



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 U.S. Recommended Immunization Schedules for people age 0–18 years and adults age 19 years and older are now available

CDC published [Advisory Committee on Immunization Practices \(ACIP\) Recommended Immunization Schedules for Persons Aged 0 Through 18 years and Adults Aged 19 Years and Older—United States, 2013](#) in an [MMWR Early Release](#) dated January 28.

The [recommended child and adolescent immunization schedules](#) have been approved by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The [recommended adult immunization schedule](#) has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Nurse-Midwives.

Whooping Cough Vaccine for Pregnant Women Among New Recommendations

U.S. experts also say egg allergy is no longer reason to avoid the flu vaccine

By Serena Gordon
HealthDay Reporter

MONDAY, Jan. 28 (HealthDay News) -- The U.S. Centers for Disease Control and Prevention and the American Academy of Pediatrics have released new vaccine guidelines for 2013. One change is a recommendation for women to receive a dose of the whooping cough (pertussis) vaccine with each pregnancy. Another is the suggestion that mild egg allergy need no longer prevent people from getting the flu vaccine under certain circumstances. The guidelines also clarify the use of the pneumococcal vaccine -- which protects against sometimes life-threatening meningitis, pneumonia and blood infections -- in certain vulnerable populations.

The most notable change is the new recommendation that pregnant women -- whether adolescent or adult -- receive a booster dose of the tetanus, diphtheria and acellular pertussis (Tdap) vaccine during each pregnancy. Ideally, this booster will be given between 27 and 36 weeks of gestation.

The other big change in the vaccine schedule is for adults aged 19 or older who are at high risk for pneumococcal infections, including people with compromised immune systems, people without a functioning spleen, those with cerebrospinal fluid leaks and people with ear implants. They should be given vaccines known as "PCV-13" followed by the "PPSV23" at least eight weeks later, the guidelines recommended. Rubin said the first vaccine helps prime the immune system for the second vaccine.

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Whooping Cough: 2012 Was Worst Year for Pertussis Since 1955

Huffington Post (01/04/13) Stobbe, Mike

For the United States, 2012 was the worst year for whooping cough since 1955, preliminary government figures suggest. The disease tends to ebb and flow in multi-year cycles, experts say, with 2012 reaching a peak at 41,880 cases. Researchers also discovered that a vaccine used since the 1990s does not last as long as the previously used vaccine, which could contribute to higher than normal case counts in the future, said Dr. Tom Clark of the Centers for Disease Control and Prevention. In 2012, cases were up in 48 states, with particularly bad outbreaks in Colorado, Minnesota, Washington state, Wisconsin, and Vermont. A total of 18 people died of whooping cough last year, including 15 infants younger than one year old.

Flu vaccine poses no risk to unborn

January 16th, 2013

Post by: Jacque Wilson -- CNN.com Health writer/producer

Fears and misconceptions often surround the flu vaccine: Does it really work? Will it make me sick? Could it hurt my baby?

Researchers from Norway say the last question was a big concern during the 2009 H1N1 pandemic; anecdotal reports of fetal deaths caused many pregnant women to avoid getting vaccinated despite health officials' pleas. To determine the accuracy of these reports, the Norwegian researchers analyzed data from more than 100,000 pregnancies during the 2009-2010 flu season. Their results were published this week in the *New England Journal of Medicine*.

The study found no evidence that the influenza vaccine increased the risk of fetal death in pregnant women. But pregnant women who were diagnosed with the flu - whether they had the vaccine or not - had nearly double the risk of fetal death. The Centers for Disease Control and Prevention recommends all pregnant women get the flu shot (the nasal spray vaccine is not recommended for pregnant women) to protect them from the virus. But during the 2011-2012 flu season, only 47% opted to get vaccinated, according to the CDC. Pregnant mothers are just trying to do what's right, says Dr. Siobhan Dolan, co-author of March of Dimes' new book "Healthy Mom, Healthy Baby." Their fear often stems from the unknown, she says, which is why studies like the one publishing this week are important. "At this point we have mounting evidence - data and studies - that show it's not getting the shot that causes the problem, but getting the flu that's the problem," Dolan says. Even if you are healthy, changes to your immune system during pregnancy make you more likely to get seriously ill, Dolan says. Pregnant women are more likely to end up in the hospital after an influenza diagnosis, according to the CDC. Respiratory issues can also pose a danger. If a mother is having difficulty breathing, her baby isn't receiving enough oxygen. If you do get the flu, Dolan recommends asking your doctor about anti-viral medications that may help.

The CDC says it's not too late to get the flu shot. The U.S. flu season runs from October to May. Antibodies from the shot will protect you and will be passed on to your baby, providing protection until 6 months of age. For more information on vaccines, check out www.immunizationforwomen.org.

Kids' Vaccine Slate Is Backed by Panel

Wall Street Journal (01/17/13) P. A6 Wang, Shirley S.

The currently recommended U.S. vaccine schedule for young children does not appear to cause health problems, according to an advisory committee of the Institute of Medicine (IOM). The government-advisory body also said that parents' concerns about the schedule should continue to be heard. The U.S. Centers for Disease Control and Prevention recommends two dozen vaccines for children before age two years, and up to five vaccines at once in a doctor visit. Some parents, concerned that so many vaccines could overwhelm babies' immune systems, have chosen to use alternative schedules by spreading out the doses or avoiding some immunizations. "Delaying vaccination is related to increased risk of vaccine-preventable diseases," said committee member Pauline Thomas, a professor in the department of preventive medicine and community health at New Jersey Medical School, in a conference call about the report. The IOM committee examined the research available on vaccine schedules and found no evidence for deviating from the recommended schedule. The group also recommended that the National Vaccine Program Office systematically collect reports of vaccine schedule-related problems from doctors and parents.

Vaccination Site and Risk of Local Reactions in Children 1 Through 6 Years of Age

Pediatrics (01/13) Jackson, Lisa A.; Peterson, Do; Nelson, Jennifer C.; et al.

A retrospective cohort study of 1.3 million children ages one to six years in the Vaccine Safety Datalink population who received 6 million intramuscular (IM) vaccines from 2002 to 2009 aimed to determine whether medically attended local reactions to IM vaccines vary by injection site. Researchers looked at the inactivated influenza, hepatitis A, and DTaP vaccines, as they are usually administered alone. They found no difference in risk of medically attended local reaction with arm versus thigh injections for the inactivated influenza and hepatitis A vaccines, but they found a significantly lower risk of these events with thigh injections for the DTaP vaccine among children ages 12 to 35 months. Their findings for the DTaP vaccine support recommendations that children under three years receive IM vaccinations in the thigh.

Doctors See Rise in HPV-Related Cancers

USA Today (01/07/13) Szabo, Liz

A new report published in the Journal of the National Cancer Institute indicates an increase in cancer cases tied to the human papillomavirus (HPV). Screening tests have put a damper on cervical cancer rates, but changes in sexual practices over the last three to four decades likely are responsible for a jump in other HPV-related cancers, according to the report. From 2000 to 2009, oral cancer rates jumped 4.9 percent among Native American men, 3.9 percent among white men, 1.7 percent among white women, and 1 percent among Asian men, and it likely will surpass cervical cancer as the leading cause of HPV-related tumors by 2020. Vulvar cancer rates rose among white and African-American women, penile cancer rates increased among Asian men, and anal cancer rates rose among all groups and doubled between 1975 and 2009. Research shows that the HPV vaccines recommended for boys and girls age 11 or 12 can prevent cervical, vaginal, and vulvar cancers, and animal tests suggest that they could protect against oral cancer as well.

Potential Intussusception Risk Versus Benefits of Rotavirus Vaccination in the United States

Pediatric Infectious Disease Journal (01/13) Vol. 32, No. 1, P. 1 Desai, Rishi; Cortese, Margaret M.; Meltzer, Martin I.; et al.

New research shows that the benefits of rotavirus vaccination far outweigh the risk of vaccine-associated intussusception. Previous studies have identified a low-level increased risk of intussusception in the first week after dose one of the rotavirus vaccine. For the new study, researchers from the Centers for Disease Control and Prevention looked at national data on vaccine coverage and baseline intussusception rates in a U.S. birth cohort of 4.3 million infants. In this population, vaccine-associated intussusception could cause an excess 0.2 deaths and 45 hospitalizations. Vaccination, however, would avert 14 rotavirus-associated deaths and 53,444 hospitalizations. The summary benefit-risk ratios for death and hospitalization were determined to be 71:1 and 1093:1, respectively.

Rotavirus vaccination in U.S. children halves unvaccinated adult cases

Vaccine News Daily

Published on [January 30, 2013](#) by [Bryan Cohen](#)

Emory University researchers recently found that the use of rotavirus vaccines in children in the U.S. led to a major decrease in cases of the diarrhea-causing illness in adults.

Evan Anderson, an assistant professor at Emory's School of Medicine, and his team conducted a study examining the prevalence of rotavirus in U.S. adults before and after the reintroduction of pediatric rotavirus vaccination in 2008. The team determined that the number of cases dropped by nearly 50 percent between 2008 and 2010 compared to the number of cases between 2006 and 2007, [News-Medical.net](#) reports.

"This observation strongly suggests that pediatric rotavirus vaccination protects adults from rotavirus," the team said, according to [News-Medical.net](#).

Anderson said that the prevalence of rotavirus among adults who submitted bacterial stool culture samples in 2006 and 2007 between February and May was 4.35 percent. The prevalence dropped to 2.24 percent of samples during the peak seasons in 2008 and 2010. The decrease represented a drop of 48.40 percent.

"Because we observed declines in adult rotavirus disease that began in 2008 when only an estimated 32 percent of U.S. children (less than) five years of age had received (one or more doses) of rotavirus vaccine, the ultimate decline in the prevalence due to childhood vaccination may be even greater," Anderson said, [News-Medical.net](#) reports.

The decline in rotavirus prevalence coincides with similar declines observed in children since the vaccine was reintroduced. The researchers said that the indirect protection afforded by pediatric rotavirus vaccination is encouraging.

"Implementation of pediatric rotavirus vaccination should be encouraged for its substantial impact on the prevalence of rotavirus in unvaccinated adults as well as in children," the authors said, according to [News-Medical.net](#).

Institute for Safe Medication Practices launches Vaccine Error Reporting Program

On December 11, 2012, the Institute for Safe Medication Practices (ISMP) issued a press release announcing the launch of its new Vaccine Error Reporting Program. The program allows healthcare professionals to confidentially report vaccine administration errors and near misses. According to the press release, the program's goal is to better quantify sources of errors and advocate for product changes (such as changes to the vaccine name or label) that will ensure patient safety.

ISMP is a nonprofit, federally certified patient safety organization, respected worldwide as the premier resource for medication safety information. Founded in 1994, ISMP works closely with healthcare practitioners and institutions, regulatory agencies, consumers, and professional organizations to provide education about medication errors and prevention.

With the assistance of the California Department of Public Health, ISMP developed the ISMP Vaccine Error Reporting Program (VERP). VERP was created to allow healthcare professionals to report vaccine errors anonymously; ISMP guarantees confidentiality concerning the information it receives. The purpose of VERP is to capture the unique causes and consequences of vaccine-related errors. By collecting and quantifying information about these errors, ISMP will be better able to advocate for changes in vaccine names, labeling, or other appropriate modifications that could reduce the likelihood of vaccine errors in the future.

The reporting system asks for detailed information about the occurrence, including the following:

- A description of what went wrong
- Identification of any known causes or contributing factors
- How the event was discovered or intercepted
- Outcome for the patient(s) involved

The system also requests that users share their recommendations for prevention of similar errors.

VERP is not to be confused with VAERS, the Vaccine Adverse Events Reporting System. VAERS, a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention and the Food and Drug Administration, is intended to be the location for reporting adverse events that occur following the administration of a vaccine to a patient. VAERS reports should be submitted whether or not the reporter believes the adverse event was vaccine related. Although healthcare professionals have sometimes reported vaccine administration errors to VAERS in the past, the new VERP system provides a more logical location for these reports, allowing for a clear separation between reporting of adverse events in a patient (VAERS) from procedural errors that may or may not result in adverse events (VERP). Of course, both VAERS and VERP may be used for the same event when the situation warrants it.



Anti-vaccine children's book raises ire

Vaccine Daily News January 18, 2013

Published on [January 9, 2013](#) by [Ted Purlain](#)

The anti-vaccine children's book "Melanie's Marvelous Measles" is receiving overwhelmingly negative reviews by critics who disagree with the book's message.

Measles is a highly contagious respiratory illness that predominantly affects children. Despite the existence of an effective vaccine, the viral infection still kills approximately 200,000 people around the world every year, according to the U.S. Centers for Disease Control and Prevention.

Stephanie Messenger's book expands on the notion that measles is a benign illness that is promoted as dangerous in order to sell vaccines. She describes her book as an educational journey and says she has devoted her life to warning people about the threat of vaccination.

The title, "Melanie's Marvelous Measles," appears to allude to Roald Dahl's book "George's Magical Medicine." Dahl was a proponent of vaccination who lost his young daughter to measles infection, according to [Salon.com](#).

Dozens of reviews have been posted on Amazon about Messenger's book, and the overwhelming majority of them are negative. Some are also extremely personal.

"I can only presume that the author was born after the successful vaccination program made people complacent about the dangers of measles," a reviewer wrote, [Salon.com](#) reports. "I was not so lucky. In the epidemic of my childhood I was nearly blinded, and still have scars on my eyeballs. I was the lucky member of the family; my sister died from complications. Measles kills children. This book is irresponsible and misleading at best. At worst it could lead to the death of a child."

Global Control and Regional Elimination of Measles, 2000–2011

MMWR / January 18, 2013 / Vol. 62 / No. 2

What is already known on this topic?

During 2000–2010, global coverage with the first dose of measles-containing vaccine (MCV1) increased from 72% to 85%, >1 billion children received a second opportunity for measles immunization during measles supplemental immunization activities, and global reported measles cases decreased until 2008, then increased in 2010. By 2010, 40% of countries had not met the incidence target of <5 cases per million. As milestones toward eventual global measles eradication, the 2010 World Health Assembly endorsed a series of targets to be met by 2015.

What is added by this report?

The Global Vaccine Action Plan (GVAP) will monitor progress toward achievement of regional measles elimination targets. Estimated global MCV1 coverage increased from 72% in 2000 to 84% in 2011, and the number of countries providing a second dose of measles-containing vaccine (MCV2) through routine services increased from 97 (50%) in 2000 to 141 (73%) in 2011. During 2000–2011, annual reported measles incidence decreased 65%, from 146 to 52 cases per million population, and estimated measles deaths decreased 71%, from 542,000 to 158,000.

What are the implications for public health practice?

During 2010–2011, measles incidence has increased and large measles outbreaks have been reported in multiple countries. To resume progress toward achieving regional measles elimination targets, national governments and partners are urged to ensure that these efforts receive high priority and adequate resources to achieve GVAP targets.

Early Estimates of Seasonal Influenza Vaccine Effectiveness--United States, January 2013

Morbidity and Mortality Weekly Report (01/11/13) Vol. 62, P. 1

The U.S. Centers for Disease Control and Prevention (CDC) recommends seasonal influenza vaccination for all persons aged six months and older. The seasonal influenza vaccine can help prevent influenza-associated, medically attended acute respiratory infection (ARI). For the current influenza season, CDC researchers examined early data from 1,155 children and adults with ARI enrolled during Dec. 3, 2012, to Jan. 2, 2013, to estimate the overall effectiveness of seasonal influenza vaccine for preventing laboratory-confirmed influenza virus infection associated with medically attended ARI. The estimated vaccine effectiveness (VE) was 62 percent, which indicates moderate effectiveness. As of Jan. 11, 2013, 24 states and New York City reported high levels of influenza-like illness, and 16 states were reporting moderate levels. Annual flu vaccination efforts are recommended to continue as long as influenza viruses circulate. In addition, antiviral medications are recommended for treating influenza patients, regardless of vaccination status.

CDC: Flu Hitting Elderly Especially Hard, But Only Half of Nursing Home Workers Vaccinated

McKnight's Long Term Care News (01/22/13) Mullaney, Tim

Centers for Disease Control and Prevention (CDC) officials say the elderly have been hit hard this flu season, with 82 hospitalizations per 100,000 people age 65 and older. In contrast, the rate of hospitalization related to laboratory-confirmed flu cases for all age groups is 19 per 100,000. CDC Director Tom Frieden says, "These rates are undoubtedly an underestimate because influenza-related hospitalizations can be missed either because the testing isn't performed or because cases may be attributed to other causes of pneumonia or other things that may result from influenza." While 85 percent of pharmacists, doctors, and nurses have received the flu vaccine, the CDC says less than 50 percent of nursing home and other allied care workers have been immunized. However, Frieden says facilities that administer vaccines at work stations during work hours can boost that figure to 90 percent or more.

ACP Calls for Flu Shot for All Health Workers

MedPage Today (01/15/13) Neale, Todd

The American College of Physicians (ACP) is recommending that all healthcare providers receive the seasonal flu vaccine amid an increase in infection rates. Over 128 million of the 135 million doses of flu vaccine manufactured this year have been distributed, according to Food and Drug Administration Commissioner Dr. Margaret Hamburg. Spot shortages have occurred as interest in immunization rises along with the number of flu cases. The percentage of healthcare providers immunized against influenza rose to 67 percent last season from 63 percent and 64 percent during the prior two seasons. ACP also recommends that healthcare providers receive the diphtheria, hepatitis B, MMR, pertussis, and varicella vaccines in accordance with the Advisory Committee on Immunization Practice's adult immunization schedule. ACP President Dr. David Bronson says, "Proper immunization safely and effectively prevents a significant number of infections, hospitalizations, and deaths among patients as well as preventing workplace disruption and medical errors by absent workers due to illness."

[New/Updated RESOURCES](#)

New staff-education piece: "Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor," along with an updated "Pneumococcal Vaccines—CDC answers your questions"

Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor.

Download: www.immunize.org/catg.d/p2019.pdf • Item #P2019 (1/13)

It summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of both types of pneumococcal vaccine—pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23). The document includes information pertinent to vaccinating patients of all ages and with various risk factors.

Pneumococcal Vaccines—CDC answers your questions

Download: www.immunize.org/catg.d/p2015.pdf • Item #P2015 (1/13)

This document has been revised by inserting information on pneumococcal conjugate vaccine, adding new questions, and giving the handout a new design and title. It was previously titled "Pneumococcal polysaccharide vaccine (PPSV)—CDC answers your questions."

New patient handout:

"Vaccinations for Adults with Diabetes"

IAC recently developed *Vaccinations for Adults with Diabetes* to let adults with diabetes know which vaccines are recommended for them and the ages at which they should be vaccinated. The information is presented in a simple table format that is easy to read and understand.

"Vaccinations for Adults with Diabetes" is part of a suite of four handouts that focuses on adults in risk groups for vaccination. IAC will add to the suite in the future and will alert *IAC Express* readers as new adult handouts become available.

Here are the three other handouts currently in the suite:

- *Vaccinations for Adults: You're never too old to get immunized!*
- *Vaccinations for Adults with HIV Infection*
- *Vaccinations for Adults with Hepatitis C Infection*

American College of Obstetricians and Gynecologists offers toolkits for influenza and Tdap immunization

The American College of Obstetricians and Gynecologists (ACOG) recently added two *Immunization Toolkits* to its Immunization for Women website. The toolkits feature materials developed by ACOG and other organizations such as CDC and the Immunization Action Coalition

- Influenza
- Tdap

The Influenza Toolkit includes *Influenza Vaccination: Frequently Asked Questions* and *Vaccine Safety: Frequently Asked Questions*. Tear pads of each are available for online ordering at:

http://www.immunizationforwomen.org/resources/acog_resources