



**Mark Your Calendars:**

**National AAP Conference**

**Date:** October 20-23

**Location:** New Orleans, LA

**ACIP Meeting**

**Date:** October 24 & 25

**Location:** Atlanta, GA

**Pediatrics on the Parkway**

**Date:** November 1-3

**Location:** Cobb Galleria Centre  
Atlanta, GA

**Pediatrics Associates of Savannah Winner of the Walt Orenstein Immunization Champions Award**

Each year, the Georgia Department of Public Health's Immunization Program presents the Immunize Georgia Conference, a day-long event that plays a key role in educating health care providers on current best practices and immunization recommendations, and provides attendees an open forum to discuss and share efforts while learning from national experts.

During the Conference, Pediatric Associates of Savannah was named a Walt Orenstein Champion of Immunization Award winner. They have three offices in the Savannah area with ten physicians. The three offices have a combined vaccine coverage rate of 93.6%. They were recognized for four basic principles: Belief in the importance of immunizations, no missed opportunities to vaccinate, constant monitoring of vaccine inventory control and clinical coordination.

The award is named for Walt Orenstein, M.D., professor of medicine, global health and pediatrics at Emory University, associate director of the Emory Vaccine Center and former assistant surgeon general of the U.S. Public Health Service and director of the National Immunization Program at the Centers for Disease Control (CDC).

*From left to right is Walt Orenstein, M.D. with Raquel West and Michael DeMauro, M.D. of Pediatrics Associates of Savannah*



## **Private School Vaccine Opt-Outs Rise [in California]**

*Associated Press (09/09/12) Dreier, Hannah*

Parents in California who send their children to private schools are more likely to opt out of immunizations compared to parents of public-school students, according to an analysis by the Associated Press (AP). California surveys all schools with at least 10 kindergartners to determine the rates of recommended vaccine coverage, and after analyzing this data, the AP found that the rate of children entering private schools without all of their vaccines increased by 10 percent in 2011. Public-health officials consider an immunization rate of at least 90 percent in all communities to be critical for reducing the potential for an epidemic; however, about 15 percent of the 1,650 private schools surveyed did not reach that threshold, compared with 5 percent of public schools. In 110 California private schools, more than half of the kindergartners were not fully vaccinated, with parents citing reasons including religious values, concerns about the shots themselves, and a belief that allowing children to get sick helps to build up their immune system.

## **Pertussis Vax Loses Power Over Time**

*MedPage Today (09/12/12) Neale, Todd*

A new study suggests that protection from the childhood series of the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine fades within five years of the final dose. The New England Journal of Medicine study involved data on children in Northern California who received a fifth dose of DTaP between the recommended ages of four and six from 2006 to 2011. The study involved 277 children with a positive PCR test for pertussis, 3,318 children with a negative PCR test, and 6,086 matched controls who were not tested for the disease. The children had all received DTaP. The researchers, led by Nicola Klein of the Kaiser Permanente Vaccine Study Center in Oakland, Calif., found that a larger period of time from the fifth dose of vaccine was linked to a higher percentage of positive PCR tests, with 0.8 percent of the tests coming up positive when they were conducted 15 days to one year after the last dose and 18.5 percent showing positive results six to eight years after the fifth dose. "This is an important paper, as it adds to our understanding of the waning immunity with DTaP vaccine," noted Dr. Mark Sawyer of the University of California San Diego. Sawyer, who is chair of the pertussis vaccines working group for the Advisory Committee on Immunization Practices, said that vaccination is still essential. "Although the current vaccines are less than perfect, they are all we have to protect the population from pertussis," he said. "Pertussis is very contagious, and we have seen very large outbreaks in many states

## **Childhood Influenza Immunization Coalition (CIIC) Releases Five-Year Progress Report on Infant and Child Influenza Immunization Rates**

CIIC released a report titled Improving Childhood Influenza Immunization Rates that summarizes the issues, the successes, and new challenges to be addressed. Top motivators for parents to vaccinate their children against influenza include protection for children in the family, it provides best available protection against a serious disease, and it can lessen flu severity if their child should get the disease. The full report can be viewed [http://www.preventchildhoodinfluenza.org/documents/CIIC\\_5\\_year\\_progress\\_report.pdf](http://www.preventchildhoodinfluenza.org/documents/CIIC_5_year_progress_report.pdf)

## Georgia Certificate of Immunization (Form 3231) Revised August 1, 2012

The Georgia Certificate of Immunization (Form 3231) has recently been modified to reflect the signing authority that has been granted to Advanced Practice Registered Nurses and Physician Assistants. This resulted from the passage of House Bill 303 in the 2011 General Assembly and went into effect July 1, 2011. Also, the form now reflects a revision date of August 1, 2012.

Practices that prefer to generate form 3231 from their electronic health record (EHR) will have to begin using the revised version by January 1, 2013. This will give time for practices to work with their vendor to create or revise current versions of the form. The new form will have to have approval of the Georgia Immunization Program prior to its use and must contain the same information and be produced in the same format as the GRITS generated version of the form. A recent Chapter blastfax with additional information and a copy of the revised form can be found

[http://www.gaaap.org/images/BlastFaxEmailsAchieves/ga%20certificate%20of%20imm%](http://www.gaaap.org/images/BlastFaxEmailsAchieves/ga%20certificate%20of%20imm%20)

## Merck Announces Anticipation of Full Supply of ProQuad

Merck has sent a letter to customers announcing an anticipated full supply of ProQuad to be available for ordering/shipping in October 2012. ProQuad is a vaccine indicated for immunization against measles, mumps, rubella and varicella in children 12 months through 12 years of age. ACIP recommendations for the use of MMRV vaccine are available here:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm>

## Measles Vax Less Effective at Earlier Age

*MedPage Today (09/11/12) Gever, John*

New data suggests that children and teenagers in Quebec who received their first dose of the measles vaccine later than recommended were less likely to get sick in the 2011 measles outbreak, according to Dr. Gaston de Serres of the Institut National de Sante Publique du Quebec. His findings show that, compared with children who received their first measles vaccination after the recommended 14 months of age, children whose first dose of the vaccine was at 12 or 13 months were six times more likely to develop measles in 2011. Both de Serres and Jane Seward, of the U.S. Centers for Disease Control and Prevention, say the outbreak highlighted a "balance" between efficacy and early protection. Experts have already known that measles vaccination is less effective when begun in infancy, but most children have lost maternal protection by age 12 months to 15 months. In the new study, de Serres' research group followed up results obtained from students at the original outbreak school. Vaccine effectiveness was found to be 93 percent in those first immunized at age 12 months, but it was 97.5 percent in those receiving the first dose at 15 months or later. The analysis included an additional 61 measles cases in vaccinated Quebec schoolchildren last year from other schools along with 305 matched controls who did not contract infection. De Serres, who reported the findings at the Inter-science Conference on Antimicrobial Agents and Chemotherapy, suggested that the recommended measles vaccination schedule be re-evaluated and the issue more widely studied.

## VFC Update 10/01/2012 – REDUCED PENTACEL SHIPMENTS

As of October 1, 2012 – March 2013, Sanofi Pasteur’s Pentacel (DTaP-IPV/Hib) shipments have been greatly reduced beyond the currently adjusted monthly allocation. As of today, VFC will only ship Pentacel to a small group of providers who will be notified. All other providers must choose from one of the following options for supplementing your Pentacel shipments:

1. Receive single antigen DTaP, IPV, and HIB; or
2. Receive Pediarix; which will result in a decrease in the Hep B component and an increase in the HIB component.

GRITS reporters currently submitting reports electronically must email their selected choice to [gavfc@dhr.state.ga.us](mailto:gavfc@dhr.state.ga.us) and adjust your selected preferences in GRITS accordingly. Manual reporters submitting reports via email should include their preference in the “Notes” section of the report or in the body of the email sent with the report.

As a reminder, provider offices are required to manage inventory including forecasting vaccine needs. Monthly shipments are designed to replenish your vaccine inventory. A well managed inventory is padded with enough vaccines to administer to patients for 2-3 months. Running out of vaccines by the end of the month is an example of poor vaccine management that can easily be corrected by requesting additional doses either on the manual report or via email to [gavfc@dhr.state.ga.us](mailto:gavfc@dhr.state.ga.us). Requests should be accompanied by a monthly report to maintain VFC’s once per month shipping guidance for order processing.

Also please routinely read GRITS announcements for updates from VFC, important release notes, and notes on your reports in GRITS. This information is created to inform your practice of updates to processes. Many changes will occur between now and December and it is important that you remain informed throughout our transition to mandatory web based vaccine ordering; scheduled to begin in early December. Updates will arrive to your office via email as well as announcements listed on the main GRITS screen viewable upon logging into GRITS.

The VFC Administrative Office is available to assist you with your needs from 8am-5pm Monday through Friday. Providers may contact the VFC Administrative Office at (404) 657-5013 or [gavfc@dhr.state.ga.us](mailto:gavfc@dhr.state.ga.us). Your Immunization Program Consultant (IPC) is also available to assist you with hands on training. IPC’s may be contacted by calling the VFC Administrative Office.

## **CDC releases National Immunization Survey data for infants, kindergarteners and teens**

Each year the Centers for Disease Control and Prevention (CDC) conducts the National Immunization Survey (NIS) to monitor immunization rates throughout the country. Data related to infants and teens are collected via random-digit dialing with a follow-up survey to providers to confirm data accuracy. Data related to kindergarteners are collected from health department reports. All three of these reports were released in recent weeks. To view the entire report or check coverage in your area, see [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s\\_cid=mm6135a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s_cid=mm6135a1_w)

## **CDC releases provisional ACIP recommendations for PCV13 use in adults with immunocompromising conditions**

On September 18, CDC posted [ACIP Provisional Recommendations for Use of 13-valent Pneumococcal Conjugate Vaccine in Adults with Immunocompromising Conditions](http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-adults-ic.pdf) on its website: <http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-adults-ic.pdf>.

Estimated date of policy note in MMWR: October 12, 2012

On June 20, 2012, the Advisory Committee on Immunization Practices (ACIP) recommended routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13, Pfizer) for adults 19 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants. PCV13 should be administered to eligible adults in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23; Pneumovax, Merck & Co. Inc.), the vaccine recommended for these groups of adults since 1997.

### **1) Recommendation for the use of PCV13 among pneumococcal vaccine naïve individuals:**

Adults 19 years of age or older with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, and who have not previously received PCV13 or PPSV23, should receive a dose of PCV13 first followed by a dose of PPSV23 at least 8 weeks later.

Subsequent doses of PPSV23 should follow current PPSV23 recommendations for these adults. Specifically, a second PPSV23 dose is recommended 5 years after the first PPSV23 dose for persons aged 19–64 years with functional or anatomic asplenia and for persons with immunocompromising conditions. Persons with CSF leaks or cochlear implants should receive no additional doses of PPSV23 until age 65 years.

Additionally, those who received 1 or 2 doses of PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have elapsed since their previous PPSV23 dose.

### **2) Recommendations for the use of PCV13 among adults who have previously been vaccinated with PPSV23:**

Adults 19 years of age or older with the aforementioned conditions who have previously received one or more doses of PPSV23 should be given a dose of PCV13 one or more years after the last PPSV23 dose was received. For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years since the most recent dose of PPSV23.

**2012 Pink Book:** The 12th edition (second printing) of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (The Pink Book) is available for purchase or download. The book provides health-care professionals with comprehensive information on vaccine-preventable diseases. The Pink Book can be downloaded <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html> for free from the NCIRD Vaccines and Immunizations web page or it can be purchased from the Public Health Foundation [http://bookstore.phf.org/product\\_info.php?products\\_id=673](http://bookstore.phf.org/product_info.php?products_id=673). The Pink Book is also available in E-reader format from Amazon.com, Google E-books, and Barnes and Noble.

## Nonmedical School Vaccination Exemptions Increasing

Exemption rate and average annual increase in rate higher in states with easy exemption policies

WEDNESDAY, Sept. 19 (HealthDay News) -- Nonmedical exemptions for school vaccination requirements have increased since 2005, particularly in states with easy exemption policies, according to a letter to the editor published in the Sept. 20 issue of the *New England Journal of Medicine*.

Saad B. Omer, M.B., B.S., Ph.D., from Emory University in Atlanta, and colleagues analyzed data from the U.S. Centers for Disease Control and Prevention for school years 2005 to 2006 through 2010 to 2011 to determine the annual rate of nonmedical exemptions from school immunization requirements, comparing the rates in states that allowed philosophical exemptions and states that allowed only religious exemptions.

The researchers found that the unadjusted rate was 2.54 times higher in states that allowed philosophical exemptions compared with those allowing only religious exemptions. However, the average annual rate increase was 1.20 in states that allowed only religious exemptions, compared with only 1.10 in states allowing only philosophical exemptions. Unadjusted rates of nonmedical exemptions were 2.31 times higher in states with easy exemption policies compared with those with difficult exemption policies. The average annual rate increase was 13 percent in states with easy policies, reaching 3.3 percent in 2011, compared with an 8 percent increase in states with difficult policies, reaching 1.3 percent in 2011.

"In an earlier analysis of data from 1991 through 2004, we found an increase in exemption rates only in states with philosophical exemptions and in states with easy exemption procedures," Omer and colleagues write. "Our results show that nonmedical exemptions have continued to increase, and the rate of increase has accelerated."

The study was partially funded by an unrestricted educational grant from Merck.

## Parents Can't Sue Vaccine Manufacturers

*San Francisco Chronicle (09/25/12) Egelko, Bob*

A Sept. 25 ruling by the Ninth U.S. Circuit Court of Appeals upholds the dismissal of a lawsuit by the parents of a baby who suffered seizures and died six months after receiving Merck's MMR vaccine. The court says parents cannot sue vaccine manufacturers for damages in state court due to a 1986 federal law that created a "vaccine court" to provide no-fault compensation for injuries consistent with a vaccine's known side effects. Victims do not have to provide proof that the manufacturer caused harm or was negligent, and manufacturers in compliance with U.S. Food and Drug Administration requirements for product ingredients and labeling cannot face additional damage claims from victims or their heirs. Judge Sidney Thomas said compensation under the federal law was "easier and more certain ... in exchange for limited remedies within the traditional (court) system."



## **Follow-Up Lacking for Babies After Hepatitis B Vaccination: CDC Testing needs to ensure vaccine blocked mother- to-child transmission of virus**

THURSDAY, Sept. 27 (HealthDay News) -- Many U.S. babies born to mothers infected with hepatitis B do not receive recommended follow-up testing after vaccination, a new study finds.

About 25,000 infants are born to hepatitis B-infected mothers each year in the United States, according to background information in the study. Without vaccination, 40 to 90 percent of those infants would become infected. Up to 90 percent of those who contracted the virus would develop chronic infection and possibly die from cirrhosis or liver cancer.

Infants born to mothers infected with hepatitis B should receive the hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth, the federal Advisory Committee on Immunization Practices recommends. Infants should complete the three-dose hepatitis B series, which is up to 95 percent effective in preventing infections.

Between ages 9 months and 18 months, these infants should also receive post-vaccination blood testing to ensure they did not become infected and are protected, the committee advises. The virus is usually not detected until complications develop.

The study, by Ruthie Benson of the Texas Department of State Health Services and colleagues, is published in the Sept. 28 issue of the U.S. Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

For the study, the researchers analyzed data from the Enhanced Perinatal Hepatitis B Case Management Projects. They found that more than 80 percent of infants received recommended vaccinations but only 64 percent also received recommended follow-up testing.

Of those infants, 93 percent were protected from hepatitis B infection, 1 percent became infected and 3 percent were still susceptible to infection. Susceptible infants can be revaccinated and retested.

Timely post-vaccination blood testing is critical to protect infants against hepatitis B infection and to monitor progress toward eliminating the transmission of hepatitis B from mothers to infants, the researchers concluded.

-- Robert Preidt

SOURCE: U.S. Centers for Disease Control and Prevention, news release, Sept. 27, 2012

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### **Effect of Influenza Vaccination in the First Trimester of Pregnancy**

*Obstetrics & Gynecology* (09/01/12) Vol. 120, No. 3, P. 532 Sheffield, Jeanne S.; Greer, Laura G.; Rogers, Vanessa L.; et al.

Researchers conducted a five-year, retrospective cohort study of 10,225 pregnant women who received the seasonal trivalent inactive influenza vaccine and compared their delivery and neonatal outcomes with those of women who were not vaccinated. They found that the women who were vaccinated antepartum were much older with higher parity than the unvaccinated women. Moreover, they concluded that first-trimester vaccination did not increase major malformation rates, and the vaccinated group experienced lower rates of stillbirth, neonatal death, and premature delivery than the unvaccinated group.

## **CDC: Hospitals, physicians increase worker flu vaccinations**

[AHA News Now](#) (9/27)

September 27, 2012

An estimated 77% of hospital workers report receiving a flu vaccine for the 2011-12 flu season, up from 71% in 2010-11, according to a survey ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a1.htm?s\\_cid=mm6138a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a1.htm?s_cid=mm6138a1_e)) released today by the Centers for Disease Control and Prevention. That includes 87% of hospital physicians, 78% of hospital nurses, and 76% of other hospital personnel. Coverage for health care workers in all settings was 67%, up from 64% in 2010-11. Hospitals achieved a higher vaccination rate than physician offices (68%) and long-term care facilities (52%). While vaccinations in physician offices rose from 62% the prior year, those in long-term care facilities fell from 64%. Coverage was 95% among workers in hospitals requiring vaccination, compared with 68% in those that did not. To protect the lives and welfare of patients and hospital employees, the AHA Board of Trustees last year approved a policy supporting mandatory patient safety policies that require either flu vaccination or wearing a mask in the presence of patients across health care settings during flu season.

## **Vaccine Webinar Series**

(This was an excellent webinar which took place on October 3, 2012 watch for the archived webinar which should be posted October 5, 2012.

<http://www.chop.edu/professionals/vaccine-healthcare-providers/vaccine-webinar-series/webinar-archives.html>)

## **Current Issues in Vaccines - Fall 2012**

- **Presenter:** Paul Offit, MD Director, Vaccine Education Center Chief, Division of Infectious Diseases, The Children's Hospital of Philadelphia Professor of Pediatrics and Maurice Hilleman Professor of Vaccinology, University of Pennsylvania School of Medicine

**Supported by the Thomas F. McNair Scott Endowed Research and Lectureship Fund**

### **Topics**

Updates on various issues surrounding vaccines for:

- Pneumococcus
- Pertussis
- Influenza
- Meningococcus
- HPV