



Volume 5, Issue 7

July 2015

### Mark Your Calendars:

Webinar: Safe Vaccine Storage: Don't Be Left Out in the Cold  
July 23, 2015  
12:00pm—1:00pm

Current Topics in Immunization  
August 22, 2015  
The Classic Center, Athens

JANNA MCWILSON MSN, RN  
EPIC IMMUNIZATION  
PROGRAM DIRECTOR  
404-881-5081

SHANRITA MCCLAIN  
EPIC IMMUNIZATION  
PROGRAM COORDINATOR  
404-881-5054

### Meningococcal B vaccine

IAC Express Issue 1191: June 30, 2015

ACIP had an extensive discussion (including more than 45 minutes of public comment) about the use of serogroup B meningococcal (MenB) vaccine among healthy adolescents (that is, those who do not have conditions that put them at increased risk of meningococcal disease—persistent complement component deficiency, anatomic or functional asplenia, certain microbiologists and people identified to be at increased risk because of a meningococcal B outbreak). Recommendations for MenB vaccination of persons at increased risk of meningococcal disease were published in the [June 12 issue of MMWR](#), pages 608–612.

ACIP voted to recommend that a MenB vaccine series may be administered to persons 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This Category B (permissive) recommendation allows for individual clinical decision-making, and will enable coverage of MenB vaccines by the Vaccines For Children program and most insurance plans.

No preference was stated for the use of either of the two currently licensed MenB vaccines, Bexsero (Novartis) or Trumenba.

### Acute Gastroenteritis Hospitalizations Among US Children Following Implementation of the Rotavirus Vaccine

*Journal of the American Medical Association (06/09/15) Vol. 313, No. 22, P. 2282 Lesham, Eyal; Tate, Jacqueline E.; Steiner, Claudia A.; et al.*

Following the introduction of routine rotavirus vaccination in 2006, rates of acute gastroenteritis hospitalization declined significantly, a new study shows. Researchers from the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality looked at 1.2 million all-cause acute gastroenteritis hospitalizations, of which 17 percent had a rotavirus-specific code, among children younger than five years from 2000 to 2012. In a research letter, they report that rates of all-cause acute gastroenteritis among children younger than five years decreased by 31 percent to 55 percent in each of the postvaccine years from 2008 to 2012. In addition, rotavirus-coded hospitalizations dropped 63 percent to 94 percent during that period. The researchers add that "with an increase in vaccine coverage, herd protection may have contributed to larger declines in rotavirus hospitalizations," noting that vaccine coverage was highest in 2012, which was also when the largest decreases were seen for both all-cause acute gastroenteritis and rotavirus-coded hospitalizations.

## Pneumococcal vaccine

IAC Express Issue 1191: June 30, 2015

ACIP is aware that the different recommended intervals between pneumococcal conjugate (PCV13) and pneumococcal polysaccharide (PPSV23) vaccines for different ages and risk conditions are confusing to clinicians. For instance, currently the recommended interval between PCV13 and PPSV23 for healthy persons age 65 years and older is 6–12 months but the recommended interval if PPSV23 is given first is 1 year. The recommended interval between any sequence of PCV13 and PPSV23 for children age 2 through 18 years at increased risk of invasive pneumococcal disease is 8 weeks.

ACIP discussed this issue at length in an attempt to harmonize the intervals between risk groups and ages. Unfortunately there are few studies that have systematically examined the immunologic effect of various intervals between PCV13 and PPSV23. After discussing the available evidence on the issue, ACIP voted to change the recommended interval between PCV13 and PPSV23 from the current “6–12 months” to “1 year or longer” for healthy persons age 65 years and older (that is, the interval will be 1 year or longer regardless of whether PCV13 or PPSV23 is given first). The recommended interval between PCV13 and PPSV23 for persons younger than age 65 years at increased risk of invasive pneumococcal disease was not changed. ACIP reiterated that PCV13 and PPSV23 should not be administered at the same visit. However, doses given at an interval shorter than the recommended interval do not need to be repeated.

**Editorial Note: ACIP Recommendations are not official until published in MMWR.**

## CDC reports on vaccine-derived polioviruses worldwide in this week's *MMWR*

CDC published [Update on Vaccine-Derived Polioviruses—Worldwide, January 2014–March 2015](#) in the [June 19 issue of MMWR](#) (pages 640–646). A summary of the *MMWR* article made available to the press by CDC is reprinted below.

Vaccine-derived polioviruses (VDPVs), recognized by their high genetic divergence from the OPV strains, fall into three categories: 1) cVDPVs from outbreaks, 2) iVDPVs from patients with primary immunodeficiencies, and 3) ambiguous VDPVs (aVDPVs) that cannot be more definitively identified. During January 2014–March 2015, new cVDPV outbreaks were identified in Madagascar and South Sudan; outbreaks in Afghanistan and Somalia stopped; outbreaks in Nigeria and Pakistan had nearly stopped. Nine newly identified persons in seven countries were found to excrete iVDPVs. Because >97% of cVDPVs since 2006 and 65% of iVDPVs since 1962 are type 2, WHO plans coordinated worldwide replacement of trivalent OPV with bivalent OPV (types 1 and 3) by April 2016, preceded by introduction of at least one dose of IPV.

## **Shingles Vaccine Associated With Reduced Risk of Long-Term Pain Among Patients**

*PR Newswire (06/02/15)*

New research shows that people who contracted shingles even after receiving a shingles vaccination had a lower risk of developing post-herpetic neuralgia (PHN). The study, funded by the Centers for Disease Control and Prevention and published in *The Journal of Infectious Diseases*, demonstrates that the shingles vaccine can still help reduce the risk of long-term pain, even if it does not prevent the disease. The study authors reviewed the medical records of 2,400 Kaiser Permanente Southern California patients, aged 60 years and older, who developed shingles after Jan. 1, 2007. A group of patients that received the shingles vaccine yet developed the condition was compared with another group of patients that did not receive the vaccine. Among the vaccinated patients who developed shingles, 4.2 percent of the women experienced PHN, compared with 10.4 percent of the unvaccinated women who developed shingles. Among men, 6 percent of those who developed shingles after being vaccinated experienced PHN, compared with 5.8 percent of unvaccinated men who developed shingles. "Our study found that the shingles vaccine has an added protective benefit of reducing the risk of PHN for a vaccinated individual who still experiences shingles," said Hung Fu Tseng, PhD, MPH, study lead author, Kaiser Permanente Southern California Department of Research & Evaluation. "This further confirms the importance of shingles vaccination for adults over age 60."



## **AMA Takes Tough Stance on Vaccinations**

Annual House of Delegates Meeting

AMA Conference Coverage June 8, 2015

MD Magazine Author: Gale Scott

Rejecting parts of its own internal advisory committees' recommendations, delegates to the American Medical Association's annual House of Delegates (HOD) meeting in Chicago, IL today vowed to try to get states to reject allowing parents' philosophical or religious beliefs as grounds for not having their children vaccinated.

In a resolution passed today, the delegates endorsed launching an AMA campaign to get states to "eliminate philosophical and religious exemptions from state immunization requirements," and to require that medical reasons are the only grounds for refusal.

The goal will likely face much opposition as most [states](#) allow such opt-outs.

The delegates also called for beginning an AMA education campaign aimed directly at parents to help dispel fears that vaccinations can be harmful.

So far only 2 states (Mississippi and West Virginia) bar non-medical exemptions based on personal beliefs.

Standard vaccinations required for admission to school, preschool, or other public venues protect people from contagious illnesses such as smallpox, measles, mumps, rubella, diphtheria and polio. States set policies on which vaccinations they require.

Though an internal report from the AMA HOD's council on science and public health and council on ethical and judicial affairs would have recommended an AMA policy giving states' more leeway in accommodating personal belief objections, the delegates took a harder line.

"Protecting community health in today's mobile society requires that policymakers not permit individuals from opting out of immunization solely as a matter of personal preference or convenience," AMA board member Patrice Harris, MD, said in an AMA news release.

## **FDA Grants 12 Year Exclusivity to Flublok Influenza Vaccine**

**PR Newswire (06/03/15)**

The Food and Drug Administration (FDA) has granted 12-year exclusivity to Protein Sciences Corp.'s Flublok vaccine, the first vaccine to receive this status. The designation means that no product similar to the Flublok influenza vaccine can be approved by the FDA before Jan. 16, 2025. Manon Cox, president and CEO of Protein Sciences Corp., said: "We are delighted that the FDA recognizes Flublok as a singular innovation in the prevention of an important and often deadly disease caused by the influenza virus." Approved by the FDA in January 2013, Flublok is a recombinant protein-based vaccine for the prevention of seasonal influenza disease, and it is made in an egg-free system using modern cell culture technology.

**Question of the Week****IAC Express Issue 1185: June 2, 2015**

**An infant is going to be traveling internationally before turning one year of age, but is not scheduled to travel for a few months. Do we need to wait to vaccinate with MMR vaccine until some point closer to departure?**

Infants 6 through 11 months of age are recommended to receive MMR vaccine if they will be traveling internationally. There is no need to wait until travel is imminent. Optimally there should be one month between vaccine administration and travel, so vaccinate now if the infant is at least 6 months old and you know travel will occur before the child's first birthday.

**Question of the Week****IAC Express Issue 1187: June 9, 2015**

**Should a male postpone receiving the MMR vaccine if he and his spouse are trying to conceive?**

No. If a man receives a dose of MMR vaccine, he does not need to avoid conception for any interval. There is no risk of transmission of MMR vaccine virus from a vaccinated man to a woman, regardless of the level of intimacy.

**Question of the Week****IAC Express Issue 1190: June 23, 2015**

**Is it necessary for us to record the actual date that the Vaccine Information Statement (VIS) was provided or can it be assumed that the VIS was provided on the day the shot was given?**

Federal law requires that the provider record in the medical record the date the VIS was provided and the date the vaccine was administered. In addition, providers are required to record the edition date of the VIS (found on the back at the right bottom corner), the name, office address, and title of the healthcare provider who administers the vaccine, and the vaccine manufacturer and lot number.

**Question of the Week****IAC Express Issue 1191: June 30, 2015**

**Does a patient living in the U.S. who has documentation of having had meningococcal vaccine at age 2 and 5 years in Saudi Arabia still need to have doses at ages 11–12 years and age 16 years or are the previous doses sufficient?**

Even though Saudi Arabia uses a quadrivalent meningococcal vaccine routinely at those ages, doses given to a healthy child prior to the 10th birthday should not be counted as part of the U.S. series. The child should still receive meningococcal vaccine according to the routine U.S. schedule.