



October 2005

Immunization Update

immunization works!



The Centers for Disease Control and Prevention's (CDC) Immunization Works Monthly Update is provided to national health care provider and consumer groups for distribution to their members and constituencies. The immunization information provided is non-proprietary and is encouraged to be widely disseminated.

Influenza Vaccine Supply, Recommendations, & Resources

The 2005-06 influenza vaccination effort is shifting into high gear around the country. According to CDC recommendations, October and November are the optimal months for influenza vaccination. This year, four companies are licensed to sell influenza vaccine in the United States: Sanofi Pasteur, Inc., MedImmune Vaccines, Inc., GlaxoSmithKline and Chiron Vaccines, Ltd.

As of today's date, all four companies are currently distributing their vaccine (see FDA's website <http://www.fda.gov/cber/flu/flulot101205.htm>). If all of the anticipated doses are distributed, the number of doses available will total between 89 million and 97 million. Last year, 61 million doses were available.

While the Nation's total influenza vaccine supply forecast appears promising, as in several recent past seasons, some uncertainty remains. Given this uncertainty, CDC continues to recommend that inactivated vaccine be reserved for the following priority groups until **October 24, 2005**:

- Persons aged >65 years with comorbid conditions
- Residents of long-term-care facilities
- Persons aged 2--64 years with comorbid conditions
- Persons aged >65 years without comorbid conditions
- Children aged 6--23 months
- Pregnant women
- Health-care personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged <6 months

These groups correspond to inactivated vaccine priority groups that were published previously in CDC's Morbidity and Mortality Report (MMWR) in the event of a vaccination supply disruption (please see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5430a4.htm>).

It is important to note that certain persons within the priority groups above are also eligible for the live, intranasal influenza vaccine (LAIV). LAIV influenza vaccine is approved for healthy children and adults from 5 through 49 years of age, including most healthcare workers and household contacts of most people at high risk for influenza

complications. However, LAIV should not be given to pregnant women or people with certain medical conditions.

Beginning October 24, 2005, *all* persons will be eligible for vaccination with the inactivated vaccine. At this point, CDC encourages vaccination of anyone who wants to be vaccinated using the inactivated vaccine, in addition to continued vaccination of persons in the priority groups.

Key Influenza Resources

- **CDC Influenza Website:** This website contains the latest influenza information for health professionals and the general public, including links to weekly surveillance reports, press releases and educational materials. Please visit <http://www.cdc.gov/flu>. In addition, this website links to other important CDC influenza resources including the flu gallery, www.cdc.gov/flu/gallery (contains patient and provider educational materials), the influenza vaccine bulletins, <http://www.cdc.gov/flu/professionals/flubulletin.htm> (provide updates on the current vaccine supply situation, and a patient self screening form http://www.cdc.gov/flu/professionals/pdf/early_screening_form.pdf (helps patients to determine whether or not they are in the priority group for inactivated influenza vaccine).
- **CDC INFO Hot Line:** Staff at 1-800-CDC-INFO can help both health professionals and the general public find answers to specific questions they may have about influenza or other public health issues. This service is available in English and Spanish 24 hours a day, seven days a week.
- **Influenza VIS:** In July 2005, Influenza vaccine was added to the National Vaccine Injury Compensation Program. CDC strongly urges the use of interim Vaccine Information Statements (VIS). When the final VISs are available, most likely in the next month, their use will be required. To obtain copies, please visit <http://www.cdc.gov/nip/publications/VIS/default.htm#flu>.
- **The American Lung Association (ALA) Clinic Finder:** This easy-to-use tool allows persons anywhere in the country to obtain information about what influenza vaccine clinics may be scheduled in their area. In addition, health professionals wishing to list clinics on the locator may do so *free of charge*. Please visit www.flucliniclocator.org for more information.
- **Health Industry Distributors Association (HIDA) Website:** This website lists contact information for influenza vaccine distributors, regardless of their membership in HIDA. Please visit http://www.hida.org/document.asp?document_id=10082.
- **Centers for Medicare and Medicaid Services (CMS) website and hotline:** The hotline and website provide information for health professionals about billing procedures, payment rates, and procedural issues as well as links to many other helpful sites. Please visit <http://www.cms.hhs.gov/preventiveservices/2.asp>. CMS also offers Medicare beneficiaries information and answers to their questions

about vaccination, particularly about Medicare coverage. Beneficiaries should call 1-800-Medicare or visit <http://www.medicare.gov/health/flu.asp>.

Other Immunization News

New Adult Immunization Schedule: The Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the use of licensed vaccines. In June 2005, ACIP approved the Adult Immunization Schedule for October 2005--September 2006. This schedule has also been approved by the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists.

The new 2005--2006 schedule contains important changes. Please see the Morbidity and Mortality Weekly Report (MMWR) at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5440-Immunizational1.htm> to view a complete list of the changes. The Adult Immunization Schedule is available in English and Spanish at <http://www.cdc.gov/nip/recs/adult-schedule.htm>.

FDA and CDC Issue Alert on MCV4 and Guillain Barre Syndrome: The Food and Drug Administration (FDA) and CDC are alerting consumers and health professionals to five reports of Guillain Barre Syndrome (GBS) following administration of a quadrivalent (A, C, Y, and W135) meningococcal conjugate vaccine (Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine, Menactra® (MCV4). It is not known yet whether these cases were caused by the vaccine, manufactured by sanofi pasteur, or if they were coincidental.

All five cases occurred among persons aged 17--18 years who were vaccinated during June 10--July 25 and had symptom onset 14--31 days after MCV4 vaccination. The five patients received vaccine from four different lots in four states: Pennsylvania (two), New York, Ohio, and New Jersey (one case each). A sixth report of a possible case was received on October 4th and is currently being investigated.

Guillain Barre Syndrome (GBS) is a serious neurological disorder that can occur, often in healthy individuals, either spontaneously or after certain infections. GBS typically causes increasing weakness in the legs and arms that can be severe and require hospitalization. The precise rate of GBS is unknown, but data from the Vaccine Safety Datalink (VSD) indicates a background annual incidence of 1-2 cases per 100,000 person-years in 11-19 year olds.

Meningococcal infection, which Menactra prevents, is a major cause of bacterial meningitis, affecting approximately 1 in 100,000 people annually. The infection can be life threatening: 10-14 percent of cases are fatal and 11-19 percent of survivors may have permanent disability.

The evidence is insufficient to conclude that MCV4 causes GBS. Therefore, CDC is recommending continuation of current vaccination strategies.

In addition, persons with knowledge of any possible cases of GBS occurring after Menactra are asked to report them to the Vaccine Adverse Event Reporting System (VAERS). Persons can report to VAERS on the web at www.vaers.hhs.gov or by phone at 1-800-822-7967. To review CDC's recent article in the Morbidity and Mortality Weekly Report (MMWR) on this topic, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1006a1.htm>

Also, please note: the meningococcal conjugate Vaccine Information Sheet (VIS) has been updated to reflect the potential risk of GBS. The updated edition should be used in place of the previous edition, and can be found on CDC's website at <http://www.cdc.gov/nip/publications/VIS/default.htm>). This is still an interim VIS; a final version will be available after meningococcal conjugate vaccine is added to the National Vaccine Injury Compensation Program.

Polio Infection in an Unvaccinated Infant: The Minnesota Department of Health (MDH) has identified a vaccine-derived type 1 poliovirus from the stool of a 7-month old, immunocompromised infant from a largely unvaccinated community. The infant did not have symptoms of polio. Molecular testing (PCR) by the MDH laboratory identified this type 1 poliovirus strain as vaccine-derived; that is, a strain initially in live attenuated oral polio vaccine (OPV). The MDH laboratory and CDC believe this strain has been replicating for 1 to 2 years, and over time, has mutated and reverted to a strain that is more like wild poliovirus in terms of transmissibility and risk of paralytic disease. As OPV has not been used in the United States or Canada since 2000, the source of this strain may be a person who received OPV in another country.

MDH is leading ongoing community and hospital investigations to 1) identify the virus source, and whether there is evidence of virus circulating in the community and/or possible nosocomial transmission; and 2) to vaccinate healthcare workers and potentially exposed community members who are unvaccinated or incompletely vaccinated against polio. Other persons could contract poliovirus from this infant through contact with stool or oral secretions. Widespread transmission in a vaccinated community is unlikely because fully vaccinated individuals are not at risk of disease from this or other polioviruses. However, immunized individuals may become re-infected and shed the virus for up to 2 weeks. The risk of transmission in unvaccinated communities is higher.

CDC recommends State and local health departments assess polio immunization coverage in their communities and provide opportunities for unvaccinated persons to receive inactivated poliovirus vaccine (IPV). Frequently asked questions about polio and the vaccine-derived polio virus are available on CDC's website at <http://www.cdc.gov/nip/diseases/polio/faqs.htm>.

Increase in Nursing Home Coverage of Pneumococcal Vaccinations:

From 1995 to 1999, the percentage of nursing home residents aged >65 years who

received 23-valent pneumococcal polysaccharide vaccine (PPV23) increased by 58.5%. This increase might be attributable, in part, to a 36% increase in the number of residents living in nursing homes with pneumococcal immunization programs. The Advisory Committee on Immunization Practices (ACIP) continues to recommend PPV23 vaccination for all persons aged >65 years and all residents of nursing homes and other long-term--care facilities. To view the article published in a recent edition of CDC's Morbidity and Mortality Weekly Report (MMWR), please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5436a5.htm>.

PCV7 Vaccine in Young Children Reduces Disease in Children/Adults:

Streptococcus pneumoniae (pneumococcus) is a leading cause of pneumonia and meningitis in the United States and disproportionately affects young children and the elderly. In 2000, a 7-valent pneumococcal conjugate vaccine (PCV7) was licensed in the United States for routine use in children aged <5 years. Surveillance data from 2001 and 2002 indicated substantial declines in invasive pneumococcal disease (IPD) in children and adults compared with prevaccine years. To view the article published in a recent edition of CDC's Morbidity and Mortality Weekly Report (MMWR), please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5436a1.htm>.

New Rule: Nursing Homes Must Offer Influenza/Pneumococcal

Vaccines: A final rule has been issued by the Centers for Medicare and Medicaid Services (CMS) to increase immunization rates in Medicare and Medicaid participating long term care (LTC) facilities. The rule requires nursing homes to offer each resident immunization against influenza annually, as well as lifetime immunization against pneumococcal disease. Measurement of vaccination levels will occur by state survey and certification staff, and will be available on a quarterly basis beginning in 2006. Grantees are encouraged to work with their nursing home industry and CMS Quality Improvement Organization, where feasible, to assist in implementation of this rule. The final rule, as published in the Federal Register, can be found at <http://www.cms.hhs.gov/providerupdate/regs/cms3198F.pdf>.

Immunization Registries Help Children Avoid Extra Shots: In Louisiana, Mississippi, and Alabama, many people who had to evacuate lost not only homes and possessions but personal records such as their children's shot records. Whether some children are up-to-date on their shots or need to be vaccinated is being answered through existing immunization information systems. In Louisiana alone, CDC estimates that more than 8,300 queries were made to the Louisiana Immunization Network for Kids Statewide (LINKS) concerning evacuated children. Although special provisions are being made to accept students without proof of immunization into their new schools, having an immunization record provides extra assurance that no delays will occur, and no immunizations will be repeated unnecessarily. For more information about computerized immunization registries, please contact CDC's Gary Urquhart by email at gau5@cdc.gov or by phone at 404 639-8277.

Meetings, Conferences and Resources

Avian Influenza Website: CDC continues to update its website specifically devoted to Avian Influenza (bird flu). The website now includes a fact sheet, a notice to travelers, and a link so that clinicians can sign up for e-mail updates about Avian Influenza. To access the website, please visit <http://www.cdc.gov/flu/avian/index.htm>.

Save the Date: 7th National Conference on Immunization Coalitions: The 7th National Conference on Immunization Coalitions will be held from August 9 - 11, 2006 in Denver, Colorado. For details, please contact Roberta Smith (Colorado Influenza and Pneumococcal Alert Coalition, Adult Immunizations) at 303-692-2332 or roberta.smith@state.co.us. In addition, more information will be forthcoming in future editions of Immunization Works.

Vaccine Storage and Handling Toolkit: Now Available in CD-ROM: Introduced in March as a Web-based resource, the Vaccine Storage and Handling Toolkit is now available in a CD-ROM format. The CD-ROM can be ordered by accessing the on-line order form from CDC's publication catalog, www.cdc.gov/nip/publications. Bulk copies of the CD will be limited, but a master CD can be ordered for mass duplication. The Web-based toolkit can still be accessed from the National Immunization Program (NIP) Website at <http://www2a.cdc.gov/nip/isd/shtoolkit/splash.html>.

Available Now: The Self-Study Version Immunization Update 2005: This program, originally broadcast on July 28, 2005, is now available as a self-study to be viewed at home or in the office. To access the internet version, go to <http://www.phppo.cdc.gov/PHTN/webcast/immup2005>. To order the DVD, go to http://www2.cdc.gov/nchstp_od/PIWeb/niporderform.asp. This specific update covers: new recommendations for influenza vaccine, an update on the influenza vaccine supply, meningococcal conjugate vaccine, and acellular pertussis vaccine for adolescents. Continuing Education (CE) credits will be provided for this activity.

Submit an Abstract to NIC: Abstracts are now being accepted for the 40th National Immunization Conference (NIC). The conference -- to be held March 6-9, 2006, at the Omni Hotel at CNN Center in Atlanta, Georgia -- will comprise six topic tracks: Adult and Adolescent Immunization, Epidemiology and Vaccine Safety, Health and Risk Communications, Immunization Information Systems, Programmatic Issues, and Policy and Legislation. To submit an abstract, please visit the NIC Web site at www.cdc.gov/nip/nic. Participants can also register at the NIC Web site. Please register before January 13, 2006 to obtain the best rate.

NIP Needs Pilot Testers: The National Immunization Program (NIP) has an ongoing need for volunteers to pilot test immunization training courses. Volunteers are particularly needed in the following occupations: physicians, pharmacists, health educators, medical assistants and nurses. To learn more about becoming a pilot tester, please send an email to nippilot@cdc.gov.

Job Openings within NIP: The National Immunization Program (NIP) is committed to recruiting and hiring qualified candidates for a wide range of positions. Researchers, Medical Officers and Epidemiologists as well as other specialties are often needed to fill positions within NIP. Interested parties are encouraged to apply for these positions. For a current listing of positions available at NIP, please visit <http://www.cdc.gov/hrmo/hrmo.htm>.