



Mark Your Calendars:

Legislative Day at the Capitol

Thursday, February 7, 2013
State Capitol, Atlanta

ACIP Meeting

February 20 & 21, 2013
CDC, Atlanta

2013 Winter Symposium

February 23, 2013
Marriott Buckhead Hotel, Atlanta

2013 Immunization Schedules

IMMUNIZATION WORKS NEWSLETTER – DECEMBER 2012

Every year, recommendations for routine use of vaccines in children, adolescents, and adults are developed by the Advisory Committee on Immunization Practices (ACIP) and, when adopted by the Director of CDC, become official CDC/HHS policy.

Effective in 2013, the recommended immunization schedules for persons aged 0 through 18 years and persons 19 years and older will be published together in an *MMWR* Supplement [on-line publication 01-28-13, *MMWR* publication 02-01-13] instead of being published in *MMWR Weekly* on two different dates.

New ACIP Provisional Recommendations Posted:

Provisional recommendations are posted following votes by ACIP, for information only, and are not official CDC recommendations. Recommendations are official once adopted by the CDC Director and published in *MMWR*.

Use of Tdap In Pregnant Women: On October 24, 2012, the ACIP voted to recommend tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) for pregnant women with every pregnancy irrespective of previous Tdap history. The ACIP Provisional Recommendations on Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) for Pregnant Women was posted on the ACIP Provisional Recommendations web page on December 6, 2012.

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps: On October 24, 2012, the ACIP voted to approve revised recommendations for prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps. These recommendations update the previous ACIP statement: *Measles, Mumps, and Rubella — Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps*. The ACIP Provisional Recommendations Prevention of Measles, Rubella, Congenital Rubella Syndrome (CRS), and Mumps was posted on the ACIP Provisional Recommendations web page on December 6, 2012.

Online tool creates immunization schedules for missed childhood vaccinations

Published in Vaccine News Daily on December 4, 2012 by Paul Tinder

Researchers with the Georgia Institute of Technology and the Centers for Disease Control and Prevention are working on an online tool that gives parents and healthcare providers a schedule for missed childhood vaccinations. The online tool creates a personalized catch-up schedule for each child, ensuring that the vaccines are administered according to approved guidelines. Since its launch in January, the site has recorded close to 63,000 visits.

“The immunization schedule is complex,” Larry Pickering, a collaborator on the project, said. “By using the online immunization scheduler, parents can ensure that their children stay current on all recommended vaccines, and they can also obtain useful information about vaccines and vaccine-preventable diseases.” The tool replaced a downloadable software program created by the scientists in 2008. In the new version, the team resolved issues related to vaccination rule updates and download security restrictions. “I have found the online scheduling tools to be very user friendly and helpful,” Thomas J. Steiner, the pediatric lead physician with Kaiser Permanente Gwinnett in Duluth, Ga., said. “One of the most useful aspects is the fact that after the patient’s immunizations are entered, you can print a ‘catch up’ schedule which can be given to the patient and scanned into the patient’s chart.” The scheduler includes vaccinations required between birth to six years of age such as hepatitis A and B, rotavirus, varicella, polio, pneumococcus, Haemophilus influenza type b, diphtheria, tetanus, pertussis, measles, mumps and rubella. The system follows guidelines developed and revised by the Advisory Committee on Immunization Practices.

“By using the scheduler, parents will enhance their knowledge of vaccines and the diseases they prevent, and receive assistance in formulating questions that can be discussed with their child’s physicians and nurses, resulting in more productive interactions,” Pickering said.

The research team plans to develop a version of the program to combine child and adolescent schedules to serve people through the age of 18.

Handling Vaccines Won't Immunize Practices Against Financial Risk

Family Practice News (11/08/2012) Sullivan, Michele G.

Vaccinations may be beneficial to pediatric patients, but they could also be a significant financial risk for pediatricians. "Vaccines are expensive, complicated, and require a lot of time-consuming communication with parents. If they're not managed correctly, they can bankrupt your business," said Dr. Herschel R. Lessin at the annual meeting of the American Academy of Pediatrics. Aside from the vaccine's actual cost, pediatric practices must also consider the time spent on counseling about vaccines' risks and benefits and taking calls about reactions, as well as the equipment needed to administer and store them. Hidden costs may include syringes, waste handling, and gloves, swabs, and Band-Aid strips. Practices may team up and create a group purchase organization (GPO), but the group must offer enough financial incentive to offset the efforts involved in joining.

Tdap Vaccine Shown Safe in Older Patients

MedPage Today (11/29/12) Petrochko, Cole

A study published in *Clinical Infectious Diseases* indicates that the tetanus-diphtheria-acellular pertussis (Tdap) vaccine and the tetanus and diphtheria vaccine are similarly safe and effective in people ages 65 years and older. Researchers led by Hung Fu Tseng of Kaiser Permanente Southern California looked at 119,573 off-label Tdap vaccine users in this age group and an equal number of elderly patients who received the tetanus and diphtheria vaccine to determine how many experienced seven adverse reactions right after being vaccinated and 84 days later. They found no increased risk of meningitis, encephalitis, encephalopathy, cranial nerve disorders, Guillain-Barre syndrome, brachial neuritis, or allergic events among those receiving the Tdap vaccine, but the risk of anaphylaxis and general reaction was almost four times higher. Additionally, the risk for medically attended inflammatory or allergic events was 59 percent higher for the Tdap group within six days of vaccination. The researchers recommend use of the Tdap vaccine in older adults to curtail the spread of pertussis, noting that "the results suggest that the risk of prespecified events following Tdap is comparable to that following [tetanus and diphtheria] vaccination [in older patients]."

GlaxoSmithKline Wins U.S. Approval for New Flu Vaccine

Reuters (12/17/12) Clarke, Toni

The Food and Drug Administration has approved GlaxoSmithKline's Fluarix Quadrivalent flu vaccine, which is the first-ever intramuscular vaccine to offer protection against four strains of the flu virus. According to GSK, the vaccine will help protect individuals aged three years and up against the two A strains and two B strains of the flu virus. The vaccine should be available in time for the 2013-2014 flu season, the company said.

AAP and WHO concur that a UN committee's proposal to remove thimerosal from vaccines would put global immunization efforts at risk (IAC Express)

As part of its work in developing an international treaty that would lead to eliminating controllable mercury pollution and exposure throughout the world, The United Nations Environment Programme (UNEP) is considering recommending the removal of thimerosal (ethyl mercury) from vaccines worldwide. Thimerosal, which is currently used as a preservative in some U.S. vaccines and in vaccines around the world, has no recognized serious toxic effects as currently used.

In response to UNEP's proposed recommendation, the World Health Organization's Strategic Advisory Group of Experts (SAGE) on Immunization recommended that thimerosal continue to be used in the global vaccine supply. The American Academy of Pediatrics (AAP) concurs. AAP published Ban on all mercury-based products would risk global immunization efforts, says AAP, WHO in the June 2012 issue of *AAP News* (published online ahead of print). In addition, AAP published four related articles in the December 17 eFirst Pages issue of its journal, *Pediatrics*. Portions of the *AAP News* article are reprinted below. Links to the four *Pediatrics* articles are given at the end of this *IAC Express* article.

Keep thimerosal in vaccines: pediatricians

Mon, Dec 17 2012

By [Genevra Pittman](#)

NEW YORK (Reuters Health) - A mercury-containing preservative should not be banned as an ingredient in vaccines, U.S. pediatricians said Monday, in a move that may be controversial. In its statement, the American Academy of Pediatrics (AAP) endorsed calls from a World Health Organization (WHO) committee that the preservative, thimerosal, not be considered a hazardous source of mercury that could be banned by the United Nations.

Back in 1999, a concern that kids receiving multiple shots containing thimerosal might get too much mercury - and develop autism or other neurodevelopmental problems as a result - led the AAP to call for its removal, despite the lack of hard evidence at the time. "It was absolutely a matter of precaution because of the absence of more information," said Dr. Louis Cooper, from Columbia University in New York, who was on the organization's board of directors at the time. "Subsequently an awful lot of effort has been put into trying to sort out whether thimerosal causes any harm to kids, and the bottom line is basically, it doesn't look as if it does," Cooper, who wrote a commentary published with the AAP's statement, told Reuters Health. In a 2004 safety review, for example, the independent U.S. Institute of Medicine concluded there was no evidence thimerosal-containing vaccines could cause autism. A study from the Centers for Disease Control and Prevention came to the same conclusion in 2010. With the exception of some types of flu shots, the compound is not used in vaccines in the United States, which are distributed in single-dose vials. And nobody is arguing that should change, according to Dr. Walter Orenstein, a member of the AAP Committee on Infectious Diseases and a researcher at the Emory Vaccine Center in Atlanta. But in countries with fewer resources - where many children still die of vaccine-preventable diseases - it's cheaper and easier to use multi-dose vials of vaccines against diphtheria and tetanus, for example. Thimerosal prevents the rest of a multi-dose vial from getting contaminated with bacteria or fungi each time a dose is used.

Researchers estimated it could cost anywhere from two to five times as much to manufacture vaccines for developing countries without thimerosal, and both transporting vaccines and keeping them refrigerated would be much harder as well. "If we had to take the thimerosal out of those multi-dose vials, we're having a hard time completing the task of getting every kid immunized now, that would add a tremendous burden," Cooper said - and more children would probably die as a result. "Children who can now be protected from these life-threatening diseases could become vulnerable," Orenstein told Reuters Health. The new statement is published in the AAP's journal Pediatrics. Thimerosal contains a type of mercury called ethyl mercury. Toxic effects have been tied to its cousin, methyl mercury, which stays in the body for much longer. Earlier this year, the WHO said replacing thimerosal with an alternative preservative could affect vaccine safety and might cause some vaccines to become unavailable.

Mercury, however, is still on the list of global health hazards to be banned in a draft treaty from the United Nations Environment Program - which would mean a ban on thimerosal. Reducing mercury exposure "is a wonderful thing," Orenstein said. However, "We need this exception because thimerosal is so vital for protecting children." He said keeping thimerosal in vaccines is essential mostly for humanitarian reasons - although preventing childhood diseases in the developing world could also help the U.S. because other countries can serve as reservoirs for illness. "For American parents, this is more looking at the world and our role and responsibility in protecting the children of the world than it is a direct impact," Orenstein said.

SOURCE: bit.ly/cxXOG Pediatrics, online December 17, 2012.

New Podcast: A newly available podcast from the HHS HealthBeat series explains how protection from pertussis vaccine (DTaP) wanes over time, according to a recent *JAMA* publication authored by CDC.

<http://www.hhs.gov/news/healthbeat/2012/12/20121205a.html>

Vaccine Storage and Handling: CDC releases its Vaccine Storage & Handling Toolkit and related Resources

On November 27, CDC posted its comprehensive guide *Vaccine Storage & Handling Toolkit* on its website. The tool kit is based on the recommendations of the Advisory Committee on Immunization Practices (ACIP), equipment manufacturers' product information, and studies from the National Institute for Scientific Technology. Here's a direct link to the document:

<http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

The tool kit outlines best practice strategies and recommendations on the following topics:

- Points to consider in selecting, maintaining, and using vaccine storage units and thermometers
- Consistent maintenance of the cold chain
- Routine storage and handling practices
- Inventory management
- Emergency procedures for protecting vaccine inventories

On the tool kit web page you will also find related resources such as training materials, slide sets, and other helpful items.

Archived CDC NetConference—What's New in Preventing Measles, Mumps, and Rubella

CDC presented on December 13 a NetConference on what's new in preventing measles, mumps, and rubella. Gregory S. Wallace, MD, MS, MPH, discussed what's new in preventing measles, rubella, congenital rubella syndrome, and mumps. Dr. Wallace is CDC's team lead on measles, mumps, rubella, and polio. CDC nurse educator Donna L. Weaver, RN, MN, spoke about screening for vaccine contraindications and precautions. This NetConference has been archived and can be viewed at:

<http://www.cdc.gov/vaccines/ed/ciinc/2012-12-13.htm>