

# Immunize NY!

## Bureau of Immunization

### Welcome to *Immunize NY!*

The New York State Department of Health's (NYSDOH) Bureau of Immunization is sending this e-newsletter to provide you with important information on immunization. Updates on the Advisory Committee on Immunization Practices (ACIP) recommendations, vaccine supply and safety, and other items, will be delivered to you via e-mail several times a year.

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### Continue Influenza Vaccination Through Spring 2009

Influenza activity is on the rise in New York State. It is important to continue vaccinating into the spring months. Influenza vaccine supply is robust. If your office runs out of vaccine, please place another order. Yearly vaccination is the first and most important step in protecting against influenza and its complications.

For information about influenza and influenza vaccination, visit the following web sites often. They are continually updated with the latest resources.

NYSDOH Seasonal Influenza:

<http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/>

Centers for Disease Control and Prevention (CDC)

Seasonal Flu: <http://www.cdc.gov/flu>

The National Influenza Vaccine Summit:

<http://www.preventinfluenza.org>

### Current Hib Vaccine Recommendations

Since the beginning of 2008, New York has had two deaths from *Haemophilus influenzae* type b (Hib) disease in very young unvaccinated children. Recently, five cases of serious Hib disease occurred in Minnesota. Three of the children's parents refused vaccinations for them, and one of those children died. In this instance, a shortage of Hib vaccine may have resulted in lower coverage levels in the community, allowing the Hib organism to circulate.

**According to the CDC, the current Hib vaccine supply in the United States is sufficient to ensure completion of the primary series for all children.** However, it is not yet sufficient to resume the booster dose.

Vaccine shortages are difficult to manage. Healthcare providers must maintain sufficient stocks for every child brought for vaccination each day. During shortages, local supply and demand mismatches can occur, resulting in missed doses. Hib vaccine supply problems can be further complicated because the primary series for the recalled products consists of two doses, but the primary series for the available products consists of three doses.

Combination products may be used for any or all doses of the Hib primary series. If combination vaccines are the only vaccines available to providers, a combination product should be used to complete the primary Hib series—even when this results in receipt of additional doses of another antigen.

Regardless of brand or product used, full vaccination with the primary series of Hib vaccine by age 7 months is critical to protect children from disease.

To access the January 30, 2009 MMWR article "Invasive *Haemophilus Influenzae* Type B Disease in Five Young Children—Minnesota, 2008," go to page 58 at:

<http://www.cdc.gov/mmwr/PDF/wk/mm5803.pdf>

For NYSDOH information on the use of combination vaccines containing HIB, go to:

[https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/doc081103\\_0.pdf](https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/doc081103_0.pdf)

For CDC's *Hib: For Providers and Parents* web page, go to:

<http://www.cdc.gov/vaccines/vpd-vac/hib/providers-parents.htm>

## Human Papillomavirus (HPV) Vaccine Safety

The Food and Drug Administration (FDA) and CDC continue to find that Gardasil is a safe and effective vaccine to prevent HPV. These findings are based on ongoing assessments of vaccine safety information.

The FDA has a two-page, full-color print resource for the general public titled *Addressing Questions About Gardasil*. The publication, from the FDA's Consumer Health Information *Consumer Updates* articles, discusses HPV vaccine, the diseases it protects against, safety issues related to the vaccine, and steps the CDC and FDA are taking to address safety concerns.

For updated reports of health issues following HPV vaccination, go to:  
<http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm>.

To access a ready-to-copy (PDF) version of *Addressing Questions About Gardasil* go to:  
<http://www.fda.gov/consumer/updates/gardasil092908.pdf>

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## CDC Issues Provisional Recommendations for Use of Pneumococcal (PPSV23) Vaccine

On October 22, 2008, ACIP voted on new and revised recommendations for the use of the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for the prevention of invasive pneumococcal disease. The new provisional recommendations, posted on December 8, 2008, state that the following groups are recommended for PPSV23:

- Adult cigarette smokers.
- Adults who have asthma.

In addition, recommendations were revised for the use of PPSV23 in:

- American Indians and Alaska natives.
- High risk children aged 10 years and older.

The complete ACIP provisional recommendations are available at:  
<http://www.cdc.gov/vaccines/recs/provisional/downloads/pneumo-Oct-2008-508.pdf>

### Questions about the New York State Vaccines for Children Program?

Call or email us:

1-800-543-7468

[nyvfc@health.state.ny.us](mailto:nyvfc@health.state.ny.us)

## Recommendations for the Use of Kinrix and Boostrix Vaccines

Kinrix (DTaP-IPV, GlaxoSmithKline [GSK]) is licensed for use as the fifth dose of the DTaP vaccine series and the fourth dose of the inactivated poliovirus series in children aged 4 through 6 years whose previous DTaP vaccine doses were Infanrix (DTaP, GSK) and/or Pediarix, (DTaP-Hepatitis B-IPV, GSK) for the first three doses and Infanrix for the fourth dose. Kinrix administered to children aged 4 through 6 years would reduce by one the number of injections needed to complete DTaP and IPV immunization.

On December 4, 2008 the FDA approved GSK's request to supplement the biologics license application for Boostrix (Tdap) vaccine. The vaccine is now approved for use as a one-time booster for people ages 10 through 64 years. Previously, it was approved for use in people ages 10 through 18 years.

For more detailed information on Kinrix, go to:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm?s\\_cid=mm5739a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm?s_cid=mm5739a4_e)

To access the FDA's December 4, 2008 product approval letter for Boostrix, go to:

<http://www.fda.gov/cber/approvltr/tdapboostrix120408L.htm>

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**Vaccine Information Statements**

are available. Go to:

**[www.cdc.gov/emailupdates/index.html](http://www.cdc.gov/emailupdates/index.html)**

## Pediatric and Adult Immunization Schedules, 2009

The CDC, American Academy of Pediatrics, and the American Academy of Family Physicians (AAFP) have endorsed and released the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years--United States, 2009." On January 2, 2009 the CDC published the schedule as an MMWR Quick Guide.

The CDC, AAFP, the American College of Obstetricians and Gynecologists, and the American College of Physicians have endorsed and released the "Recommended Adult Immunization Schedule--United States, 2009." On January 9, CDC published the schedule as an MMWR Quick Guide.

For detailed information on the pediatric schedule go to:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm>

For detailed information on the adult schedule go to:

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

## Recommended Versus Required Vaccines

The NYSDOH Bureau of Immunization frequently receives questions concerning recommended versus required vaccines. The pediatric and adult immunization schedules, as developed by ACIP and approved by CDC (and referenced above), are the standard for the administration of vaccines. These **recommended** schedules provide guidance on the appropriate route, dose and frequency of vaccine administration. Providing vaccines according to these recommendations is endorsed by a number of medical professional organizations and strongly supported by the NYSDOH.

Various childhood and adult vaccines are **required** to be administered according to public health law (PHL) and regulation in New York State. These laws and regulations provide for the prevention of diseases in settings such as schools and health care facilities. Vaccines required by PHL in New York do not reflect the full schedule of ACIP recommended vaccines, particularly for the more recently recommended vaccines. NYSDOH strongly recommends that the full, ACIP recommended schedule be administered to all children, except those with medical contraindications, to provide the best protection for all New Yorkers. Facilities such as schools and colleges may require vaccines not currently listed in PHL and regulations, such as meningococcal vaccination for college entry. These same facilities, however, can not accept fewer vaccinations except under defined guidelines for religious and medical exemptions.

Finally, special circumstances such as international travel need special consideration. The CDC, regional NYSDOH offices and your local health department are excellent resources for appropriate vaccination recommendations.

Providers in New York State are encouraged to administer all recommended vaccines according to the published annual schedules.

For more information on NYS recommended and required vaccines, go to:  
<http://www.nyhealth.gov/prevention/immunization/schools/>  
[http://www.nyhealth.gov/prevention/immunization/health\\_care\\_personnel/](http://www.nyhealth.gov/prevention/immunization/health_care_personnel/)

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## Recommendations for the Prevention of Rotavirus Gastroenteritis Among Infants and Children

A February 2009 MMWR replaces the 2006 ACIP statement for prevention of rotavirus gastroenteritis. ACIP's most recent recommendation is for routine vaccination of infants with rotavirus vaccine.

There are now two rotavirus vaccines available: RotaTeq (RV5, Merck) and Rotarix (RV1, GSK). These vaccines differ in composition and schedule of administration. ACIP does not express a preference for either RV5 or RV1.

### RV5:

- ♦ Administered orally in a three dose series.
- ♦ Doses administered at ages 2, 4, and 6 months.

### RV1:

- ♦ Administered orally in a two dose series.
- ♦ Doses administered at ages 2 and 4 months.

The recommendations in the MMWR also address the maximum ages for doses, contraindications, precautions, and special situations for the administration of rotavirus vaccine.

The complete MMWR article, "Prevention of Rotavirus Gastroenteritis Among Infants and Children," is available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5802.pdf>.

## Pharmacists as Vaccinators

Effective December 5, 2008, a new law and regulation permits licensed pharmacists, who obtain an additional certification, to administer influenza and pneumococcal vaccinations to adults 18 years of age and older in New York State.

Criteria for certification, along with other information regarding pharmacists as vaccinators, is available:  
[http://www.pssny.org/web/2008/12/immunizer\\_information.aspx](http://www.pssny.org/web/2008/12/immunizer_information.aspx).

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## Vaccine Safety

Public trust in the safety and efficacy of vaccines is one key to the remarkable success of U.S. and global immunization programs. Increasing allegations of harm from vaccination have raised parental, clinical and political anxiety to a level that now threatens the ability of children to receive timely, full immunization.

The following websites have helpful resources to answer professional and consumer questions:

NYSDOH: [http://www.health.state.ny.us/prevention/immunization/vaccine\\_safety.htm](http://www.health.state.ny.us/prevention/immunization/vaccine_safety.htm)

CDC: <http://www.cdc.gov/vaccinesafety/>

Immunization Action Coalition: <http://www.immunize.org/concerns/>

Every Child By Two: <http://www.vaccinateyourbaby.com>

U.S. Food and Drug Administration: <http://www.fda.gov/cber/vaccines.htm>

American Academy of Pediatrics: <http://www.cispimmunize.org>

Children's Hospital of Philadelphia, Vaccine Education Center:  
<http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75697>

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## Other Current Vaccine Shortages, Delays and Recalls

In January 2009, Merck and Co., Inc. announced a supply interruption in the U.S. for the adult formulation of their Hepatitis B vaccine, Recombivax HB®. This interruption has continued; however, there is no change in the routine recommendation for the vaccine.

In December 2008, Merck informed CDC that it was not currently producing or taking orders for the monovalent measles, mumps and rubella vaccines. Merck will continue to meet the public health and medical need for measles, mumps and rubella vaccines by providing combination MMR II vaccine in adequate supply to meet the U.S. demand.

Additional information on national vaccine shortages and supply is available at:  
<http://www.cdc.gov/vaccines/vac-gen/shortages>.

Additional information on recalled vaccines is available at:  
<http://www.cdc.gov/vaccines/recs/recalls/default.htm>

## Contact Us!

Email the NYSDOH Bureau of Immunization if you have questions, would like more information or to receive this e-newsletter directly if you did not.  
[immunize@health.state.ny.us](mailto:immunize@health.state.ny.us)

Our website:  
[www.nyhealth.gov/prevention/immunization/](http://www.nyhealth.gov/prevention/immunization/)

Please forward this e-newsletter to colleagues who may wish to receive it.

## New York State Immunization Information System Wins Award!

Staff of the New York State Department of Health, Bureau of Immunization, recently received the **Center of Excellence Award for Provider Participation** from the American Immunization Registry Association.

The award recognizes the efforts of the New York State Immunization Information System (NYSIIS) in improving provider participation rates. Specifically, that the percentage of children less than six years of age with two or more immunizations in NYSIIS more than tripled in a little over one year—from 15.0 percent in October 2007 to 49.7 percent in January 2009.

With the passage of legislation mandating immunization reporting for persons less than 19 years of age as of January 1, 2008, and the launch of the new web-based application on February 25, 2008, NYSIIS is poised to become a fully functioning population-based system. The rigorous implementation strategy is multi-faceted—focusing on outreach, technological support, and user training. Communication with key stakeholders is critical to build and maintain momentum among providers through the second year of implementation and beyond.

Thank you to all of our partners who have helped to ensure the continued success of this important public health initiative!

For more information on NYSIIS go to:

<https://commerce.health.state.ny.us/hin/>

[http://www.nyhealth.gov/prevention/immunization/information\\_system/](http://www.nyhealth.gov/prevention/immunization/information_system/)

### Important Phone Numbers

NYSDOH Bureau of Immunization: 518-473-4437

For further information, please contact your local health department or your regional NYSDOH Bureau of Immunization:

*Western Regional Office*

Buffalo: 716-847-4385

Rochester: 585-423-8114

*Central New York Regional Office*

Syracuse: 315-477-8164

*Capital District Regional Office*

Troy: 518-408-5278

Oneonta: 607-432-2890

*Metropolitan Area Regional Office*

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Providers and facilities in New York City should contact the New York City Department of Health and Mental Hygiene at 212-676-2323.