



**Mark Your Calendars:**

**Pediatrics by the Sea**  
**June 13-16, 2012**  
**Ritz Carlton**  
**Amelia Island, FL**

**ACIP Meeting**  
**June 20 & 21**  
**Atlanta, GA**

**Epidemiology and Prevention of Vaccine-Preventable Diseases 2012, Eleven-Session Series**

This comprehensive immunization course provides the most current information in the constantly changing field of immunization. The course is updated annually to provide the latest recommendations from the ACIP. The [course is now available in web-on-demand](#) format and the DVD format will be available in late June. Each of the 11 sessions are 60 to 90 minutes in length and includes case studies and a discussion of frequently-asked questions on each topic.

<http://www.cdc.gov/vaccines/ed/epivac/default.htm>

**Updated Pink Book Now Available to Order or Download:**

The 12th edition (2nd printing) of Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book) is now available for purchase or download. The book provides health-care professionals with comprehensive information on vaccine-preventable diseases. The Pink Book can be downloaded for free from the NCIRD Vaccines and Immunizations web page or it can be purchased from the Public Health Foundation. The Pink Book is also available in E-reader format from Amazon.com, Google E-books, and Barnes and Noble.

**Licensure of 13-Valent Pneumococcal Conjugate Vaccine for Adults Aged 50 Years and Older – Excerpt from MMWR / June 1, 2012 / Vol. 61 / No. 21**

FDA approved PCV13 for an adult indication under the Accelerated Approval pathway, which allows the agency to approve products for serious or life-threatening diseases on the basis of early evidence of a product's effectiveness that is "reasonably likely to predict clinical benefit" Approval of PCV13 for adults was based on immunogenicity studies that compared antibody responses to PCV13 with antibody responses to 23-valent pneumococcal polysaccharide vaccine (PPSV23, [Pneumovax 23, Merck, Inc.]), a vaccine that provides protection against IPD but for which no consensus exists regarding protection against nonbacteremic pneumococcal pneumonia. Of note, the level of vaccine-induced pneumococcal antibody in adults that correlates with protection against clinical disease, including IPD or pneumococcal pneumonia, has not been established. Although not yet recommended by ACIP, PCV13 is available for use among adults aged 50 years and older in accordance with the package insert. At the June 2012 meeting, ACIP will discuss available evidence regarding administration of PCV13 to adults with immunocompromising conditions who are at high risk for developing pneumococcal disease.

## School Vaccination Requirements Up Coverage - But education-only requirements don't appear to have an impact on vaccine coverage in middle schools

MONDAY, May 7 (HealthDay News) -- Middle school entry vaccination requirements may increase coverage for adolescent vaccines, but education-only requirements do not appear to have an impact, according to a study published online May 7 in *Pediatrics*.

Erin Bugenske, M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues reviewed school entry requirements for receipt of vaccination for all 50 states and the District of Columbia. The 2008 to 2009 National Immunization Survey-Teen was used to assess vaccination coverage levels for adolescents (13 to 17 years of age) by state requirement status and change in coverage from 2008 to 2009.

The researchers found that, during the 2008 to 2009 academic year, 32 states had requirements for tetanus/diphtheria (Td)/ tetanus/diphtheria/ acellular pertussis (Tdap) (14 specifically requiring Tdap) and none required education; three states required meningococcal conjugate (MenACWY) vaccine and 10 others required education; and one state required human papillomavirus (HPV) vaccine and five required education. There was significantly higher coverage for MenACWY (71 versus 53 percent) and Td/Tdap (80 versus 70 percent) vaccines in states with vaccination requirements compared to states with no requirements. There was no association between education-only requirements and MenACWY and HPV vaccine coverage levels.

"Middle school vaccination requirements are associated with higher coverage for Td/Tdap and MenACWY vaccines, whereas education-only requirements do not appear to increase coverage levels for MenACWY or HPV vaccines," the authors write. "The impact on coverage should continue to be monitored as more states adopt requirements."

### From Immunization Action Coalition – Ask the Experts

**Q: If HPV vaccine is given subcutaneously (SC) instead of intramuscularly (IM), does the dose need to be repeated?**

**A:** Yes. No data exist on the efficacy or safety of HPV vaccine given by the subcutaneous route. All data on efficacy and duration of protection are based on a 3-dose series given on the approved schedule and administered by the intramuscular route. In the absence of data on subcutaneous administration, CDC and the manufacturers recommend that a dose of HPV vaccine given by any route other than intramuscular should be repeated. There is no minimum interval between the invalid (subcutaneous) dose and the repeat dose.

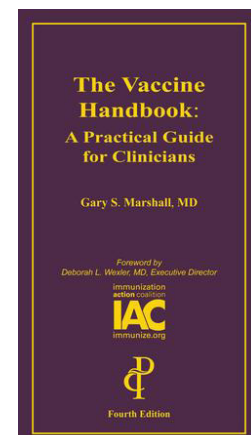
Editor's note: This question is identical to a question that appeared in Ask the Experts in the February 2012 issues of *Needle Tips* and *Vaccinate Adults*. The answer, however, is different. The answer given in February generated significant discussion, which led CDC experts to modify the answer.

**Q: PCV13 is now licensed for use in adults, but I don't see anything about it in the 2012 adult immunization schedule. How should it be used?**

**A:** FDA licensed PCV13 (Prenar13; Pfizer) for adults age 50 years and older in December 2011. At its February 2012 meeting, the Advisory Committee on Immunization Practices (ACIP) reviewed the evidence for the use of PCV13 in adults but did not vote on recommendations for its use in adults. As always, physicians can use their clinical judgment and use FDA-licensed vaccines if they would like to do so.

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[www.immunize.org/vaccine-handbook](http://www.immunize.org/vaccine-handbook)





## 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>.

## 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 (i.e., cancers at specific anatomic sites and with specific cell types in which HPV DNA frequently is found), 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

## Dr. William L. Atkinson, Immunization Legend, Retiring from CDC

[www.immunize.org](http://www.immunize.org)

After 25 years of service, Dr. William (Bill) L. Atkinson will be retiring from the Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases (NCIRD) at the end of June. Well known to readers of the *Vaccinate Adults* and *Needle Tips* columns "Ask the Experts," Dr. Atkinson has had tremendous impact on the U.S. immunization program during his career. The following tributes from Dr. Larry K. Pickering and Dr. Deborah L. Wexler attest to the significance of Dr. Atkinson's tenure of service at CDC.

Larry K. Pickering, MD, FAAP, senior advisor to the director of NCIRD and executive secretary of the Advisory Committee on Immunization Practices (ACIP), honored Dr. Atkinson at the February 2012 ACIP meeting. The following paragraphs are adapted from Dr. Pickering's speech at ACIP. Dr. Wexler's accolades follow Dr. Pickering's.

Following training in psychology, medicine, and epidemiology, and board certification in internal medicine and preventive medicine, Bill arrived at CDC in 1983 as an Epidemic Intelligence Service (EIS) officer. Following his two-year assignment as an EIS officer, he served at the Louisiana State Health Department in New Orleans and was on the faculty of the Tulane University School of Public Health and Tropical Medicine until 1989, when he moved to Atlanta.

From 1989 through 1994, he was responsible for measles surveillance and outbreak investigation for what was then known as the National Immunization Program. He was the point person for measles during the major resurgence of 1989 through 1991. The first ACIP statement Bill wrote was the noteworthy 1989 recommendation on measles prevention. It made a significant change in the childhood immunization schedule by recommending two doses of measles-containing vaccine rather than one. Since then, Bill has made major contributions to numerous ACIP recommendations. In 1998, he assumed the lead in writing ACIP's *General Recommendations on Immunization*, a critically important reference and teaching guide on immunization techniques and concepts. Bill continued to be an author on subsequent editions, including the 2011 version. Over the past 15 years, Bill has served as a member of almost every ACIP work group, providing useful input based on his extensive interaction with front-line clinicians.

Bill has been a trailblazer throughout his career:

- In 1995, he pioneered the use of satellite and broadcast technology to bring immunization education to thousands of immunization providers simultaneously. Since 1995, he produced, wrote, and/or appeared in more than 100 broadcasts and webcasts that were viewed by more than 300,000 healthcare providers.
- In 1995, Bill conceived, developed, and took the lead in writing one of CDC's most widely sought-after books, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (aka the Pink Book). The book is now in its twelfth edition, and more than 400,000 copies have been distributed.
- In 1995, Bill developed [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov), one of the first and most long-lived program-specific email services at CDC. NIP-INFO, which provides access to CDC immunization experts, is run by Bill and other staff of CDC's Immunization Services Division. Since 1995, NIPINFO has responded to between 5,000 and 10,000 queries per year.

Bill's talent as a speaker is legendary within the immunization community. He is in constant demand for live presentations. During his tenure at CDC, he gave more than 600 invited lectures and taught more than 100 two-day training courses across the United States, addressing more than 150,000 attendees.

The recipient of numerous awards, Bill was the first recipient of CDC's highest immunization honor, the Phil Horne Award, which is given to recognize NCIRD staff members who have demonstrated high ideals, innovation, and commitment to immunization practices, and whose accomplishments and work performance have had a significant impact on achieving NCIRD's mission. He was also the 2001 recipient of the Bill Watson Medal of Excellence, the highest award given to a CDC employee.

Throughout his career, Bill has used his creativity, dynamic personality, and exceptional teaching abilities to the benefit of the immunization community. His numerous accomplishments serve as an inspiration to all of us.

Deborah L. Wexler, MD, executive director of the Immunization Action Coalition (IAC), recalled the first time she heard Bill speak at an immunization conference. "He was breathtaking. His style was completely engaging, entertaining, and energizing. His content was factual and practical. I'd never heard anyone give a presentation about immunization as dynamically as Bill did. Nor had I ever met anyone with the depth and breadth of knowledge about immunization that Bill had.