

# Immunize NY!

## Bureau of Immunization

### Welcome to *Immunize NY!*

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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
- ✓ **FDA:** Food and Drug Administration
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **NYSIIS:** New York State Immunization Information System

### FDA Revises Recommendations for Rotavirus Vaccines

The FDA revised its recommendations for rotavirus vaccines. The agency has determined that it is appropriate for clinicians and health care professionals to resume the use of Rotarix and to continue the use of RotaTeq.

The FDA considered the following in its decision:

- Both vaccines have strong safety records, including clinical trials involving tens of thousands of patients as well as clinical experience with millions of vaccine recipients.
- The FDA has no evidence that PCV1 or PCV2 pose a safety risk in humans, and neither is known to cause infection or illness in humans.
- The benefits of the vaccines are substantial, and include prevention of death in some parts of the world and hospitalization for severe rotavirus disease in the United States. These benefits outweigh the risk, which is theoretical.

For more information about this decision visit the FDA:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm212149.htm>

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>

### 2010 Recommended Adult Immunization Schedule Now Published

In October 2009, ACIP approved the Adult Immunization Schedule for 2010, which was then published in January 2010 as an MMWR Quick Guide. This updated schedule includes several changes:

- A bivalent human papillomavirus vaccine (HPV2) was licensed for use in females ages 10-26 in October 2009. ACIP recommends vaccination of females with either HPV2 or the quadrivalent human papillomavirus vaccine (HPV4).
- HPV4 was licensed for use in males in October 2009. ACIP then issued a permissive recommendation for use in this population.

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## 2010 Recommended Adult Immunization Schedule Now Published

*continued from page 1*

- Clarifications were made to the footnotes for measles, mumps, rubella, influenza, hepatitis A, meningococcal, and Haemophilus influenza type b vaccines. Schedule information was added to the hepatitis B vaccine footnote.

To access the Recommended Adult Immunization Schedule, 2010 and downloadable versions (2010 iPhone, iTouch, Blackberry Storm, Palm Pre, PC Palm OS, or pocket PCs versions) visit the CDC website:

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

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## 2010 Childhood and Adolescent Immunization Schedules Now Published

The 2010 recommended immunization schedules for children aged 0 – 18 years became effective December 15, 2009. They were published in January 2010. Changes to the previous schedules include the following:

- An ACIP statement was added recommending that combination vaccines are generally preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference and potential for adverse events.
- The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on, or after, the fourth birthday and at least 6 months after the previous dose. In addition, if 4 doses are administered before 4 years of age, an additional (fifth) dose should be administered at age 4 through 6 years.
- The hepatitis A footnote was revised to allow vaccination of children older than 23 months for whom immunity against hepatitis A is desired.
- Revaccination with meningococcal conjugate vaccine is now recommended for children who remain at increased risk for meningococcal disease after 3 years (if the first dose was administered at age 2 through 6 years), or after 5 years (if the first dose was administered at age 7 years or older).
- Footnotes for human papillomavirus (HPV) vaccine were modified to include (1) the availability of and recommendations for bivalent HPV vaccine, and (2) a permissive recommendation for administration of quadrivalent HPV vaccine to males aged 9 through 18 years to reduce the likelihood of acquiring genital warts.

To access the 2010 child and adolescent immunization schedules and downloadable versions (2010 iPhone, iTouch, Blackberry Storm, Palm Pre, PC Palm OS, or pocket PCs versions) visit the CDC's website:

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

### Did you know?

When transporting vaccine, or when a dropped vial of vaccine is damaged or leaks vaccine, the spill should be cleaned up with alcohol or acetone.

Use a biohazard bag to dispose of the materials.

Remember to be cautious of broken glass!

## Administration of Shingles Vaccine and Pneumococcal Vaccine in Adults

In December 2009, Merck & Co. revised their herpes zoster vaccine (HZV) package insert to advise that HZV and 23-valent pneumococcal polysaccharide vaccine (PPSV) should not be administered concurrently. This recommendation was based on a Merck study which showed the average titer against varicella zoster virus (VZV) was lower in persons who received HZV and PPSV at the same visit compared to persons who received these vaccines 4 weeks apart.

**However, the CDC continues to recommend that HZV and PPSV be administered at the same visit if the adult is eligible for both vaccines.**

The clinical relevance of Merck's observation is unknown. There is no evidence to indicate that antibody titers against VZV are a measure of protection against HZ. Results were additionally confounded by unexplained differences across comparison groups in regard to baseline VZV antibody titers.

Antibody levels to PPSV serotypes 3, 14, 19A, and 22F were assessed during this study and found to be unaffected by simultaneous administration, though significance of this observation is also unknown.

Finally, the safety profile of HZV is unaffected by simultaneous administration of PPSV. Consequently, to avoid introducing barriers to patients and providers who are interested in these two important vaccines, **CDC has not changed its recommendation for either vaccine.**

**Receive email notification when new or updated  
*Vaccine Information Statements*  
are available.**

Subscribe to the CDC's  
free email subscription service.

Go to:

[www.cdc.gov/emailupdates/index.html](http://www.cdc.gov/emailupdates/index.html)

## Provisional Recommendations for Use of Inactivated Influenza Vaccines During the 2010-11 Influenza Season

On March 2, 2010, the CDC posted provisional recommendations for the use of inactivated influenza vaccines for the 2010-11 influenza season.

**ACIP now recommends that all people ages 6 months and older receive annual influenza vaccination.**

To access the complete ACIP inactivated influenza vaccines provisional recommendations, visit the CDC website: <http://www.cdc.gov/vaccines/recs/provisional/downloads/flu-vac-mar-2010-508.pdf>.

## **FDA Approves Menveo Meningococcal Conjugate Vaccine for Use in People Ages 11-55 Years**

On February 19, 2010, FDA approved MenACWY-CRM (trade name Menveo), a quadrivalent meningococcal conjugate vaccine developed by Novartis Vaccines and Diagnostics. This vaccine is indicated for immunization to prevent invasive meningococcal disease caused by *Neisseria meningitis* serogroups A, C, Y and W-135. MenACWY-CRM was licensed by the FDA as a single dose in persons aged 11-55 years.

ACIP recommends quadrivalent meningococcal conjugate vaccine for all persons aged 11-18 years and for persons aged 2-55 years who are at increased risk for meningococcal disease. Persons at increased risk for meningococcal disease include:

- College freshmen living in dormitories.
- Microbiologists who are exposed routinely to isolates of *Neisseria meningitis*.
- Military recruits.
- Persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic.
- Persons who have persistent complement component deficiencies.
- Persons with anatomic or functional asplenia.

Menveo or Menactra may be used in persons aged 11-55 years. Both are preferred over quadrivalent meningococcal polysaccharide vaccine (MPSV4). Persons aged 2-10 years, who are recommended to receive a meningococcal vaccine, should receive either MCV4. Persons older than 55 years should receive MPSV4.

A more detailed article can be found on *page 273* of the March 12, 2010 MMWR at the following CDC website: <http://www.cdc.gov/mmwr/PDF/wk/mm5909.pdf>

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## **FDA Approves High-Dose Seasonal Influenza Vaccine for Use in People Ages 65 and Older**

The FDA approved Fluzone High-Dose, an inactivated influenza virus vaccine for people ages 65 years and older. This vaccine was developed by sanofi pasteur, approved via the accelerated approval pathway, and published in the MMWR on April 30, 2010. Fluzone High-Dose should be available for use during the 2010-11 influenza season.

This vaccine prevents disease caused by influenza virus subtypes A and B. In clinical studies, Fluzone High-Dose demonstrated an enhanced immune response in individuals 65 and older compared with Fluzone. People in this age group are at highest risk for seasonal influenza complications, which may result in hospitalization and death.

Annual vaccination remains the best protection from influenza, particularly for people ages 65 and older.

To access the published MMWR article visit the CDC website:  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5916a2.htm?s\\_cid=mm5916a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5916a2.htm?s_cid=mm5916a2_e)

To access the Fluzone High-Dose package insert, visit the FDA's website:  
<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM195479.pdf>

## Did you know?

When vaccines are administered in accordance with the ACIP guidelines, New York State insurers should cover the cost of vaccine for children through the age of 18. Guidance is not issued each time ACIP makes changes to its recommendations.

If an insurance company does not reimburse for the influenza vaccine or administration thereof, providers should contact the New York State Insurance Department via their website using the following link:

[https://awebproxyprd.ins.state.ny.us/onepage/StartForm.jsp?link=/ciims\\_forms/StartForm.jsp](https://awebproxyprd.ins.state.ny.us/onepage/StartForm.jsp?link=/ciims_forms/StartForm.jsp)

## Use of Combination Measles, Mumps, Rubella and Varicella Vaccines

ACIP has published new recommendations regarding the use of the combination measles, mumps, rubella, and varicella vaccine (MMRV), due to concerns about increased incidence of febrile seizures in young children receiving MMRV.

For the first dose of measles, mumps, rubella, and varicella vaccines at age 12–47 months, either measles, mumps, and rubella (MMR) vaccine and varicella vaccine or the combination MMRV vaccine may be used. CDC recommends that separate MMR vaccine and varicella vaccine should be administered for the first dose for this age group, unless the parent or caregiver expresses a preference for MMRV vaccine. For the second dose at any age (15 months–12 years), and for the first dose at age  $\geq 48$  months, use of MMRV vaccine generally is preferred over separate injections of MMR and varicella vaccines.

Visit the CDC website below for more information:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm?s\\_cid=rr5903a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm?s_cid=rr5903a1_e)

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## What's New in NYSIIS?

### *Upcoming Clinical Release*

In May 2010, NYSIIS will be adding the following new vaccines and incorporating their schedules: Hiberix, Cervarix and Prevnar13. In addition, there will be updates to the HPV schedule and inclusion of an HPV series for males (Gardasil only).

### *Program Linkages*

NYSIIS is actively working with the Lead Program to integrate blood lead screening information into NYSIIS to be viewed by health care providers. The new Lead module will allow providers to view the complete lead history of their patients. This new functionality is expected to be operational in the summer of 2010.

Currently, health insurance plans are being granted query only access to NYSIIS. This is in order to assist them with gathering information for their annual immunization coverage reporting (QUARR and HEDIS).

## Become an Influenza ILINet Surveillance Provider

As part of the outpatient Influenza-Like Illness Network (ILINet) program, an ILINet provider (previously referred to as a sentinel influenza surveillance provider) conducts surveillance for influenza-like illness (ILI) in collaboration with the New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC). ILINet providers are part of a national network of more than 3,000 healthcare providers reporting over 25 million patient visits each year.

ILI surveillance consists of reporting the total number of patient visits and the total number of patient visits with ILI (fever of at least 100 degrees F with a cough or sore throat) by age group each week. Reports are sent via the internet or fax to a central data repository at CDC. Reporting typically takes less than 30 minutes per week. Data reported by ILINet providers, in combination with other influenza surveillance data, provide a local, state and nationwide picture of influenza virus and ILI activity.

In addition, ILINet providers are able to submit a designated number of patient specimens to the NYSDOH Wadsworth Center for viral testing and sub-typing free of charge.

Providers (physicians, physician assistants, nurses, and nurse practitioners) of any specialty and practice type are invited to enroll.

### *Why Volunteer?*

Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 36,000 deaths nationally) every season. Data from ILINet providers was critical for monitoring the course of 2009 H1N1 Influenza activity on a local, state and national level.

ILINet data, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care.

ILINet providers receive feedback on the data submitted, summaries of regional, statewide and national influenza data, and free subscriptions to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases Journal*.

The most important consideration is that the data provided is critical for protecting the public's health.

For more information about the Influenza ILINet Surveillance program, please contact:

NYSDOH Program Coordinator Donna Gowie  
(518) 473-4439, [dlg04@health.state.ny.us](mailto:dlg04@health.state.ny.us)

or

New York City Department of Health and Mental Health Program Coordinator Beth Nivin  
(212) 442-9050, [bnivin@health.nyc.gov](mailto:bnivin@health.nyc.gov)

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## Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at:

<http://www.cdc.gov/vaccines/vac-gen/shortages>.

Vaccine recall information will be provided as it is necessary through the New York State Health Commerce System and through this newsletter.

General information on recalled vaccines is available at:

<http://www.cdc.gov/vaccines/recs/recalls/default.htm>

## New CDC Resource to Help Providers Talk with Parents about Vaccines

The CDC, in collaboration with the American Academy of Family Physicians and the AAP, developed a web section titled *Provider Resources for Vaccine Conversations with Parents*. At this site are provider resources which will help you talk with parents about vaccination.

To access the *Provider Resources for Vaccine Conversations with Parents* visit the CDC website:  
<http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>

Click on "Get Email Updates" on the CDC link above to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated!

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## Vaccine Safety Resources

NYSDOH: [http://www.nyhealth.gov/prevention/immunization/vaccine\\_safety.htm](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>

FDA: <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/division/generic.jsp?id=75697>

### Important Contact Information

NYSDOH Bureau of Immunization: 518-473-4437  
[www.nyhealth.gov/prevention/immunization/](http://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](mailto:immunize@health.state.ny.us)