EPIC® Educating Physicians in their Communities INSIDER

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Mark Your Calendars:

ACIP Meeting, CDC
October 29-30, 2014

Pediatrics on the Perimeter, Georgia AAP Fall Conference
Westin Perimeter Hotel, Atlanta
October 30-November 1, 2014

Georgia Pediatric Nurses & Practice Managers Association Fall Meeting
Cobb Energy Center, Atlanta
November 14, 2014

HPV

Correction: Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices (ACIP)

Morbidity and Mortality Weekly Report -- Recommendations and Reports (08/29/14) Vol. 63, No. 5, P. 1
Markowitz, Lauri E.; Dunne, Eileen F.; Saraiya, Mona

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommends that girls aged 11 or 12 be vaccinated with either the bivalent (HPV2) or quadrivalent human papillomavirus (HPV4) vaccine, and that boys aged 11 or 12 receive HPV4. Persistent HPV infection can cause cervical cancer in women as well as genital warts or anogenital and oropharyngeal cancers in both women and men. ACIP also recommends vaccination for females aged 13-26 and males aged 13-21 who were not already vaccinated. In addition, ACIP recommends vaccination for men who have sex with men and immunocompromised individuals through age 26 if not previously vaccinated. HPV vaccination coverage with at least one dose among girls aged 13-17 rose slightly in 2013, with at least 57.3 percent receiving at least one dose and 37.6 percent receiving all three doses. Vaccine coverage varies widely by state, with at least one dose coverage ranging from 39.9 percent to 76.6 percent. Reasons cited by parents who did not have their daughters vaccinated against HPV include a lack of knowledge, a belief that the vaccine was unnecessary, concerns about vaccine safety, and their healthcare provider not recommending the vaccine.

New recommendation for the use of pneumococcal vaccines among adults.
MMWR September 19, 2014

In today's MMWR, CDC released a new recommendation for the use of pneumococcal vaccines among adults. Adults 65 years or older are now recommended to get the pneumococcal conjugate vaccine (PCV13, Prevnar-13®) and the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23).

As part of the new recommendation, adults 65 years of age or older who have not previously received any pneumococcal vaccines or whose previous vaccination history is unknown should receive a dose of PCV13 first, followed 6-12 months later by a dose of PPSV23. Adults 65 years of age or older who have previously received PPSV23 should receive PCV13 at least 1 year since their most recent dose of PPSV23.
In addition to the new recommendation for pneumococcal vaccination of adults 65 years or older, it's important to remember that pneumococcal vaccines are also recommended for adults 19 years or older with certain health conditions and lifestyles.

To access the MMWR, go to **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm**. For more information on pneumococcal vaccination, visit **http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm**.

Five More Polio Cases Emerge in Pakistan
Business Standard (09/24/14)

The National Institute of Health Laboratory reports five new polio cases in Pakistan: two in the Federally Administered Tribal Areas and one each in Balochistan, Khyber-Pakhtunkhwa, and Karachi. This boosts the total number of cases this year to 171. Polio remains endemic in Pakistan, Nigeria, and Afghanistan, and the World Health Organization (WHO) recently called Pakistan the "most important stumbling block" in the global fight against polio. "Worldwide, nearly nine out of every 10 children paralyzed by polio live in Pakistan," says WHO Director-General Margaret Chan. Vaccination campaigns have encountered resistance in Pakistan, and dozens of health workers and security personnel have been killed in attacks on polio vaccination teams.

Oxford Volunteer Given Experimental Vaccine Against Ebola
Financial Times (09/17/14) Cookson, Clive

A trial of an experimental vaccine against Ebola was launched this week at the University of Oxford. The first dose was given to a 48-year-old British woman, a former National Health Service nurse, who said she felt "absolutely fine" an hour later. A total of 60 volunteers will participate in the trial. The candidate vaccine was developed by the U.S. National Institutes of Health and GlaxoSmithKline. The vaccine, which protects against the Zaire strain of Ebola, uses an Ebola viral protein to generate an immune response; however, because it does not contain infectious material, it cannot transmit the disease to the recipients. GSK will produce about 10,000 doses of the vaccine while the clinical trials are being conducted, so that if the vaccine is deemed successful, those doses can be made immediately available.

Fewer Than Half in USA Get Flu Shots, CDC Says
USA Today (09/18/14) Szabo, Liz

Fewer than half of Americans get vaccinated for the flu each year, even though the disease takes the lives of thousands of people annually. Overall, 46 percent of Americans were vaccinated against the flu last year, said Centers for Disease Control and Prevention (CDC) director Thomas Frieden. More specifically, 50 percent of pregnant women, 55 percent of children ages five to 17, and 70 percent of children under age five years were vaccinated last year. The CDC recommends that everyone over age six months receive a flu shot. Australia's recent flu season had the highest number of cases in five years, and the upcoming U.S. flu season could follow that pattern. For the first time, the CDC is advising that kids ages two to eight years receive a live intranasal flu vaccine, because of evidence that it is more effective in those ages. However, if the nasal spray is not immediately available, parents should get their children the traditional shot, rather than waiting and risking illness. Meanwhile, the CDC is also calling on people 65 years and older to get a one-time vaccination with the combination pneumococcal vaccine Prevnar 13, which is already routinely given to children. For seniors, this vaccine is in addition to another one-time shot, a polysaccharide vaccine that protects against 23 strains of pneumococcus. William Schaffner, a professor at the Vanderbilt University School of Medicine in Nashville, said the two shots can lower the risk of pneumococcal infection in senior citizens by 45 percent and reduce the risk of severe infections by 75 percent.

EPIC -HPV Awareness Page

Visit the HPV Awareness page on the EPIC website:

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

CDC publishes report on expired live attenuated influenza vaccine being administered

CDC published Notes from the Field: Reports of Expired Live Attenuated Influenza Vaccine Being Administered—United States, 2007–2014 in the September 5 issue of MMWR (page 773). The complete article is reprinted below.

Annual influenza vaccination is recommended for all persons aged ≥6 months. Two vaccine types are approved in the United States, injectable inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV), which is administered intranasally. Influenza vaccine typically becomes widely available beginning in late summer or early fall. IIV has a standard expiration date of June 30 for any given influenza season (July 1 through June 30 of the following year). In contrast, after release for distribution, LAIV generally has an 18-week shelf life. Because of its relatively short shelf life, LAIV might be more likely than IIV to be administered after its expiration date. To assess that hypothesis, CDC analyzed reports to the Vaccine Adverse Event Reporting System (VAERS) of expired LAIV administered during July 1, 2007, through June 30, 2014.

Of the 4,699 LAIV reports, 866 (18.4%) involved administration of expired vaccine; 97.5% of these reports did not document any adverse health event. In 95.1% of expired LAIV reports, vaccination occurred after the first week in November, which is approximately 18 weeks from July 1. Historically, by early November, most vaccine has been administered for the season. In contrast, of the 49,695 IIV reports, only 96 (0.02%) involved administration of expired vaccine. VAERS is a national, passive surveillance system that accepts reports from anyone (including vaccine recipients, providers, and manufacturers); because of this, it is not possible to definitively conclude that LAIV is more likely to be administered after its expiration date. However, the magnitude of disproportional reporting for this error in expired LAIV use compared with IIV supports the hypothesis.

As a passive surveillance system, VAERS likely captures only a small fraction of expired LAIV administered, so this error might be more common than VAERS data indicate. Most reports had a vaccination date in November or later. Health care providers need to be aware of the short shelf life of LAIV and implement measures to avoid administering expired LAIV, especially from November and onward, when this error appears to be more common. Although the data do not indicate that administration of expired LAIV poses a health risk, revaccination with a valid dose is advised. Replacement options for expired LAIV are available at http://www.flumistquadrivalent.com/hcp/ordering_and_returns.html.

Meningococcal Vaccine Gets FDA Nod for Booster Immunization
Pharmacy Times (09/09/14) Eder, Katie

The Food and Drug Administration (FDA) has approved the use of Sanofi Pasteur's Menactra vaccine as a booster against meningococcal disease in patients aged 15 to 55. The Centers for Disease Control and Prevention recommends one dose of meningococcal conjugate vaccine at age 11 or 12 and then a booster dose at age 16. "The FDA's approval of the Menactra booster vaccination gives health care providers the option to use a meningococcal conjugate vaccine that is approved for both primary and booster immunization, which aligns with the CDC's recommendations for preventing cases of meningococcal meningitis," said David P. Greenberg, MD, Vice President of US Scientific and Medical Affairs at Sanofi Pasteur. The FDA originally approved the vaccine in 2005 to protect against meningococcal disease caused by the A, C, Y, and W-135 serogroups. Sanofi reports that the vaccine's expanded approval was based on an open-label trial that evaluated the safety and efficacy of a booster dose among individuals who had already received one dose of Menactra four to six years earlier.

Influenza Vaccination Coverage Among Pregnant Women in the U.S. During the 2013-14 Influenza Season:
Immunization Works (CDC) September 2014

Pregnant women and infants are at increased risk for influenza-related complications and hospitalization. Influenza vaccination among pregnant women can reduce their risk for respiratory illness and reduce the risk for influenza in their infants younger than 6 months. Since 2004, the ACIP and the American College of Obstetricians and Gynecologists have recommended influenza vaccination for all women who are or will be pregnant during the influenza season, regardless of trimester. To assess influenza vaccination coverage among pregnant women during the 2013-14 influenza season, CDC analyzed data from an Internet panel survey conducted March 31-April 11, 2014. Among 1,619 survey respondents pregnant at any time during October 2013-January 2014, 52.2% reported vaccination before or during pregnancy (17.6% before and 34.6% during pregnancy), similar to the coverage in the preceding season. Overall, 65.1% of women reported receiving a clinician recommendation and offer of influenza vaccination, 15.1% received a clinician recommendation but no offer of vaccination, and 19.8% received no clinician recommendation or offer. Vaccination coverage among these women was 70.5%, 32.0%, and 9.7%, respectively. Continued efforts are needed to encourage clinicians to strongly recommend and offer influenza vaccination to their pregnant patients. Please read the September 19 *MMWR* for the full report.

IAC updates "Medical Management of Vaccine Reactions in Children and Teens" and "Medical Management of Vaccine Reactions in Adult Patients"

IAC recently revised the following two standing orders protocols regarding guidance on vaccine reactions.

Medical Management of Vaccine Reactions in Children and Teens
Medical Management of Vaccine Reactions in Adult Patients

Information was revised about epinephrine, diphenhydramine, and hydoxyzine in both documents, and references were updated. A third page that includes dosing charts for diphenhydramine, and hydoxyzine was added to Medical Management of Vaccine Reactions in Children and Teens.

Question of the Week

IAC Express Issue 1141: September 9, 2014

Can someone with hepatitis C receive zoster vaccine? The prescribing information indicates persons with immunosuppression should not get the vaccine, including people with HIV/AIDS, but hepatitis C is not specifically mentioned.

Answer: Hepatitis C infection is not a contraindication for zoster vaccine. However, if someone with hepatitis C is receiving a medication that can cause immunosuppression, they should consult with their healthcare provider and consider delaying vaccination until they have completed treatment.

Post-immunization epilepsy likely not related to vaccine: study
Tue, Sep 16 2014 By Anne Harding

NEW YORK (Reuters Health) - Children who start having seizures soon after a vaccination and go on to develop epilepsy usually turn out to have an underlying cause of the seizure disorder, according to a new study published in Pediatrics.
"It's reassuring to hear that with follow-up testing, the vast majority of these cases can be identified as coming from a different cause," Dr. Shannon MacDonald told Reuters Health.

"These types of studies are important because parents have a right to expect that we take vaccine safety seriously and that we investigate any potential adverse events following immunization," added MacDonald, who studies vaccine safety and parents' decision-making about vaccines at the University of Calgary but wasn't involved in the new research.

Some babies and young children are prone to have convulsions, or seizures, when they develop a high fever. One in 25 children will have at least one of these events, known as febrile seizures, according to the US National Institute of Neurological Disorders and Stroke (NINDS). While febrile seizures can be frightening to parents, they usually are brief and cause no harm.

In the days after receiving a vaccine, compared to other times, children are two to five times more likely to have a febrile seizure, according to the authors of the new study.
"When a child has its first seizure shortly after a vaccination, and continues to have seizures thereafter, parents may think the vaccination has caused the epilepsy. However, in our study the majority of children who developed epilepsy after a vaccination, had a genetic or structural cause of the epilepsy," Dr. Nienke Verbeek, a clinical geneticist at University Medical Centre Utrecht in The Netherlands, told Reuters Health.
"In these children, the vaccination should only be considered a trigger for the first seizure that thereby unmasks the child's underlying susceptibility for epilepsy," Verbeek added.
Roughly one in every 100 healthy, normally developing children will develop epilepsy after a febrile seizure, according to NINDS, but children with certain conditions, including cerebral palsy and developmental delay, are at greater risk.

To better understand the relationship between febrile seizures and epilepsy, the researchers looked at nearly a thousand children who had a first seizure within several days of being vaccinated. Twenty-six of the children were later diagnosed with epilepsy, and the researchers were able to follow up with 23 of them.

Eight of the children had Dravet syndrome, a rare genetic condition in which seizures may be brought on by fever, infectious disease, or vaccination. Three of the children had developmental delays and structural brain defects that could cause epilepsy. Four other children had gene mutations that could cause epilepsy, brain malformations, or a family history of the disease.

"Although no underlying cause was detected in one-third of children with epilepsy with vaccination-related onset, a genetic basis of epilepsy in these children is still possible: genetic analyses were incomplete, some children had positive family histories for seizures, and molecular defects underlying many genetically determined epilepsies have yet to be discovered," Verbeek and her colleagues write.

"For parents it is important to understand that a genetic cause (a so called DNA-mutation) for epilepsy cannot be induced by vaccinations," Verbeek told Reuters Health. " These mutations are already present in the child before it is born. They may have been transmitted by one of the parents, but more commonly have occurred spontaneously around the time of conception."

The findings "provide a pretty strong case that this was not caused by the vaccination," Dr. Jorn Olsen told Reuters Health in a telephone interview.
Olsen, a professor at Aarhus University in Denmark and at UCLA who has studied febrile seizures and epilepsy, added, "They probably would have gotten epilepsy in every case so that the disease was present at least for some of these already at the time when they had the vaccination."
SOURCE: bit.ly/1tZc99l Pediatrics, online September 15, 2014.