



Immunization Update

The Iowa Immunization Program Newsletter

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Immunization
•
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**Iowa's
Immunization
Registry Information
System (IRIS)
Enroll Today!**

**Call the IRIS
Help Desk at
1-800-374-3958
for Enrollment Details or
IRIS Questions.**

Help Us Help You!

Is this newsletter helpful to you?
What articles would you like to see?
Please contact Bridget Konz at

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Deferral of Hib Booster Dose and Hib Waiver

On December 13, 2007, Merck, the manufacturer of *Haemophilus influenzae type b* (Hib) vaccine, announced a voluntary recall of certain lots of two Hib products, PedvaxHIB (monovalent Hib vaccine) and Comvax (Hib/hepatitis B vaccine). This recall has resulted in a disruption of vaccine supply in the United States.

The interim recommendations for the use of Hib-containing vaccines are as follows: The CDC, in consultation with the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP), **recommends that providers temporarily defer administering the routine Hib vaccine booster dose administered at age 12-15**

months except to children in specific high risk groups.

Children in these high risk groups are at increased risk for invasive Hib disease and include those with asplenia, sickle cell disease, human immunodeficiency virus infection, and certain other immunodeficiency syndromes and malignant neoplasms.

American Indian/Alaska Native (AI/AN) children also are at increased risk for Hib disease, particularly in the first 6 months of life. **CDC recommends that providers continue to vaccinate these high risk children with available Hib conjugate vaccines according to the routinely recommended schedules, including the 12-15 month booster dose.** *Continued on page 2*

Changes to the 2008 Childhood Immunization Schedule

The Recommended Immunization Schedules for Persons 0-6 and 7-18 and the Catch-up Immunization Schedule for 2008 have been approved by the ACIP, AAFP, and AAP.

The ACIP annually publishes a recommended immunization schedule for persons aged 0-18 years to reflect changes in vaccine formulations and current recommendations for the use of licensed vaccines. Changes to the previous schedule include:

- The pneumococcal conjugate vaccine (PCV) footnote reflects updated recommendations for incompletely

Recommended Immunization Schedule for Persons Aged 0-6 Years—UNITED STATES • 2008
For those who fall behind or start late, see the catch-up schedule.

Vaccine	Age	Birth	1-2 months	3-5 months	6-11 months	12-15 months	18-23 months	2-3 years	4-6 years
Hepatitis A		HepA							
Hepatitis B		HepB							
Diphtheria, Tetanus, Pertussis		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
Poliovirus		IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV
Pneumococcal		PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV
Inactivated Poliovirus		IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV
Influenza									
Meningitis (Meningitis)									
Measles, Mumps, Rubella									
Varicella									
Hepatitis A									
Hepatitis B									
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UPDATED CHILDHOOD IMMUNIZATION SCHEDULE FOR 2008

vaccinated children aged 24-59 months, including those with underlying medical conditions.

- Recommendations for use of the live attenuated influenza vaccine (LAIV) now include healthy children as young as 2 years of age.

LAIV should not be administered to children aged <5 years with recurrent wheezing. Children aged <9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received 1 dose, should have 2 doses of vaccine, at least 4 weeks apart. *Continued on page 3*

Deferral of Booster Dose and Hib Waiver, *continued*

All Hib products are equally effective after completion of the primary series. However, the administration of PedvaxHIB vaccine leads to a more rapid seroconversion to protective antibody concentrations within the first 6 months of life. CDC recommends that providers who currently use PedvaxHIB containing vaccines (PedvaxHIB and Comvax) to serve predominantly AI/AN children in AI/AN communities continue to use only PedvaxHIB containing vaccines not affected by the recall and vaccinate according to the routinely recommended schedules, including the 12-15 month booster dose. PedvaxHIB (if available) or ActHIB may be used for the booster doses for these children during this shortage.

Short-term deferral of the booster dose among children aged 12-15 months is not likely to result in an increased risk for Hib disease because of continued protection of children with the primary series and the low level of nasopharyngeal carriage and transmission achieved in the United States by the Hib immunization program. Providers should register and track children for whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

The full Morbidity and Mortality Weekly Report (MMWR) regarding Hib deferral is available at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5650a4.htm>

How to Complete the Hib Series with ActHIB:

PedvaxHIB and Comvax are recommended as a 2-dose primary series (at ages 2 and 4 months), whereas ActHIB is recommended as a 3-dose primary series (at ages 2, 4, and 6 months). **If brands of vaccine are changed during the primary series, a 3 dose primary series is required (2, 4 and 6 month of age).**

- If only 1 dose of PedvaxHIB vaccine or Comvax has been administered at 2 months of age, the primary series may be completed with 2 additional doses of ActHIB vaccine at 4 and 6 months of age
- If a child was given 1 dose of ActHIB at 2 months of age and 1 dose of PedvaxHIB vaccine or Comvax vaccine at 4 months of age, the primary series may be completed with 1 additional dose of ActHIB vaccine at 6 months of age
- If 2 doses of PedvaxHIB vaccine or Comvax vaccine have been administered at 2 and 4 months of age, the primary series of Hib has been completed.

Don't forget the hepatitis B!

Remember that Comvax is a combination Hib and hepatitis B vaccine. If you have a child who is scheduled to receive the second Comvax at 4 months of age, be sure to administer a monovalent hepatitis B and ActHIB. If the child is scheduled to receive the final dose of Comvax at 12 months, administer monovalent hepatitis B and defer the Hib dose until further notice.

Hib Waiver

Due to the deferral of the booster dose, IDPH has implemented a temporary, limited waiver of the provision of 641 Iowa Administrative Code (IAC) 7.4(1) requiring administration of the final dose

of Hib vaccine on or after 12 months of age. This waiver will prevent children from being excluded from licensed childcare centers because of their inability to obtain the final dose of Hib vaccine on or after 12 months of age. This waiver is applicable to all Iowa children and is in effect from December 19, 2007, through December 31, 2008.

A copy of this waiver is available on our Web page under "Current Immunization News":
<http://www.idph.state.ia.us/adper/immunization.asp>

If you have questions regarding these recommendations please contact the Iowa Immunization Program at 1-800-831-6293, ext. 2 for Terri Thornton, or ext. 7 for Bridget Konz.

Question Corner



Question: I have a 16 year old patient who received her first and second HPV vaccination last summer and now has come in for her final dose. Since it has been so long between doses do I need to start over from the beginning of the series?

Answer: No, extended intervals (i.e. longer than the recommended spacing) are fine. The patient does not need to have the series re-started. Give the HPV dose today to complete the series, continuing where you left off. Extended intervals between doses do not reduce final antibody concentrations, although protection might not be attained until the recommended number of doses has been administered. With the exception of oral typhoid vaccine, an interruption in the vaccination schedule does not require restarting the entire series of a vaccine or toxoid or addition of extra doses.

Changes to the 2008 Childhood Immunization Schedule, *continued*

- For meningococcal vaccines, changes affect certain children aged 2-10 years. Vaccinating with meningococcal conjugate vaccine (MCV4) is preferred to meningococcal polysaccharide vaccine (MPSV4) for children at increased risk for meningococcal disease, including children who are traveling to, or residents of, countries in which the disease is hyperendemic or epidemic, children who have terminal complement component deficiencies, and children who have anatomic or functional asplenia. The catch-up schedule for youths aged 13-18 years has been updated. MPSV4 is an acceptable alternative for short-term (i.e., 3-5 years) protection against meningococcal disease for persons aged 2-18 years.
- The tetanus and diphtheria toxoids/tetanus and diphtheria

toxoids and acellular pertussis vaccine (Td/Tdap) catch-up schedule for persons aged 7-18 years who received their first dose before age 12 months now indicates that these youths should receive 4 doses, with at least 4 weeks (not 8 weeks) between doses 2 and 3.

- The catch-up bars for hepatitis B and Haemophilus influenzae type b conjugate vaccine have been deleted on the routine schedule for persons aged 0-6 years. The figure title refers users to the catch-up schedule for patients who fall behind or start late with vaccinations.

Included with this newsletter you will find a laminated copy of the child and adult schedules for 2008. For questions regarding vaccine schedules call 1-800-831-6293, ext. 2 for Terri Thornton, or ext. 7 for Bridget Konz.



There is a correction to the HPV vaccine regimen in the Catch-up Immunization Schedule.

The entry to HPV vaccine was changed to:

<u>Dose 1 to 2</u>	<u>Dose 2 to 3</u>
4 weeks	12 weeks (and 24 weeks after the first dose)

This means that the third dose needs to be administered not earlier than 24 weeks from the first dose. The minimum intervals between dose one and dose two as well as between dose two and dose three remain unchanged. The corrected Catch-up Schedule may be found at:

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

Iowa Receives National Immunization Award



The Iowa Department of Public Health's Immunization Program accepted an award on behalf of Iowa healthcare providers at the National Immunization Conference in Atlanta, Georgia on March 17, 2008. The award is the result of an increase in immunization rates as published in the National Immunization Survey (NIS). Iowa is receiving the award for having the second highest state increase in immunization rates for children 19-35 months of age from 2003 through 2006.

Iowa's immunization rate in that population increased by more than 15 percent, from 63.4 percent in 2003 to 78.9 percent in 2006. The national immunization rate is 77 percent. "This award is the result of the work done by public and private healthcare providers throughout the state," said Don Callaghan, Iowa's Immunization Program manager. "It's a demonstration of their commitment to the health of Iowa children."

The NIS was established to provide an on-going, consistent data set for analyzing vaccination levels among young children in the U.S. The data gathered helps identify groups at risk of vaccine-preventable diseases, aids in the evaluation of the effectiveness of vaccine programs and ultimately assists in efforts to increase vaccinations.

This award is a great reflection of the hard work you do for the children and families of Iowa every day—Thank you!

MMR and Varicella Vaccine VIS Updates

On March 13, CDC released interim editions of the VISs for MMR vaccine and varicella vaccine. The interim VIS for MMR vaccine replaces the previous edition dated 1/15/03; the interim VIS for varicella vaccine replaces the previous edition dated 1/10/07.

The interim VISs for MMR vaccine and varicella vaccine have been updated to incorporate information about measles-mumps-rubella-varicella (MMRV) vaccine. This includes information about the increased rates of certain adverse events such as febrile seizures after MMRV vaccine administration.

When giving MMRV vaccine, the new interim VISs should be used. When giving MMR vaccine or varicella vaccine separately, the previously published VISs may be used until stocks are depleted.

For complete details on the VISs log onto the following Web sites:
Interim VIS for MMR vaccine from the CDC Web site:
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mmr.pdf>

Interim VIS for varicella vaccine from the CDC Web site:
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-varicella.pdf>

Federal Vaccine Injury Case

Providers may be asked about recent media coverage of the settlement of a federal vaccine injury case. This case could cause confusion and hesitation of parents to have their children vaccinated, CDC continues to share on-line information and materials with partners concerning the vaccine injury case being discussed in the news. Information was recently posted on mitochondrial disease and autism on CDC's Autism Web site. Links to more websites with resources pertaining to this case are listed below:

- Transcript of CDC, NIH and NVPO Telebriefing on Vaccine Safety: <http://www.cdc.gov/od/oc/media/transcripts/2008/t080307.htm>
- Health Resources and Services Administration (HRSA) Statement on Autism and the Vaccine Injury Program: <http://newsroom.hrsa.gov/releases/2008/vaccinestatement.htm>
- The National Vaccine Injury Compensation Program (VICP) Website: <http://www.hrsa.gov/vaccinecompensation/>
- The US Court of Federal Claims, Office of Special Masters Website: <http://www.uscfc.uscourts.gov/vaccine-programoffice-special-masters>
- CDC's Vaccine Safety Website: <http://www.cdc.gov/od/science/iso/>

50th
Anniversary
of the
Polio Vaccine

April 12, 2005,
marks the 50th
anniversary of the
first polio vaccine.

April 12, 1955, was a unique moment in our contemporary culture. That date culminated more than 17 years of research that led to the licensure of the first poliovirus vaccine. The vaccine breakthrough was driven by Jonas Salk and his team of scientists at the University of Pittsburgh and the pioneering field trials led by Thomas Francis Jr. at the University of Michigan. The research was funded by the National Foundation for Infantile Paralysis, today known as the March of Dimes.

The fight against polio brought together communities in a national collaboration that at that time was the largest human cooperative effort in history. In the days leading up to the vaccine's approval, children in communities across the United States participated in the field trials as America's "Polio Pioneers."

Thousands of health-care workers and lay people volunteered their time to assist with the vaccine field trials, the largest ever in United States history. Millions of Americans participated by raising funds in their communities to support the larger research effort and a single goal: victory over polio. To read more about this historic anniversary go to:

<http://www.cdc.gov/vaccines/events/polio-vacc-50th/default.htm>

Upcoming Immunization Events to Celebrate

National Infant Immunization Week:

April 19-26, 2008

<http://www.cdc.gov/vaccines/events/niiw/default.htm>

World Hepatitis Day

May 19, 2008

<http://www.nvhr.org/news/index.htm>

National Immunization Awareness Month

August 2008

<http://www.cdc.gov/vaccines/events/niam/default.htm>

Integration of Adult Vaccines into Routine Care

New data released by CDC paint a disappointing picture of adult immunization against serious infectious diseases in the United States. In addition, a new consumer survey shows the vast majority of adult Americans lack awareness of vaccines and the severity of infectious diseases.

An expert panel discussed the data at a press conference held by the National Foundation for Infectious Diseases (NFID), which called for increased use of vaccines in adults to reduce needless illness and deaths associated with infectious diseases.

CDC's National Immunization Survey shows only 2.1 percent of adults 18 to 64 years of age are immunized against tetanus-diphtheria-whooping cough. Immunization to prevent shingles among people 60 and over was only 1.9 percent. Vaccine coverage for the prevention of HPV (human papillomavirus) among women 18 to 26 is about 10 percent. In addition, influenza and pneumococcal vaccination rates for the elderly are well below the 90 percent national target rates.

"Routine immunization of children in the United States has saved hundreds of thousands of lives and prevented millions of cases of disease, but vac-

"We are extremely fortunate in this country to have safe and effective vaccines available, but we have to use them better." Dr. Anne Schuchat, Director of the CDC's National Center for Immunization and Respiratory Diseases

cines are not just for children," said Anne Schuchat, MD, director of the CDC's National Center for Immunization and Respiratory Diseases. "These new data show there are not yet very many adults taking full advantage of the great advancements in prevention that have been made in the past few years."

"There are now 17 diseases that can be prevented from vaccines given to children, teens and adults. Several vaccines, including three fairly new ones licensed since 2005, are recommended specifically for the adult years. By skipping vaccination, people are leaving themselves needlessly vulnerable to

significant illness, long-term suffering, and even death," said Dr. Schuchat. "

Immunization is recommended for U.S. adults to protect them against chickenpox, diphtheria, hepatitis A, hepatitis B, human papillomavirus/cervical cancer (HPV), influenza, measles, meningococcal disease, mumps, pertussis (whooping cough), pneumococcal disease, rubella, shingles, and tetanus.

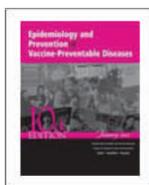
"Combined, these infectious diseases kill more Americans annually than either breast cancer, HIV/AIDS, or traffic accidents," said William Schaffner, MD, vice president of NFID and chairman of the Department of Preventive Medicine at Vanderbilt University School of Medicine. "A concerted effort is needed to raise adult immunization rates," said Dr. Schaffner. "The important thing to remember is that deaths and illness associated with these infections are largely avoidable through vaccination."

Continuing Education Opportunity

The CDC website recently posted an interactive training program for primary care practitioners. "Increasing Adult Vaccination Rates: WhatWorks" gives each participant the opportunity to work through a case study in a setting similar to the one the participant works in. **Continuing Education credits are available.** To learn more about the program, go to: <http://www2.cdc.gov/vaccines/ed/whatworks/index.html>

CDC's 2008 Pink Book

In 2008, the CDC will publish the 2nd printing of the Epidemiology and Prevention of Vaccine-Preventable Diseases, 10th Edition (also known as the "Pink Book").



Essentially the content between the first and second printings will be the same, with a few minor formatting changes. Typically the CDC publishes the Pink Book each year; however with so few changes anticipated another full edition was not necessary. The cost of a Pink book is \$32.00. Information on ordering a Pink Book, or downloading chapters, can be found at the CDC Web page:

<http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

Ordering Immunization Print Materials On Line!

The Immunization Program has updated our Web page to include on-line ordering of our printed materials.

With our new on-line ordering process you can preview items before placing an order, print single copies, or order multiple copies. Some products have quantity limits; however, if additional quantities of a product are needed please contact Bridget Konz at Bkonz@idph.state.ia.us or 1-800-831-6293, ext. 7.

All brochures, posters, and printed documents are offered at no cost to your clinic and can be accessed by logging onto our Web page: http://www.idph.state.ia.us/adper/immunization_products.asp.

