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Arizona Vaccine News

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Newsletter Topics

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VACCINE NEWS

CDC's Guidance on Influenza and Vaccination for 2012-2013 Season

- The Centers for Disease Control and Prevention (CDC) has published this season's influenza vaccine guidance
 - Patients with mild egg allergies can receive influenza vaccine.
 - There is a new algorithm for deciding which children 6 months-8 years old need one or two doses of influenza vaccine this season.
 - This season's trivalent vaccines contain new strains of influenza B and influenza A (H3N2), but still contain the same 2009 pandemic influenza A (H1N1) strain.

For more details, see [Morbidity and Mortality Weekly Report](#) (MMWR), August 17, 2012

IAC Handout on Egg Allergies and Influenza Vaccination

- The Immunization Action Coalition (IAC) has put together a one page [handout](#) summarizing CDC's 2012 recommendations for influenza vaccination of people with a history of egg allergy.

ACIP Provisional Recommendations for Both PPSV23 and PCV13 in High Risk Adults

- On June 20, 2012, the Advisory Committee on Immunization Practices (ACIP) of the CDC voted to recommend that certain adults (19 years old and above) at high risk for invasive pneumococcal disease receive both 23 valent pneumococcal polysaccharide vaccine (PPSV23—Pneumovax[®]) and 13 valent conjugated pneumococcal vaccine (PCV13—Prenvar[®]13). These high risk adults include those with :
 - Immunocompromising conditions
 - Functional or anatomic asplenia
 - Cerebrospinal fluid leaks
 - Cochlear implants
- High risk adults who have only received PCV13 should receive a dose of **PPSV23** at least 8 weeks after the last dose of PCV13.
- High risk adults who have only received PPSV23 should receive a dose of **PCV13** at least one year after a previous dose of PPSV23.
- The ACIP recommendations will become official CDC recommendations once they are published in the near future in the MMWR.

For more details, see the [CDC website](#).

CDC's Guidance during Continued Pentacel Shortage

- Pentacel[®] (DTaP-IPV-Hib) and DAPTACEL[®] (DTaP) vaccines (Sanofi Pasteur) will remain in limited supply through the first quarter of 2013. More information can be found at Sanofi Pasteur's Pentacel's [website](#) or by contacting the manufacturer at 1-800-VACCINE (1-800-822-2463).
- The Centers for Disease Control and Prevention (CDC) has created a [document](#) of sample schedules to show other vaccine schedule options that providers can use during the Pentacel[®] and DAPTACEL[®] shortages.

LITERATURE ON VACCINES AND VACCINE-PREVENTABLE DISEASES

Higher Rates of *Nonmedical* Exemptions for Vaccines Linked to Easy Exemption Policies

- In the US, nonmedical exemptions have continued to increase since 2006.
- The increase in nonmedical exemptions has been more pronounced by how difficult the states make it to get an exemption. By 2011, nonmedical exemption rates were:
 - States with difficult exemption criteria—1.3% nonmedical exemptions
 - States with medium exemption criteria—2.0% nonmedical exemptions
 - States with easy exemption criteria—3.3% nonmedical exemptions.

For the full article, see [New England Journal of Medicine](#), September 20, 2012.

Medical Exemptions for Vaccines Are Higher in States with an Easier Exemption Process

- All 50 US states allow medical exemptions from school entry immunization requirements.
- **Arizona** is among a group of 30 states with easier medical exemption criteria.
- In states with easier medical exemption criteria, medical exemption rates were significantly higher.
- The highest rate of medical exemptions was found in states with difficult nonmedical exemption criteria and easy medical exemption criteria.
- Efforts are needed to make sure that medical exemptions to vaccination are used appropriately.

For more information, see the August 29, 2012 issue of [Journal of Infectious Diseases](#).

Rapid Influenza Diagnostic Tests Do Not Always Identify Variant Influenza Viruses

- A total of 307 cases of influenza A (H3N2) variant viruses (H3N2v) have been detected in the US in as of September 28, 2012 (See [CDC update](#)).
- Seven FDA-cleared rapid influenza diagnostic tests (RIDT) were evaluated against seven H3N2v influenza isolates. Four RIDT detected all seven of the viruses. However, one detected only five of seven, one detected only three of seven, and one detected only one of the seven H3N2v influenza isolates.
- A negative RIDT does not exclude infection with influenza A (H3N2)v.

For more details, see [MMWR](#), August 17, 2012.

US Healthcare Personnel Receipt of Influenza Vaccines in 2009-2010 Differ by Geography and by Different Populations

- 2009 H1N1 vaccine receipt in health care personnel (HCP) ranged from 18.4% in Mississippi to 56.1% in Massachusetts.
- Seasonal vaccine coverage in HCP ranged from 40.4% in Florida to 73.1% in Nebraska.
- Overall, influenza vaccine receipt in HCP for 2009 H1N1 was 34.1%, for seasonal was 52.4%, and for any influenza vaccine receipt was 58.0%. This compared with influenza vaccine receipt in non-HCP of 19.1%, 34.9%, and 40.3% respectively.
- Characteristics associated with vaccine receipt were non Hispanic white, higher income, having a high-risk condition, having health insurance, having the ability to see a doctor if needed, and having had a routine checkup in the previous year.

See the abstract in [American Journal of Preventive Medicine](#), September 2012.

Estimated Annual Direct Medical Costs of Prevention and Treatment of HPV in US

- The cost of annual direct medical costs in the US due to all HPV types in relation to cervical cancer, other anogenital cancers, oropharyngeal cancer, genital warts, and recurrent respiratory papillomatosis (RRP) was estimated to be 8 billion dollars.
- Of this cost, about 82% was for routine cervical cancer screening and follow-up, 12% was for cancer, 4% was for genital warts, and 2% was for RRP.

For the abstract, see [Vaccine](#), September 14, 2012.

Changing Epidemiology of Hepatitis A in Arizona from 1988 to 2007

- Arizona had the highest hepatitis A incidence of any US state during 1987-1997.
- With hepatitis A vaccine implementation, hepatitis A incidence in Arizona fell from 58 cases per 100,000 in 1988 to 2 per 100,000 in 2007.
- Hepatitis A transmission has shifted to older ages. In 1994-1995, 62% of the cases were in children. In contrast, in 2006-2007 only 32% of cases were in children.
- Racial/ethnic disparities between American Indians and non-Hispanic White populations have been eliminated, while hepatitis A incidence is still higher in Hispanic populations.
- Earlier cases were likely to report contact with another hepatitis A case or childcare facilities, while later cases indicated recent international travel.

For the abstract, see [Vaccine](#), September 14, 2012.

Vaccine-induced Antibodies against Hepatitis A Persist at Least 10 Years

- A study of almost 200 children looked at persistence of protective antibody levels for hepatitis A virus (>10mIU/mL) over a 10 year period in infants who were born to both hepatitis A antibody positive and negative mothers. Response to immunization were studied at three ages: 6 months (group 1), 12 months (group 2), and 15 months (group 3).
- At 10 years, all children retained seroprotective levels of antibodies to hepatitis A (anti-HAV) except for 7% in group 1 born to anti-HAV–negative mothers, 11% in group 1 born to anti-HAV–positive mothers, and 4% of group 3 born to anti-HAV–negative mothers.
- Hepatitis A vaccine produces protective antibodies for at least 10 years in most young children regardless of the presence or absence of maternal antibodies to hepatitis A virus.

For more details, see the abstract in [Hepatology](#), August 2012.

VACCINE SAFETY

Reminder to Report Serious Adverse Events after Vaccines

- Please report to the Vaccine Adverse Event Reporting System (VAERS) about any significant adverse event that occurs after giving a US licensed vaccine, even if you are not sure whether the vaccine caused the adverse event.
- The National Childhood Vaccine Injury Act requires healthcare providers to report:
 - Any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine, or
 - Any adverse event listed in the [VAERS Table of Reportable Events Following Vaccination](#) that occurs within the specified time period after vaccination.

- Report the adverse event by going to the [VAERS website](#) and submit a report electronically. If you prefer reporting by paper, a VAERS reporting form can be [printed](#), filled out, and faxed to (602) 364-3285 at the Arizona Immunization Program Office, attention: VAERS coordinator (telephone number (602) 364-3630).
- If a significant adverse event happens after a vaccine, it does not mean there was a cause and effect relationship. However, VAERS reporting provides a national mechanism to look for patterns of unusual or rare adverse events.
- VAERS is co-sponsored by the CDC and the Food and Drug Administration (FDA).
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- 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 [here](#).