



Mark Your Calendars:

CDC Netconference

March 21, 2013
11:00am—12:00pm

National Infant Immunization Week

April 20-27, 2013

World Meningitis Day

April 24, 2013

GPPMA/GPNA Spring Meeting

May 10, 2013
Atlanta, GA

Building Bridges: Current Topics In Immunization Conference

May 21, 2013
Creekside Center at Chehaw Park
Albany, GA



Update from February ACIP Meeting

The most recent Advisory Committee on Immunization Practices (ACIP) meeting was held on February 20–21, 2013, in Atlanta, Georgia.

During the meeting, ACIP voted to recommend pneumococcal conjugate vaccine (PCV13) for children at high-risk for invasive pneumococcal disease between the ages of 6 years through 18 years if they have not previously received a dose of PCV13. The vaccine will be available in the Vaccines for Children (VFC) program as well. ACIP also voted to expand recommendations for Hib vaccine to now include patients 15 months or older undergoing elective splenectomy, asplenic patients older than 59 months, and HIV-infected children between 59 months through 18 years. ACIP also recommends that if a dose of Hib vaccine is received within 14 days of immunosuppressive cancer therapy and radiation the dose should be repeated at least three months following the therapy. The combination vaccine Hib-MenCY will be available in the VFC program pending a federal contract for this vaccine. Finally ACIP voted to continue the current recommendation for annual influenza vaccination for all persons six months and older, and as public health and private provider offices are now pre-booking vaccine with many new choices of influenza vaccine product, ACIP voted to recommend age indication as the primary basis for the choice of vaccine to be ordered or used. Information about influenza vaccine effectiveness will be included in this year's annual influenza recommendation.

Please visit the [ACIP meeting web page](#) for presentation slides, meeting minutes, and additional information. The next ACIP meeting will be held on June 19–20, 2013.

At least nine polio vaccine health workers killed in Nigeria

The February 8, 2013, issue of the *New York Times* reported that at least nine polio vaccine health workers were killed in Nigeria that day. The killings follow a similar attack on polio health workers in Pakistan in December 2012.

In a press release issued on February 8, the World Health Organization and UNICEF condemned the killings, saying that "Such attacks are a double tragedy; for the health workers and their families and for the children and vulnerable populations who are robbed of basic life-saving health interventions." WHO, UNICEF, and the GAVI Alliance extend their deepest sympathy to the families of the health workers and remain committed to supporting the government of Nigeria and the people of Nigeria in their efforts to better the health and lives of its people.

CDC launches new video, infographic, and PSAs

CDC February 2013 Immunization Works Newsletter

The Centers for Disease Control and Prevention (CDC) recently launched new English-language materials to educate parents of children younger than age two years about vaccine-preventable diseases and childhood vaccines. These include:

A [4-minute video](#) about the importance of following the recommended vaccine schedule. The video uses a multimedia baby book to follow a child through his first two years of life, as his parents keep him up-to-date on vaccines and track his important milestones.

An infographic titled [The Journey of Your Child's Vaccine](#), which explains vaccine development, how vaccines are added to the recommended schedule, and vaccine safety monitoring.

Two new animated [public service announcements \(PSAs\)](#) about vaccine-preventable diseases and the important role that vaccination plays in children's health and wellness. The PSAs are available in two lengths, 30-seconds and 60-seconds.

Health departments, coalitions, healthcare providers and other organizations are encouraged to link to these materials from their websites and promote them to constituents and parents. The animated PSAs can also be offered to local media outlets. For more information, please [email](#) CDC.

Study Details Age-Related Differences in Flu Vaccination Response

CIDRAP (02/06/13) Schnirring, Lisa

The number of antibody types in the blood of people before and after flu vaccination shrinks with age, according to a study by researchers based at Stanford University. The findings suggest vaccines may work differently in older people. The study, published in *Science Translational Medicine*, uncovered significant differences in antibody composition by different age-groups, such as the relative percentage of immunoglobulin M (IgM) sequences dropped after vaccination in all volunteers except one and reduction in IgM usage decreased with age. The researchers said the results are consistent with the hypothesis that older people are more likely to use memory B cells than naive NB cells to respond to flu vaccination. They also noted that the findings do not suggest that older people should stop getting vaccinated.

Mutations in Pertussis May Account for Rise in Cases

MedPage Today (02/06/13) Walsh, Nancy

Increased rates of whooping cough may be caused by new mutations in *Bordetella pertussis* that make vaccines less effective, researchers report. Among 11 out of 12 isolates of *B. pertussis* identified in children hospitalized in Philadelphia during 2011 and 2012, genetic analyses could not detect pertactin, a virulence factor that is used as a component of the current acellular vaccine. "To our knowledge, this finding represents the first reported occurrence of pertactin-negative variants of *B. pertussis* in the U.S.," the researchers write in a letter in the *New England Journal of Medicine*. Strains of the bacteria that appear to be negative for pertactin were also reported in isolates from France, Finland, and Japan. The researchers recommend studies of isolates from different parts of the United States to determine whether pertactin variants are a growing genetic phenomenon or a localized occurrence.

FDA approves expanded age indication for use of Prevnar 13 to include children and teens age 6 through 17 years (IAC Express)

On January 25, FDA approved the use of Prevnar 13, the pneumococcal 13-valent conjugate vaccine (PCV13; Pfizer Inc.), for prevention of invasive pneumococcal disease in children and adolescents age 6 through 17 years caused by serotypes contained in the vaccine. Prevnar 13 was originally approved on February 24, 2010, for use in infants and children age 6 weeks through 5 years. On December 30, 2011, FDA approved expanding the age indication for use of Prevnar to include people age 50 and older.

Study Suggests Link Between Untreated Depression and Response to Shingles Vaccine

EurekAlert (02/14/13)

New research led by Dr. Michael Irwin at the University of California, Los Angeles has found a connection between untreated depression in older adults and decreased effectiveness of the shingles, or herpes zoster, vaccine. The two-year study reveals that depressed patients who did not receive treatment with antidepressants had lower cell-mediated immunity to the varicella-zoster virus than patients who were not depressed or who were depressed but were receiving treatment with antidepressants. The results suggest these depressed patients were "poorly protected by shingles vaccination," says Dr. Irwin. Treating depression appeared to "normalize the immune response to the zoster vaccine." The findings, published in *Clinical Infectious Diseases*, are potentially significant in that treatment with antidepressants may have a similar effect on the immune response of depressed patients to other important vaccines, such as those for influenza.

QuickStats: Percentage of Adults Aged 65 Years Who Had Ever Received a Pneumococcal Vaccination

Morbidity and Mortality Weekly Report (02/01/13) Vol. 62, No. 4, P. 75

Among adults aged 65 or older, pneumococcal vaccination rates rose from 56.8 percent in 2000 to 66.5 percent in 2011 for non-Hispanic whites, according to data from the National Health Interview Survey. The percentage increased from 30.5 percent in 2000 to 47.6 percent in 2011 for non-Hispanic blacks, and it rose from 30.4 percent to 43.1 percent for Hispanics. From 2000-2011, the percentage who had ever received a pneumococcal vaccination was higher among whites adults 65 or older than among Hispanics and African Americans.

Thimerosal in Vaccines: What Are the Facts?

Paul A. Offit, MD

Dec 28, 2012

Medscape Public Health

I thought it would be of interest to talk about a paper that appeared in the journal *Pediatrics* this week, about thimerosal in vaccines.

Many of you might wonder why we are still talking about this. Hasn't this issue been resolved? Yes, it has, but it has come up again because of an effort by antivaccine groups that have lobbied the World Health Organization and other global health groups to try and get thimerosal out of vaccines given to infants and young children in the developing world -- something that would be disastrous.

In the late 1990s, as children began to receive more and more vaccines in the United States, they also received more and more thimerosal, an ethyl mercury-containing preservative in vaccines. Concern was expressed at the time that this may put children at risk. Mercury at high doses can cause harm, but the question was whether mercury in the form of ethyl mercury, given at much lower doses, could cause harm. This caused a great deal of concern in the late 1990s. As a consequence, there was a real effort to get thimerosal out of vaccines given to infants and very young children.

Since that time we have learned, in a series of 7 studies, that children who received thimerosal-containing vaccines compared with children who received the same vaccines without thimerosal are not at greater risk for neurodevelopmental problems, including autism or even subtle signs of mercury toxicity. In the late 1990s, a handful of children died of hepatitis B because the health centers in which they were born were so scared of thimerosal, which had been given a "scarlet letter," that they abandoned their hepatitis immunization program -- even for children who were born to mothers who had hepatitis B.

At the time, this action was considered a precaution: Let's get thimerosal out of vaccines until we learn more about thimerosal. Children died as a result; therefore, we didn't follow a precautionary principle that argues to do something to avoid harm, but in fact we caused harm. This new article is putting forward the idea that we should not make the same mistake, because now we know that the level of thimerosal in vaccines doesn't cause harm. If it is decided by the World Health Organization or other global health agencies to remove thimerosal from vaccines, it would mean using single-dose vials instead of multidose vials, which makes vaccines much more expensive for countries that already can't afford them.

If we were to do this, instead of a handful of children dying, hundreds or thousands of children will die. This paper is saying, "Mea culpa; let's not make the same mistake again."

In U.S., flu vaccine worked in just over half of those who got it

February 21, 2013

By: Julie Steenhuisen

CHICAGO (Reuters) - A U.S. government analysis of this season's flu vaccine suggests it was effective in only 56 percent of people who got the shot, and it largely failed to protect the elderly against an especially deadly strain circulating during flu season.

The U.S. Centers for Disease Control and Prevention said the findings underscore the need for more effective weapons in the fight against influenza, which kills between 3,000 and 50,000 people in the United States each year depending on the severity of the flu season.

The findings suggest that a large group of elderly people, who are consistently the most vulnerable to influenza, were unprotected during this year's flu season. One possible explanation may be that in older individuals, the immune system often produces a less robust immune response to vaccines, or to any infection.

CDC noted that vaccine effectiveness has been known to vary based on a number of factors including virus type, age, the particular flu season and variations in an individual's immunity.

"Although it's far from perfect, flu vaccination is by far the best tool we have to protect from flu," Frieden said.

Frieden said the U.S. Department of Health and Human Services as well as pharmaceutical companies are working to produce better vaccines. Efforts include the use of genetic engineering to develop more potent and more modern flu vaccines, with the hope of ultimately developing a universal flu vaccine that could protect against all strains of flu. Experts predict that could be possible within eight to 10 years.

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New/Updated RESOURCES

Revised AAP refusal to vaccinate form

AAP SmartBrief

The AAP form, "Documenting Parental Refusal to Have Their Children Vaccinated," was developed by the Section on Infectious Diseases Executive Committee as a resource for pediatricians when talking with parents who are hesitant or refuse to have their children fully vaccinated. The updated form, as well as other practice resources that address common reasons for parental hesitancy or refusal to vaccinate, can be accessed on the AAP Immunization Webpage (<http://www2.aap.org/immunization/pediatricians/refusaltovaccinate.html>).

A "Senior Moment" for Vaccinations: The Gerontological Society of America has published several articles about older adult immunization, including one that examines strategies for increasing vaccination rates among this group. Please visit the National Adult Vaccination Program web page (<https://www.geron.org/About%20Us/national-adult-vaccination-program>) for the article and sign-up information. (CDC's Immunization Works! Newsletter)

New/Updated RESOURCES

“Vaccine Information You Need”: A great immunization website for the public! **IAC Express January 29, 2013**

We have completed a major transformation of our website for the public, www.vaccineinformation.org, making it one of the most comprehensive and user-friendly sources of scientifically accurate and easily navigable immunization information on the Web today. Visitors to the website can now easily find what they need, whether they are looking for information on a particular vaccine or on vaccines needed by a particular age group, personal stories or video clips, or other resources, such as those from CDC and state health departments. Titled “Vaccine Information You Need,” the website offers parents, other adults, legislators, the media, and all interested Web users a one-stop shop for learning about vaccines and their importance.

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.

New! Vaccineinformation.org Video Library offers a searchable collection of almost 100 videos about vaccine-preventable diseases and the importance of immunization

The recent relaunch of www.vaccineinformation.org – “Vaccine Information You Need” website – features an impressive Video Library. The collection of almost 100 videos (check back often as IAC will be repopulating the collection weekly) is searchable by keyword and by a preset "Popular Searches" drop-down menu, which offers more than 10 choices. The results of a video search can be sorted in date order or by title of the video.

Some popular search options include:

- Adults
- HPV
- Influenza
- Whooping cough
- View all videos

Videos in this curated collection include personal testimonies from parents who have suffered the tragic loss of a child, public service announcements about the importance of immunization, videos about vaccine-preventable diseases, as well as animation to help illustrate the concepts of immunization. The featured videos are from many sources and include the following trusted organizations: CDC, PKIDs, California Immunization Coalition’s Shot-by-Shot project, state health departments, local immunization coalitions, and Families Fighting Flu.

We urge you to link to IAC’s relaunched website, www.vaccineinformation.org, from your website, blog, and/or Facebook page