



**Mark Your Calendars:**

**Pediatrics on the Perimeter**  
Atlanta, GA  
October 10-12, 2013

**You are the Key to HPV Cancer Prevention**  
GA-AAP Webinar  
Thursday, Oct 17, 2013  
12:00 PM - 1:00 PM EDT

**ACIP Meeting**  
CDC  
October 23 & 24, 2013

**Ga. Pediatric Nurses & Pediatric Practice Managers Fall Meetings**  
Cobb Energy Centre, Atlanta  
November 1, 2013



**20 Years of Success: CDC Celebrates 20th Anniversary of Vaccines for Children Program**

*CDC News Release (09/12/13)*

Twenty years ago, legislation created the Vaccines for Children Program (VFC), a successful public-private partnership to improve public health. This program provides vaccines to children whose parents or guardians may not be able to afford them, and it improves children's chance of being immunized against 16 serious diseases including measles, mumps, whooping cough, chickenpox, flu, and diphtheria. The United States saw a measles epidemic in 1989-1991 that caused tens of thousands of cases and hundreds of deaths. The Centers for Disease Control and Prevention (CDC) found that more than half of the children who had measles had not been vaccinated. In part as a response to that epidemic, Congress created the VFC Program under the Omnibus Budget Reconciliation Act of 1993. In the program, the CDC buys vaccines at a discount and distributes them to enrolled VFC providers for free. There are more than 44,000 doctors currently enrolled in the VFC Program. Improved childhood immunization coverage has contributed to the lowest vaccine-preventable disease incidence ever recorded.

**Comment from:**

**Anne Schuchat, MD (RADM, USPHS)** - Assistant Surgeon General, United States Public Health Service; Director, National Center for Immunization and Respiratory Diseases

“The VFC Program is one of our most successful public-private partnerships for improving public health. Managed by public health and implemented in more than 44,000 participating VFC provider sites around the country, the VFC Program moved the responsibility for vaccinations from public health departments to public and private medical practices in support of the “medical home” concept for children. By receiving their vaccines in the medical home where they receive their other health services, the continuity of care for children in our country has improved.”

## National and State Vaccination Coverage Among Adolescents Aged 13–17 Years in 2012:

From Immunization Works Newsletter August 2013

At ages 11 through 12 years, the Advisory Committee on Immunization Practices (ACIP) recommends that preteens receive one dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, one dose of meningococcal conjugate (MenACWY) vaccine, and three doses of human papillomavirus (HPV) vaccine. ACIP recommends administration of all age-appropriate vaccines during a single visit. ACIP also recommends that preteens and older adolescents receive an annual influenza vaccine as well as any overdue vaccines (e.g., varicella). To monitor vaccination coverage among persons aged 13–17 years, CDC analyzed data from the National Immunization Survey-Teen (NIS-Teen). The [August 30, 2013 MMWR](#) highlights the findings of that analysis. From 2011 to 2012, coverage increased for at least one Tdap vaccine dose (from 78.2% to 84.6%), at least one MenACWY vaccine dose (from 70.5% to 74.0%) and, among males, at least one HPV vaccine dose (from 8.3% to 20.8%). Among females, vaccination coverage estimates for each HPV vaccine series dose were similar in 2012 compared with 2011. Coverage varied substantially among states. Regarding *Healthy People 2020* targets for adolescents, 36 states achieved targets for Tdap, 12 for MenACWY, and nine for varicella vaccine coverage. Large and increasing coverage differences between Tdap and other vaccines recommended for adolescents indicate that substantial missed opportunities remain for vaccinating teens, especially against HPV infection. Health care providers should administer recommended HPV and meningococcal vaccinations to boys and girls during the same visits when Tdap vaccine is given. In addition, whether for health problems or well-checks, providers, parents, and adolescents should use every health care visit as an opportunity to review adolescents' immunization histories and ensure that every adolescent is fully vaccinated.

### Belief in anti-vaccine conspiracy theories could risk children's health

Vaccine News Daily

Published on [August 30, 2013](#) by [Paul Tinder](#)

A belief in anti-vaccine conspiracy theories could influence the intentions of parents to have their children vaccinated against diseases like measles, according to research presented on Wednesday.

Researchers Daniel Jolley and Karen Douglas conducted two studies with groups of parents related to anti-vaccine conspiracy theories. They found that such theories could prevent parents from getting their children vaccinated against deadly diseases. Jolley and Douglas presented their findings at the Annual Conference of the British Psychological Society's Social Psychology Section in Exeter, United Kingdom.

"The recent outbreak of measles in the U.K. illustrates the importance of vaccination," Jolley said. "Our studies demonstrate that anti-vaccine conspiracy theories may present a barrier to vaccine uptake."

In the first study, the researchers asked a sample of 89 parents about their views on anti-vaccine conspiracy theories. The participants were then asked to indicate their intent to have a fictional child vaccinated. A stronger belief in anti-vaccine conspiracy theories was associated with a lower intention to have the child vaccinated.

In a second study, Jolley and Douglas exposed participants to information related to anti-vaccine conspiracy theories. Reading the material reduced participants' intention to have a fictional child vaccinated, relative to a control group and participants who received refuting information.

"Our findings point to the potentially detrimental consequences of anti-vaccine conspiracy theories," Douglas said. "It is easy to treat belief in conspiracy theories lightly, but our studies show that wariness about conspiracy theories may be warranted."

## Sanofi Pasteur announces Fluzone High-Dose vaccine effective for elderly

Published on [August 28, 2013](#) by [Jessica Limardo](#) Vaccine News Daily

Sanofi Pasteur announced on Monday that a study found its Fluzone High-Dose influenza vaccine effectively fought influenza in people 65 years of age and older.

“We are pleased that this study demonstrates the superior relative efficacy of Fluzone High-Dose vaccine compared to Fluzone vaccine in preventing influenza in older adults,” Sanofi Vice President of U.S. Scientific and Medical Affairs David P. Greenberg said. “This efficacy trial complements the previous evidence of superior immune responses for Fluzone High-Dose vaccine compared to Fluzone vaccine and reaffirms the Phase III safety data in this population that were the basis for FDA licensure of Fluzone High-Dose vaccine in 2009.”

In the study, the Fluzone High-Dose vaccine proved to be 24.2 percent more effective than the Fluzone vaccine in preventing influenza in people 65 years and older. The research team conducting the study hypothesized that Fluzone High-Dose vaccine would be more effective than Fluzone due to previous clinical trials.

“Influenza vaccines have been shown to offer public health benefits in preventing influenza and its complications in all age groups; however, older adults still have the highest rates of influenza-related hospitalization and death despite having high immunization rates,” Sanofi Senior Vice President of Research and Development John Shiver said. “This led Sanofi Pasteur to develop Fluzone High-Dose vaccine, which this trial has confirmed provides better protection against influenza compared to Fluzone vaccine in people 65 years of age and older.”

Further trials will be conducted to determine how the vaccine fights against different influenza strains.

## Kids Can Get 3- or 4-Strain Flu Vaccine: Pediatricians

*Reuters (09/03/13) Seaman, Andrew M.*

The American Academy of Pediatrics (AAP) recommends that children receive either the usual three-strain flu vaccine or the new four-strain vaccine to be released this fall. AAP's Committee on Infectious Diseases says that if the four-strain vaccine is in short supply, parents should not wait to have their children vaccinated. The flu vaccine generally protects against two strains of influenza A and one strain of influenza B, but the new vaccine will cover a second strain of influenza B. Injectable versions of both the three- and four-strain vaccines will be available during the upcoming flu season, and the nasal flu vaccine--recommended for anyone ages 2 to 49, excluding pregnant women--will cover all four strains. Adults age 18 and older, particularly those with severe egg allergies, also will have access to two flu vaccines this year that are manufactured without using eggs.

## IAC adds new FluLaval information to "Influenza Vaccine Products for the 2013–2014 Influenza Season"

IAC recently updated [Influenza Vaccine Products for the 2013–2014 Influenza Season](#). A product was added (FluLaval quadrivalent inactivated influenza vaccine [IIV4]), and the age indication of another product was changed (FluLaval trivalent inactivated influenza vaccine [IIV3]). IAC made both changes to reflect FDA actions taken on August 16, 2013. To find out more about the FDA actions, see the [August 27 IAC Express](#) article titled [FDA extends FluLaval IIV \(GlaxoSmithKline\) age range to include children and teens age 3–17 years; licenses quadrivalent FluLaval product](#).

## **Prevention and Control of Seasonal Influenza With Vaccines: Recommendations of the Advisory Committee on Immunization Practices--United States**

*Morbidity and Mortality Weekly Report -- Recommendations and Reports (09/20/13) Vol. 62, P. 1 Grohskopf, Lisa A.; Shay, David K.; Shimabukuro, Tom T.; et al.*

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices has updated its 2012 recommendations for the use of seasonal influenza vaccines. Routine seasonal flu vaccination is recommended for all individuals aged six months and older. While influenza causes illness at all ages, infection rates are highest among children. Rates of complications, hospitalizations, and deaths from seasonal influenza are also high among children under age five years. During the 2002–2003 and 2003–2004 influenza seasons, the percentage of visits among children aged under five with lab-confirmed influenza ranged from 10 percent to 19 percent of medical office visits and 6 percent to 29 percent of emergency department visits. For the 2013–2014 influenza season, the trivalent live attenuated influenza vaccine is expected to be replaced by a quadrivalent formulation. Inactivated vaccines will be available in both trivalent and quadrivalent forms. Pregnant women are advised to receive an inactivated seasonal flu vaccine; some research suggests that they may transfer antibodies to the developing fetus and convey some influenza protection. The 2013–2014 U.S. trivalent influenza vaccines will include an A/California/7/2009–like virus, an H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011, and a B/Massachusetts/2/2012–like virus. Quadrivalent vaccines will also include a B/Brisbane/60/2008–like virus to ensure that the vaccine includes both influenza B virus antigenic lineages (Victoria and Yamagata). This season, the egg-free vaccine RIV3 is available for persons aged 18 through 49 years with an egg allergy.

## **Texas pertussis levels on track to reach highest levels in 50 years**

Published on [September 9, 2013](#) by [Bryan Cohen](#)

Vaccine News Daily

Pertussis

The Texas Department of State Health Services urged Texans to get vaccinated against pertussis on Tuesday after projections showed the number of cases could reach the state's highest level in more than 50 years.

The DSHS reported close to 2,000 pertussis cases this year. Projections show the annual total will likely surpass the recent high mark of 3,358 cases in 2009. Two pertussis-related deaths occurred this year in Texas in infants too young to be vaccinated.

“This is extremely concerning,” Lisa Cornelius, an infectious diseases medical officer at the DSHS, said. “If cases continue to be diagnosed at the current rate, we will see the most Texas cases since the 1950s. Pertussis is highly infectious and can cause serious complications, especially in babies, so people should take it seriously.”

The DSHS issued a health alert on Tuesday advising doctors on how to diagnose and treat pertussis. The department strongly urged people to ensure their children's and their own vaccinations are up to date.

The department recommends pregnant women get a dose of pertussis vaccine during each pregnancy, preferably between the 27th and 36th weeks of pregnancy. The vaccine helps protect the baby before he or she can start getting a vaccine series at two months of age. Family members and medical providers who will be around newborns should also be vaccinated.

Pertussis is a bacterial infection that typically starts with cold-like symptoms and a mild cough. After a week or two, severe coughing can start and last for several weeks. The whooping sound that follows the coughing fits gives the disease its other name, whooping cough.

## Whooping Cough Risk Higher Among Kids Who Miss Vaccinations: Study It's important to get all doses without delay, researchers say

September 9, 2013

U.S. News Weekly, HealthDay

**By Steven Reinberg**

*HealthDay Reporter*

MONDAY, Sept. 9 (HealthDay News) -- Young children aged 3 months to 36 months who don't get all their doses of the diphtheria, tetanus and acellular pertussis (DTaP) vaccine on schedule appear to be at increased risk for pertussis -- also known as whooping cough -- according to a new study.

Although vaccination rates in the United States are still high, a growing number of parents are concerned about vaccines and choosing to skip or delay them. These decisions, however, do have consequences, the researchers said.

"Children who aren't immunized on time are at greatly increased risk for pertussis compared to kids who are vaccinated on time," said lead researcher Jason Glanz, at the Institute for Health Research at Kaiser Permanente Colorado, in Denver.

These undervaccinated children miss their immunizations for a number of reasons, Glanz said. These include missed opportunities when getting checkups and limited access to care, as well as parents who don't want to have several vaccines given during a single office visit.

"The best data we have suggests that the current vaccine schedule is both safe and effective," Glanz said. "These alternative schedules may or may not be as safe, but they are certainly not as effective."

Doses of the DTaP vaccine are recommended at ages 2, 4 and 6 months, at 15 through 18 months, and at 4 through 6 years, according to the U.S. Centers for Disease Control and Prevention.

The report was published in the Sept. 9 online edition of the journal *JAMA Pediatrics*.

For the study, Glanz's team looked at cases of pertussis among children born between 2004 and 2008 and seen at eight managed care organizations. They identified 72 cases of pertussis and matched them with 288 similar children who didn't have the disease.

Of 72 children with pertussis, 34 (about 47 percent) had not gotten the recommended four doses of the DTaP vaccine -- compared with 64 (about 22 percent) of the children who didn't have the disease.

Children who weren't fully vaccinated for three or four doses of DTaP were about 18 and 28 times more likely, respectively, to have had pertussis than children who were fully vaccinated, the researchers found.

"Pertussis is the most frequent vaccine-preventable infection in the United States," said Dr. Bruce Hirsch, an attending physician in the division of infectious diseases at North Shore University Hospital in Manhasset, N.Y.

Hirsch was not involved in the study.

Whooping cough in babies has led to death from respiratory failure on occasion, he said.

"It causes a miserable long-lasting cough in adults, and it can be prevented with a well-tolerated vaccine," Hirsch said. "The vaccine preparation that we now use to combat pertussis is safe and easy. There are new requirements that pregnant women receive this vaccine to help protect their newborns. Completing the vaccine series is important to protect the health of children, adults and especially our babies."

In 2012, the United States had the most whooping cough cases since 1959 -- 41,000 illnesses and 18 deaths, mostly in infants, according to the CDC.

Pertussis cases may be increasing for several reasons, study author Glanz said. Besides undervaccination of infants, immunity is also waning because the effectiveness of the vaccine declines over time. This may account for the increase of pertussis among teens, he said.

"There is also recent evidence that the booster shot is only moderately effective," Glanz said, adding that a more effective booster vaccine is needed and perhaps a more effective initial vaccine as well.

"We also need better messages to help concerned parents make the best decision for their children, which is to get their vaccines on time," he said.

Teens and adults should receive a booster shot to protect themselves and unvaccinated infants, according to the CDC. In addition, pregnant women should be vaccinated during each pregnancy.

Dr. Len Horovitz, a pulmonary specialist at Lenox Hill Hospital in New York City, said adults are just as vulnerable to the disease as kids. "There are adults who are having grandchildren who are instructed that they have to be immunized before the grandchild is born," he said.

## **Measles in the United States from January 1–August 24, 2013:**

Immunization Works Newsletter – September 2013

Measles is a highly contagious acute viral illness that can lead to complications and death. Although measles elimination (i.e., interruption of continuous transmission lasting longer than 12 months) was declared in the United States in 2000, importation of measles cases continues to occur. From 2001–2012, the median annual number of measles cases reported in the United States was 60 (range: 37–220), including 26 imported cases (range: 18–80). The median annual number of outbreaks reported to CDC was four (range: 2–16). Since elimination, the highest numbers of U.S. cases had been reported in 2008 (140) and 2011 (220). The [September 13, 2013 MMWR](#) highlights CDC's evaluation of cases reported by 16 states from January 1–August 24, 2013. A total of 159 cases of measles were reported during this period. Most cases were in persons who were unvaccinated (131 [82%]) or had unknown vaccination status (15 [9%]). Forty-two importations were reported, and 21(50%) were importations from the World Health Organization (WHO) European Region. Eight outbreaks accounted for 77% of the cases reported in 2013, including the largest outbreak reported in the United States since 1996 (58 cases). These outbreaks demonstrate that unvaccinated persons place themselves and their communities at risk for measles and that high vaccination coverage is important to prevent the spread of measles after importation.

## **Netherlands Dealing With Measles Outbreak**

*UPI.com (09/10/13)*

A measles outbreak in the Netherlands that has sickened nearly 1,300 people since May is expected to persist for some time. The outbreak began mostly among 4 to 12-year-olds in an orthodox Protestant school. Eighty-two of the 1,266 cases, or 6.5 percent, required the patient to be hospitalized. Nearly all of the patients, 96.5 percent, had not been vaccinated and another 3.2 percent had only received partial vaccinations.

## **Merck's Durham facility receives FDA approval to manufacture bulk varicella**

Published on [September 10, 2013](#) by [Bryan Cohen](#)

Vaccine News Daily

Merck, a global healthcare company, recently announced that its Durham, North Carolina-based facility received U.S. Food and Drug Administration approval to manufacture bulk varicella for use in vaccines against shingles and chickenpox.

In 2010, the Durham site received approval to produce finished chickenpox vaccines. The approval will allow for the site to produce bulk varicella supply for the U.S. and increase Merck's overall supply capabilities.

"The licensure of the Durham varicella bulk facility marks a significant milestone for Merck and adds additional manufacturing capabilities to an already strong Merck vaccine network," Willie Deese, the president of Merck's manufacturing division, said. "The Durham facility will help us meet the increasing global demand for our quality vaccines that enhance health care for millions around the world."

Prior to the licensure, all global bulk supplies for Merck's vaccines with varicella were produced at the company's West Point, Pa. facility. Going forward, Merck plans to produce bulk and finished product for the shingles vaccine and other childhood vaccines at the Durham facility.

"Producing more of our chickenpox and shingles vaccines means we can help protect more children and adults against these diseases," Julie Gerberding, the president of Merck Vaccines, said. "This is an important step forward in our long-term strategy to reach more and more people around the world with Merck's vaccines."