

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 information on immunization.

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**Watch for *Immunize NY!*
Seasonal Influenza 2009-2010
special edition coming soon.**

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

Hib Booster Dose Reinstated

The CDC, in consultation with ACIP, the American Academy of Family Physicians, and the AAP, is recommending reinstatement of the booster dose of *Haemophilus influenzae* type b vaccine for children aged 12–15 months who have completed the primary 3-dose series. Infants should continue to receive the primary Hib vaccine series at ages 2, 4, and 6 months. Children aged 12–15 months should receive the booster dose on time. Older children, for whom the booster dose was deferred, should receive their Hib booster dose at the next routinely scheduled visit or medical encounter. Although supply is sufficient to reinstate the booster dose and begin catch-up vaccination, supply is not yet ample enough to support a mass notification and recall of all children with deferred Hib booster doses.

For more information, go to the July 23, 2009 New York State Health Advisory *Updated Recommendations for the Use of Haemophilus Influenzae Type B (Hib) Vaccine: Reinstatement of the Booster Dose at 12-15 months* at:

https://commerce.health.state.ny.us/hpn/ctrl/docs/alrtview/postings/doc090723_0.pdf

Hepatitis A Vaccination for All Contacts of International Adoptees

In February 2009, ACIP members voted in favor of a new hepatitis A recommendation for people involved in international adoptions from a country of high or intermediate endemicity. Hepatitis A vaccination is recommended for all previously unvaccinated persons who anticipate close personal contacts with an international adoptee from countries of high or intermediate endemicity during the first 60 days following arrival in the U.S.

The first dose of hepatitis A vaccine should be administered as soon as an adoption is planned. Ideally, the first dose of hepatitis A vaccine should be administered at least two weeks prior to the arrival of the adoptee. The second dose should be administered six months after the first to complete the series.

Final publication in the MMWR is pending.

For more information go to ACIP's February 2009 summary report, pages 17-27:

<http://www.cdc.gov/vaccines/recs/acip/downloads/min-feb09.pdf>

Use of Alternative Vaccination Schedules Discouraged

Many providers are spending a great deal of time with parents concerned about the number, composition, and safety of vaccines that their child is scheduled to receive. Adding to parents' concern was a book written by Robert Sears, M.D., in 2007. Dr. Sears' book promoted the delay of childhood vaccinations through the use of an alternative immunization schedule. This practice is **not** recommended for several reasons: the time during which children are susceptible to vaccine-preventable diseases will be increased; fewer children will be protected, with the inevitable consequence of continued or worsening outbreaks of vaccine-preventable diseases.

The sources below will help providers talk with parents who question the ACIP recommended schedule and vaccinations in general.

"The Problem with Dr Bob's Alternative Vaccine Schedule" *Pediatrics*. January 2009
Paul Offit, MD, and Charlotte Moser, BS
Vaccine Education Center, Children's Hospital of Philadelphia
<http://pediatrics.aappublications.org/cgi/reprint/123/1/e164.pdf>

"Adhering to vaccine schedule is best way to protect children from disease."
AAP News. January 2009
American Academy of Pediatrics
Margaret C. Fisher, MD, FAAP and Joseph A. Bocchini, Jr., MD, FAAP
<http://www.immunize.org/aap/fisher.pdf>

"The Childhood Immunization Schedule: Why Is It Like That?" Questions and Answers
American Academy of Pediatrics
<http://www.cispimmunize.org/pro/pdf/Vaccineschedule.pdf>

"Frequently Asked Questions about Multiple Vaccinations and the Immune System."
Centers for Disease Control and Prevention
<http://www.cdc.gov/vaccinesafety/updates/multiplevaccines.htm>

"Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases"
New England Journal of Medicine. May 7, 2009
Saad B. Omer, MB, BS, PhD, MPH, Daniel A. Salmon, PhD, MPH, Walter A. Orenstein, MD, M. Patricia deHart, ScD, and Neal Halsey, MD
<http://content.nejm.org/cgi/reprint/360/19/1981.pdf>

Immunization Education and Training for Health Professionals

The CDC provides a number of immunization training opportunities, some of which offer free continuing education credits.

For more information go to:

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

Patients May Now Download Vaccine Information Statements (VIS) Onto Their Mobile Device

Federal law requires that patients be offered a copy of the appropriate VIS to read before immunization and take home with them after each vaccination. Patients who want to save paper, and who have a mobile device (e.g., iPhone, Palm Pre, some BlackBerries) that can display a pdf file, may now download VISs onto these devices, rather than taking paper copies. Patients can go to the CDC's website on their mobile device and click on the appropriate link to download that VIS:

<http://www.cdc.gov/vaccines/pubs/vis/vis-downloads.htm>

Providers can make their patients aware of this option, as one option to satisfy their legal requirement to provide the VISs to their patients.

To read more about provider responsibilities and options related to VIS distribution to patients, go to:

<http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm>.

Subscribe to the CDC's free email subscription service.

Receive email notification when new or updated

Vaccine Information Statements

are available. Go to:

www.cdc.gov/emailupdates/index.html

Revised Guidance for Human Rabies Post Exposure Prophylaxis

On July 28, 2009, the NYSDOH issued revised guidance for human rabies post exposure prophylaxis (RPEP). This guidance is based on provisional ACIP recommendations posted on July 10, 2009. The new RPEP protocol for healthy (nonimmunosuppressed) persons, not previously immunized for rabies, includes only four doses of rabies vaccine given on days 0, 3, 7, and 14, rather than the previously recommended five doses of vaccine. For immunocompromised patients, five doses of vaccine should still be given as previously recommended.

The recommendation for the administration of human rabies immune globulin has not changed. In addition, the RPEP protocol for previously vaccinated persons has also not changed.

A NYSDOH Health Advisory detailing the current RPEP protocol is available at:

<http://www.health.state.ny.us/diseases/communicable/zoonoses/rabies/>

Who Can Legally Vaccinate in New York State?

Physicians (M.D.s and D.O.s), registered physician assistants, nurses (certified nurse practitioners, registered nurses and licensed practical nurses) and certified pharmacists can legally vaccinate in New York State (NYS).

Medical assistants, although trained to do so, cannot legally vaccinate in New York State. For more information on appropriate use of medical assistants go to the New York State Nurses Association : http://www.nysna.org/practice/scope/med_assists.htm

Provisional Recommendations for the Use of Japanese Encephalitis Vaccine

On June 24, 2009, ACIP voted on revised recommendations for the use of Japanese encephalitis (JE) vaccine for travelers and laboratory workers. The provisional recommendations were then posted on the ACIP website on July 14, 2009. These recommendations will become final after they are approved by the CDC and the Department of Health and Human Services and published in the CDC's *MMWR*.

To access the provisional recommendations for the use of Japanese encephalitis vaccine, go to: <http://www.cdc.gov/vaccines/recs/provisional/downloads/je-july2009-508.pdf>

New York State Immunization Information System Trainings

The New York State Immunization Information System's (NYSIIS) training staff will be conducting *Ask the Trainer* webinars in September and October. A NYSIIS trainer will be available to answer questions from providers and their offices. **No registration is required!**

Ask the Trainer webinar dates:

September 25	11 AM to 1 PM
October 2	11:30 AM to 12:30 PM
October 23	11:30 AM to 12:30 PM

NYSIIS users are welcome to log in to a webinar and dial in by phone anytime during the session. The trainer will assist with user specific questions and may provide a demonstration of the NYSIIS functions related to the questions. These open forum webinars are designed to allow users to bring their questions to our experts for one-on-one resolutions.

On the day of the webinar go to <http://nysdoh.webex.com> and:

1. Click on "Training Center."
2. Select "Ask the Trainer: NYSIIS Noon Time Webinar."
3. Enter your name and email address.
4. Enter session password: **train09**.
5. Click "Join Now."
6. Follow the instructions that appear on your screen.
7. Connect to the audio portion of the webinar by dialing 1-866-917-9556, passcode 5900258.

Vaccine shortages, delays and recalls

Updated information concerning Hepatitis B vaccine supply constraints, including questions and answers for infant, children, and adult providers, is available at the CDC:

<http://www.cdc.gov/vaccines/vac-gen/shortages/hepb-supply-07-10-09.htm>

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

Vaccine Safety

Human Papillomavirus (HPV) Vaccine – Gardasil, Merck & Co., Inc.

In June 2009, the CDC reported that, of the approximately 14,000 reports of adverse events following Gardasil vaccination received by the Vaccine Adverse Event Reporting System, 93% were considered non-serious reports (fainting, pain and swelling at the injection site, headache, nausea and fever).

Fainting is common after vaccinations, especially in adolescents. Falls after fainting may sometimes cause serious injuries, such as head injuries, which can be prevented by closely observing the vaccinated person for 15 minutes after vaccination.

A minority of reports (7%) were considered to be serious (Guillain-Barre Syndrome, blood clots, and death). The CDC reports that all serious reports were carefully analyzed by medical experts. Experts have not found a common medical pattern to these reports of serious adverse events that would suggest any causation by the vaccine.

The CDC continues to recommend Gardasil vaccination for the prevention of four types of HPV.

For more specific information regarding HPV vaccination go to the CDC's website: <http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm>

The following websites have more information on general vaccine safety issues:

NYSDOH: http://www.health.state.ny.us/prevention/immunization/vaccine_safety.htm

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

American Academy of Pediatrics: <http://www.cispimmunize.org>

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/cber/vaccines.htm>

Children's Hospital of Philadelphia, Vaccine Education Center: <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=75697>

Contact Us!

Email the NYSDOH Bureau of Immunization if you have questions, would like more information or to receive this e-newsletter directly if you did not. immunize@health.state.ny.us

Our website: www.nyhealth.gov/prevention/immunization/

Please forward this e-newsletter to colleagues who may wish to receive it.

Provisional Recommendations for Use of Pneumococcal (PPSV23) Vaccine During Novel H1N1 Influenza Outbreak

CDC issued interim guidance on the use of pneumococcal polysaccharide vaccine during a novel H1N1 influenza outbreak. CDC recommends a single dose of PPSV23 for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions. People in these groups are at increased risk of pneumococcal disease as well as serious complications from influenza.

Emphasis should be placed on vaccinating people aged less than 65 years who have established high-risk conditions. PPSV23 coverage among this group is low and those in this group appear to be overrepresented among severe cases of novel H1N1 influenza infection, based on currently available data.

All people who have existing indications for PPSV23 should continue to be vaccinated according to current ACIP recommendations during the outbreak of novel H1N1 influenza.

A single revaccination, at least five years after initial vaccination, is recommended for those who:

- are 65 years and older who were first vaccinated before age 65 years;
- are at highest risk, such as those who do not have a spleen; or
- have HIV infection, AIDS or malignancy.

Use of PPSV23 among people without current indications for vaccination is not recommended at this time. This recommendation may be revised as the epidemiology and clinical presentation of novel H1N1 influenza virus infection, as well as the frequency and severity of secondary pneumococcal infections, are better understood.

For more information go to the CDC's guidance page at:

http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm

For the most recent PPSV23 Vaccine Information Statement go to the CDC website:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

Important Phone Numbers

NYSDOH Bureau of Immunization: 518-473-4437

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

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 the New York City Department of Health and Mental Hygiene at 212-676-2323.