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Arizona Vaccine News
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VACCINE NEWS

ACIP Votes to Recommend Quadrivalent Human Papillomavirus Vaccines for Males

- On October 25, 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted to recommend that boys 11-12 years old be vaccinated routinely with quadrivalent Human Papillomavirus Vaccine (HPV4) to help prevent anal cancer and genital warts.
- ACIP also recommended that HPV4 be administered to males 13-21 years of age who have not previously been vaccinated or have not completed the three-dose series. The vaccination series can be started at age 9 years at the discretion of their physicians.

For the Merck press release, see http://www.merck.com/newsroom/news-release-archive/vaccine-news/2011_1025.html.

For the Vaccine For Children (VFC) resolution concerning children 9-18 years old, see <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/10-11-1-hpv.pdf>

Adult Diabetics Now Recommended to Get Hepatitis B Virus Vaccines

- ACIP voted to recommend that adults with diabetes should be included in the high-risk group of adults who should be vaccinated against hepatitis B virus.
- People with diabetes who are younger than 60 years old were more than twice as likely to get infected with the hepatitis B virus than people without diabetes. There is no significant increase of hepatitis B virus infection found in people with diabetes who are older than 60 years old.
- Other high-risk adults include unvaccinated adults with chronic liver or kidney disease, men who have sex with men, people with more than one sexual partner, or people with jobs that expose them to human blood.
- Routine hepatitis B virus vaccination has been recommended for all children and adolescents since 1991.
- ACIP votes become official CDC policy when they are published in *Morbidity and Mortality Weekly Report* (MMWR).

See <http://www.reuters.com/article/2011/10/25/us-usa-health-hepatitis-idUSTRE79O82820111025>

INFLUENZA VACCINE NEWS

Updated Recommendations on Egg Allergies and Influenza Vaccines

- Egg-allergic people can now be considered for influenza vaccination.
- An egg allergy that only causes hives is now only a *precaution* for receipt of inactivated trivalent influenza vaccine (TIV).
- Any allergic reaction to eggs severe enough to cause hives is still a contraindication for live-attenuated influenza vaccine (LAIV).
- Any anaphylactic reaction to influenza vaccine, for whatever reason, is still a contraindication to influenza vaccination.
- People who indicate that they can eat lightly cooked eggs (e.g., scrambled eggs) without reaction are unlikely to have an egg allergy.
- People who can eat eggs in baked products could still be allergic to eggs, since the baking might denature the protein and mask an anaphylactic allergy to eggs.

For more details, see MMWR, August 26, 2011, pp. 1129-1131 at <http://www.cdc.gov/mmwr/pdf/wk/mm6033.pdf>

Number of Influenza Vaccines Needed for Children 6 Months-8 Years Old

- For the 2011-2012 influenza season, CDC has updated its recommendations for the number of influenza vaccine doses for children ages 6 months-8 years old.
- Give TWO doses separated by at least 4 weeks if the 6 month-8 year old child:
 - Is receiving influenza vaccine for the FIRST time, or
 - Has an unknown influenza vaccination status from the 2010-2011 season, or
 - Did not receive at least 1 dose of 2010-2011 seasonal influenza vaccine.
- Give only ONE dose of influenza vaccine if the 6 month-8 year old child:
 - Received at least 1 dose of seasonal influenza vaccine during the 2010–11 season.

See the algorithm at <http://www.immunize.org/catg.d/p3093.pdf> or see Figure 1 in MMWR August 26, 2011, p. 1129 <http://www.cdc.gov/mmwr/pdf/wk/mm6033.pdf>.

How to Administer the Various Influenza Vaccine Formulations

- The Immunization Action Coalition has developed a document showing health care providers how to administer intramuscular, intradermal, and intranasal influenza vaccines.

See <http://www.immunize.org/catg.d/p2024.pdf>

VACCINE-PREVENTABLE DISEASE SURVEILLANCE

Measles Outbreak in Utah in 2011, Very Costly

- An outbreak of measles in Salt Lake City in late March/early April 2011 that involved nine people cost approximately \$300,000, excluding indirect costs, diagnosis and treatment covered by individual insurance, and loss of income by individuals who were quarantined.
- The costs were related to tracing 12,000 contacts, reviewing 5,521 immunization records, obtaining titers and serology on 100 people, administering post-exposure prophylaxis to 396 people, and quarantining 184 people.

For more details see <http://www.medpagetoday.com/MeetingCoverage/IDSA/29195>

European Measles Outbreaks Continue

- There were 26,262 cases of measles, 8 measles-related deaths, and 24 cases of acute measles encephalitis reported to the European Surveillance System during the period January-August 2011.
- The highest number of cases has been reported by France, which accounted for more than half of all cases in 2011. Considerable increases in cases in 2011 were also reported in Italy, Romania, Germany, Spain, Belgium, Denmark and the United Kingdom.
- Of the patients whose vaccinations status was known, 82% were unvaccinated and 18% had received only one dose of MMR.

For more information, see

http://ecdc.europa.eu/en/publications/Publications/111018_EMMO_SEPT_2011.pdf

LITERATURE ON VACCINES AND VACCINE PREVENTABLE-DISEASES

Human Papillomavirus (HPV) Lesions of the Oral Cavity

- A photograph of oral lesions caused by HPV can be found in the October 27, 2010 issue of *New England Journal of Medicine* at <http://www.nejm.org/doi/full/10.1056/NEJMicm1104783>

Lingual Shingles Is Not a Pretty Sight

- A photograph of lingual shingles can be found in the November 3, 2011 issue of *New England Journal of Medicine* at <http://www.nejm.org/doi/full/10.1056/NEJMicm1107466?query=TOC>

Catch-Up PCV13 Vaccine Efforts Still Needed

- Between May 1, 2010--April 30, 2011, sixty-three children in the US had invasive pneumococcal disease (IPD) caused by a serotype that would have been prevented by the 13-valent pneumococcal conjugate vaccine (PCV13).
- Most of these children with IPD were 24-59 months old and were vaccinated completely with the seven-valent pneumococcal conjugate vaccine (PCV7), but had not received the recommended supplemental dose of PCV13.
- Providers should use all office visits to assess for PCV13 receipt in eligible children.
- Recommendations to switch from PCV7 to PCV13 were published in the March 12, 2010 issue of MMWR.

For more information, including a graph to show how fast providers made the transition to PCV13, see MMWR November 4, 2011 at <http://www.cdc.gov/mmwr/pdf/wk/mm6043.pdf>

Vaccine-Preventable Diseases, Immunizations, and *MMWR*—1961-2011

- A historical review of immunization progress in the United States in the last 50 years was published in the Oct. 7, 2011 supplement to the MMWR.
- Table 2 shows the dramatic fall in cases of 14 vaccine-preventable diseases during the last century.
- Other topics include vaccine-related legislation, measles resurgence, thimerosal, and the VFC program.

See http://www.cdc.gov/mmwr/preview/mmwrhtml/su6004a9.htm?s_cid=su6004a9_w

VACCINE RESOURCES

New CDC Vaccine Storage and Handling Guide—October 2011

- CDC's Storage and Handling Toolkit contains detailed information on vaccine storage, handling, and management.
- CDC strongly encourages immunization providers and staff to review the Storage and Handling Toolkit annually.

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

Video of a Mother Whose Son Died from Pertussis

- Natalie Norton tells how her infant son died from pertussis.
<http://www.soundsofpertussis.com/#/whatispertussis>

CDC Site Has New Resources to Address Vaccine Hesitancy

- Finding enough time to talk with parents about vaccines during the well-child visit is challenging. To help providers, the CDC has developed a site named “Provider Resources for Vaccine Conversations with Parents.”
- This site has communication strategies and tips, fact sheets, waiting room videos, and other materials that can be used to facilitate discussions about vaccines with parents.
- One new resource is a series of documents named “Diseases and the Vaccines that Prevent Them.” These documents explain about vaccine-preventable diseases. They are written both at a 6th-8th grade level, and at a 10th-12th grade level.
<http://www.cdc.gov/vaccines/spec-grps/hcp/provider-resources-factsheets.html>
- Documents that have been added to this site as of November 2011 include:
 - Understanding MMR Vaccine Safety: <http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-mmr-color-office.pdf>
 - Understanding Thimerosal, Mercury, and Vaccine Safety: <http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-thimerosal-color-office.pdf>
 - Understanding How Vaccines Work: <http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-understand-color-office.pdf>
 - Understanding the Vaccine Adverse Events Reporting System: <http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-vaers-color-office.pdf>
 - Ensuring the Safety of Vaccines in the United States: <http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-ensuring-color-office.pdf>

For more many additional resources to deal with vaccine hesitancy, see www.cdc.gov/vaccines/conversations

- Please feel free to distribute ADHS’ *Arizona Vaccine News* to any of your partners who may be interested. Past issues of *Arizona Vaccine News* can be found at: <http://www.azdhs.gov/phs/immun/vacNews.htm>