococcal conjugate vaccine (Menactra®, Sanofi Pasteur) and a 7-valent pneumococcal vaccine (PCV7) showed lower antipneumococcal antibodies than when PCV7 was given alone.
- Updated ACIP recommendations:
  - Children with functional or anatomic asplenia should receive quadrivalent meningococcal conjugate vaccine **starting at 2 years of age** to avoid interference with the immunologic response to the infant pneumococcal vaccine series.
  - If children aged  $\geq 2$  years with functional or anatomic asplenia have not yet received all recommended doses of pneumococcal vaccine, they should complete their pneumococcal vaccine series **before** receiving the recommended quadrivalent meningococcal conjugate vaccines.
  - There should be a minimum of **4 weeks** between the last pneumococcal vaccine of the infant series and the first meningococcal conjugate vaccine.
- Other children at increased risk for invasive meningococcal diseases (such as persistent complement component deficiencies [e.g., C5--C9, properdin, factor H, or factor D], children who are traveling to or residents of countries where meningococcal disease is hyperendemic or epidemic, and children who are in a defined risk group during a community or institutional meningococcal outbreak) should receive two doses of quadrivalent meningococcal conjugate vaccine **starting at 9 months of age**.

For more details, see *Morbidity and Mortality Weekly Report* (MMWR), October 14, 2011 at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6040a4.htm?s\\_cid=mm6040a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6040a4.htm?s_cid=mm6040a4_w)

### **Contacts of International Adoptees Need Hepatitis A Vaccination**

- Hepatitis A vaccine is recommended for all unvaccinated people with close personal contact with an international adoptee from a country of high or medium endemicity.
- The first dose of the 2-dose series should be given as soon as adoption is planned, ideally 2 or more weeks before arrival of the adopted child.

For more information, see *Pediatrics* October 2011 at

<http://pediatrics.aappublications.org/content/128/4/803.full.pdf+html>

### **Official CDC Recommendation for Unvaccinated Pregnant Women to Receive Pertussis Vaccine during Pregnancy**

- The CDC has published recommendations for all pregnant women who have not received the adolescent/adult form of pertussis vaccine (Tdap) to receive Tdap during the third or late second trimester (after 20 weeks' gestation).
- Tdap should be given immediately postpartum if a woman did not receive Tdap during or before pregnancy.
- Pregnant women who have not received Tdap and who need tetanus vaccine for wound management should receive Tdap instead of Td, preferably during the third trimester or late second trimester (after 20 weeks' gestation).

For more information, see MMWR, October 21, 2011

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s\\_cid=mm6041a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a4.htm?s_cid=mm6041a4_w)

### **Policy Statement on Poliovirus Vaccine from the American Academy of Pediatrics**

- Wild-type polioviruses still persist in some Asian and African countries, and could be imported into the U.S. at any time.
- Before the introduction of inactivated poliovirus vaccine (IPV) in 1955, there were more than 15,000 cases a year of paralytic polio in the U.S.
- Children should continue to receive a full series of poliovirus vaccines. The standard schedule is 4 doses of IPV at 2 months, 4 months, 6-18 months, and 4-6 years of age.
- The 4-6 year old dose of IPV is important for long term protection. Therefore, the full IPV series should **include a dose of IPV at 4-6 years of age** even if a child had received four or more doses of IPV before 4 years of age.
- Adults who previously completed the poliovirus vaccine series but who are at increased risk of exposure to wild-type poliovirus (such as traveling to countries that still have polio outbreaks) can receive a single dose of IPV for additional protection.

For more information, see *Pediatrics*, October 2011 at

<http://pediatrics.aappublications.org/content/early/2011/09/21/peds.2011-1751.full.pdf+html>

## **INFLUENZA AND INFLUENZA VACCINE NEWS**

### **WHO Recommends 2012 Influenza Vaccine Composition for Southern Hemisphere**

- The World Health Organization (WHO) is recommending that the composition of the 2012 influenza vaccine for the Southern Hemisphere contain the same three strains that are currently in the US vaccine for the 2011-2012 season. For more information, see [http://www.who.int/influenza/vaccines/virus/recommendations/2011\\_09\\_recommendation.pdf](http://www.who.int/influenza/vaccines/virus/recommendations/2011_09_recommendation.pdf)

## **Influenza-Associated Pediatric Deaths in the U.S., 2010-2011**

Characteristics of the children who died from influenza were:

- 46% were under 5 years old.
- 49% had no high-risk factors.
- 39% had bacterial co-infections that included *Staphylococcus aureus*, *Streptococcus pneumoniae*, or group A  $\beta$ -hemolytic streptococcus.

For more information, see MMWR, September 16, 2011 at

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a1.htm?s\\_cid=mm6036a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6036a1.htm?s_cid=mm6036a1_w)

## **U.S. Estimates of the Impact of the 2009 H1N1 Influenza Pandemic**

- The H1N1 influenza pandemic from 4/2010-4/2011 resulted in an estimated:
  - 43 - 89 million cases.
  - 195,000 - 403,000 hospitalizations.
  - 8,900 - 18,300 total deaths.
  - 910 - 1,880 pediatric deaths.
- The 2009 H1N1 influenza vaccine prevented an estimated:
  - 713,000 - 1.5 million cases.
  - 3,900 - 10,400 hospitalizations.
  - 200 - 520 deaths.
- In addition, antiviral medicine prevented an estimated:
  - 8,400 - 12,600 hospitalizations.
  - 420 - 640 deaths.

For more information, see MMWR, September 30, 2011 at

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6038a7.htm?s\\_cid=mm6038a7\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6038a7.htm?s_cid=mm6038a7_w)

## LITERATURE ON VACCINES AND VACCINE PREVENTABLE-DISEASES

### **Many Parents Use Alternative Vaccine Schedules**

- Of 748 parents of young children who were interviewed about alternative vaccination schedule preferences, 13% reported that they followed an alternative schedule.
  - 17% refused all vaccines.
  - 53% refused only certain vaccines.
  - 55% delayed some vaccines until the child was older.
- Among the parents who did follow the CDC recommended vaccination schedule
  - 28% thought that delaying vaccine doses was safer than the schedule their child received.
  - 22% disagreed that the best vaccination schedule to follow was the one recommended by vaccination experts.

See the abstract in Pediatrics, October 2011

<http://pediatrics.aappublications.org/content/early/2011/09/28/peds.2011-0400>

### **New Malarial Vaccine Showing Some Efficacy in Children**

- The new malaria vaccine is a combination of the hepatitis B surface antigen fused with an antigen derived from part of the protein coat of the sporozoite, the malaria parasite stage that is inoculated by the feeding anopheline mosquito.
- Protective efficacy against *P. falciparum* malaria was 55% protection against all malaria episodes and 35% protective against severe malaria.
- Each year, malaria occurs in approximately 225 million persons worldwide, and 781,000 persons die from the disease, mostly African children.

For more information, see the October 18, 2011 issue of the *New England Journal of Medicine* at <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1102287> and <http://www.nejm.org/doi/pdf/10.1056/NEJMe1111777>.

### **ADHS GUIDANCE AND RESOURCES**

#### **Remember to Report Significant Adverse Events after Vaccination to VAERS**

- Health care providers should report to the Vaccine Adverse Events Reporting System (VAERS) if any clinically significant medical event occurs after vaccination.
- Report adverse events even if you are unsure whether a vaccine caused the event.
- An adverse event happening after a vaccination does not mean there was a cause-and-effect relationship. However, by reporting to VAERS, CDC can assess if further investigation needs to be done.
- Reports can be submitted electronically at <http://vaers.hhs.gov/index>

#### **CME Conference. Second Annual Practice Efficacy: “The Business of Vaccines”**

- A half-day CME conference dealing with practice efficacy, benchmarking, vaccine coding, electronic health records, and legislation to obtain appropriate payment from health plans will be held in Phoenix on Nov. 19, 2011 and in Tucson on Dec. 3, 2011.
- The conference is co-sponsored by the Arizona Department of Health Services, the Arizona Partnership for Immunizations (TAPI), the Arizona Chapter of the American Academy of Pediatrics, and Banner Health.
- To register for Phoenix, go to <http://www.whymmunize.org/event/list/2011/11>
- To register for Tucson, go to <http://www.whymmunize.org/event/list/2011/12>

See the following page for the full conference flyer.

- Please feel free to distribute ADHS’ *Arizona Vaccine News* to any of your partners who may be interested. Past issues of *Arizona Vaccine News* can be found at: <http://www.azdhs.gov/phs/immun/vacNews.htm>

# CME Conferences

*Vaccinate at Every Life Stage*



## 2nd Annual Practice Efficiency: The Business of Vaccines Conferences

(For Pediatricians, OB/GYNs and other  
Physicians and Healthcare Providers)

7:00 a.m. - 1:30 p.m.

**November 19, 2011** or **December 3, 2011**  
(Phoenix Country Club) (Hilton Tucson El Conquistador)

### Course Topics

Practice Efficiency • Benchmarking • Coding  
Vaccine Hot Topics • EHRs • Bill HB2686

## Registration Open

[Click Here to Register 11/19/2011](#)

[Click Here to Register 12/03/2011](#)

For additional information, and to register, please log on to TAPI's website at [www.whyimmunize.org](http://www.whyimmunize.org)  
for CME information, contact Sharon Smith at 623.242.7103 or [sharons@tapi.org](mailto:sharons@tapi.org)



CME Credit Sponsored by Banner Health

*Plant the Seeds of Protection Through Vaccination*

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