



Mark Your Calendars:

Current Issues in Vaccines Webinar
Vaccine Education Center
November 13, 2013
12:00PM—1:00PM

**You are the Key to HPV Cancer Pre-
vention**
GA-AAP Webinar
Thursday, December 18, 2013
12:00 PM - 1:00 PM EDT

Kids Beat Adults at Getting Flu Shots

MedPage Today (09/26/13) Smith, Michael

The Centers for Disease Control and Prevention (CDC) reports that 56.6 percent of children aged six months through 17 years received a seasonal flu vaccination last year, the highest rate ever recorded. This is up 5 percentage points from the 2011-2012 season and up 13 percentage points from 2010-2011. Adult vaccination rates were only at 42 percent, though they increased 3 percentage points over the previous year. Vaccine coverage among children was highest in the youngest age group, at 76.9 percent among those six months through 23 months, but it was lowest in the oldest group, at 42.5 percent among those aged 13 through 17 years. There also may be signs of improving vaccination rates among healthcare providers and pregnant women, the CDC said.

Patient-friendly Schedules

IAC Express Issue 1082: October 8, 2013

IAC's series of [patient-friendly vaccination schedules](#) has been expanded to include all age groups and to include a new suite of schedules that focuses on adults in risk groups for vaccination.

[Vaccinations for Infants and Children, Age 0–10 Years](#)

[Vaccinations for Preteens and Teens, Age 11–19 Years](#)

[Vaccinations for Adults—You're never too old to get immunized!](#)

[Vaccinations for Pregnant Women](#)

[Vaccinations for Adults with Diabetes](#)

[Vaccinations for Adults with HIV Infection](#)

[Vaccinations for Adults with Hepatitis C Infection](#)

IAC's [Patient Schedules web page](#): access all handouts in this series, as well as available translations.



Immunization Alert: Recent Changes to VFC Inventory Requirements

Yesterday, the Georgia Vaccines for Children (VFC) Program e-mailed a Program Update to enrolled providers announcing that vaccine inventories now have to be stored separately according to funding category. The Centers for Disease Control and Prevention (CDC), which funds VFC, has implemented this requirement throughout the country and stated that this change is an effort to enhance accountability and to support continued use of the CDC vaccine contracts and distribution for state-funded vaccine purchases. We have learned that this move was driven, in part, by concerns that some VFC vaccine doses are given inappropriately or fraudulently.

In the months leading up to this announcement, the National AAP voiced its concerns to CDC on the burden of this policy on pediatricians; thus far the AAP has not been successful in getting CDC to alter the policy. While the AAP continues to communicate with CDC, at this point CDC elected to continue with the notification on October 1.

The VFC update may have created some confusion as to the number of separate vaccine inventories you must maintain. Practices participating in the VFC program will be required to keep three (3) separate vaccine inventories for:

Children with commercial/private insurance

Children eligible for VFC (covered by low-income Medicaid or uninsured)

Children eligible for VFC (covered by CHIP/Peachcare or under-insured children who have health insurance but the vaccine is not a covered benefit)

The CDC rule also stated that borrowing between vaccine stocks in these 3 inventories is not permitted. If you do not have a particular vaccine available for a specific patient, the best course may be to reschedule their immunizations when you have that vaccine available.

While the announcement was made yesterday, Immunization Program Consultants will not begin verifying separate inventory stocks until February 1, 2014, thus giving offices 4 months to make this transition. The announcement contained no mention of possible penalties for failure to comply, if any, and we are trying to determine the specifics of that issue.

As mentioned above, the AAP and other national organizations have been in contact with CDC about the administrative burden this places on physician offices; and the Georgia AAP has stressed the same implications to the Georgia VFC Program. In Georgia, the VFC Program is administered by the Georgia Department of Public Health (DPH); while vaccine administration fees are reimbursed by the Georgia Department of Community Health (DCH) which operates Medicaid and Peachcare programs. The Chapter will have ongoing discussions with DPH and DCH about this issue.

We are in touch with national AAP as they continue to press CDC for relief. We recognize the administrative difficulties this places on practices, but we hope you will continue to see your Medicaid & Peachcare patients as we work through this change in VFC Program policy at both the national and state level.

Unaccompanied Teens Often Unable to Get Needed Vaccines

Newswise (10/08/13)

Older teens often go to their medical appointments unaccompanied, but they may not get necessary vaccinations without a parent or guardian to give consent, according to a new survey in the Journal of Adolescent Health. Dr. Carol Ford, chief of adolescent medicine at the Children's Hospital of Philadelphia, and her team surveyed 263 healthcare professionals who had experience with adolescent vaccinations. Nearly half of the respondents said that 17-year-old patients are often or sometimes unaccompanied at routine check-ups. About 30 percent to 50 percent of clinicians said that even if these teens were eligible for human papillomavirus, influenza, or tetanus/diphtheria/pertussis vaccination, they would not receive those vaccines without a parent available to give consent. Most of the healthcare professionals in the survey supported minors' ability to self-consent at age 14. Minor consent currently varies by state law and types of healthcare services provided.

Egg-Allergic Children Now Have No Barriers to Flu Shot

Infection Control Today (10/01/13)

Even children with an egg allergy can get flu shots without special precautions, according to the latest update on the safety of the flu vaccine, published in the October issue of the *Annals of Allergy, Asthma, and Immunology*. The current recommendation from the Advisory Committee on Immunization Practices for children allergic to eggs is to observe them closely for 30 minutes after a flu shot, which should be given under the care of a primary care provider or an allergist. Allergist Dr. John Kelso points out that, "over the last several years, thousands of egg-allergic children, including those with a severe life-threatening reaction to eating eggs, have received injectable influenza vaccine (IIV) as a single dose without a reaction." The American College of Allergy, Asthma, and Immunology says that, based on current data, egg-allergic patients do not require "special precautions regarding medical setting and waiting periods after administration of IIV" beyond what is recommended for any vaccine. Kelso also noted that the flu vaccine's benefits outweigh the risks.

Flu Shot Cuts Risk of Pneumonia

MedPage Today (10/05/13) Smith, Michael

A new study shows that flu vaccination was associated with a 59 percent reduction in the risk of being admitted to the hospital with pneumonia. Community-acquired pneumonia is one of the most serious complications of influenza, said Vanderbilt University's Dr. Carlos Grijalva at IDWeek 2013. His study looked at whether vaccination lowered the risk of lab-confirmed influenza-related pneumonia in individuals with confirmed data about their immunization status. The finding stems from the Centers for Disease Control and Prevention's Etiology of Pneumonia in the Community (EPIC) study, which involved children and adults who were admitted to the hospital with pneumonia in Memphis, Nashville, Chicago, or Salt Lake City. In all, the study involved 2,320 people with pneumonia, including 130 with lab-confirmed influenza. The researchers determined that 22 percent of those 130 patients had a current vaccination, compared to 35 percent of the "noncases," or those with pneumonia but not the flu. Grijalva also noted that vaccine efficacy seemed to be higher in children than in adults.

HHS Boosts National Capacity to Produce Pandemic Flu Vaccine

HHS News Release (09/30/13)

The U.S. Department of Health and Human Services (HHS) has created a fill and finish manufacturing network to handle the final steps in the influenza vaccine manufacturing process and ensure that the vaccine could be manufactured quickly during a pandemic. By supplementing influenza vaccine manufacturers' current capacity, the network could boost the national capacity to produce the vaccine by 20 percent. Around \$39.8 million in contracts were awarded to four companies that will comprise the network: Bloomington, Ind.-based Cook Pharmica, Parsippany, N.J.-based JHP Pharmaceuticals, Greenville, N.C.-based DSM Pharmaceuticals Inc., and Alachua, Fla.-based Nanotherapeutics. The companies will collaborate with three HHS Centers for Innovation in Advanced Development and Manufacturing and domestic influenza vaccine manufacturers, producing clinical investigational lots of medical countermeasures that are in development and partnering with a pandemic influenza vaccine manufacturer to transfer fill and finish technology to their existing facilities. These core services also can be provided to protect against chemical, biological, radiological, and nuclear threats.

High-Dose Flu Vax Better for Frail Elderly **MedPage Today (10/07/13) Smith, Michael**

Preliminary research indicates that the high-dose flu vaccine boosted antibody responses in frail elderly people in long-term care when compared to standard vaccines. The randomized, single-blind trial involved more than 200 residents of long-term care facilities in Pennsylvania. The participants, who were on average 86 to 87 years old and needed help with many everyday activities, were randomly assigned, over two flu seasons, to receive either the high-dose or standard dose of flu vaccine. The researchers monitored changes in antibody levels 30 days after vaccination as the primary endpoint of the study. Dr. Richard Zimmerman of the University of Pittsburgh reported at IDWeek 2013 that the high-dose vaccine was superior for all strains except A/H1N1 among frail elderly nursing home residents in 2012-2013. He noted that about a third of the subjects participated in both years, so that could be the result of already being vaccinated against it, and average antibody levels against the pandemic flu strain at baseline in the second year were much higher than they were in the first year.

Many Parents Not Vaccinating Kids for HPV

Minnesota Public Radio (MN) (10/21/13) Baier, Elizabeth

Dr. Robert Jacobson, senior researcher and pediatrician at the Mayo Clinic Children's Center and co-author of a recent editorial in the Expert Review of Clinical Immunology, says a lack of information about the vaccine that protects against human papillomavirus (HPV) means many parents are not getting their children immunized. Parents may think the vaccine is unnecessary because HPV is not a pediatric disease, and they may worry about administering it to young children. However, Jacobson says, "We want to give the vaccine when the body is best likely to respond to it and frankly children 9 to 12 are better responders to the vaccine than they are at 15 or 16. And 15 to 16 are better to respond to it than 18- to 21-year-olds." The Centers for Disease Control and Prevention says only about 33 percent of 13- to 17-year-old girls are fully vaccinated against HPV.

Effect of Age on the Risk of Fever and Seizures Following Immunization With Measles-Containing Vaccines in Children

JAMA Pediatrics (10/14/2013) Rowhani-Rahbar, Ali; Fireman, Bruce; Lewis, Edwin; et al.

Children who are first vaccinated against measles at between 12 and 15 months of age have a lower risk of febrile seizures seven to 10 days after vaccination than older children whose first vaccinations against measles were delayed, according to new research. The retrospective cohort study, led Dr. Ali Rowhani-Rahbar of the Kaiser Permanente Vaccine Study Center, in Oakland, Calif., used data from more than 840,000 children aged 12 to 23 months who had received a measles-containing vaccine from 2001 through 2011. The primary outcome and measures were fever and seizure events occurring during a 42-day postimmunization observation period. The researchers found that the increased risk of seizures in the seven- to 10-day period after administration of a measles vaccine was significantly higher for older children than for younger children. The findings, they said, "highlight the importance of timely immunization of children with the first dose of measles-containing vaccines."

Impact of a Routine Two-Dose Varicella Vaccination Program on Varicella Epidemiology
Pediatrics (10/13) Bialek, Stephanie R.; Perella, Dana; Zhang, John; et al.

Researchers studied varicella incidence rates and disease characteristics in Antelope Valley, Calif., and West Philadelphia, Pa., and varicella outbreak characteristics in Antelope Valley from 1995 to 2010 to gauge the impact of the introduction of one-dose varicella vaccination in 1995 and the addition of a second dose to vaccination recommendations in 2006. They determined that varicella incidence fell 98 percent in both locations from 1995 to 2010. The incidence fell 76 percent in Antelope Valley and 67 percent in West Philadelphia from 2006 to 2007. By 2010, varicella incidence rates were 0.3 cases per 1,000 in Antelope Valley and 0.1 cases per 1,000 in West Philadelphia. The researchers concluded that the two-dose varicella vaccination program reduced varicella incidence, hospitalization, and outbreaks in the two areas in its first five years, even among infants too young to be immunized.

Pprevnar 13 Cuts Pneumococcal Rate in Kids

MedPage Today (10/08/13) Petrochko, Cole

Use of the 13-valent pneumococcal conjugate vaccine (PCV13) is associated with reduced pneumococcal disease across all age groups, researchers reported at the IDWeek 2013 meeting. Within two years of being approved, the vaccine was associated with a 59 percent reduction in invasive pneumococcal disease-related hospitalizations in children under age five and a 25 percent reduction in related hospitalizations in adults. In addition, vaccination was associated with a 19 percent reduction in hospitalization related to all-cause pneumonia in children five and under. The study authors looked at the effects of vaccination on pneumococcal-related diseases and disease outcomes, including invasive pneumococcal disease, noninvasive lobar pneumonia, empyema, and all-cause pneumonia. The researchers reported that "substantial herd immunity was achieved," as in "90 percent of total invasive pneumococcal disease reduction which occurred in older children and adults who were not immunized."

From AAP Smart Brief October 21, 2013

Before tetanus, diphtheria and pertussis vaccination was recommended for teens in 2006, the incidence of infant hospitalization for whooping cough increased each year from 2000 to 2005, according to a study in the journal [Pediatrics](#). However, the rates of whooping cough-related hospitalizations among babies were significantly lower in 2008, 2009 and 2011, after the vaccine was recommended for teens. "Adolescent Tdap vaccination appears to be partially effective in preventing pertussis hospitalizations among infants," researchers said. [DailyRx.com](#) (10/20)

Study Emphasizes Importance of Teen Vaccination for Pertussis

Infection Control Today (10/21/13)

Researchers at Cincinnati Children's Hospital Medical Center and the University of Michigan found that infant hospitalizations for pertussis were lower when adolescents were widely vaccinated against the respiratory infection. The study, published in *Pediatrics*, looked at data from the Nationwide Inpatient Sample and found lower infant hospitalization rates from 2008 to 2011, the four years after the teen vaccination recommendations were implemented. There were 3.27 hospitalizations per 10,000 infants in 2011, but without the teen vaccination recommendations, researchers predict that the rate would have been 12 hospitalizations per 10,000 infants. "While it is encouraging to find a modest reduction in infant hospitalizations after the vaccination of adolescents began, there were still more than 1,000 infants hospitalized for pertussis in 2011," says Dr. Katherine Auger, lead author and a pediatrician at Cincinnati Children's. "Expecting parents should discuss with their doctors the need for vaccination of all caregivers before the birth of a baby."

Infant pertussis rates drop after widespread vaccinations

Published on [October 28, 2013](#) by [Bryan Cohen](#) Vaccine News Daily

Pertussis

Fewer infants are hospitalized for treatment of the respiratory infection pertussis each year due to widespread vaccinations administered to adults and adolescents, researchers announced on Monday.

Pediatricians at the Cincinnati Children's Hospital Medical Center and researchers at the University of Michigan found that inoculating adults and adolescents in greater numbers over the last seven years has stymied the pertussis epidemic among infants.

"We know infants get pertussis from family members, including older siblings," Cincinnati Children's Hospital Pediatrician Dr. Katherine Auger said. "While it is encouraging to find a modest reduction in infant hospitalizations after the vaccination of adolescents began, there were still more than 1,000 infants hospitalized for pertussis in 2011. Expecting parents should discuss with their doctors the need for vaccination of all caregivers before the birth of a baby."

The CDC suggested widespread pertussis vaccinations in 2006. Since then, researchers have used the Nationwide Inpatient Sample database to measure the vaccinations' effectiveness in preventing infant pertussis infections.

In three of four years analyzed by researchers, fewer infants were hospitalized than expected. In 2011, it was expected that 12 in 10,000 infants would be hospitalized. The actual rate, however, fell to 3.27 in 10,000 infants hospitalized.

Future studies will be required to understand the longer-term effects that pertussis vaccinations have on infant hospitalization rates.

Vaccine Education Center plans November 13 *Current Issues in Vaccines* webinar

The Vaccine Education Center (VEC) at the Children's Hospital of Philadelphia will present a free one-hour webinar, beginning at noon (ET) on November 13. Part of its [Current Issues in Vaccines series](#), the webinar will feature Paul Offit, MD, director of VEC. Dr. Offit will discuss the following topics:

Menactra: Should infants receive this vaccine?

PCV13: Can we give fewer doses?

Zoster vaccine: How long does it last?

HPV vaccine: Is a 9-valent vaccine around the corner?

Influenza vaccine: How well did we do last year

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To register visit: <http://www.chop.edu/professionals/vaccine-healthcare-providers/vaccine-webinar-series/>