EPIC® Educating Physicians in their Communities INSIDER

Volume 2, Issue 3 March 2012

Be sure to take part in the 1st National Immunization Conference Online on March 26–28

Accessibility is what CDC's 1st National Immunization Conference Online is all about. The conference is virtual—there are no travel expenses, no airport hassles, no conference registration fees. With these barriers eliminated, what's to stop you from taking part in three days of first-rate presentations on current immunization topics? All you have to do to is peruse the agenda, find sessions that interest you, and be among the first thousand people to log in at the start of each session.

Mark Your Calendars:

ACP webinar on quality improvement in immunization
March 13, 2012

Virtual NIC Conference
March 26-28
http://www.cdc.gov/vaccines/events/nic/

CDC Immunization Netconference
March 29, 2012
Speaker:
Moderator: Andrew Kroger, MD

National Infant Immunization Week
April 231-28, 2012

American College of Physicians' webinar on quality improvement in immunization to be held on March 13

The American College of Physicians has scheduled a webinar on applying quality improvement principles to immunization for March 13 at 3 p.m. ET. Registrations are now being accepted.

HPV Vaccine Recommendations
Pediatrics Vol. 129, Number 3, March 2012

The American Academy of Pediatrics has updated its recommendations for the human papillomavirus (HPV) vaccine, supporting the Oct. 25, 2011 recommendation of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. The committee recommended that males 11 through 21 years should routinely receive the quadrivalent HPV vaccine, Merck's Gardasil. Men 22 through 26 years may receive HPV4 vaccine. Cost-efficacy studies do not justify a stronger recommendation in this age group.

SHANRITA MCCLAIN
EPIC PROGRAM COORDINATOR
404-881-5054
smcclain@gaaap.org

SANDRA YARN, RN, BSN, CHES
EPIC PROGRAM DIRECTOR
404-881-5081
syarn@gaaap.org

Oral HPV More Common in Men Than Women
New York Times (01/26/12) O'Connor, Anahad

Oral human papillomavirus (HPV), a sexually transmitted virus that affects about one in 15 Americans, has received greater attention due to a rise in oropharyngeal cancers over the past 20 years. A 2011 study found that throat cancers caused by HPV type 16 have tripled in the past two decades. Now, the authors of a new report, published in the Journal of the American Medical Association, say that 6.9 percent of adults and teenagers are infected with some kind of oral HPV, of which there are more than 40 strains. Their results indicated that the virus was about three times more common in men, and it was associated with increasing age, greater sexual activity, and smoking cigarettes. There are currently two vaccines available to prevent HPV. Although once recommended only for girls, last year a federal advisory committee recommended the vaccine's use in adolescent boys and men at high risk of HPV. This recommendation may have greater influence when paired with the discovery that more men are infected with HPV than women. "I think pediatricians might find that helpful information in talking about vaccination with the parents of boys," said Dr. Maura L. Gillison, the study's senior author and the chairwoman of cancer research at Ohio State University. "I think there's a lot of information here that can further stimulate research into prevention."

CDC releases updated VIS for Gardasil HPV vaccine
From IAC Express 2/28/12

On February 22, CDC released an updated VIS for Gardasil quadrivalent human papillomavirus (HPV) vaccine. The main change CDC made was to incorporate ACIP's recent decision to recommend the vaccine routinely for adolescent males. CDC encourages providers to begin using the updated VIS as soon as possible because using the previous VIS for Gardasil HPV vaccine could cause confusion about the ACIP recommendation.

Note: The VIS for Cervarix bivalent HPV vaccine has not been updated.

Pertussis Immunization Urged for Seniors
American Medical News (03/05/12) Moyer, Christine S.

The Advisory Committee on Immunization Practices (ACIP) has expanded its recommendations for the Tdap immunization to include all adults 65 years and older, in an effort to boost pertussis immunity in the United States. ACIP recommends that physicians routinely administer GlaxoSmithKline's Tdap vaccine Boostrix to all adults who have not already received the immunization or who are not sure if they did. Sanofi Pasteur's Tdap vaccine Adacel has not been approved by the Food and Drug Administration for the 65-and-older group, but ACIP said that physicians can use it in older adults if no other vaccine is available. ACIP's new recommendations are an update to its June 2010 recommendation that Tdap be given to adults 65 and older who have close contact with a child under age one year. An estimated 100 cases of pertussis occur per 100,000 adolescents and adults each year, with cases rising in the United States since the 1980s, particularly among children and infants too young to be vaccinated.

Teens Lacking in Protection Against Hepatitis A

MedPage Today (01/23/12) Neale, Todd

New research shows that many adolescents have not been vaccinated against hepatitis A virus. In 2009, only 42 percent of U.S. teens had received at least one dose of the vaccine and only 29.5 percent had received two doses, according to researchers with the Center for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases. The Advisory Committee on Immunization Practices (ACIP) first issued a recommendation in 1996 for routine two-dose vaccination against hepatitis A for children aged two years and older living in communities with the highest infection rates. By 2006, ACIP recommendations included routine vaccination for all U.S. children starting at age one year. To assess vaccine coverage in U.S. adolescents, investigators looked at the 2009 National Immunization Survey-Teen, which included more than 20,000 young people ages 13 to 17 years. The researchers report in Pediatrics that vaccination rates were highest in states that had been covered by the ACIP recommendations the longest. The most consistent predictor of having been vaccinated was a recommendation from a healthcare professional. Only about 25 percent of the teens had received such a recommendation, however.

IAC revises its two most popular staff educational materials, Summary of Recommendations for Child/Teen Immunization and Summary of Recommendations for Adult Immunization

IAC recently updated its two most popular educational resources for healthcare professionals. Both the Summary of Recommendations for Child/Teen Immunization and the Summary of Recommendations for Adult Immunization were revised to include updated ACIP recommendations related to Tdap, meningococcal, and HPV vaccination, as well as other edits.

Meningococcal Vaccine Effective Against Serogroup B

Medscape (02/07/12) Pullen, Lara C.

A recent study focused on the multicomponent serogroup B Neisseria meningitides (4CMenB) vaccine in more than 1,800 healthy infants. Researchers, led by Dr. Nicoletta Gossger of the Oxford Vaccine Group in the University of Oxford's Department of Pediatrics, studied babies who were given the 4CMenB vaccine at at ages two, four, and six months or two, three, and four months and found that the vaccine is effective against three reference strains and does not interfere significantly with routine infant vaccinations. Published in the Journal of the American Medical Association, the study shows a sufficient immune response against all three strains for infants vaccinated at two, four, and six months with routine vaccines; those vaccinated at two, four, and six months without routine vaccines; and those vaccinated at two, three, and four months with routine vaccines. The researchers found that the human complement serum bactericidal activity titers were higher when the vaccine was administered without routine vaccines. Drs. Amanda Cohen and Nancy Messonnier, both of the Centers for Disease Control and Prevention, note in an accompanying editorial that "the anticipated licensure of this vaccine in Europe and other countries means that for the first time vaccines to prevent all 5 of the serogroups that cause most meningococcal disease worldwide will be available."

MMWR/ March 2, 2012/ Vol.61/ No. 8 147 **Erratum**

In the QuickGuide supplement, "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2012," an error occurred on page 2, in the second bulleted text in the first footnote regarding hepatitis B vaccination. The bulleted text should read, "For infants born to hepatitis B surface antigen (HBsAg)–positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) **1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit)."**

Update on Polio Eradication Efforts

From Vaccine Education Center Parents PACK Newsletter February 2012

Administration of the polio vaccine has led to a tremendous decrease in the number of cases that occur throughout the world each year. During 2009, 1,606 cases of polio occurred throughout the world, quite similar to the number of cases reported in 2008.

There are three countries where polio transmission has never been successfully stopped. These include the African nation of Nigeria and the Asian countries of Afghanistan and Pakistan. In January 2012, India celebrated the first year in history in which no child was paralyzed by polio. Only one case was reported in that country over the one-year period.

While polio eradication efforts continue, there are different reasons for these strongholds of disease.

Nigeria - efforts in this region have suffered from vaccine safety concerns and political instability and corruption. A few years ago some people in the region refused vaccine out of unfounded concerns of contamination. Recent efforts have been hampered by a lack of government infrastructure and support as well as corruption. In 2008, Nigerian cases accounted for almost half of the worldwide total.

Afghanistan and Pakistan - the conflicts in this region have made optimal vaccine coverage difficult to achieve. In regions of both countries vaccine operations are not allowed. Similarly, even in regions where vaccine program agreements have been forged, there has been violence. In March 2008, a suicide bomber killed two polio vaccine workers and their driver. In addition to compromising vaccine coverage, these unstable conditions have led to difficulties in monitoring disease spread.

Adult Vaccination Rate Still Too Low

American Medical News (02/22/12) Krupa, Carolyne

In the Feb. 3 Morbidity and Mortality Weekly Report, the Centers for Disease Control and Prevention indicates that little progress has been made in boosting the low rate of vaccinations among adults. The report says vaccination rates held steady in 2010 from the prior year for the pneumococcal, hepatitis A, and hepatitis B vaccines, but vaccination rates rose slightly for the Tdap, human papillomavirus (HPV), and herpes zoster vaccines. Of high-risk adults age 19 to 64, only 18.5 received the pneumococcal vaccine, 10 percent received two doses of the hepatitis A vaccine, and 42 percent received the hepatitis B vaccine. Nearly 21 percent of women age 19 to 26 had one dose of the HPV vaccine, and 14 percent of adults age 60 and older had the herpes zoster vaccine. Experts say adult immunization rates remain low compared to childhood immunization rates due to the lack of a program similar to Vaccines for Children for adults, the lack of insurance or a medical home, a lack of awareness of adult vaccines, and physicians not having the time to talk about adult vaccines with patients.

FDA Picks Two New Vaccine Strains for 2012-13 Flu Seasons

CIDRAP (02/28/12) Schnirring, Lisa

In keeping with the World Health Organization's recommendations for the 2012-2013 flu season, the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has selected two new strains for the next seasonal flu vaccine. Pharmaceutical companies can now begin work on producing the vaccine. The following strains will be used in the 2012-2013 seasonal flu vaccine: A/California/7/2009 (H1N1)pdm09, the pandemic strain; A/Victoria/361/2011 (H3N2); and B/Wisconsin/1/2010. The committee noted that if a quadrivalent seasonal flu vaccine containing two influenza B strains were produced, the second B strain would be B/Brisbane/60/2008, which is used in the current seasonal flu vaccine.

Spotlight on immunize.org: IAC's collection of practical and clinically relevant journal articles

Looking for help searching through the current medical literature to find practical articles about vaccines and immunization? Look no further. IAC's Journal Articles web section provides a chronological catalog of vaccine-related, peer-reviewed articles organized by vaccine and topic area.

This section offers users live links to the abstracts or full text of thousands of practical and clinically relevant journal articles on vaccine-related topics.

Some of the journal article sections and topics include:

Diseases and Vaccines: Influenza
Communicating about Vaccines
Providing Vaccination Services
Laws, Exemptions, and Requirements

FDA Approves First Quadrivalent Vaccine to Prevent Seasonal Influenza

FDA News Release (02/29/12)

The U.S. Food and Drug Administration (FDA) approved on February 29 the first seasonal influenza vaccine that contains four strains of the flu virus, two A strains and two B strains. The FDA cleared MedImmune's FluMist Quadrivalent, a vaccine to prevent seasonal influenza in people ages two through 49 years. "Illness caused by Influenza B virus affects children, particularly young and school-aged, more than any other population," said Dr. Karen Midthun, director of the FDA's Center for Biologics Evaluation and Research. "A vaccine containing the four virus strains most likely to spread and cause illness during the influenza season offers an additional option to aid in influenza prevention efforts." FluMist Quadrivalent, like FluMist (trivalent), uses weakened forms of the flu virus strains and is delivered as a nasal spray.

Current Issues in Immunization NetConference:

The next netconference is scheduled for March 29, 2012. The moderator will be Andrew Kroger. The topics will be the 2012 Childhood/Adolescent Immunization Schedule Update, presented by Yabo Beysolow and the 2012 Recommended Adult Immunization Schedule, presented by Raymond Strikas. Please visit http://www.cdc.gov/vaccines/ed/ciinc/default.htm for updates and archived netconferences.

Influenza Activity

Excerpt from MMWR February 24, 2012 / 61(07);123-128

Influenza activity, as measured across all CDC influenza surveillance systems in the United States, has remained low this season, but began to increase in early February 2012. Although the timing of influenza activity is not predictable, peak activity in the United States most commonly occurs in February; however, substantial activity can occur as late as May. Vaccination remains the most effective method to prevent influenza and its complications. Health-care providers should continue to offer vaccine to all unvaccinated persons aged ≥6 months throughout the influenza season. Influenza A (H3N2), pH1N1, and influenza B viruses have cocirculated this influenza season, but influenza A (H3N2) has predominated overall. Thus far this season, the majority of pH1N1 and influenza A (H3N2) viruses in circulation that were tested are closely related to components included in the 2011–12 Northern Hemisphere influenza vaccine. Although the proportion of influenza B viruses in the Yamagata lineage characterized by CDC, which is not included in the 2011–12 influenza vaccine, is increasing, it makes up a small proportion of circulating viruses. It is too early in the influenza season to determine how well the circulating influenza viruses will match the influenza vaccine.