EPIC INSIDER

Educating Physicians in their Communities

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Mark Your Calendars:

September 11, 2014
Immunize Georgia Conference
Georgia International Convention Center

September 29-30, 2014
National Immunization Conference
Crowne Plaza Ravinia in Atlanta, Georgia.

October 2, 2014
You Are the Key to HPV Prevention: Update on HPV Awareness Campaign Webinar
Speaker: Jill Roark
To register visit:
https://www4.gotomeeting.com/register/223658655

CDC publishes update on the recommendations for the use of zoster vaccine
IAC Express Issue 1139: August 26, 2014

CDC published **Update on Recommendations for Use of Herpes Zoster Vaccine** in the **August 22 issue of *MMWR*** (pages 729–731).

Herpes zoster vaccine (Zostavax [Merck & Co., Inc.]) was licensed in 2006 and recommended by the Advisory Committee on Immunization Practices (ACIP) in 2008 for prevention of herpes zoster (shingles) and its complications among adults aged ≥60 years. The Food and Drug Administration (FDA) approved the use of Zostavax in 2011 for adults aged 50 through 59 years based on a large study of safety and efficacy in this age group. ACIP initially considered the use of herpes zoster vaccine among adults aged 50 through 59 years in June 2011, but declined to recommend the vaccine in this age group, citing shortages of Zostavax and limited data on long-term protection afforded by herpes zoster vaccine. In October 2013, ACIP reviewed the epidemiology of herpes zoster and its complications, herpes zoster vaccine supply, short-term vaccine efficacy in adults aged 50 through 59 years, short- and long- term vaccine efficacy and effectiveness in adults aged ≥60 years, an updated cost-effectiveness analysis, and deliberations of the ACIP herpes zoster work group, all of which are summarized in this report. No vote was taken, and ACIP maintained its current recommendation that herpes zoster vaccine be routinely recommended for adults aged ≥60 years. *http://www.cdc.gov/vaccines/acip/meetings/meetings-info.html*.

CDC publishes 2014–15 influenza vaccination recommendations in *MMWR*

CDC published Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) —United States, 2014–15 Influenza Season in the August 15 issue of *MMWR*. The first paragraph of the report is reprinted below.

This report updates the 2013 recommendations by the Advisory Committee on Immunization Practices (ACIP) regarding use of seasonal influenza vaccines. Updated information for the 2014–15 influenza season includes 1) antigenic composition of U.S. seasonal influenza vaccines; 2) vaccine dose considerations for children aged 6 months through 8 years; and 3) a preference for the use, when immediately available, of live attenuated influenza vaccine (LAIV) for healthy children aged 2 through 8 years, to be implemented as feasible for the 2014–15 season but not later than the 2015 –16 season.

U.S. Flu Vaccine Supply Expected to Top 150 Million Doses
CIDRAP (07/29/14) Roos, Robert

Influenza vaccine producers are expected to provide more than 150 million doses of the seasonal vaccine in the United States this year, including more quadrivalent (four-strain) products. Sanofi Pasteur, Glaxo SmithKline, and Novartis announced that they started vaccine shipments in July. The companies distributed 134.9 million doses of flu vaccine last season, according to Centers for Disease Control and Prevention (CDC) data presented recently to the Advisory Committee on Immunization Practices (ACIP). ACIP has expressed a preference for use of the intranasal vaccine FluMist in children aged two through eight years, due to evidence of higher efficacy in that age group. The quadrivalent vaccines provided contain two influenza B strains, along with the standard two A strains (H1N1 and H3N2). Most flu vaccines that the CDC ordered this year for the Vaccines for Children and Section 317 programs are quadrivalent.

All Pregnant Women Should Get Influenza Vaccine, ACOG Says
Medscape (08/20/14) Pullen, Lara C.

A committee of the American College of Obstetricians and Gynecologists (ACOG) is recommending that all pregnant women be vaccinated against influenza. "The flu virus is highly infectious and can be particularly dangerous to pregnant women, as it can cause pneumonia, premature labor, and other complications," said Dr. Laura Riley, chair of ACOG's Immunization Expert Work Group, which developed the Committee Opinion in conjunction with the College's Committee on Obstetric Practice, in an ACOG news release. "Vaccination every year, early in the season and regardless of the stage of pregnancy, is the best line of defense." Currently, only about 50 percent of pregnant women get the flu vaccine. However, pregnant women who receive a recommendation for the vaccine from their obstetrician or obstetric provider are significantly more likely to be vaccinated. The updated opinion of ACOG's Committee on Obstetric Practice and Immunization Expert Work Group is published in the September issue of Obstetrics & Gynecology.

Sanofi Pasteur Announces Publication of Positive Data for Fluzone High-Dose Vaccine in the New England Journal of Medicine
Sanofi-Aventis Press Release (08/13/14)

A study published in the New England Journal of Medicine found that the Fluzone High-Dose influenza vaccine is more effective than standard-dose Fluzone vaccine in preventing the flu in senior citizens. Researchers report that the Fluzone High-Dose vaccine was 24.2 percent more effective in preventing the flu compared to the standard standard dose Fluzone vaccine for the primary endpoint, which was the occurrence of lab-confirmed flu caused by any influenza viral type or subtype at least 14 days post-vaccination. This finding means that about 25 percent of breakthrough cases of flu that were seen among study participants could have been prevented if the Fluzone High-Dose vaccine had been used instead of the standard dose vaccine. The study also indicated that adverse events were more common among patients who were given the standard dose vaccine than in their counterparts who received Fluzone High-Dose.

FDA approves use of a needle-free injection system for use with Afluria and issues updated communication to healthcare professionals on use of jet injectors for inactivated influenza vaccine
IAC Express Issue 1139: August 26, 2014
On August 15, FDA approved the administration of Afluria for use with one jet injector device, the PharmaJet Stratis Needle-free Injection System (manufactured by PharmaJet Inc.) for intramuscular injection in adults 18 through 64 years of age. On the same day, the FDA issued related information for healthcare professionals titled "FDA Updated Communication on Use of Jet Injectors with Inactivated Influenza Vaccines," which includes guidance on the use of one jet injector device for the administration of the inactivated influenza vaccine, Afluria. The section "Recommendations/Actions" is reprinted below.

Recommendations/Actions

Afluria may be administered to adults ages 18 through 64 intramuscularly via the PharmaJet Stratis Needle-Free Injection System or by sterile needle and syringe.

Afluria, for use in children and adolescents 5 through 17 years of age, is approved for intramuscular injection with a sterile needle and syringe only.

Afluria, for use in adults 65 years of age and older, is approved for intramuscular injection with a sterile needle and syringe only.

If a vaccine is approved for administration with a jet injector, information specifically addressing vaccine use with the specific jet injector will appear in the vaccine labeling.

FDA recommends that all approved vaccines, including influenza, be administered in accordance with their approved labeling.

Notes From the Field: Outbreak of Pertussis in a School and Religious Community Averse to Health Care and Vaccinations--Columbia County, Florida, 2013
Morbidity and Mortality Weekly Report (08/01/14) Vol. 63, No. 30, P. 655 Matthias, James; Dusek, Cristina; Pritchard, P. Scott; et al.

The control of disease outbreaks is challenging in communities averse to vaccines, especially when vulnerable individuals have prolonged contact in multiple settings. Researchers suggest that local public health agencies to identify and collaborate with institutions and healthcare resources to reduce morbidity from vaccine-preventable diseases in communities where a large percentage of persons do not have immunity. Healthcare providers should pursue lab testing for pertussis in patients with the appropriate symptoms, but they also should understand the importance of reporting possible cases, even without lab confirmation. In August 2013, there was an outbreak of pertussis in Florida, in a large religious community averse to healthcare and vaccinations. In one charter school, only five of 34 kindergarten students (15 percent) were fully immunized with pertussis-antigen–containing vaccines. There were 109 cases of pertussis identified in the community, of which eight were considered confirmed, 61 were probable, and 40 were suspected. None of the individuals were hospitalized, but attack rates were highest among the youngest students.

EPIC -HPV Awareness Page

Visit the HPV Awareness page on the EPIC website:

HPV Awareness
http://www.gaepic.org/HPV_Awareness.html

Study finds herpes zoster vaccine effective after chemotherapy
Published on August 8, 2014 by Ryan Parrish (Vaccine News Daily)
A study published on Tuesday revealed that the herpes zoster vaccine continues to be effective in protecting older adults from shingles even after they undergo chemotherapy.
The study, conducted by Kaiser Permanente, was published in *Clinical Infectious Diseases*.
"The zoster vaccine has been shown to be safe and effective in elderly adults with healthy immune systems but until now, there has been a lack of data on whether the vaccine remains safe and effective for individuals who might have compromised immune systems resulting from treatments like chemotherapy," Hung Fu Tseng, an expert for the Kaiser Permanente Southern California Department of Research and Evaluation and lead author of the study, said.
The study examined the electronic records of more than 21,000 Kaiser Permanente patients 60 years of age and older who received chemotherapy between 2007-2012. Researchers discovered that patients who were previously received the zoster vaccine were 42 percent less likely to develop shingles after chemotherapy.
"Our study demonstrates that older patients who had previously been vaccinated against shingles have a lower chance of developing this painful and often debilitating disease after chemotherapy," Tseng said.
The study also found that no vaccinated patients underwent hospitalization for shingles, while six unvaccinated patients did seek hospital treatment for the disease.

Combining Vaccines Boosts Polio Immunity: Study
Financial Express (India) (08/22/14)

A polio vaccine shot given to children who already took an oral polio vaccine could increase their immunity and help fight the virus in remote, war-torn areas of the world. Officials with the World Health Organization said that this combination strategy is being used for mass vaccination campaigns in some regions, and it is being introduced for routine immunizations in developing countries. The oral polio vaccine has helped reduce virus circulation from 125 countries in 1988 to just three in 2013. Travel and immigration, however, have led to the reemergence of polio in some countries that were previously free of the virus, with outbreaks in at least 10 locations. In Syria, Somalia, and Iraq, violence has complicated the efforts to contain polio. The study of the two-part vaccination strategy, published in the journal Science, involved about 1,000 children in northern India in 2011. A study in 450 children in southern India reached the same conclusion, researchers reported in The Lancet.

New! "Zoster Vaccine: CDC Answers Your Questions" features commonly asked Q&As

IAC has just released a new Q&A handout for healthcare professionals titled Zoster Vaccine: CDC Answers Your Questions. Adult vaccination rates are unacceptably low, and zoster (shingles) vaccine is particularly underutilized. This two-page resource includes questions and answers about zoster vaccine, including recommendations, contraindications and precautions, administration, and storage and handling.

ACIP votes to recommend a dose of pneumococcal conjugate vaccine (PCV13) in addition to pneumococcal polysaccharide vaccine (PPSV23) for all adults age 65 years and older (IAC Express August 19, 2014)

At its special meeting on August 13, ACIP voted to recommend a dose of PCV13 for all adults age 65 years and older; recommendations for the use of PPSV23 in adults age 65 years and older were updated as well. The main points of the new vaccine recommendations that were presented and voted upon at the August 13 ACIP meeting appear below:

- Adults age 65 years of age and older who have not previously received pneumococcal vaccine or whose previous pneumococcal vaccination history is unknown should receive a dose of PCV13 first, followed by a dose of PPSV23. The PPSV23 dose should be given 6 to 12 months following the PCV13 dose. If a dose of PPSV23 cannot be given in this time window, give it at the next visit. Do not administer the PCV13 and PPSV23 at the same visit.

Adults age 65 and older who have not received PCV13 and who have previously received one or more doses of PPSV23 should receive a dose of PCV13. The PCV13 dose should be given one year after receipt of the most recent dose of PPSV23. For those for whom an additional dose of PPSV23 is indicated, this dose should be given 6 to 12 months after PCV13 and at least 5 years after the most recent dose of PPSV23.

Study shows parents' vaccination intentions differ based on information provided

Published on August 22, 2014 by Eric Carlson Vaccine News Daily

A recent study conducted by Indiana University found that the framing of parent-targeted messages about the benefits of measles, mumps and rubella (MMR) vaccination influenced parents' intentions to immunize their children. The study, which appeared in an advance online version of the September issue of Pediatrics, found that parents who viewed informational materials highlighting the benefits to their own children indicated they were more likely to vaccinate their baby against MMR, ScienceDaily reports.

"If we are going to increase childhood vaccine acceptance, we need to communicate more effectively about the benefits of vaccines, to help parents feel that they are making a more informed decision," Kristin Hendrix, a social psychologist and the lead researcher on the study, said, according to ScienceDaily.

The study consisted of an online survey of 802 parents of infant children younger than 12 months of age. Each parent was given one of four messages regarding MMR vaccination and instructed to keep his or her infant in mind when responding to the information. The results showed that parents who saw text highlighting direct benefits to their child said they were significantly more likely to have them vaccinated than those shown a message with basic information about the disease or the societal benefits of vaccination, ScienceDaily reports.

Merck discontinues production of Comvax vaccine (Hib-HepB)

On July 30, CDC provided the following update about Comvax vaccine on its Current Vaccine Shortages & Delays web page.

Merck has decided to discontinue production of COMVAX (Hib-HepB) vaccine, and has ample supply of PedvaxHIB and RECOMBIVAX HB to meet the historical demand for these products as well as COMVAX. The vaccine can still be purchased directly from Merck, as well as through wholesalers and physician distributors, until all supplies have been depleted. COMVAX will not be available for purchase directly from Merck after December 31, 2014.

From IAC Express Issue 1136: August 5, 2014

Ask the Experts

A 16-year-old has a written record of receiving two doses of DTaP at 2 and 5 months of age and one dose of Tdap at 15 years of age. Since she has had three doses of pertussis-containing vaccine, would she still need two additional doses of Td?

Answer: Since the first DTaP was received before 12 months of age and one Tdap dose has been given, this person needs one dose of Td 6 calendar months after the Tdap dose. A routine Td booster should be administered every 10 years. See IAC's new handout: DTaP, Tdap, and Td Catch-up Vaccination Recommendations by Prior Vaccine History and Age.

Vaccine Trivia Corner (CHOP Parents' PACK – July 2014)

Which vaccine-preventable disease caused many school and extracurricular children's functions – like the International Jamboree of Boy Scouts – to be canceled during the height of an epidemic in the 1930s?

In 1935, President Franklin Delano Roosevelt announced that the jamboree in Virginia would have to be canceled due to a polio epidemic on the East Coast. Polio also led to the closing of public places like swimming pools, churches and cinemas during the summer, which was known as "polio season."