

Immunize NY!

Bureau of Immunization

Welcome to *Immunize NY!*

The New York State Department of Health's Bureau of Immunization is sending this e-newsletter to provide you with important immunization information.

Updates on the Advisory Committee on Immunization Practices recommendations, vaccine supply, safety, and other items, will be delivered to you via e-mail several times a year.

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Frequently Used Abbreviations:

- ✓ **AAP:** American Academy of Pediatrics
- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** Centers for Disease Control and Prevention
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **NYSIIS:** New York State Immunization Information System

H1N1 Influenza Vaccination Reminders

- Continue to vaccinate against H1N1 influenza virus. Even though H1N1 disease is down, there is still H1N1 disease activity. NYSDOH recommends vaccination through the end of the 2009-2010 influenza season (spring 2010).
- Children under 10 need a second dose.
- Providers need to account for H1N1 vaccine administered or wasted. Go to the NYSDOH website for more information: http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/health_care_providers/vaccine/reporting_requirements.htm.
- The H1N1 vaccine strain is likely to be included in the 2010-2011 seasonal vaccine. If so, two doses may be recommended for children under the age of 10 next season. Giving H1N1 vaccine **now**, to children who have not received any, alleviates the need for two doses in the fall.

Provisional Recommendations for the Use of Human Papillomavirus (HPV) Vaccine, Including Use in Males

On October 21, 2009, ACIP voted on updated recommendations for use of HPV vaccine, including recommendations for the bivalent HPV (types 16 and 18) vaccine (Cervarix) for females and the quadrivalent HPV (types 6, 11, 16 and 18) vaccine (Gardasil) for females and males.

ACIP Provisional Recommendations for Females

- Routine HPV vaccination of females aged 11 or 12 years with 3 doses of HPV vaccine. The vaccination series can be started as young as age 9 years.
- Routine HPV vaccination for females aged 13 through 26 years who have not been previously vaccinated or who have not completed the full vaccination series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.
- Routine vaccination with either the bivalent HPV vaccine or the quadrivalent vaccine for prevention of cervical cancers and pre-cancers.

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Revaccination of Persons at Prolonged Increased Risk for Meningococcal Disease

ACIP recommends that persons previously vaccinated with either quadrivalent meningococcal conjugate vaccine (MCV4) (Menactra) or quadrivalent meningococcal polysaccharide vaccine (MPSV4) (Menomune), and who are at prolonged increased risk for meningococcal disease, should be revaccinated with MCV4. ACIP's move to this recommendation was based on the high risk for meningococcal disease among certain groups and limited data on duration of protection.

Persons at prolonged increased risk for meningococcal disease include those:

- with increased susceptibility, such as persistent complement component deficiencies (e.g., C3, properdin, Factor D, and late complement component deficiencies),
- with anatomic or functional asplenia,
- who have prolonged exposure to the organism (e.g., microbiologists routinely working with *Neisseria meningitidis*, or travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic).

Persons who previously were vaccinated at age ≥ 7 years, and are at prolonged increased risk, should be revaccinated 5 years after their previous meningococcal vaccine. Persons who previously were vaccinated at ages 2-6 years, and are at prolonged increased risk, should be revaccinated 3 years after their previous meningococcal vaccine. Persons who remain in one of these increased risk groups indefinitely should continue to be revaccinated at 5-year intervals.

Although the duration of protection from MCV4 is unknown, most students entering college will have received MCV4 within the preceding 4 years. Because of the limited period of increased risk, **ACIP currently does not recommend that college freshmen living in dormitories, who were previously vaccinated with MCV4, be revaccinated.** However, college freshmen living in dormitories who were vaccinated with MPSV4 ≥ 5 years previously are recommended to be vaccinated with MCV4.

To read the full MMWR report, *Updated Recommendation from the Advisory Committee on Immunization Practices (ACIP) for Revaccination of Persons at Prolonged Increased Risk for Meningococcal Disease*, go to:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5837a4.htm>

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www.cdc.gov/emailupdates/index.html

Preparing for Implementation of Prevnar 13

The CDC's National Center for Immunization and Respiratory Diseases notified state immunization programs that the licensure of Prevnar 13 is anticipated in the near future. Planning for vaccine supply is needed to prepare for the pending approval and the transition from Prevnar 7 to Prevnar 13.

Over the course of the next several weeks, CDC will be adjusting inventory orders for our centralized distribution depots in order to reduce vaccine loss when Prevnar 13 becomes available. CDC requests that orders for providers be filled with smaller amounts of Prevnar 7 at this time. The CDC and NYSDOH will provide timely updates as we learn about licensure, ACIP recommendations, and next steps.

Licensure of a New Haemophilus influenzae Type b (Hib) Vaccine (Hiberix) and Updated Recommendations for Use of Hib Vaccine

Hiberix was licensed on August 19, 2009 by the FDA. This vaccine is only licensed to be used as the final dose for Hib vaccination of children aged 15 months through 4 years (before the 5th birthday) who have received a primary Hib vaccination series of 2 or 3 doses (depending on which formulations of the primary series were used). ACIP recommends Hib booster dosing at ages 12 through 15 months.

If Hiberix is administered inadvertently during the primary vaccination series, the dose should be counted as a valid PRP-T dose. In these children, a total of 3 doses will complete the routine primary series.

Children aged 12 months through 4 years (before the fifth birthday) who did not receive a booster because of the recent shortage of Hib vaccines should receive a booster with any of the available Hib-containing vaccines at the earliest opportunity. The licensure of Hiberix allows an increased supply of Hib-containing vaccines. This supply is sufficient to support a provider-initiated notification process to contact all children whose Hib booster dose had been deferred. When feasible, and when vaccine supply in the office is sufficient, providers should review electronic or paper medical records or NYSIIS records to identify and recall children in need of a booster dose. If supplies are not adequate, providers should continue to follow previous recommendations to provide the booster dose at the child's next regularly scheduled visit.

To read the full MMWR report, *Licensure of a Haemophilus Influenzae Type b (Hib) Vaccine (Hiberix) and Updated Recommendations for Use of Hib Vaccine*, go to:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a5.htm>

Vaccine Shortages, Delays and Recalls

Information from the CDC on national vaccine shortages and supply is available at: <http://www.cdc.gov/vaccines/vac-gen/shortages>.

Information on recalled vaccines is available at the CDC: <http://www.cdc.gov/vaccines/recs/recalls/default.htm>

Updated Recommendations for Routine Polio Vaccination

Ten years ago, ACIP recommended that all oral, live, poliovirus vaccine administered in the United States be replaced by inactivated poliovirus vaccine (IPV). Since then, three different combination vaccines containing IPV have been licensed for routine use. Because of potential confusion in using different vaccine products for routine and catch-up immunization, ACIP now recommends the following:

- The 4-dose IPV series should continue to be administered at ages 2 months, 4 months, 6-18 months, and 4-6 years (except if Pentacel is used—see below).
- The final dose in the IPV series should be administered at age ≥ 4 years.
- The minimum interval from dose 3 to dose 4 is extended from 4 weeks to 6 months.
- The minimum interval from dose 1 to dose 2, and from dose 2 to dose 3, remains 4 weeks.
- The minimum age for dose 1 remains age 6 weeks.

According to ACIP, use of the minimum age and minimum intervals for vaccine administration in the first 6 months of life are recommended only if the vaccine recipient is at risk for imminent exposure to circulating poliovirus (e.g., during an outbreak or because of travel to a polio-endemic region). ACIP is taking this precaution because shorter intervals and earlier start dates lead to lower seroconversion rates.

In addition, ACIP has clarified the poliovirus vaccination schedule to be used for specific combination vaccines. When DTaP-IPV/Hib (Pentacel) is used to provide 4 doses at ages 2, 4, 6, and 15-18 months, an additional booster dose of age-appropriate IPV-containing vaccine (IPV [Ipol] or DTaP-IPV [Kinrix]) should be administered at age 4-6 years. This will result in a 5-dose IPV vaccine series, which is considered acceptable by ACIP. DTaP-IPV/Hib should not be used for the booster dose at age 4-6 years. ACIP recommends that the minimum interval from dose 4 to dose 5 be at least 6 months to provide an optimum booster response. If a child misses an IPV dose at age 4-6 years, the child should receive a booster dose as soon as feasible.

To read the full MMWR report, *Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination*, go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s_cid=mm5830a3_e

Provisional Recommendations for the Use of Yellow Fever

On December 9, 2009, CDC posted ACIP provisional recommendations for the use of yellow fever (YF) vaccine. These recommendations contain new contraindications for YF vaccine use. Immunosuppressive and immunomodulatory therapies, and thymus disorders are now contraindications to YF vaccine.

An important new precaution relates to the use of YF vaccine in adults 60 years of age and older. A recent analysis of adverse events reported to VAERS from 2000-2006 indicates that, compared to younger persons, this age group is at increased risk for serious adverse events after vaccination. If travel is unavoidable, the risks and benefits of vaccination in those 60 years of age and older (in the context of their destination-specific risk for exposure to YF virus) need to be weighed.

To access the complete yellow fever vaccine provisional recommendations, go to:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/yf-vac-dec-2009-508.pdf>

Provisional Recommendations for Use of the Combined Measles, Mumps, Rubella and Varicella (MMRV) Vaccine

On June 25, 2009, ACIP voted on updated recommendations for use of MMRV vaccine and approved other MMRV vaccine-related guidance. The updated provisional recommendations for use of MMRV vaccine and CDC implementation guidance are listed below.

First dose at ages 12 months through 47 months

Either separate MMR and varicella vaccines or MMRV vaccine can be used for the first dose of measles, mumps, rubella, and varicella vaccines at ages 12 through 47 months. Providers who are considering administering MMRV vaccine should discuss the benefits and risks of both vaccination options with the parents or caregivers.

MMRV vaccine use results in one fewer injection compared with the use of MMR and varicella vaccines at the same visit. However, MMRV vaccine is associated with a higher risk for fever and febrile seizures 5 through 12 days after the first dose among children aged 12 through 23 months. Use of separate MMR and varicella vaccines avoids this increased risk for fever and febrile seizures following MMRV vaccine. Providers who face barriers to clearly communicating these benefits and risks for any reason (e.g., language) should administer MMR and varicella vaccines.

First dose at ages 48 months and older and second dose at any age

Use of MMRV vaccine generally is preferred over separate injections of its' equivalent component vaccines for the first dose of measles, mumps, rubella, and varicella vaccines at ages 48 months and older and for dose 2 at any age (15 months through 12 years). Considerations should include provider assessment, patient preference, and the potential for adverse events. Provider assessment should include the number of injections, vaccine availability, likelihood of improved coverage, likelihood of patient return, and storage and cost consideration.

New Precaution for MMRV Vaccine Use

A personal or family (i.e., sibling, parent) history of seizures is a precaution for MMRV vaccination. Studies suggest that children who have a personal or family history of febrile seizures or family history of epilepsy are at increased risk for febrile seizures compared with children who do not have such histories. Children with a personal or family history of seizures generally should be vaccinated with separate MMR and varicella vaccines.

To access the *ACIP Provisional Recommendations for Use of Measles, Mumps, Rubella and Varicella (MMRV) Vaccine*, go to:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/mmrv-oct2009-508.pdf>

Also, visit the CDC's *Vaccination Options for Preventing Measles, Mumps, Rubella and Varicella* page for more information: <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/mmrv/vacopt.htm>

Monovalent Vaccines No Longer Available for Measles, Mumps and Rubella

On October 21, Merck announced that, on the counsel of ACIP and other advisors, the company decided not to resume production of its monovalent measles, mumps, and rubella vaccines. Based on input from ACIP, professional societies, scientific leaders, and customers, Merck decided not to resume production of Attenuvax (Measles Virus Vaccine Live), Mumpsavax (Mumps Virus Vaccine Live), and Meruvax (Rubella Virus Vaccine Live). This science-based decision will support vaccination of the largest group of appropriate individuals.

To read Merck's complete letter to providers, visit their website:

https://www.merckvaccines.com/monovalentMessage_102109.pdf

To access CDC's *Q&As about Monovalent M-M-R Vaccines* go to:

<http://www.cdc.gov/vaccines/vac-gen/Shortages/mmr-faq-12-17-08.htm>

What's New in NYSIIS Training?

In November, three report modules were added to the online self-guided tutorials. They are:

1. **Ad Hoc (List and Count):**

The Ad Hoc Reports function in NYSIIS allows a user to create customized reports. Filters within the Ad Hoc Reporting function help to narrow a search by date, site, vaccine group, ethnicity, and other factors. The Ad Hoc reporting function produces two types of reports:

- **Ad Hoc List Report** produces lists with information about selected patients
- **Ad Hoc Count Report** produces counts, either of patients or of immunizations

There are a number of reasons why NYSIIS users would choose to use Ad Hoc reports. To:

- Identify a list of patients who received immunizations from a recalled lot number.
- Generate a count of immunizations administered during a certain time period.
- Assist organizations in ensuring data quality.
- Export information to spreadsheets or to view as Portable Document Format (pdf) files.

2. **Benchmark:**

The Benchmark Report allows NYSIIS users to retrieve a list and count of patients who have met an immunization benchmark, or predefined series of benchmarks.

3. **Assessment:**

The Assessment Report feature in NYSIIS provides a comprehensive analysis of an organization's immunization status.

All of the NYSIIS self-guided tutorials are available on the NYSIIS web site located on the NYSDOH Health Commerce System. To access the tutorials go to:

<https://commerce.health.state.ny.us/hpn/bcdc/immunization/instantdemo/tutorials.html>

Provisional Recommendations for the Use of Human Papillomavirus (HPV) Vaccine, Including Use in Males

(continued from page 1)

- Routine vaccination with the quadrivalent HPV vaccine for prevention of cervical cancers and pre-cancers, and genital warts. The quadrivalent vaccine has also been demonstrated to protect against vulvar and vaginal cancers and precancers.

ACIP Provisional Recommendations for Males

- Routine vaccination of males aged 9 through 26 years with the 3-dose series of quadrivalent HPV vaccine to reduce their likelihood of acquiring genital warts. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

VFC vaccine, provided by the VFC program, can be used for VFC-eligible males ages 9 through 18 years.

To access the complete *ACIP Provisional Recommendations for HPV Vaccine* visit the CDC website:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508.pdf>.

Vaccine Safety

The United States currently has the safest, most effective vaccine supply in history. Years of testing are required by law before a vaccine is licensed and distributed. Once in use, vaccines are continually monitored for safety and efficacy.

Study after study shows that providers play a pivotal role in their patient's decision making process about health issues—including immunizations. Provider advice and re-assurance about the safety and necessity of vaccines is critical for the continued success of our immunization program.

Visit the sites below for information and resources that will help you discuss vaccine safety issues with your patients.

NYSDOH: http://www.nyhealth.gov/prevention/immunization/vaccine_safety.htm

CDC: <http://www.cdc.gov/vaccinesafety/>

Immunization Action Coalition: <http://www.immunize.org/concerns/>

Every Child By Two: <http://www.vaccinateyourbaby.com>

U.S. Food and Drug Administration: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm>

AAP: <http://www.aap.org/immunization/>

Children's Hospital of Philadelphia, Vaccine Education Center: <http://www.chop.edu/consumer/jsp/>

Important Contact Information

NYSDOH Bureau of Immunization: 518-473-4437

www.nyhealth.gov/prevention/immunization/

For more information, please contact your local health department or your regional NYSDOH Bureau of Immunization office:

Western Regional Office

Buffalo: 716-847-4385

Rochester: 585-423-8014

Central New York Regional Office

Syracuse: 315-477-8164

Capital District Regional Office

Troy: 518-408-5278

Oneonta: 607-432-2890

Metropolitan Area Regional Office

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Providers and facilities in New York City should contact:
New York City Department of Health and Mental Hygiene, 212-676-2323.

Email the NYSDOH Bureau of Immunization
to receive this e-newsletter directly if you did not.

immunize@health.state.ny.us

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