

Immunize NY!

Bureau of Immunization

Welcome to *Immunize NY!*

In this issue

- New Recommendations from the October 2013 and February 2014 ACIP Meetings
- Recently Published ACIP Recommendations
- Measles Update 2013/2014
- Age and Risk of Fever and Seizures Following Immunization with Measles-Containing Vaccines
- Study Examining How Discussion with Pediatrician Affects Parent's Decision to Vaccinate
- 2012 National and State Vaccination Coverage Among Adolescents Age 13-17
- 2012 National, State and Local Area Vaccination Coverage Among Children Aged 19-35 Months
- Reaching Providers Interactively to Deliver a Safety Message
- CDC Expands Vaccine Safety Web Offerings for Clinicians
- Vaccine Shortages, Delays and Recalls
- Reliable Immunization Resources
- NYSDOH Contact Information

Frequently Used Abbreviations:

AAP:	American Academy of Pediatrics
ACIP:	Advisory Committee on Immunization Practices
CDC:	U.S. Centers for Disease Control and Prevention
FDA:	U.S. Food and Drug Administration
HCP:	Health Care Personnel
MMWR:	Morbidity and Mortality Weekly Report
NYS:	New York State
NYSDOH:	New York State Department of Health
NYSIIS:	New York State Immunization Information System

New Recommendations from the October 2013 and February 2014 ACIP Meetings

MenACWY-CRM Recommended for Use in Infants and Young Toddlers

ACIP voted in October 2013 to add MenACWY-CRM (Menveo®, Novartis Vaccines) to the list of available meningococcal vaccines for use in infants and young toddlers who are at increased risk for meningococcal disease. These include children:

- Two-23 month olds with complement deficiencies and asplenia,
- Living in areas experiencing outbreaks, OR
- Traveling to or living in areas with high rates of meningococcal disease, including sub-Saharan Africa or Mecca.

The recommended schedule is administration at ages 2, 4, 6, and 12 months. Children who remain at increased risk for meningococcal disease should have booster doses three years after the primary vaccination series and every five years thereafter. MenACWY-CRM can be given with the pneumococcal conjugate vaccine (PCV13, Prevnar 13®) in children, including those who are asplenic.

Adult and Childhood Immunization Schedules Updated

ACIP voted unanimously in October 2013 to approve the 2014 adult immunization schedule and the 2014 immunization schedules for children aged 0 through 18 years. Both schedules were published by the CDC in February.

For specifics on ACIP schedule changes and guidance on the use of all vaccines, including contra-indications and precautions, visit:

Recommended Adult Immunization Schedule, United States – 2014

www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

Recommended Immunization Schedules for Persons Aged 0 Through 18 Years - 2014

www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Continued on Page 2

Recently Published ACIP Recommendations

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps

In June 2013, ACIP published a report updating recommendations on the prevention of measles, rubella and congenital rubella syndrome adopted by the ACIP on October 24, 2012. This report also serves as a comprehensive summary of previously published recommendations made between 1998 and 2011.

The revisions include:

- Removing documentation of physician diagnosed disease as an acceptable criterion for evidence of immunity for measles and mumps, and including laboratory confirmation of disease as a criterion for acceptable evidence of immunity for measles, rubella, and mumps.
- Expanding recommendations for vaccination to all persons aged ≥ 12 months with HIV infection who do not have evidence of current severe immunosuppression; recommending revaccination of persons with perinatal HIV infection who were vaccinated before establishment of effective antiretroviral therapy (ART) with 2 appropriately spaced doses of MMR vaccine once effective ART has been established; and changing the recommended timing of the 2 doses of MMR vaccine for HIV-infected persons to age 12 through 15 months and 4 through 6 years.
- Expanding recommendations for use of immune globulin administered intramuscularly (IGIM) to include infants aged birth to 6 months exposed to measles; increasing the recommended dose of IGIM for immunocompetent persons; and recommending use of immune globulin administered intravenously (IGIV) for severely immunocompromised persons and pregnant women without evidence of measles immunity who are exposed to measles.

To read the report, *Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013* visit: www.cdc.gov/mmwr/PDF/rr/rr6204.pdf.

Use of Japanese Encephalitis Vaccine in Children

On November 15, 2013, the ACIP published its June 2013 recommendation to extend existing recommendations for use of inactivated Vero cell culture-derived Japanese encephalitis (JE) vaccine (JE-VC) (Ixiaro, Intercell Biomedical) to include children aged 2 months through 16 years.

ACIP recommendations for use of JE-VC for the primary series in children aged 2 months through 16 years are the same as for persons aged 17 years or older. Travelers to JE-endemic countries should be advised of the risks for JE disease and the importance of personal protective measures to reduce the risk for mosquito bites. For some travelers who will be in a high-risk setting based on season, location, duration, and activities, JE vaccine can further reduce the risk for infection. JE vaccine is not recommended for short-term travelers whose visit will be restricted to urban areas.

To read the report *Use of Japanese Encephalitis Vaccine in Children: Recommendations of the Advisory Committee on Immunization Practices, 2013*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6245a3.htm.

Hepatitis B Virus (HBV) Protection and Post Exposure Management of HCP

On December 20, 2013 CDC published a report providing guidance that augmented the 2011 recommendations for evaluating hepatitis B protection among HCP and administering post-exposure prophylaxis (PEP). Explicit guidance is provided for persons working, training, or volunteering in health care settings who have documented HBV vaccination prior to hire or matriculation.

An increasing proportion of health care trainees and the health care workforce have received routine 3-dose hepatitis B vaccination during infancy or adolescence. Since post-vaccination serologic testing is not recommended following routine childhood or adolescent hepatitis B vaccination, CDC has made the following recommendations to evaluate HCP for hepatitis B virus protection and for administering PEP:

- Post-exposure option—When an HCP reports a blood or bodily fluid exposure, s/he is assessed for anti-HBs and the source patient is assessed for HBsAg. If the source patient is HBsAg positive and the HCP is anti-HBs negative, the HCP should receive HBIG and hepatitis B vaccine; the HCP should complete the 3-dose vaccine series. If the source patient is HBsAg positive and the HCP is anti-HBs positive, then hepatitis B PEP is not indicated.

Continued on Page 3

Did You Know?

Federal law requires that a copy of the appropriate Vaccine Information Statement (VIS) be given to the adult recipient or to a child's parent/legal representative prior to vaccination.

Visit the CDC for specific information on complying with this mandate, VISs in other languages and more:
www.cdc.gov/vaccines/pubs/vis/default.htm.

Recently Published ACIP Recommendations

Hepatitis B Virus (HBV) Protection and Post Exposure Management of HCP

Continued from Page 2

- Pre-exposure option—All HCP should receive post-vaccination serology at hire and only HCP with anti-HBs < 10mIU/mL should receive 1 additional “challenge” dose of hepatitis B vaccine and repeat serology. HCP whose anti-HBs remains < 10 mIU/mL should complete the revaccination 3-dose series and retest anti-HBs levels 1 to 2 months after the last dose.

To read the recommendation, *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post-exposure Management*, visit: www.cdc.gov/mmwr/pdf/rr/rr6210.pdf.

ACIP Recommendations for PCV13 and PPSV23 Use in Immunocompromised Children Aged 6-18 Years

On June 28, 2013, ACIP published its' recommendations regarding:

1. The routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13) for children aged 6-18 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants who have not previously received PCV13. PCV13 should be administered to these children regardless of whether they have received the 7-valent pneumococcal conjugate vaccine (PCV7) or the 23-valent pneumococcal polysaccharide vaccine (PPSV23). Recommendations for PPSV23 use for children in this age group remain unchanged.
2. PPSV23-naïve children:
 - Children aged 6-18 years who have not received PCV13 and are at increased risk for invasive pneumococcal disease (IPD) because of anatomic or functional asplenia including sickle cell disease (SCD), HIV infection, cochlear implant, CSF leak, or other immunocompromising conditions should receive a single PCV13 dose first, followed 8 or more weeks later by a dose of PPSV23.
 - A second PPSV23 dose is recommended 5 years after the first PPSV23 dose for children with anatomic or functional asplenia (including SCD), HIV infection, or other immunocompromising conditions.
3. Previous vaccination with PPSV23:
 - Children aged 6-18 years who have not received PCV13 are at increased risk for IPD because of anatomic or functional asplenia including those with SCD, HIV infection, CSF leaks, cochlear implants, or other immunocompromising conditions; and who previously received 1 or more doses of PPSV23 should be given a single PCV13 dose 8 or more weeks after the last PPSV23 dose, even if they have received PCV7.
 - If a second PPSV23 dose is indicated, it should be given 5 years or more after the first PPSV23 dose. These children should not receive more than 2 doses of PPSV23 before age 65 years.

To read the recommendation, *Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Children Aged 6–18 Years with Immunocompromising Conditions: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6225a3.htm.

Measles Update 2013/2014

On September 13, 2013, the CDC published a report stating that measles elimination has been maintained in the U.S. since it was declared in 2000. However, an estimated 20 million cases of measles occur each year worldwide, and cases continue to be imported into the U.S.. The increase in measles cases in the United States in 2013 serves as a reminder that imported measles cases can result in large outbreaks, particularly if introduced into areas with pockets of unvaccinated persons.

During 2013, nearly two thirds of the cases came from three outbreaks. In these outbreaks, transmission occurred after introduction of measles into communities with pockets of persons unvaccinated because of philosophical or religious beliefs. This allowed for spread of measles to occur, mainly in households and community gatherings, before public health interventions could be implemented. Maintaining high MMR vaccination coverage is essential to prevent measles outbreaks and sustain measles elimination in the U.S.

To read the *MMWR* report, *Measles — United States, January 1–August 24, 2013*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm?s_cid=mm6236a2_e.

In 2014 measles disease continues to be imported throughout the U.S.. Since January, NYS and New York City have reported 31 measles cases and are actively providing control measures and enhanced surveillance for additional cases. To read the *MMWR* report, *Notes from the Field: Measles — California, January 1–April 18, 2014*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a6.htm?s_cid=mm6316a6_w

Age and Risk of Fever and Seizures Following Immunization with Measles-Containing Vaccines

A report published in December 2013 in the *Journal of the American Medical Association Pediatrics* detailed the results of a study to examine the potential modifying effect of age on the risk of fever and seizures following immunization with measles-containing vaccines.

Measles-containing vaccines are associated with a lower increased risk of seizures when administered at 12 to 15 months of age rather than of an older age (12-23 months). Findings of this study that focused on safety outcomes highlight the importance of timely immunization of children with the first dose of measles-containing vaccines.

The complete abstract, *Effect of Age on the Risk of Fever and Seizures Following Immunization with Measles-Containing Vaccines in Children*, is available at: <http://archpedi.jamanetwork.com/article.aspx?articleid=1750204>.

Study Examines How Discussion with Pediatrician Affects Parent's Decision to Vaccinate

A study published in the December 2013 issue of AAP's *Pediatrics*, found that parents were more likely to resist vaccinating their children when their pediatrician discussed vaccine recommendations using participatory ("What do you want to do about shots?") rather than presumptive ("We're going to do some shots today.") language. The researchers videotaped 16 doctors and nurse practitioners in conversations about vaccines with patients. In the study half of the families videotaped were identified as resistant to vaccinating their children ages 1 to 19 months. How health care providers approached the subject was associated with the level of acceptance of vaccination among parents.

To read an abstract of the article, *The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits*, visit the AAP website: www.aap.org/en-us/about-the-aap/aap-press-room/pages/Study-Examines-How-Discussion-With-Pediatrician.aspx.

Did You Know?

An amendment to the Public Health Law Rules and Regulations Subpart 66-1, addressing school immunization requirements, takes effect July 1, 2014.

To learn the specifics regarding this new amendment visit the Bureau of Immunization's *Child Care Programs, Schools and Post-Secondary Institutions* web page:

www.health.ny.gov/prevention/immunization/schools/updated_school_imm_requirements.htm.

2012 National, State and Local Area Vaccination Coverage Among Children Aged 19-35 Months

On September 13, 2013, CDC published results from the National Immunization Survey (NIS) of persons aged 19-35 months. The 2012 NIS indicated that vaccination coverage among children aged 19-35 months continues to be near or above the *Healthy People 2020* target of 90% for MMR, poliovirus vaccine, hepatitis B, and varicella vaccine.

High vaccination coverage among preschool-aged children has resulted in historically low levels of most vaccine-preventable diseases in the United States. The results of the 2012 NIS indicate that vaccination coverage among young children remained relatively stable and the proportion of children who do not receive any vaccinations has remained low. Parents and health care providers should continue to work to sustain high coverage and to improve coverage for the more recently recommended vaccines and those that require booster doses after age 12 months.

To read the CDC's *National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012*, visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm?s_cid=mm6236a1_e.

2012 National and State Vaccination Coverage Among Adolescents Age 13-17

On August 13, 2013, CDC published results from the National Immunization Survey–Teen (NIS-Teen) of persons aged 13-17 years.

From 2011 to 2012, coverage increased for 1 or more Tdap vaccine doses (from 78.2% to 84.6%), 1 or more MenACWY vaccine dose (from 70.5% to 74.0%) and, among males, 1 or more human papillomavirus (HPV) vaccine doses (from 8.3% to 20.8%). Among females, vaccination coverage estimates for each HPV vaccine series dose were statistically similar in 2012 compared with 2011.

Coverage varied substantially among states. Large and increasing coverage differences between Tdap and other vaccines recommended for adolescents indicate that substantial missed opportunities remain for vaccinating teens, especially against HPV infection. Health care providers should administer recommended HPV and meningococcal vaccinations to boys and girls during the same visits when the Tdap vaccine is given. In addition, whether for health concerns or routine well-visits, providers, parents, and adolescents should use every health care visit as an opportunity to review an adolescents' immunization history and ensure that every adolescent is fully vaccinated.

To read the CDC's *National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012*, and to view NYS specific vaccine rates (Table 3), visit: www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm?s_cid=mm6234a1_e.

Reaching Providers Interactively to Deliver a Safety Message

Single-dose medicine vials are different from multi-dose vials. Know the distinction. Act accordingly.

The New York *One & Only Campaign* is using cutting-edge public health messaging technology—an interactive infographic—to get that message to health care providers.

Why the “big deal” about single-dose vials vs. multi-dose vials? Well, the CDC has documented numerous outbreaks of serious disease, both viral and bacterial, due to unsafe injections related to reuse of single-dose vials and misuse of multi-dose vials. In some instances, the disease transmission has led to death.

So, knowing how to properly access each kind of vial is crucial for patient safety.

The CDC leads the Safe Injection Practices Coalition’s (SIPC) *One & Only Campaign*, an organization of health-related groups whose mission is to ensure that safe injections are given in all health care settings. Lack of knowledge about correct procedure, recent drug shortages and attempts to save money are among the reasons for the lapses in safe practices.

The SIPC estimates since 2001, more than 150,000 patients have been notified they might be at risk for exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV), via unsafe injection practices.

Those poor practices include using a single-dose vial to treat more than one patient or “pooling” leftover medicine (single-dose vials typically lack antimicrobial preservatives to protect against bacterial infection). Some practitioners incorrectly access multi-dose vials with used needles or syringes, contaminating the vials for subsequent patients. (Multi-dose vials typically contain antimicrobial preservatives—but those preservatives have no effect on bloodborne viruses like HBV, HCV, or HIV.)

Visit the *One & Only Campaign*’s website to see the infographic on a mobile device, a tablet or a desktop computer. With each panel, it demonstrates to providers, patients, even business managers, that unsafe injections can be costly: first and foremost to patient health, but also potentially to the provider’s license, and the medical practice, should an infection be transmitted and a malpractice lawsuit filed. The infographic wraps up with a quick quiz to test learning.

The infographic can also be printed out for distribution at meetings, trainings and in-service events.

One & Only Campaign website: <http://tinyurl.com/mwqmqza>.

Regarding trainings, the New York *One & Only Campaign* has produced an archived train-the-trainer webcast offering free CME/CNE/CHES credits through the University at Albany School of Public Health. Immunization is one of several topics addressed. Follow this link for more information: www.albany.edu/sph/cphce/esphc_injection_safety_webcast.shtml.



CDC Expands Vaccine Safety Web Offerings for Clinicians

The CDC's Immunization Safety Office announced that it expanded its vaccine safety web content of the Clinical Immunization Safety Assessment (CISA) Project. CISA is a national network of vaccine safety experts from the CDC's Immunization Safety Office, seven medical research centers, and other partners, which provides a comprehensive vaccine safety public health service to the nation.

U.S. health care providers, who have a vaccine safety question about one of their U.S. patients, can request a free CISA clinical consultation and case evaluation with one easy click:

www.cdc.gov/vaccinesafety/Activities/cisa/cisa-evaluation.html.

Additional new CISA web offerings include:

- CDC Vaccine Safety Clinician Resources: www.cdc.gov/vaccinesafety/Activities/cisa/cisa-clinician-resources.html.
- Current studies initiated under the CISA Project: www.cdc.gov/vaccinesafety/Activities/cisa/cisa_studies.html.
- CISA's historical background: www.cdc.gov/vaccinesafety/Activities/cisa/cisa-history.html.
- CISA Project publications and technical reports www.cdc.gov/vaccinesafety/library/cisa_pubs.html.

To learn more about CISA and its partner project sites, visit: www.cdc.gov/vaccinesafety/Activities/CISA.html.

For more provider and patient vaccine safety education see Page 8 of this newsletter.

Did You Know?

All significant health events that may have been related to a dose of vaccine, particularly those that lead to hospitalization, disability, or death, should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Health care providers do not need to be certain the event was vaccine related in order to report it. It is not necessary to report minor adverse reactions, such as local reactions or low-grade fever.

For more information about VAERS
visit <http://vaers.hhs.gov> or call (800) 822-7967.

Vaccine Shortages, Delays and Recalls

Information on national vaccine shortages and supply is available at the CDC website:

www.cdc.gov/vaccines/vac-gen/shortages.

General information on recalled vaccines is available at the CDC website:

www.cdc.gov/vaccines/recs/recalls/default.htm.

Vaccine recall information will be provided as needed through the NYSDOH Health Commerce System (HCS) and through this newsletter.

Subscribe to the CDC's free email service.

Receive email notifications when
new or updated immunization
information is available. Go to:
www.cdc.gov/emailupdates/index.html.

**Click on *Subscribe*,
then click on all immunization topics of interest.**

Reliable Immunization Resources

General Vaccine and Immunization Information for Providers

- NYSDOH: www.health.ny.gov/prevention/immunization/providers/
- CDC Health Care Professionals: www.cdc.gov/vaccines/hcp.htm
- **Receive CDC email notifications automatically** when new immunization information is available. Subscribe to the CDC's free email subscription service at: www.cdc.gov/emailupdates/index.html
- CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases "The Pink Book" (where you will also find foreign language terms for vaccines and diseases): www.cdc.gov/vaccines/pubs/pinkbook/index.html
- CDC's Vaccine Storage and Handling Recommendations and Guidelines web page: www.cdc.gov/vaccines/recs/storage/default.htm
- NYSDOH Vaccines for Children Program: www.health.ny.gov/prevention/immunization/vaccines_for_children.htm
- NYSDOH, Bureau of Immunization Provider Training and Education: www.health.ny.gov/prevention/immunization/providers/training_and_education.htm
- AAP: www2.aap.org/immunization/pediatricians/pediatricians.html
- IAC: www.immunize.org/
- Children's Hospital of Philadelphia: www.chop.edu/service/vaccine-education-center/home.html

Vaccine Safety Basics for Providers and Patients

- CDC: *Provider Resources for Vaccine Conversations with Parents*. Also, be sure to click on "Get Email Updates" on the CDC link to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated. <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html>
- IAC: *Need Help Responding to Vaccine-hesitant Parents?* www.immunize.org/catg.d/p2070.pdf
- NYSDOH: www.health.ny.gov/prevention/immunization/vaccine_safety/
- CDC: www.cdc.gov/vaccinesafety/index.html
- CDC, CDC Vaccine Safety Information for Parents: www.cdc.gov/vaccinesafety/populations/parents.html
- IAC: www.immunize.org/concerns/
- Every Child By Two: www.vaccinateyourbaby.com
- FDA: www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm
- AAP: www2.aap.org/immunization/families/safety.html

Important Contact Information

NYSDOH Bureau of Immunization

Phone: 518-473-4437 Email: immunize@health.state.ny.us

Website: www.health.ny.gov/prevention/immunization/

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

Western Regional Office

Buffalo: 716-847-4503

Central New York Regional Office

Syracuse: 315-477-8164

Capital District Regional Office

518-473-4437

Metropolitan Area Regional Office

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Monticello: 845-794-5627

Health care providers and facilities in New York City should contact:
New York City Department of Health and Mental Hygiene, 347-396-2400.

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