



**Mark Your Calendars:**

**Hepatitis Awareness Month  
May**

**Adolescent Vaccine Webinar  
May 30, 2012**

**Time: 12 –1 pm**

**Speaker: Dr. Yolanda Wimberley**

**Pediatrics by the Sea  
June 13-16, 2012**

**Ritz Carlton**

**Amelia Island, FL**

**ACIP Meeting**

**June 20 & 21**

**Atlanta, GA**

**Hepatitis Awareness Month**

May is National Hepatitis Awareness Month, which was first designated by the Centers for Disease Control and Prevention (CDC) in 2001. This is an important opportunity to help raise awareness about viral hepatitis in this country. With up to 5 million Americans affected by chronic hepatitis B and C there is a lot that still needs to be done to improve prevention, education, and access to medical care and treatment.

May 19, 2012 has been designated as the first National Hepatitis Testing Day by the CDC. Since most Americans chronically infected with hepatitis B and C do not know their infection status, improved screening and testing is essential to reducing the burden of these two serious diseases.

The availability of better treatments for hepatitis B, and a cure for hepatitis C, provide compelling reasons for Americans to get tested! CDC's Division of Viral Hepatitis is leading a national education initiative called [Know More Hepatitis](#). The initiative aims to decrease the burden of chronic viral hepatitis by increasing awareness about this hidden epidemic and encouraging people who may be chronically infected to get tested.

[http://www.hepb.org/advocacy/awareness\\_month.htm](http://www.hepb.org/advocacy/awareness_month.htm)

**Sanofi Pasteur announces shortages of Pentacel® and DAPTACEL®**

The AAP has recently been notified of a temporary shortage of two products produced and distributed by Sanofi Pasteur. Sanofi Pasteur is temporarily implementing order limitations for **Pentacel®** (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate [Tetanus Toxoid Conjugate] Vaccine) and **DAPTACEL®** (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed). The shortage resulted from a manufacturing delay that will temporarily reduce supply below the level needed to fully satisfy market demand.

Ordering limitations for Pentacel and DAPTACEL vaccines went into effect April 20, 2012 for all customers and are likely to remain in effect throughout the summer, likely until the end of September 2012. Because there are other manufacturers of single and combination vaccines with DTaP and IPV, little to no impact to the routine childhood immunization schedule is anticipated. However, Pediarix contains Hepatitis B vaccine but does not contain Hib vaccine. These differences in vaccine components will need to be understood in order to ensure that infants receive all of their necessary vaccine antigens. Sanofi Pasteur's order limitations were put in place to help maximize the availability of the existing DTaP supply and minimize the impact to your practice. If you have questions or require additional information from Sanofi Pasteur, please contact their customer account representatives at **1-800-VACCINE** (1-800-822-2463).

## **Making Baby's Shots Less Tearful**

*New York Times (04/16/12) O'Connor, Anahad*

Researchers led by Dr. John Harrington of the Children's Hospital of the King's Daughters in Norfolk, Va., set out to determine whether the five S's popularized by pediatrician Harvey Karp in the book "The Happiest Baby on the Block," intended to soothe fussy or colicky babies, could help calm and comfort infants receiving vaccines at their two- and four-month well-child visits. The five S's are swaddling, putting the baby in a side or stomach position in the guardian's arms, swaying, sucking on a pacifier, and making a shushing sound in the baby's ear--all of which are said to mimic the environment of the womb. Some of the 230 infants studied were given either 2mL of plain water or 2mL of sugar water prior to the injections and were comforted by a parent or guardian afterward. Infants in two other groups were given one of the liquids and comforted by a resident trained in the five S's, so they were swaddled within 15 seconds of vaccination, held in a side or stomach position, swayed while being shushed, and offered a pacifier. A trained observer gauged the infants' pain level using a standard pain assessment scale, and researchers found that the lowest pain scores were seen in the infants who received physical intervention, or the five S's, no matter whether they received water or sugar prior to vaccination. According to Harrington, "Going in, we thought that maybe sugar and the physical intervention would work together. But what we found was that just the physical intervention was good enough. You really didn't need to give sugar prior to the shots." He says that offering the pacifier was not always necessary, but swaddling was found to be the most important step. The study is published in the journal *Pediatrics*.

## **Post-Licensure Safety Surveillance for High-Dose Trivalent Influenza Vaccine in the Vaccine Adverse Event Reporting System (VAERS)**

*Centers for Disease Control and Prevention (04/02/12)*

A safety study of the high-dose influenza vaccine reveals that there were no new serious safety concerns identified in the Vaccine Adverse Event Reporting System (VAERS) in the first year after the vaccine was licensed in December 2009. The findings were consistent with conditions found from pre-licensure studies, such as fever and pain, that were more frequently reported after high-dose trivalent influenza vaccine (TIV-HD) than after receipt of standard dose trivalent influenza vaccine. The analysis also shows a higher proportion of gastrointestinal events reported after TIV-HD than expected.

## **Intranasal Vaccine With Four Weakened Strains of Flu Works Better Than Three**

*Infection Control Today (04/04/12)*

New research from scientists at Saint Louis University reveals that an intranasal vaccine that includes four weakened strains of influenza could better protect children from flu than current vaccines. Each year, scientists make a trivalent vaccine that includes three strains of influenza--two of influenza A and one of influenza B--based on predictions of the strains that will be in circulation, but now manufacturers have the capacity to produce a vaccine that protects against four strains. "There are these two very different strains of influenza B that don't cross protect," says Dr. Robert Belshe, professor of infectious diseases at the SLU School of Medicine. "Vaccinating against one strain of influenza B does little to protect against the other." The researchers tested versions of FluMist, an intranasal vaccine made by MedImmune, on about 2,300 children between 2 and 19 years of age. The children had as robust an immune response as those who received the vaccine with three strains, and there was no clinically significant difference in the safety of the vaccines. The Food and Drug Administration approved MedImmune's quadrivalent flu vaccine for people between the ages of 2 and 49 on Feb. 28.

## American College of Physicians releases free iPhone/iPad app for adult immunization

The American College of Physicians (ACP) has released an app related to adult immunization for iPhones and iPads. The app is free and is based on the official 2012 immunization schedule. To download this resource, go to ACP's immunization portal website at <http://immunization.acponline.org>.

## Researchers Put to Rest Concern About Measles Vaccine Safety

*Chicago Tribune (04/02/12) Jameson, Marni*

A study published in the journal *Pediatrics* found that there is no increased risk of febrile seizures among children ages four to six years who are given measles vaccines that include the chickenpox vaccine. A 2010 study published in the same journal suggested that the risks of febrile seizures were double for children ages one to two years who receive the MMRV vaccine, a combined vaccine that protects against measles, mumps, rubella, and varicella. The risks were low, with one in 1,100 children between the ages of 12 and 23 months having a febrile seizure after the MMRV shot and 1 in 2,300 among those receiving the MMR and varicella vaccines separately on the same day, and the U.S. Centers for Disease Control and Prevention altered its recommendation after the study so that parents must request the combination vaccine. The new study looks at 86,750 children ages four to six years who were vaccinated between 2000 and 2008 and aimed to determine whether the same risk exists for this age group.

## Human Papillomavirus–Associated Cancers — United States, 2004–2008

Excerpt from *MMWR* / April 20, 2012 / Vol. 61 / No. 15

What is already known on this topic?

Persistent human papillomavirus (HPV) infection causes almost all cervical cancers and many vulvar, vaginal, penile, anal, and oropharyngeal cancers. The incidence of these cancers is influenced by sexual behaviors that lead to transmission of HPV, programs that screen for precancerous lesions, and the use of a recently introduced HPV vaccine.

What is added by this report?

An average of 33,369 HPV-associated cancers were diagnosed annually in the United States during 2004–2008 (10.8 per 100,000): 12,080 among males (8.1 per 100,000) and 21,290 among females (13.2). Of these, CDC estimates that 26,000 can be attributed to HPV: 18,000 among females and 8,000 among males.

What are the implications for public health practice?

Ongoing surveillance of HPV-associated cancers using high-quality population-based cancer registry data and consistent methodology is needed to monitor the impact of HPV vaccines, changes in cervical cancer screening practices, and changes in risk behaviors. Cervical cancer rates have decreased in the United States, largely as a result of the success of screening, but disparities still remain. HPV vaccine likely will help decrease cervical cancer rates further and reduce the disparities. Other HPV-associated cancers do not have approved screening programs; therefore, HPV vaccines are important prevention tools to reduce the incidence of noncervical cancers.

## U.S. measles cases reached 15-year high in 2011-CDC

Thu, Apr 19 2012

- \* Many U.S. measles cases can be traced to Europe
- \* Foreign visitors, foreign travel are main source
- \* More than 90 percent of US children are vaccinated

By David Beasley

ATLANTA, April 19 (Reuters) - Measles cases in the United States hit a 15-year high in 2011, with 90 percent of the cases traced to other countries with lower immunization rates, the Centers for Disease Control and Prevention reported on Thursday. There were 222 cases of measles in the United States last year, more than triple the usual number, the CDC said. There had been only about 60 cases per year between 2001 and 2010. No one has died of the disease in the United States since 2008. But approximately 20 million people contract the measles virus each year worldwide, and about 164,000 die from it, said Dr. Anne Schuchat, director of the health agency's National Center for Immunization and Respiratory Diseases. The agency said in 2000 that home-grown measles had been eliminated, but cases continued to arrive in the United States from abroad. There have been more than 25 measles cases reported so far in 2012, most of them imported, the CDC said. The virus can easily enter the country through foreign visitors or Americans traveling abroad who bring the disease back with them. Measles is highly contagious and is transmitted when an infected person breathes, coughs or sneezes, Schuchat said. The disease can be spread even before an infected person has developed the rash from the virus. "You can catch measles just by being in a room where a person with measles has been even after that person has left the room," Schuchat said on Thursday. Measles cases were found in 31 states in 2011. Last year's count marked the highest number of cases since 1996, when there were 508 cases in the United States. All but 22 of the 222 cases last year involved patients who had been infected overseas or caught the virus from someone who had been abroad, the CDC said. The source of the other 22 cases could not be determined. Many of the cases were traced to Europe, where in some countries immunization rates are lower than in the United States. Europe suffered an outbreak of the disease in 2011, reporting more than 37,000 measles cases. France, Italy and Spain, popular destinations for U.S. tourists, were among the hardest hit, said Schuchat. "It's very important for travelers heading off to Europe to make sure they are up to date on their immunizations and that their children are too," she said. Those who have already had measles or have been inoculated are not considered at risk of contracting the virus, the CDC said. The CDC recommends children receive two doses of measles, mumps and rubella vaccine starting at 12-15 months of age. More than 90 percent of U.S. children have been vaccinated against measles, the CDC said. "We don't have to have this much measles," Schuchat said. "Measles is preventable. Unvaccinated people put themselves and other people at risk for measles and its complications." (Editing By Colleen Jenkins and Todd Eastham)

### ACOG publishes committee opinion regarding administering Tdap vaccine during pregnancy (IAC Express April 24, 2012)

ACOG publishes committee opinion regarding administering Tdap vaccine during pregnancy. In March, the American College of Obstetricians and Gynecologists (ACOG) published [Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination](#). Developed by ACOG's Committee on Obstetric Practice, the update indicates ACOG's support for CDC's [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine \(Tdap\) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months—ACIP, 2011](#), which was published on October 21, 2011.



## **Whooping Cough Vaccine Fades in Pre-Teens: Study**

*Reuters (04/03/12) Grens, Kerry*

A study led by Dr. David Witt, infectious disease specialist at Kaiser Permanente Medical Center in San Rafael, Calif., indicates that children between the ages of eight and 12 were more vulnerable than other age groups to pertussis during the 2010 outbreak in California. Witt and colleagues gathered information on 132 patients under the age of 18 who tested positive for pertussis between March and October 2010. They found that 81 percent had received the complete series of vaccine, while 11 percent received at least one shot. They calculated 36 cases for every 10,000 children between the ages of two and seven and 245 cases for every 10,000 children between the ages of eight and 12, with the number of cases falling at age 13, when children received the booster shot. The researchers, who report their findings in *Clinical Infectious Diseases*, suggest that the Tdap booster shot be moved to an earlier age.

## **Shingles Vaccine Deemed Safe in Large Study**

*WebMD (04/23/12) Rubin, Rita*

Researchers, led by Kaiser Permanente Southern California Department of Research & Evaluation's Hung Fu Tseng, reviewed data on 193,083 patients age 50 and older who received the shingles vaccine and found that it is "generally safe and well tolerated." The study, published in the *Journal of Internal Medicine*, indicates an increased risk of allergic reaction in the first week after vaccination, but most cases involved only redness, swelling, and mild pain at the injection site. During the first six weeks after vaccination, no increased risks for stroke, heart disease, brain or spinal cord infections, Bell's palsy, or Ramsay-Hunt syndrome were found. The Centers for Disease Control and Prevention (CDC) says the shingles vaccination rate for Americans age 60 and older rose from 10 percent in 2009 to 14.4 percent in 2010, which is about halfway to the Healthy People 2020 goal of 30 percent. The Zostavax vaccine from Merck received Food and Drug Administration approval for use in people in their 50s, but the CDC's Advisory Committee for Immunization Practices still only recommends that those age 60 and up receive it.

## **Invasive Pneumococcal Disease Rate Decreased With Use of PCV13 Vaccine**

*Pediatric Supersite (04/04/2012)*

Rates of invasive pneumococcal disease have decreased among children and adults since the release of the 13-valent pneumococcal vaccine. Reductions are largely driven by decreases in serotypes 19A and 7F, according to data presented at the Centers for Disease Control and Prevention's (CDC's) First National Immunization Conference Online. Dr. Chad Cox, a medical epidemiologist from the CDC, said that declines have been seen in overall rates since the comparison baseline period of 2006 to 2008. There was a slight increase in disease rates in the fourth quarter of 2011. "For children aged younger than two years, the direct effect since the introduction of PCV13 (Prevnar13, Pfizer) has been a decrease in invasive pneumococcal disease," Cox said. "For children aged two to four years, there were decreases in overall and serotype 19A invasive pneumococcal disease." Declines have also been seen among adults aged 50 to 64, but it is unclear whether this is due to direct vaccination or herd immunity.