

Immunize NY!

BUREAU OF IMMUNIZATION

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Frequently Used Abbreviations:

AAP:	American Academy of Pediatrics
ACIP:	Advisory Committee on Immunization Practices
CDC:	U.S. Centers for Disease Control and Prevention
FDA:	U.S. Food and Drug Administration
HCP:	Health Care Personnel
MMWR:	Morbidity and Mortality Weekly Report
NYS:	New York State
NYSDOH:	New York State Department of Health

New Recommendations from the June 2014 ACIP Meeting

Live Nasal Spray Influenza Vaccine Recommended for Healthy Children Ages 2–8 Years

ACIP voted on June 25 to recommend a preference for using the nasal spray flu vaccine (LAIV) instead of the flu shot (IIV) in healthy children, 2–8 years of age, when it is immediately available. This new ACIP recommendation is based on a review of available studies that suggests the nasal spray flu vaccine can provide better protection than the flu shot in this age group against laboratory-confirmed, medically attended flu illness. The recommendation also asserts that if the nasal spray flu vaccine is not immediately available, the flu shot should be given -- opportunities to vaccinate children should not be missed or delayed.

To read the *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season* MMWR report, visit:

www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm

LAIV Effectiveness Update November 2014

New data from the U.S. Influenza Vaccine Effectiveness (Flu VE) Network unexpectedly showed no measurable effectiveness for LAIV against influenza A (H1N1) among children studied during the 2013–14 influenza season. At this time, the ACIP and CDC have **not** changed the current influenza vaccination recommendations. This determination was based on the early season surveillance showing substantially more circulation of influenza A (H3N2) and B viruses and very little circulating influenza A (H1N1) and the good protection provided by LAIV against these circulating strains.

More information is available at: <http://www.cdc.gov/flu/news/nasal-spray-effectiveness.htm>

Recently Published ACIP Recommendations

Prevention and Control of *Haemophilus influenzae* Type b Disease

On February 28, CDC published a summary of ACIP recommendations regarding the prevention and control of *Haemophilus influenzae* type b (Hib) disease in the United States. This report does not contain any new recommendations; it is intended for use by clinicians, public health officials, vaccination providers, and immunization program personnel as a resource. ACIP recommends routine vaccination with a licensed conjugate Hib vaccine for infants aged 2–6 months (2 or 3 doses, depending on vaccine product) with a booster dose at age 12–15 months.

Recently Published ACIP Recommendations

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1. Prevention and Control of *Haemophilus influenzae* Type b Disease (cont.)

ACIP also recommends vaccination for certain persons at increased risk for Hib disease (i.e., persons who have early component complement deficiencies, immunoglobulin deficiency, anatomic or functional asplenia, or HIV infection; recipients of hematopoietic stem cell transplant; and recipients of chemotherapy or radiation therapy for malignant neoplasms).

The report summarizes current information on Hib epidemiology and describes Hib vaccines licensed for use in the United States. Guidelines for antimicrobial chemoprophylaxis of contacts of persons with Hib disease are also provided.

To read the report, *Prevention and Control of Haemophilus influenzae Type b Disease Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, visit: www.cdc.gov/mmwr/PDF/rr/rr6301.pdf.

2. Third Meningococcal Conjugate Vaccine Recommended as an Option for Some Infants

On June 20, ACIP published its October 2013 recommendation of a third meningococcal conjugate vaccine, MenACWY-CRM (Menveo®, Novartis), as an additional option for vaccinating infants aged 2-23 months at increased risk for meningococcal disease.

- MenACWY-CRM is the first quadrivalent meningococcal conjugate vaccine licensed for use in children aged 2-8 months.
- MenACWY-D (Menactra®, Sanofi Pasteur) is recommended for use in children aged 9-23 months who are at increased risk for meningococcal disease.
- Hib-MenCY-TT (MenHibrix®, GlaxoSmithKline) is recommended for use in children aged 6 weeks-18 months at increased risk.

This report summarizes information on MenACWY-CRM administration in infants and provides recommendations for vaccine use in infants aged 2-23 months who are at increased risk for meningococcal disease. Because the burden of meningococcal disease in infants is low in the U.S. and the majority of cases that do occur are caused by serogroup B (which is not included in any vaccine licensed in the U.S.), only those infants who are at increased risk for meningococcal disease are recommended to receive a meningococcal vaccine.

To read the full report, *Use of MenACWY-CRM Vaccine in Children Aged 2 Through 23 Months at Increased Risk for Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices, 2013*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm?s_cid=mm6324a2_w.

Pediatrics Study Reinforces the Safety of Vaccination

A systematic review of research on vaccine safety, published online July 1 in *Pediatrics*, updates a 2011 Institute of Medicine (IOM) report on the safety of vaccines recommended for children aged six years and younger. The review is part of a larger report on the safety of vaccines for adults, adolescents and children requested by the Agency for Healthcare Research and Quality. Researchers from the RAND Corporation conducted a review of the evidence published since the IOM report which looked at DTaP, hepatitis A, hepatitis B, influenza, meningococcal, MMR, and varicella vaccines. The report also reviewed the evidence on several childhood vaccines that were not studied in the 2011 IOM report, including: *Haemophilus influenza type b* (Hib), pneumococcal, rotavirus, and inactivated poliovirus vaccines.

Findings showed strong evidence that MMR vaccine is not associated with autism, which is consistent with previous reviews on the topic. In addition, researchers identified strong evidence that MMR, DTaP, Td, Hib and hepatitis B vaccines are not associated with childhood leukemia. The review did show an association of several serious adverse events with vaccines, but these events were very rare—such as intussusception after rotavirus vaccine.

To read the article, *Safety of Vaccines Used for Routine Immunization of U.S. Children: A Systematic Review*, visit: <http://pediatrics.aappublications.org/content/early/2014/06/26/peds.2014-1079.full.pdf>.

CDC Provides Interim Guidance for Polio Vaccination When Traveling Abroad

On July 11, 2014 CDC published a report updating its policy for polio vaccination of travelers. The report is based on a CDC June health alert from June, 2014 which provided guidance to U.S. clinicians on new World Health Organization (WHO) polio vaccination requirements for travel by residents of, and long-term visitors to, countries with active poliovirus

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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 CDC for specific information on complying with this mandate, VISs in other languages and more:
www.cdc.gov/vaccines/pubs/vis/default.htm.

CDC Provides Interim Guidance for Polio Vaccination When Traveling Abroad

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transmission—designated as “polio-infected.” The July 11 report also provides interim guidance for U.S. physicians whose patients will travel to or reside in affected countries for more than four weeks. This is to ensure that those patients will have evidence of administration of injectible (IPV) or oral (OPV) polio vaccine within 12 months of travel, which might be required when they depart from countries with active poliovirus transmission.

Persons at greatest risk for acquiring polio are unvaccinated persons. In the U.S., infants and children should be vaccinated against polio as part of routine immunization. Before traveling to areas with wild poliovirus circulation, all travelers should ensure that they have completed the recommended age-appropriate polio vaccine series and have received a booster dose, if necessary.

To read the guidance report, *Interim CDC Guidance for Polio Vaccination for Travel to and from Countries Affected by Wild Poliovirus*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6327a4.htm?s_cid=mm6327a4_e.

Vaccine-Preventable Diseases in the News

In 2014, measles outbreaks have been identified throughout the U.S. A large outbreak among Amish communities in Ohio now numbers 377. As of August 13, 593 cases have been reported in the U.S.—the largest outbreak in 20 years. NYS reported five cases in 2014 while New York City reported 26.

In 2014, NYSDOH has sent advisories to providers statewide offering guidance on diagnosis and prevention through the timely use of MMR vaccine. These advisories are available for review on the Health Commerce system (HCS):
https://commerce.health.state.ny.us/public/hcs_login.html.

Additional information for providers and consumers is available at the CDC website: www.cdc.gov/measles/.

A large pertussis outbreak is ongoing in California with over 7,500 cases reported in 2014. Providers should remain vigilant in identifying, reporting, controlling and preventing pertussis by providing all age appropriate doses of pertussis containing vaccine to children and adults.

For more information on the national pertussis disease trends, visit: www.cdc.gov/pertussis/outbreaks/trends.html.

Interactive Map Illustrates Increase in Some Vaccine-Preventable Diseases

The Council on Foreign Relations (CFR) Global Health Program tracks reports on vaccine-preventable disease (VPD) outbreaks. The organization developed an interactive map that visually plots outbreaks of VPDs across the globe.

The CFR map allows the viewer to watch the increasing number of outbreaks between 2008 and 2013. Outbreaks can be searched by year, location, number of cases, and type of illness. This resource might be useful when discussing the risks of refusing vaccination with vaccine-hesitant parents.

To view the CFR map, visit: http://www.cfr.org/interactives/GH_Vaccine_Map/#map.

Updated NYS School Immunization Requirements

Effective July 1, school immunization rules and regulations were changed so that NYS immunization requirements are consistent with the most current childhood and adolescent ACIP immunization recommendations. These recommendations will lead to a reduction in the incidence of vaccine-preventable diseases and an increase in the safe use of vaccines.

More detailed information, including an immunization chart outlining the new requirements for the 2014-2015 school year, frequently asked questions regarding the regulations, and a NYSDOH webinar reviewing the updated school immunization regulations, are available at:

www.health.ny.gov/prevention/immunization/schools/updated_school_imm_requirements.htm.

CDC Finds Adult Vaccination Coverage Remains Low

In a report published in February, the CDC summarized results from its analysis of vaccine coverage rates among adults taken from the 2012 National Health Interview Survey (NHIS). The specific vaccines selected included: pneumococcal, Td or Tdap, hepatitis A, hepatitis B, herpes zoster, and Human Papillomavirus (HPV) vaccines reported by selected characteristics (age, race/ethnicity, and vaccination target criteria). Findings proved that adult vaccination coverage remains low for most routinely recommended vaccines and well below Healthy People 2020 targets. Compared with 2011, only modest increases were seen in Tdap vaccination among adults aged 19-64 years, herpes zoster vaccination among adults aged 60 years or older, and HPV vaccination among women aged 19-26 years. Coverage among adults in the U.S. for the other vaccines did not improve. Racial/ethnic gaps in coverage persisted for all six vaccines and widened for Tdap, herpes zoster, and HPV vaccination. Increases in vaccination coverage are needed to reduce the occurrence of VPDs among adults.

To read the article, *Noninfluenza Vaccination Coverage Among Adults — United States, 2012*, visit:
www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm?s_cid=mm6305a4_w.

Nurses are Important Voices for Vaccination

Registered nurses play a crucial role in supporting vaccination and informing patients and communities about the risks of forgoing immunization. A study found that nurses are more effective than other health care professionals when it comes to administering vaccinations. Programs such as the *Bringing Immunity to Every Community* initiative, a joint venture between American Nurses Association (ANA) and CDC, support nurses as they encourage vaccination.

To read an article, which includes information about the study, visit: <http://healthcaretraveler.modernmedicine.com/healthcare-traveler/news/nurses-play-key-role-vaccination-success>.

To learn more about the ANA and Every Child By Two continuing education for nurses webcast on vaccine safety and patient communication, visit: <http://anaimmunize.org/Main-Menu-Category/nurse-education/FreeCE.aspx>.

Did You Know?

ACIP's *Vaccine Abbreviations and Acronyms* resource was updated in May.

Visit the CDC ACIP webpage to view the updated listings.

www.cdc.gov/vaccines/acip/committee/guidance/vac-abbrev.html

Pediatricians Can Affect Adult Immunization Rates

Studies have determined that adult vaccination rates fall far below national goals. As reported by AAP, pediatricians can support efforts to increase adult rates in two ways:

1. Encourage patients' parents and caregivers to be up-to-date with immunizations and for them to talk to their own provider;
2. Ensure that they and their own office staff are up-to-date with immunizations.

To read the article, *Pediatricians called on to do their part to support adult immunization*, visit:
<http://aapnews.aappublications.org/content/35/4/8.full.pdf+html>.

Intussusception Risk Analyzed after Monovalent Rotavirus Vaccination

Recent international postlicensure data indicate a possible small increase in the risk of intussusception within the seven days following monovalent rotavirus vaccination. A study of U.S. data identified an attributable risk of 5.3 cases per 100,000 infants vaccinated with two doses of monovalent rotavirus vaccine. The overall number of identified cases was too few to support an analysis of individual doses in the two dose series. The authors also found an increased risk of intussusception associated with the first two doses of monovalent rotavirus vaccine compared to the first two doses of pentavalent rotavirus vaccine (relative risk of 9.4, 95% confidence interval 1.4 to 103.8).

The authors studies more than 200,000 doses of monovalent rotavirus vaccine and almost 1.3 million doses of pentavalent rotavirus vaccine. While the analysis indicates a statistically significant increase in the risk of intussusception following monovalent rotavirus vaccination, the authors caution that these rates are unstable and the addition or subtraction of a single case would change the significance of the findings. The authors conclude that the overall success of both vaccines in reducing rotavirus disease and associated hospitalizations outweigh the current small increase in the risk of intussusception.

To read the article, *Risk of Intussusception after Monovalent Rotavirus Vaccination*, visit:
www.nejm.org/doi/full/10.1056/NEJMoa1311738?query=featured_home.

CDC's Vaccine Storage and Handling Guidance Updated

Proper vaccine storage and handling practices play a very important role in protecting individuals and communities from VPDs. Vaccine quality is the shared responsibility of everyone, from the time vaccine is manufactured until it is administered. The CDC's *Vaccine Storage and Handling Toolkit* is a comprehensive resource for providers on recommendations and best practice strategies.

Avoid Errors--Administer Oral Rotavirus Vaccine Orally!

The CDC published a summary of reports, submitted to the Vaccine Adverse Events Reporting System (VAERS), of administration of oral rotavirus vaccines. The review found 39 reports of oral rotavirus vaccines administered by injection and 27 reports of eye splashes. This summary report serves as a reminder to clinicians that rotavirus vaccines should not be injected. Vaccine providers should **follow instructions on package inserts** on proper administration using the manufacturers' oral applicator devices (squirted gently and slowly into the child's cheek).

To read the article, *Rotavirus Vaccine Administration Errors*, visit:

www.cdc.gov/mmwr/preview/mmwrhtml/mm6304a4.htm?s_cid=mm6304a4_e.

FDA Lowers Adacel® Administration Age

In March 2014, the FDA lowered the age indication for Adacel® (Sanofi Pasteur) Tdap vaccine from age 11 years to age 10 years. Now both Tdap products, Adacel® and Boostrix® (*GlaxoSmithKline*), have the same age indication. This will assist health care providers in keeping children up-to-date with New York State's Tdap requirement for children entering grades 6-12.

To view the vaccine's *Full Prescribing Information* sheet, visit:

www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142764.pdf.

Don't Cut (Infection Control) Corners While Trying to Cut Costs

Some healthcare providers have expressed concern recently about the rising cost of vaccines. NYSDOH and the New York *One & Only Campaign* ("One Needle, One Syringe, Only One Time") want to remind providers that safe injection practices should always be employed when preparing and administering vaccines.

Whenever possible, consider using pre-filled syringes for vaccinations. And when that is not an option, make sure you use a new needle and new syringe each and every time you access a multi-dose vial. The CDC have documented cases of transmission of bloodborne pathogens when safe injection practices are not followed.

Even though multi-dose vials typically contain preservatives, they have no effect on viruses like hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

There is also some concern about "batching" or drawing up multiple doses of medication into syringes before dispensing medication. This practice is not recommended and in fact it is strongly discouraged by both the NYSDOH and the CDC. CDC recommends that vaccine be drawn up into a syringe at the time of administration. If vaccine must be pre-drawn, CDC offers the following cautions:

- If more than one vaccine type is to be administered, separate administration stations should be set up for each vaccine type to prevent medication errors.
- Vaccines should NOT be drawn up in advance of arriving at a clinic site. Drawing up doses of vaccine hours or even days before a clinic is NOT acceptable.
- At the clinic site, no more than 1 multi-dose vial or 10 doses should be drawn up at one time by each vaccinator.
- Patient flow should be monitored to avoid drawing up unnecessary doses.
- At end of the workday, any remaining vaccine in provider pre-drawn syringes should be discarded.

It should also be noted that the person drawing up the vaccine should be the person administering it. Finally, the manufacturer's instructions for storage of all medications, including vaccines, should always be followed.

Subscribe to the CDC's free email service.

Receive email notifications when new or updated immunization information is available. Go to:
www.cdc.gov/emailupdates/index.html.

Click on *Subscribe*, then click on all immunization topics of interest.

Reliable Immunization Resources

General Vaccine and Immunization Information for Providers

- NYSDOH: www.health.ny.gov/prevention/immunization/providers/
- Centers for Disease Control and Prevention (CDC) Health Care Professionals: www.cdc.gov/vaccines/hcp.htm
- **Free iOS and Android apps offer CDC recommended immunization schedules.** Download the CDC Vaccine Schedules app for health care professionals. Have immediate access to the childhood, adolescent, adult and catch-up vaccine schedules and footnotes on your iPad, iPhone, iPod Touch devices or Android device. Visit: <http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html>.
- CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases "The Pink Book" (where you will also find foreign language terms for vaccines and diseases): www.cdc.gov/vaccines/pubs/pinkbook/index.html
- CDC's Vaccine Storage and Handling Recommendations and Guidelines web page: www.cdc.gov/vaccines/recs/storage/default.htm
- NYSDOH Vaccines for Children Program: www.health.ny.gov/prevention/immunization/vaccines_for_children.htm
- NYSDOH, Bureau of Immunization Provider Training and Education: www.health.ny.gov/prevention/immunization/providers/training_and_education.htm
- American Academy of Pediatrics (AAP): www2.aap.org/immunization/pediatricians/pediatricians.html
- Children's Hospital of Philadelphia: www.chop.edu/service/vaccine-education-center/home.html
- Immunization Action Coalition (IAC), Ask the Experts
Experts from the CDC answer hundreds of timely and challenging questions about vaccines and their administration. www.immunize.org/askexperts/
- IAC: www.immunize.org
IAC Express is a free, weekly immunization news and information service delivered directly to your email box. To subscribe to this valuable resource, and other free IAC resources, go to: www.immunize.org/subscribe/.
IAC, "Ask the Experts", are experts from the CDC that answer hundreds of challenging and timely questions about vaccines and their administration.
Want the most up-to-date information and recommendations on hepatitis B vaccine? A special edition of *Ask The Experts* provides the newest recommendations for hepatitis B vaccine including the current *CDC Guidance for Evaluating HCP for Hepatitis B Protection and for Administering Postexposure Management*. This edition can be found at: www.immunize.org/express/issue1134.asp.

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Reliable Immunization Resources

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Vaccine Safety Basics for Providers and Patients

- 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/hep/patient-ed/conversations/index.html>
- IAC: *Need Help Responding to Vaccine-hesitant Parents?* www.immunize.org/catg.d/p2070.pdf
- NYSDOH: www.health.ny.gov/prevention/immunization/vaccine_safety/
- CDC: www.cdc.gov/vaccinesafety/index.html
- CDC, CDC Vaccine Safety Information for Parents: www.cdc.gov/vaccinesafety/populations/parents.html
- IAC: www.immunize.org/concerns/
- Every Child By Two: www.vaccinateyourbaby.com
- FDA: www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm
- AAP: www2.aap.org/immunization/families/safety.html

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).

Health care 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.

Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at the CDC website:
www.cdc.gov/vaccines/vac-gen/shortages.

General information on recalled vaccines is available at the CDC website:
www.cdc.gov/vaccines/recs/recalls/default.htm.

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

Important Contact Information

NYSDOH Bureau of Immunization

Phone: 518-473-4437 Email: immunize@health.state.ny.us

Website: www.health.ny.gov/prevention/immunization/

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

Western Regional Office

Buffalo: 716-847-4503

Central New York Regional Office

Syracuse: 315-477-8164

Capital District Regional Office

518-473-4437

Metropolitan Area Regional Office

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Monticello: 845-794-5627

Health care providers and facilities in New York City should contact:

New York City Department of Health and Mental Hygiene, 347-396-2400.

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