



**Mark Your Calendars:**

*February 22-23  
ACIP Meeting  
Atlanta, GA*

*March 9—11  
Clinical Vaccinology Course  
Chicago, Illinois*

*Virtual NIC Conference  
March 26-28  
<http://www.cdc.gov/vaccines/events/nic/>*

**Don't Be Lulled by Mild Flu Season**

*USA Today (01/22/12) Weise, Elizabeth*

The flu season this year has been mild, but federal officials are reminding people that the season is not over yet. Flu cases usually peak in February, leaving plenty of time this season for virus activity to increase. So far, there have been two main flu sub-types circulating in the United States. Eleven percent of reported, lab-tested specimens were H1N1, about 50 percent were H3N2, and the rest were not sub-typed. Experts are concerned about the H3N2 strain, which tends to be more deadly among the elderly. This flu season may be more mild because of the unseasonably warm weather across much of the country; people have not been staying inside together as much.

**Promoting Vaccines in Office-Based Medical Settings Is Needed to Boost Adult Immunization Rates**

*[HealthCanal.com](http://HealthCanal.com) (01/11/2012)*

Although vaccines are being offered at pharmacies, workplaces, and retail medical clinics, a new study by the RAND Corporation says adult vaccination rates could get a boost from office-based medical practices offering them as part of routine visits. Katherine Harris, lead author of the study and a RAND senior economist, says: "Regardless of where vaccines are actually administered, office-based providers are uniquely positioned to identify patients who need vaccination, to communicate credibly about the benefits and risks of vaccination, and to ensure that vaccination histories are properly maintained." In order for office-based medical providers to better promote immunization to adult patients, tools to enhance communications between patients and providers should be developed, and stronger incentives should be offered to providers who do not offer vaccines so that they refer patients to community sites that do. In addition to curtailing the spread of vaccine-preventable diseases, increasing adult immunization rates could reduce healthcare and productivity costs, which reach upwards of \$90 billion per year for influenza alone. Despite the fact that a majority of adults turn to their medical providers for vaccinations, a short shelf life and low insurance payments mean just 25 percent of physician practices carry all of the recommended adult vaccines, according to the researchers. Improvements could be facilitated if more data on patterns of office-based adult vaccinations is gathered, better guidance to promote and administer vaccines is created, better tools to help providers determine whether to administer vaccines themselves or refer patients to community sites are developed, and systems to credit primary care physicians for offering vaccine counseling are established.

## 2012 Immunization Schedules

The 2012 Adult Immunization Schedule was published in the MMWR on February 3 and the Child/Adolescent schedule will be published on February 10. It will address all of the changes/updates to the 2012 schedule. We will be updating the EPIC slide set next week to reflect these changes. Look for an e-mail early next week letting you know that the updated slide set is posted and ready for you to download. The Chapter will also be sending out a blastfax to all members regarding the release of the new schedules and their updates. The EPIC resource kits will also include a summary of these changes for practices across the state.

AAP Smartbrief February 2, 2012

-WEDNESDAY, Feb. 1 (HealthDay News) -- The 2012 recommended childhood and adolescent vaccination schedules have been approved, according to a policy statement from the American Academy of Pediatrics (AAP) published in the February issue of *Pediatrics*.

Michael T. Brady, M.D., chairperson of the AAP's Committee on Infectious Diseases, and colleagues reviewed the 2012 recommended immunization schedules for children and adolescents.

The 2012 recommendations provide three immunization schedules and accompanying footnotes: one for children ages 0 to 6 years, one for children ages 7 to 18 years, and one for those who start late or fall more than one month behind schedule. Clarification is provided for administration of hepatitis B vaccine and immune globulin, as well as for tetanus-diphtheria-acellular pertussis vaccine use. Guidance has been added for use of the measles, mumps, and rubella vaccine in infants ages 6 to 11 months who are travelling internationally; for administration of meningococcal vaccine to children at increased risk, and for routine administration of a booster dose; and for use of *Haemophilus influenzae* type b vaccine in the catch-up schedule. Footnotes have been updated to clarify influenza vaccine dosing; to emphasize administration of the second dose of hepatitis A vaccine; to include routine recommendations for vaccination of males with quadrivalent human papillomavirus vaccine; and to note that inactivated polio vaccine is not recommended for U.S. residents aged 18 years or older.

"Providers are advised to use all three schedules and their respective footnotes together, not as stand-alone schedules. These schedules are revised annually to reflect current recommendations for the use of vaccines licensed by the U.S. Food and Drug Administration," the authors write.

## CDC Vaccine Information Statements Update January 24, 2012

The Td/Tdap vaccine information statement has recently been updated and is [now available](#).

While there are minor edits throughout, the main reason for this update is to incorporate recent changes to ACIP recommendations regarding children 7 through 9 years of age, adults 65 and older, and pregnant women; and also to add a paragraph about the risk of syncope. Because of this last change, describing a potential risk to recipients, it is desirable that providers begin using this new edition as soon as possible.

New rotavirus VIS coming. An updated rotavirus VIS has cleared, and should be posted by mid-January. The main change is the addition of a history of intussusception as a contraindication.

An updated hepatitis B VIS is now available. There are not any dramatic changes. The routine schedule will be included again, as we have had several requests for it.

New Gardasil VIS coming. An updated VIS for Gardasil is in the works and should be approved by February. It will contain updated information about use of Gardasil in males. The Cervarix VIS will probably remain unchanged.

## Oral HPV More Common in Men Than Women

*New York Times (01/26/12) O'Connor, Anahad*

Oral human papillomavirus (HPV), a sexually transmitted virus that affects about one in 15 Americans, has received greater attention due to a rise in oropharyngeal cancers over the past 20 years. A 2011 study found that throat cancers caused by HPV type 16 have tripled in the past two decades. Now, the authors of a new report, published in the *Journal of the American Medical Association*, say that 6.9 percent of adults and teenagers are infected with some kind of oral HPV, of which there are more than 40 strains. Their results indicated that the virus was about three times more common in men, and it was associated with increasing age, greater sexual activity, and smoking cigarettes. There are currently two vaccines available to prevent HPV. Although once recommended only for girls, last year a federal advisory committee recommended the vaccine's use in adolescent boys and men at high risk of HPV. This recommendation may have greater influence when paired with the discovery that more men are infected with HPV than women. "I think pediatricians might find that helpful information in talking about vaccination with the parents of boys," said Dr. Maura L. Gillison, the study's senior author and the chairwoman of cancer research at Ohio State University. "I think there's a lot of information here that can further stimulate research into prevention."



## Varicella disease in infants since implementation of the varicella vaccination program in the United States.

*Pediatrics* 2011;128:1071–1077 December 2011

The varicella vaccination program has resulted in substantial indirect benefits for infants, who are not eligible for vaccination. Presence of maternal varicella-zoster virus antibodies might explain attenuated disease in very young infants likely born to mothers with history of varicella. Although varicella disease incidence has declined, exposure to varicella-zoster virus continues to occur. Improving varicella vaccination coverage in all age groups will further reduce the risk of varicella exposure and protect those not eligible for varicella vaccination.

Through reducing varicella disease and exposures, the varicella vaccination program in the United States has provided substantial benefits to infants who are too young to be vaccinated. Catch-up varicella vaccination and high uptake of the herpes zoster vaccine among older age groups will further reduce infection risk and protect those persons who are not eligible for varicella vaccination. Continued monitoring of the epidemiology of varicella will be important to ensure that infants born to mothers with vaccine-induced varicella immunity are not at increased risk of severe varicella disease.

## **"Destiny of the Republic: A Tale of Madness, Medicine and the Murder of a President"**

Vaccine Update for Healthcare Professionals January 2012

*Charlotte A. Moser, Assistant Director, Vaccine Education Center at The Children's Hospital of Philadelphia*

One of the issues associated with vaccine acceptance today is the notion that parents do not recall a time when vaccine-preventable diseases were scary because prevention and treatment were limited. In the 1880s, U.S. President James Garfield was typical of parents from that era, having lost his oldest child to diphtheria and his youngest to pertussis. In *Destiny of the Republic: A Tale of Madness, Medicine and the Murder of a President*, Candice Millard successfully takes readers back to the time when the limits of medicine were, unfortunately, well understood through experience.

Using the story of James Garfield's surprising nomination for U.S. President, short term in office, and untimely death, Millard chronicles Garfield's demise following a gunshot wound that, even then, should not have been fatal.

In the 1880s most U.S. doctors did not support Joseph Lister's notion surrounding the antiseptic treatment of wounds. Indeed, after Garfield was shot, about 10 physicians examined him on the floor of the railroad station by putting their fingers into the wound and trying to locate the bullet. The story of Garfield's subsequent care and the self-appointed physician in charge, D. Willard Bliss, provides a rare glimpse into the practice of medicine at that time.

The definition of social responsibility provides another interesting contrast to today. At one point, shortly before Garfield's death, he wanted to go near the sea. The story details extensive trip preparations including agreements with private homeowners along the way whose homes may have been needed if the President had to stop traveling, workers laying train tracks until dawn for the trip, and permission to go through people's yards to do so. One woman was quoted saying, "I am willing that you should ruin my house, all I have — if it would help to save him." (p.226) In the last leg of the trip, the train engine could not get up the hill to the cottage prepared for the President, so hundreds of observers in the crowd pushed the train up the hill.

Millard's is a quick, easy-to-read account that will leave one reflecting on differences between society and medicine of today as compared to that of the past.

## **U.S. Hepatitis A Vaccine Rates Vary Widely, Survey Shows**

*Reuters (01/25/12) Grens, Kerry*

A survey of more than 20,000 parents of children born between 1991 and 1997 and a check of their immunization records by researchers at the Centers for Disease Control and Prevention (CDC) indicates that 30 percent of children nationally have received two doses of the hepatitis A vaccine. Vaccination rates vary widely because of regional differences in recommendations. In the 11 states in the western United States where the CDC recommends the vaccine, the vaccination rate is 60 percent, with Alaska and Oklahoma achieving 85 percent rates. In the six states where the CDC says the vaccine should be "considered," the vaccination rate is 39 percent, while in the 33 states where vaccination is recommended only for one-year-olds and should be "considered" for teenagers, the vaccination rate is 16 percent. It remains uncertain how many teens would need to be vaccinated to ensure near-universal protection, but Dr. Christina Dorell, the lead author of the Pediatrics study, says vaccinating all children at age one would continue efforts to hold down infection rates.

## Two - Dimensional Barcoding

IAC Express #972 Tue, January 10, 2012 1:05:53 PM

AAP News reports that two-dimensional barcodes on vaccines are ready for use in pediatric offices

In its January issue, AAP News published [Two-dimensional barcodes on vaccines make their debut](#). The article's opening two paragraphs are reprinted below. The article also includes guidance for clinicians and information on becoming a participant in a CDC pilot project that will assess challenges and determine best practices for labeling and tracking vaccines using 2D barcodes. (Note: AAP News is a publication of the American Academy of Pediatrics.)

*Two-dimensional (2D) barcoding is ready for use in pediatric offices, promising to reduce medical errors and help health care providers document vaccine information more accurately in patient records.*

*2D barcodes use the vertical dimension to capture product information, lot number and expiration date in a significantly smaller space than linear barcodes. The new technology is available on pediatric diphtheria and tetanus toxoids adsorbed vaccine from Sanofi Pasteur. In addition, Menactra meningococcal (groups A, C, Y, and W-135) polysaccharide diphtheria toxoid conjugate vaccine, also manufactured by Sanofi Pasteur, will have 2D barcodes early this year.*

## Rotavirus Vaccine Re-Introduction Not Linked to Increase in Intussusception

*Medical News Today (01/09/12) Rattue, Grace*

A study by child health experts at C.S. Mott Children's Hospital indicates that the updated rotavirus vaccine does not increase rates of gastrointestinal complications. The original rotavirus vaccine was taken off the market in 1999, after being linked to gastrointestinal adverse effects, and updated versions of the vaccine were re-introduced in 2006 and 2008. However, the study, published in Archives of Pediatric Adolescent Medicine, found no increase in cases of intussusception, a severe bowel obstruction, with the updated vaccines. With more than 70 percent of U.S. infants having received the updated vaccines, experts say they have sparked a decline in diarrhea-related hospitalizations, outpatient visits, and emergency department visits. The study compared data trends from 1997 to 2006 and the period after the vaccines were re-introduced, concentrating on children under a year old. Researchers identified 33.3 intussusception-related hospitalizations per 100,000 children in 2009, less than the 36 predicted. "We hope that our study provides information that will continue to reassure parents that the benefits of rotavirus vaccine outweigh the risks," says Dr. Joe Zickoff, the study's lead author and pediatrician and research fellow with the Child Health Evaluation and Research Unit.



## Parents Could Get Vaccines at Pediatrician

January 25, 2012 AAP Smartbrief

POUGHKEEPSIE, N.Y., Jan. 25 (UPI) -- Parents should be able to get vaccinations from pediatricians because babies cannot be vaccinated against infectious diseases, U.S. health researchers suggest.

Dr. Herschel R. Lessin and Dr. Kathryn M. Edwards of the committee on practice and ambulatory medicine, and the committee on infectious diseases of the American Academy of Pediatrics, said very young infants, as well as children who are immunocompromised, are at especially high risk for developing serious consequences of vaccine-preventable diseases and cannot be immunized completely.

There is evidence children who become infected with these diseases are exposed to pathogens through household contacts -- particularly from parents or other close family contacts -- who are not fully protected from these diseases, from either immunity to vaccine-preventable diseases, the researchers said.

One option to increase immunization coverage for parents and close family contacts of infants and vulnerable children is to provide alternative locations for immunizations such as the pediatric offices.

"Ideally, adults should receive immunizations at their own physician, but to provide greater protection to these adults and reduce the exposure of children to pathogens, immunizing parents or other adult family contacts in the pediatric office setting could increase immunization coverage for this population to protect themselves as well as children to whom they provide care," the researchers concluded.

The findings are published in the journal *Pediatrics*

Read more: [http://www.upi.com/Health\\_News/2012/01/25/Parents-could-get-vaccines-](http://www.upi.com/Health_News/2012/01/25/Parents-could-get-vaccines-)

## Reassurance on Vaccines and Allergy

*WebMD (01/24/12) Sayburn, Anna*

Severe allergic reactions to vaccinations are very rare, according to a British study on anaphylaxis in children after vaccination from September 2008 to September 2009. During that time, specialists reported only 15 cases of anaphylaxis, and only seven were confirmed as anaphylaxis. There were reports of anaphylaxis with the single measles vaccine and the human papillomavirus, meningitis, hepatitis A and typhoid vaccines. Approximately 5.5 million routine infant vaccinations were administered during the study period. The routine early childhood vaccination program includes the combined measles, mumps and rubella vaccine, not the single measles vaccine. The estimated rate of anaphylaxis was 12 reactions for every 100,000 single measles vaccine doses given, and one reaction for every million HPV vaccine doses given.

Excerpt:

## **Some girls overestimate HPV vaccine protection**

Mon, Jan 2 2012

By Julie Steenhuysen

CHICAGO (Reuters) - Some adolescent girls who get the HPV vaccine to prevent cervical cancer wrongly think they no longer need to practice safe sex, U.S. researchers said on Monday. The study, published in the Archives of Pediatric & Adolescent Medicine, shows the need for better education about the vaccines and their limitations.

Most girls who get the vaccine know its limitations, the researchers said, but the vaccines are recommended for all girls aged 11 to 12, and overestimating their effect could increase a young woman's risk of contracting other sexually transmitted diseases.

For the study, Dr. Tanya Kowalczyk Mullins of Cincinnati Children's Hospital Medical Center and colleagues surveyed 339 girls aged 13 to 21 about their perceptions of risk after their first HPV vaccination. Several mothers also took part.

Overall, most adolescent girls said they believed it was important to practice safe sexual behaviors after getting the shot. But a small group of girls -- 23.6 percent -- believed they were less at risk for getting sexually transmitted diseases after getting the vaccine.

Factors associated with this view included having less information about the vaccine and about HPV infections, less concern about contracting HPV and lack of condom use at last sexual intercourse with a male partner.

The findings suggest doctors need to do a better job of educating girls and their mothers about the vaccine. "Clinicians discussing HPV vaccination with girls and their mothers may need to emphasize the limitations of the vaccine and to specifically address that the vaccine does not prevent other sexually transmitted infections," the team wrote.

The authors said the study was limited in that subjects came from a single urban clinic serving low-income clients so the findings may not apply to more general populations.

The study was funded by the National Institutes of Health, but some authors have been awarded research grants from Merck.