

Immunize NY!

Bureau of Immunization

Welcome to *Immunize NY!*

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Frequently Used Abbreviations:

- ✓ **AAP:** American Academy of Pediatrics
- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** Centers for Disease Control and Prevention
- ✓ **FDA:** Food and Drug Administration
- ✓ **IAC:** Immunization Action Coalition
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **NYSIIS:** New York State Immunization Information System

British Medical Journal (BMJ) Calls Wakefield's Study Linking MMR Vaccine to Autism 'Fraudulent'

The IAC has posted to its' website the BMJ series of articles written by Brian Deer. The articles outline the data behind claims, now deemed fraudulent, that the MMR vaccine was linked to autism. Also at this site you will find the most up-to-date articles, related news coverage and commentaries about this issue from around the nation.

Visit the IAC website to read the articles: <http://www.immunize.org/bmj-deer-mmr-wakefield/>.

New Recommendations from the February and June 2011 ACIP meetings

The following issues were discussed and voted on at the February 2011 ACIP meeting:

- Healthcare personnel (HCP) and pertussis/Tdap.
 1. ACIP approved one dose of Tdap for previously unvaccinated HCP regardless of age. This expands the recommendation to HCP older than 64 years regardless of the type of patient contact.
 2. ACIP also made slight changes to post-exposure prophylaxis recommendations for HCP who have already received Tdap vaccine. HCP who are exposed and are expected to have contact with persons at high-risk of severe pertussis disease (e.g., hospitalized neonates and pregnant women) need to receive post-exposure prophylaxis. For vaccinated HCP not in contact with at-risk patients, facilities have the option of providing post-exposure prophylaxis or monitoring exposed HCP for 21 days after pertussis exposure and treating at the onset of signs and symptoms of pertussis.

To access the ACIP **Provisional Recommendations for the Use of Tdap in Health Care Personnel** go to:

<http://www.cdc.gov/vaccines/recs/provisional/default.htm#acip>.

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New Recommendations from the February and June 2011 ACIP Meetings

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- **General Healthcare Personnel Recommendations.**
ACIP voted to approve a set of recommendations which will be published as a compilation of all vaccine-specific recommendations for HCP. This document once posted will update the previously published 1997 report.
- **Japanese Encephalitis Vaccine.**
ACIP voted to allow providers to give a booster dose of vero-cell Japanese encephalitis vaccine (JE-VC) to travelers at high-risk of Japanese encephalitis who have already received a primary series, at a one-year interval, if the primary series was completed 1 to 2 years ago.

The following issues were discussed and voted on at the June 2011 ACIP meeting:

- **Tdap vaccine during pregnancy.**
ACIP voted to recommend that pregnant women, who have not previously been vaccinated against pertussis, receive pertussis-containing vaccine preferably during the third or late second trimester, after 20 weeks gestation. The goal of vaccinating pregnant women is to protect their newborns from contracting pertussis in the first few months of life.

To access the **ACIP Provisional Recommendations for Pregnant Women on Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap)** go to:

<http://www.cdc.gov/vaccines/recs/provisional/default.htm#acip>

- **Meningococcal vaccine, MCV4-D (Meningococcal Polysaccharide (A,C,Y,W-135) Diphtheria Toxoid Conjugate Vaccine, Menactra).**
ACIP voted to recommend MCV4-D among persons aged 9-23 months who are at increased risk of meningococcal disease. Menactra was approved for infants 9-23 months by the FDA in April 2011. Infants at risk were defined as having specific medical conditions (e.g. complement component deficiencies) and having increase risk of exposure (e.g. traveling to areas where disease is endemic or part of a community outbreak). Children with functional or anatomic asplenia were removed from the population covered.

In addition to votes taken, the ACIP also discussed issues related to influenza vaccine, febrile seizures and vaccination, zoster vaccine, hepatitis B vaccine, 13-valent pneumococcal conjugate vaccine, HPV and MMR vaccines. Visit the ACIP web page for complete meeting information:

<http://www.cdc.gov/vaccines/recs/acip/default.htm#mtgs>

DTaP-Tdap Mix-ups Now Affecting Hundreds of Patients

As reported in Medscape News on-line: “The Institute for Safe Medication Practices (ISMP) Medication Errors Reporting Program (ISMP-MERP) database contains hundreds of cases of accidental mix-ups between adult and pediatric products used to immunize patients against diphtheria, tetanus, and pertussis (whooping cough). Several reports involve errors that affected numerous patients. In one report alone, 80 clinic patients were given the wrong vaccine. In all, these mix-ups may be affecting thousands of patients given that not all cases are reported to ISMP.”

For recommendations on avoiding vaccine administration errors and to review the Medscape News complete article, visit Medscape at: <http://www.medscape.com/viewarticle/726330>. Although you must be a registered user to view the article, registration is free. This website is a very valuable resource.

***Pediatrics* Supplement on Vaccine Safety**

The May 2011 issue of *Pediatrics* offers a vaccine safety supplement featuring 18 articles. Article topics include: vaccine safety system and vaccine safety studies; identifying and addressing vaccine safety concerns among parents. To access the supplement visit *Pediatrics*, the official journal of the AAP at: http://pediatrics.aappublications.org/content/127/Supplement_1.

New FDA Approvals

FDA Approves Gardasil[®] for Prevention of Anal Cancer

On December 22, 2010, the FDA approved Gardasil[®] vaccine for the prevention of anal cancer and associated precancerous lesions due to human papillomavirus (HPV) types 6, 11, 16, and 18 in people ages 9 through 26 years.

Gardasil[®] is already approved for the same age population for the prevention of cervical, vulvar, and vaginal cancers and the associated precancerous lesions caused by HPV types 6, 11, 16, and 18 in females. It is also approved for the prevention of genital warts caused by types 6 and 11 in both males and females.

To read the FDA's press release, visit their newsroom at:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm237941.htm>.

The approval letter can be found on the FDA website at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm238074.htm>.

FDA Expands Menveo[®] Vaccine Age Indications to 2 through 55 Years

On January 28, 2011 the FDA approved Menveo[®] vaccine (Novartis) for use in children, adolescents, and adults ages 2 years through 55 years. Menveo[®], a quadrivalent meningococcal conjugate vaccine, is indicated to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. Menveo[®] received initial FDA approval in 2010 for use in adolescents and adults from ages 11 to 55 years of age.

The approval letter can be found on the FDA website at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm242237.htm>.

FDA Expands Zostavax[®] Vaccine Age Indications to Include Adults Ages 50 through 59 Years

On March 24, 2011 the FDA approved Zostavax[®] vaccine (Merck) for use in adults ages 50 through 59 years. Zostavax[®], a live attenuated virus vaccine, is indicated to prevent herpes zoster (shingles). Zostavax[®] received initial FDA approval in 2006 for use in adults age 60 years and older.

To read the FDA's press release, visit their newsroom at:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm248390.htm>.

FDA approves Boostrix for people age 65 years and older

On July 8, FDA approved Boostrix [Tdap, GlaxoSmithKline] to prevent tetanus, diphtheria, and pertussis in people age 65 years and older. To read the FDA press release, go to:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm262390.htm>.

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New FDA Approvals *(con't from page 3)*

FDA expands Menactra meningococcal vaccine licensure to include infants and toddlers ages 9–23 months

On April 24, the FDA expanded Menactra meningococcal vaccine licensure to include infants and toddlers ages 9 through 23 months for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. Menactra already is approved for use in people ages 2 through 55 years. Menactra is given as a two-dose series beginning at 9-months, three months apart; and the study results showed the vaccine produces antibodies in the blood that are protective against the disease.

To access the complete press release, go to:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm252392.htm>

Review Patient Vaccination Histories Prior to International Travel

When traveling, health risks vary according to destination, itinerary, duration of journey, and medical history of the traveler. For example, international travelers are at increased risk for measles exposure. Measles is an endemic disease in areas where measles immunization levels are low but outbreaks occur even in developed countries. Vaccination histories for anyone planning international travel should be reviewed. Both recommended and required vaccinations should be up-to-date.

Vaccinating children for travel requires careful evaluation. Whenever possible, children should complete the routine immunizations on a normal schedule. However, travel at an age earlier than being able to receive appropriate vaccinations may require accelerated schedules. Children age 6 through 11 months, if they must travel outside the United States, should receive MMR vaccine. MMR given before age 12 months should not be counted as part of the two-dose series. Children who receive MMR before age 12 months will need two more doses of MMR, the first of which should be administered at 12 months of age.

The CDC's *Travelers Health* web page provides general information about travel and more specific information about vaccines when preparing to travel. Visit the CDC site for more information:

<http://wwwnc.cdc.gov/travel/>.

The CDC also has a *Traveling with Children Resources* web page which includes information about traveling while pregnant. You can find this CDC page at: <http://wwwnc.cdc.gov/travel/content/child-travel.aspx>.

Lastly, a recently published study in the April 8, 2011 edition of MMWR, *Measles Imported by Returning U.S. Travelers Aged 6–23 months, 2001-2011*, highlights the issue. This study can be found at the following CDC website: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s_cid=mm6013a1_w.

Did you know?

Current and updated standing order models
are available through the
Immunization Action Coalition website at:
<http://www.immunize.org/standing-orders/>

Did you know?

All significant health events that may have been related to a dose of vaccine, particularly those that lead to hospitalization, disability, or death, should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Healthcare providers do not need to be certain the event was vaccine related in order to report it. It is not necessary to report minor adverse reactions, such as local reactions or low-grade fever.

For more information about VAERS visit <http://vaers.hhs.gov> or call (800) 822-7967.

American College of Obstetricians and Gynecologists (ACOG) Routine Screening Recommendations include Information on Assessing Patient Immunization Status

In March 2011, ACOG released "Primary and Preventive Care: Periodic Assessments." The document is an updated schedule of the recommended routine screenings, lab tests, and immunizations for non-pregnant adolescents and women, based on age and risk factors.

*Please note that since ACOG released this publication changes have been made to the recommendations for the use of Zostavax and Tdap. Current information is available through this publication and the ACIP website.

To access "Primary and Preventive Care: Periodic Assessments," go to: http://www.acog.org/from_home/publications/immunization/co483.pdf.

Valuable Immunization Information Subscriptions

The NYSDOH recommends several free e-newsletter subscriptions, beyond our own, for the most up-to-date immunization information available. These newsletters are for health care professionals who provide vaccination services to children and/or adults and are delivered directly to your email box. Each newsletter has its own specialty and slant. Subscribe today! They are:

- Children's Hospital of Philadelphia --Vaccine Update for Healthcare Providers. To subscribe to receive monthly editions, send an e-mail with your title, name, practice name, practice address, and e-mail address to: vacinfo@email.chop.edu.
- Immunization Action Coalition -- IAC Express. To subscribe to weekly emails with the latest vaccine recommendations and licensures, important journal articles, practical vaccination resources, conference announcements, and more visit the IAC website: <http://www.immunize.org/subscribe/>.
- Immunization Action Coalition -- Needle Tips. Published six times per year, every issue includes: "Ask the Experts" — a feature by CDC experts who answer challenging and timely questions about vaccines and their administration; Vaccine Highlights which contains vaccine news from ACIP and CDC; and ready-to-print materials from IAC to photocopy and distribute to staff and patients. For more information and to subscribe go to the IAC website: <http://www.immunize.org/subscribe/>.

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Did you know?

Federal law requires that a copy of the appropriate Vaccine Information Statement (VIS) be given to the adult recipient or to a child's parent/legal representative prior to vaccination.

Visit the Immunization Action Coalition website to view "It's Federal Law" which details those VISs required by law and those recommended.

<http://www.immunize.org/catg.d/p2027.pdf>

Valuable Immunization Information Subscriptions *(con't from page 5)*

- CDC -- Immunization Works. This CDC monthly e-newsletter provides immunization news, influenza information, and information on vaccine/immunization meetings, conferences and other resources. For more information and to subscribe, go to the CDC website:
<http://www.cdc.gov/vaccines/news/newsletters/imwrks/2011/201101.htm>.

Vaccine Safety Resources

CDC: *Provider Resources for Vaccine Conversations with Parents*. Be sure to click on "Get Email Updates" on the CDC link to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated.

<http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>

Immunization Action Coalition (IAC): *Need Help Responding to Vaccine-hesitant Parents?*

<http://www.immunize.org/catg.d/p2070.pdf>

NYSDOH: http://www.nyhealth.gov/prevention/immunization/vaccine_safety.htm

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

IAC: <http://www.immunize.org/concerns/>

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

FDA: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm>

AAP: <http://www.aap.org/immunization/>

Children's Hospital of Philadelphia, Vaccine Education Center:

<http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75697>

Injections without Infections

It seems like a “basic” of health care: injection safety.

A safe injection is described as one that does not harm the recipient, does not expose the provider to any avoidable risks, and does not result in waste that is dangerous to the community (e.g., through inappropriate disposal of injection equipment).



Yet, unsafe injections are increasingly a problem in the United States. In fact, the Safe Injection Practices Coalition (SIPC) — whose membership of health care organizations includes the CDC— estimates that since 1999, more than 125,000 people were notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV, because a provider failed to follow basic infection control practices.

That’s why New York has become a “partner state” in the national “*One and Only Campaign*,” led by the SIPC. The campaign’s slogan sums up its mission: “*One Needle, One Syringe, Only One Time.*”

This health education campaign spreads the injection safety message to patients and providers throughout New York State and the nation with educational materials such as posters, brochures, and a Provider Training DVD. In June, the SIPC will offer a provider CME on injection safety. Many of these materials can be downloaded or ordered on the “One and Only Campaign” national website: <http://oneandonlycampaign.org/partner/new-york>.



Our goal is to ensure that both patients and providers **insist** on nothing less than one needle, one syringe, only one time, for every injection.

Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at the CDC website:

<http://www.cdc.gov/vaccines/vac-gen/shortages>.

Vaccine recall information will be provided as it is necessary through the NYSDOH Health Commerce System (HCS) and through this newsletter.

General information on recalled vaccines is available at the CDC website:

<http://www.cdc.gov/vaccines/recs/recalls/default.htm>.

Important Contact Information

NYSDOH Bureau of Immunization

Phone: 518.473.4437 email: immunize@health.state.ny.us

Website: www.nyhealth.gov/prevention/immunization/

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

Western Regional Office

Buffalo: 716-847-4385

Rochester: 585-423-8014

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:

New York City Department of Health and Mental Hygiene, 212-676-2323.

Email the NYSDOH Bureau of Immunization
to receive this e-newsletter directly if you did not.