

Vaccinate Vermont

Invasive Pneumococcal Disease and PCV13

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Pneumococcal disease is a leading cause of serious illness in children and adults throughout the world. The disease is caused by a common bacterium that is spread by coughing, sneezing, or other contact with respiratory secretions. Pneumonia, blood infections, and meningitis are all severe types of invasive pneumococcal disease (IPD) that cause hospitalization or even death. To protect infants and young children when they are at the greatest risk for serious pneumococcal disease, a series of pneumococcal conjugate vaccine (PCV) is given. There are 90 known types of the pneumococcal bacteria, but the 10 most common types account for approximately 62% of cases of IPD worldwide. PCV13, which became available in March of 2010, provides protection against six more types of the bacteria than the previously used PCV7.

The CDC recently reported data indicating that children 59 months and younger are developing IPD caused by types of pneumococcal bacteria that could be prevented by PCV13, but not PCV7. Data from CDC's ongoing PCV13 Vaccine Effectiveness Evaluation identified 63 children who developed IPD but were not vaccinated with PCV13, despite being eligible to receive the vaccine. Additional data show that less than 40% of children that had received the PCV7 series received the supplemental PCV13 dose. This indicates that parent and immunization providers are not aware of the supplemental dose recommendation.

To prevent IPD among children, providers need to ensure eligible children are vaccinated with a supplemental dose of PCV13. Recom-

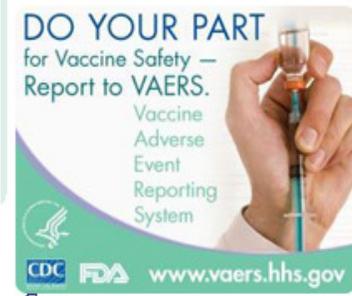


mendations for use of PCV13 include: (1) administering a single supplemental dose of PCV13 to all children age 14 through 59 months who have received an age-appropriate number of PCV7 doses to provide additional protection against the six serotypes unique to PCV13; (2) Completing a PCV7 series with PCV13 to make sure children receive a full primary series of pneumococcal conjugate vaccine as recommended by ACIP. PCV13 is also recommended for children 60 through 71 months with underlying medical conditions that increase their risk for pneumococcal disease. See the recommendations at the link below for a complete listing of conditions.

The complete recommendations for use of PCV13 can be viewed at:

PCV13 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm?s_cid=rr5911a1_e
The CDC report on IPD and PCV13 among children younger than 5 years of age is at: <http://www.cdc.gov/mmwr/pdf/wk/mm6043.pdf>

*Happy Holidays from the Vermont
Immunization Program*



VAERS

Reporting Adverse Events Following Vaccination

The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety program overseen by CDC and the FDA. The primary goal is to collect and analyze reports of adverse events that happen after vaccination and identify which adverse events need further study.

An adverse event is a health problem that happens after vaccination and it may or may not be caused by a vaccine. Adverse events are not the same as a side effect, which are proven links between a vaccine and a health problem.

The VAERS system is used to gather information to monitor vaccine safety after a vaccine is licensed and approved for use. Prior to approval, vaccines are tested on cohorts of less than 5,000 individuals in a controlled environment. Once vaccines are approved by the FDA, and recommended for use by the CDC, the VAERS system is used to detect and respond to events and conditions not identified during testing. The act of reporting an adverse event to VAERS does not mean the event was caused by a vaccine.

Anyone can submit a report to VAERS including medical providers, parents or family members of individuals receiving vaccines. Reports can be submitted online, by fax or by mail. To report to VAERS online, go to <https://vaers.hhs.gov/esub/step1> and follow the 5 steps.

To request a form by phone, call 1-800-822-7967. To print out forms go to https://vaers.hhs.gov/resources/vaers_form.pdf and return by fax to 1-877-721-0366 or mail to VAERS, P.O. Box 1100, Rockville, MD 20849-1100.

“Pneumonia kills more children than any other illness..”

Ask the Experts: Vaccine Specific Q's & A's Answered by CDC Experts Source:http://www.immunize.org/askexperts/experts_zos.asp

If an adult or child has not had documented chickenpox but has had shingles, is varicella vaccination recommended?

No. Shingles is caused by varicella zoster, the same virus that causes chickenpox. A history of shingles based on a healthcare provider diagnosis is evidence of immunity to chickenpox. Therefore, a person who has had shingles does not need to be vaccinated against varicella. He/she should still receive zoster vaccine, however, if it is not contraindi-

cated and he/she is age 60 or older.

http://www.immunize.org/askexperts/experts_var.asp Which is the varicella section of "Ask the Experts" at IAC.

Should people who haven't had chickenpox be vaccinated with zoster vaccine?

Serologic surveys indicate that almost everyone born in the United States before 1980 has had chickenpox. As a result, there is no need to ask patients age 60 years and older for their varicella

disease history or to conduct lab tests for serologic evidence of prior varicella disease. A person age 60 years or older who has no medical contraindications, is eligible for zoster vaccine regardless of their memory of having had chickenpox.

Question from the Zoster section of the "Ask the Experts"
http://www.immunize.org/askexperts/experts_zos.asp



Ask the Experts

Flu Vaccine Still Available

Additional pediatric influenza vaccine for the 2011-2012 influenza season is available to all VFC enrolled practices for their patients age 6 months through 18 years. Four presentations are available: 5 ml multidose vials, 0.5 ml single vials, 0.25 ml single pre-filled syringes, and FluMist

(intranasal spray). The Immunization Program reminds providers that peak influenza activity does not usually occur until February and encourages the continued vaccination of patients throughout the flu season. To order influenza vaccine, simply fax a vaccine request to 802-863-7395 and in-

clude the specific product you want and number of doses (in multiples of 10). The 2011 Influenza Recommendations can be viewed at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?s_cid=mm6033a3_w



Flu vaccine still available

Registry Eases Vaccine Data Entry

Vaccines for Children (VFC) and Vaccines for Adults (VFA) providers will notice the Vermont Immunization Registry (IMR) now displays lot number, manufacturer, and expiration date information on the practice inventory page. This data is automatically loaded into the IMR from the shipping logs of McKesson Specialty, the vaccine distributor for the VDH. Practices can also enter any privately purchased (non-VDH) vaccines into the registry, but keep in mind information must be entered

for vaccines that are not part of our supply system.

Registry users will also notice two expiration notes for all VDH supplied vaccines which will help to identify vaccines that are near expiration or already expired. You will see an exclamation mark (!) which means the vaccine is expired, and an asterisk (*) that means a vaccine is within 90 days of expiration. The IMR does not have a true vaccine inventory system, but this change does provide additional tools to manage and report vaccine inventory

according to recommended guidelines.

IMR staff can be contacted by email at imr@state.vt.us or by phone at (888) 688-4667. Questions concerning appropriate vaccine inventory practices and related reporting should be directed to the Immunization Program at 802-863-7638. For additional help using the IMR vaccine inventory module, please access: http://healthvermont.gov/hc/IMR/documents/IMR_inventory_logs.pdf.

Vaccine Management, Handling & Storage

Does your practice have a Vaccine Management Plan?

A Vaccine Management Plan explains appropriate storage and handling of vaccines. A good plan includes a review of appropriate temperatures, proper placement of thermometers in

refrigerators or freezers, and instructions on how to monitor temperature readings. It also outlines what to do if there is a power outage and lists who to call. Practices enrolled in the Vaccines for Children (VFC) Program are required to have a plan, but it is a good

practice for any provider storing vaccines. The Immunization Program recommends using the template at: http://healthvermont.gov/hc/immunization_mgmt_plan_template.pdf.



Vaccine Storage & Handling Guide

New HPV Recommendations

The CDC's Advisory Committee on Immunization Practices (ACIP) voted at its October meeting to recommend the routine use of the Human Papillomavirus quadrivalent (HPV4) vaccine in boys 11-12 years of age. The HPV4 vaccine, Gardasil was previously a permissive recommendation for males, available upon request but not a routine immunization.

The ACIP strengthened their prior recommendation based on newly acquired data. Since 2009 data on clinical efficacy, safety, and cost of the HPV vaccine have been collected and reviewed. The committee specifically reviewed trends in cancers associated with HPV types that could be prevented by the HPV4 vaccine.

The recommendation to routinely immunize boys and young men is intended to protect them from both the cancers and genital warts caused by HPV infection. Regular immunization against HPV will also protect sexual partners of those receiving the HPV vaccine. There are over 100 types of HPV, and the infection often occurs soon after sexual activity starts. While most HPV infections resolve without treatment, the infections that persist are the ones that are risk factors for different types of cancer.

Two types of HPV (types 16 and 18) are responsible for the majority of cancers associated with HPV, accounting for about 15,000 cases of cancer in women and 7,000 cases in men. While cervical cancer is the most common HPV-related cancer noted in women, men are most often diagnosed with oropharyngeal or throat cancer (which includes the base of the tongue, tonsils, and the back of the mouth).

Rates of anal cancers have also been rising over several decades in both men and women; but men who have sex with men (MSM) are at a higher risk. More than 80% of anal cancers are caused by the HPV types included in the HPV4 vaccine. There is currently no routine screening or effective treatment making immunization a primary prevention tool.

Uptake of the HPV vaccine for girls has remained low, especially for completion of the three dose series. However, acceptance of the vaccine is more likely if parents have received education on HPV and the vaccine.

The ACIP recommends a 3-dose HPV series for females and males at age 11-12 years. Only Gardasil, the quadrivalent HPV vaccine, can be used for both females and males. Cervarix, the bivalent vaccine (HPV2) can only be used in females, and it is also a 3-dose series of immunizations. Catch-up vaccination is recommended for females and males 13 through 18 years of age who have not been previously vaccinated or who have not completed the full HPV series. Eligible females and males as young as 9 years old may be vaccinated with HPV4. The vaccines have been recommended for the 11-12 ages to get the most benefit of the vaccine by administering it before any possible exposure to HPV through sexual contact. This also takes advantage of the strength of the immune response typically seen in younger persons.

The next step will be for the CDC to develop written guidelines based on the ACIP recommendations. Once published in an upcoming issue of the CDC's *Morbidity and Mortality Weekly Report*, the guidelines are considered official. The VDH Immunization Pro-

gram will provide updated information on HPV recommendations as they become available.

The previous ACIP recommendation from 5/28/2010, [The Quadrivalent Human Papillomavirus Vaccine \(HPV4, Gardasil\) for Use in Males and Guidance from the ACIP](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e) is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e.



HPV vaccine for males.



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healthvermont.gov/hc/imm/index.aspx