

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Fall 2005

October ACIP Meeting Update

The Advisory Committee on Immunization Practices (ACIP) met in Atlanta Oct. 26 and 27, 2005 to discuss immunization recommendations. The committee passed revised recommendations for hepatitis B vaccination of adults. The following are the draft recommendations for **hepatitis B** vaccine:

- Hepatitis B vaccine should be offered to all adults in selected settings, e.g. STD clinics, drug abuse treatment facilities, HIV testing sites and correctional facilities.
- In primary care and specialty medical settings, hepatitis B vaccine should be offered to adults in high-risk groups. If determining if a patient is at risk is a barrier to vaccination, then providers may use alternative vaccination strategies such as offering vaccine to adults in age groups with the highest risk for infection (younger than 45 years).
- Hepatitis B vaccine is recommended for all unvaccinated adults at high risk for hepatitis B infection and all adults seeking protection from hepatitis B infection.

The ACIP also discussed **hepatitis A** vaccination recommendations. The minimum age for the use of VAQTA® and HAVRIX®, hepatitis A vaccines, has been reduced to 12 months of age. The minimum

age was previously 2 years of age. The following childhood hepatitis A immunization recommendations were made:

- All children ages 12 months through 35 months should receive hepatitis A vaccine. Vaccination should be integrated into the routine childhood immunization schedule. Children who are not vaccinated at this time should receive hepatitis A vaccine during the preschool years.
- Counties with existing hepatitis A vaccination programs for children ages 2 to 18 years should maintain the programs however, vaccination should start at 12 months of age instead of 2 years. Counties with existing hepatitis A vaccination programs should consider catch-up vaccination of unvaccinated children ages 2 to 18.

Hepatitis A vaccine soon will be available from the North Dakota Immunization Program for all children in North Dakota. A memo will be sent to notify providers when hepatitis A vaccine is available.



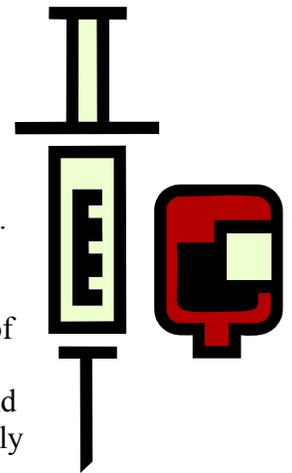
Recommendations for the use of **Tdap** in adults also were discussed at the October ACIP meeting. The ACIP voted to recommend that all adults receive Tdap instead of Td. The draft recommendations are as follows:

- Adults who received their last dose of Td ≥ 10 years earlier should receive a single dose of Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria and pertussis.
- Intervals shorter than 10 years since the last Td may be used to protect against pertussis. The safety of intervals of approximately two years between Td and Tdap is supported in a Canadian study, but shorter intervals may be used at the discretion of the physician.
- Adults who have or who anticipate having close contact with an infant younger than 12 months (e.g., parents, caregivers) should receive a single dose of Tdap to protect against pertussis. It is best that these adults receive Tdap at least one month prior to close contact with the infant. A two-year interval is suggested between doses of Td and Tdap.
- Women should receive a dose of Tdap as soon as possible in the immediate post-partum period if they have not previously received Tdap. When possible, women should receive Tdap prior to conception.
- Tetanus vaccination is indicated routinely for pregnant women. Tdap is preferred to Td if it has been ≥ 10 years since the last Td. No evidence exists that Td is teratogenic, but waiting until the second trimester during pregnancy to administer Td or Tdap is a reasonable precaution for minimizing any concern about the theoretical possibility of reactions. Tdap may be considered at intervals shorter than 10 years after the

last Td in settings with increased risk of exposure to pregnant women.

It is important to note that only one Tdap vaccine is approved for use in adults. ADACEL™, from sanofi pasteur, is approved for use in people ages 11 to 64. BOOSTRIX®, from GlaxoSmithKline, is approved for use only in adolescents, ages 10 to 18.

Varicella Zoster Immune Globulin (VZIG) currently is used for prophylaxis of patients at highrisk for severe disease and complications following exposure to varicella. Massachusetts Public Health Biological Laboratories currently is the only producer of VZIG. They will discontinue production of VZIG in 2005 and supplies are expected to last only until the spring of 2006.

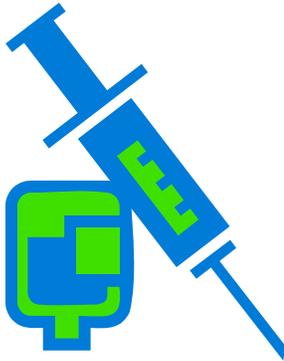


The ACIP found that there is stronger evidence in support of IGIV use as an alternative to VZIG. The draft recommendations that were made are:

- VZIG is preferred for post-exposure prophylaxis of patients at highrisk for severe varicella disease and complications.
- If VZIG is unavailable, then IGIV can be used.
- Clinicians may consider Acyclovir, with or without other options.
- In pregnant women, IGIV may be used, or the pregnant woman can be monitored closely, with Acyclovir used if illness develops.

The ACIP meets again in February. Some topics that most likely will be discussed include:

- Tdap recommendations for other populations, such as health-care workers.
- Rotavirus vaccine recommendations.
- Second dose of varicella vaccine recommendations.



MMRV Approved by the FDA

Merck's new combination vaccine for immunization against measles, mumps, rubella and varicella (MMRV), ProQuad®, was approved by the Food and Drug Administration (FDA) in September. MMRV vaccine was approved for use in children 12 months to 12 years of age. It should be used when both MMR and varicella vaccine are recommended to be administered. MMR vaccination is recommended at 12 to 15 months of age, with a booster dose at 4 to 6 years of age. Varicella vaccination is recommended at 12 to 18 months of age. A booster dose of varicella vaccine is currently not recommended. MMRV is approved for use for the booster dose of MMR, but since a booster dose is not recommended for varicella, it would be a waste of money to use MMRV, instead of MMR.

MMRV will be available from the North Dakota Immunization Program in the near future. MMRV will be supplied only for use as the first dose of MMR and varicella vaccine. MMR will still have to be ordered for the booster dose. MMRV needs to be

stored in the freezer. A memo will be sent to providers when MMRV is available for order from the North Dakota Immunization Program.

PENTACEL™ Application Submitted to FDA

On Sept. 26, 2005, sanofi pasteur submitted a license application to the FDA for PENTACEL™. PENTACEL™ is a combination vaccine that protects against diphtheria, tetanus, pertussis, *Haemophilus influenzae* type B and polio. In trials, PENTACEL™ was administered as a four dose series at 2, 4, 6 and 15 to 18 months of age. It usually takes 12 to 15 months for vaccines to be approved by the FDA.

Greater Grand Forks Immunization Coalition Regional Immunization Conference



The Greater Grand Forks Immunization Coalition is sponsoring its third regional immunization conference titled "*Vaccination Expedition 2006 ~ A North Dakota Adventure*" May 18 and 19, 2006, in Grand Forks. The featured speaker is William Atkinson, MD, MPH, Medical Epidemiologist, from the National Immunization Program (NIP). Possible topics include:

- Vaccine safety
- Community partnerships
- Childhood immunizations
- Cultural health disparities
- Influenza pandemic planning
- Adult immunizations

Mark your calendars. More information about the conference and registration will be available soon.

JAMA Publishes Study About the Effect of Childhood Pneumococcal Vaccination on Adult Pneumococcal Disease

In October, the Journal of the American Medical Association (JAMA) published a study titled “Changing Epidemiology of Invasive Pneumococcal Disease Among Older Adults in the Era of Pediatric Pneumococcal Conjugate Vaccine.” The study concluded that the use of conjugate vaccine (Prevnar® or PCV-7) in children has substantially benefited older adults. The study also showed that people with certain high-risk conditions may benefit less than healthier people from the indirect effects of the conjugate vaccine.

The study used surveillance of pneumococcal disease in eight geographic areas from 1998 to 2003. Results from the study showed that the overall incidence of invasive pneumococcal disease among adults age 50 years of age and older declined by 28 percent since the vaccine was licensed. Also, in adults, the rate of disease caused by the seven serotypes in the conjugate vaccine declined by 55 percent. The rates of disease in adults caused by other serotypes not in the conjugate vaccine but in the polysaccharide vaccine did not change.



This study provides another reason why vaccination of children with pneumococcal conjugate vaccine is so important. It prevents disease not only in children, but in adults. Pneumococcal conjugate vaccine reduces pneumococcal carriage and transmission.

For more information or for a copy of the study, visit: jama.ama-assn.org/.



Vaccine Order Forms

Please use the most current vaccine order form that you receive from the North Dakota Immunization Program in your vaccine shipments. Because of new vaccines and changes in the North Dakota Immunization Program, it is important to use the newest form, so your clinic is not ordering the wrong vaccine or missing out on ordering a new vaccine. A new vaccine order form is sent in the cooler of each vaccine shipment.

Please contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180 with any questions or to request an updated vaccine order form.

NDIIS Update



Testing of the new components (reminder/recall and forecasting) of the North Dakota Immunization Information System (NDIIS) is continuing

at the North Dakota Immunization Program. The Immunization Program is anticipating that the forecaster and reminder/recall will be ready by early 2006. Providers will be contacted for training opportunities when available.

Mumps in North Dakota

Four cases of mumps have been reported in North Dakota since January of 2005. North Dakota usually has only one case of mumps each year. The cases occurred in different regions of the state. After thorough investigations of the cases, the NDDoH was unable to determine the sources for any of the cases. The cases also have occurred in various age groups with ages ranging from 18 months to 69 years. One of the cases was fully vaccinated with two doses of MMR vaccine.

Physicians should consider mumps when evaluating patients with an acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting more than two days without other apparent cause. Laboratory testing for mumps is available from the North Dakota Division of Microbiology.

Mumps is a mandatory reportable condition in North Dakota. Contact the NDDoH at 701.328.2378 or toll-free at 800.472.2180 to report a case of mumps.

Influenza Vaccine Update

Chiron Corporation was approved in October to ship influenza vaccine to providers in the United States. The delay in the shipping of Chiron influenza vaccine caused a temporary shortage of the amount of influenza vaccine in clinics throughout the United States. Currently, influenza vaccine supplies vary from clinic to clinic in North Dakota. Some clinics may have enough vaccine to vaccinate anyone who wants to be vaccinated; other clinics may be able to vaccinate only people in the high-risk groups. The NDDoH is recommending that all people at risk for serious complications from influenza be vaccinated. The following high-risk groups are recommended to be vaccinated against influenza:

- All children 6 through 23 months
- All adults age 50 and older
- Residents of long-term care facilities
- People of any age who have long-term health problems, such as:
 - Heart Disease
 - Lung disease
 - Kidney diseases
 - Diabetes
 - Asthma
 - Anemia
 - Weakened immune systems due to HIV/AIDS and cancer treatments
 - Breathing problems due to neuromuscular disorders
 - Pregnant women

People who possibly can spread the disease to those at high risk, such as health-care workers, out-of-home caregivers and household contacts, also should be vaccinated. Other people who want to protect themselves from influenza also should be vaccinated, if vaccine supplies allow.

Influenza Vaccine From the North Dakota Immunization Program

This season, the North Dakota Immunization Program supplied influenza vaccine to providers for all children ages 6 through 23 months and high-risk children ages 3 through 18 years. Although the Immunization Program was not allowed to order enough vaccine for all children, ages 4 through 18 at high-risk, but supplies of the preservative-free syringes for children 6 through 35 months should be adequate.



In order to protect as many infants as possible from influenza and to prevent an excess of influenza vaccine syringes at the end of the influenza season, the NDDoH is recommending that providers vaccinate all children ages 6 through 23 months when they come in to the clinic for well-child visits. These infants also should be called in to receive vaccine if no well child visits are in the near future. Children ages 6 through 23 months will need two doses of influenza vaccine if it is the first time they have been vaccinated. These infants should be recalled a month after the previous dose to ensure they are adequately protected against influenza. The influenza syringes should be used into May and June if your clinic still has supplies.

If your clinic has excess 0.25 mL syringes, then they may be used for high-risk children, 4 through 18 years. Children, 4 through 18 years, need a 0.5 mL dose of influenza vaccine, so they will need two 0.25 mL syringes at the same visit to be protected.

Please contact the North Dakota Immunization Program with any questions at 701.328.3386 or toll-free at 800.472.2180.

North Dakota's Universal Status Update

The North Dakota Immunization Program is still working to obtain funding from outside sources to ensure that North Dakota remains a universal state. Currently, providers may order most ACIP childhood recommended vaccines for all children in North Dakota, regardless of VFC status. Tdap and Menactra are the only vaccines at this time that are for VFC children only.

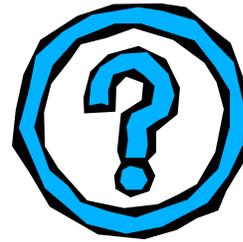
More information about North Dakota's universal status will be available by Jan. 1, 2006. A memo will be sent to providers regarding this issue.



North Dakota Vaccine Management Plan

The North Dakota Immunization Program created a "Vaccine Management Plan." Sent to providers in October, the plan discusses proper vaccine storage and handling procedures. At least two people should read the plan at each clinic: one person who is normally responsible for vaccine, and a "back-up" person.

Please contact the North Dakota Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.



Questions and Answers

1. **What tetanus and diphtheria vaccine should you give to children who are ages 7 through 9 years and who are not up-to-date?**
 - A. DTaP and DT must be given only to children who are age 6 years and younger. There are two types of Tdap vaccine: BOOSTRIX® can be given to children ages 10 through 18, ADACEL™ is licensed for people ages 11 through 64. Td is the only available option for children ages 7 through 9 who are not up to date on tetanus and diphtheria vaccine.

2. **If an expired dose of live vaccine is given, when should it be repeated?**
 - A. ACIP does not specifically address the timing for repeating doses of expired vaccine. However, it would be prudent to wait four weeks (at least one incubation period) before repeating a dose of live vaccine that has expired. Even though the vaccine is expired, it might retain some viability that could interfere with the repeat dose. Therefore, it is best to wait four weeks to be sure. However, if an expired *inactivated* vaccine is inadvertently given, the ACIP does not know of a biologic reason why the dose could not be repeated immediately, although there is still no official recommendation.

3. **What is the recommendation for removing stoppers from vaccine vials to prevent reactions to latex?**
 - A. The ACIP does not recommend removing the rubber stopper from a vaccine vial to administer vaccine to someone with a severe life-threatening latex allergy. The vaccine has already been exposed to the rubber stopper in the vial, which might be enough exposure for a reaction. These people should not be given the vaccine.

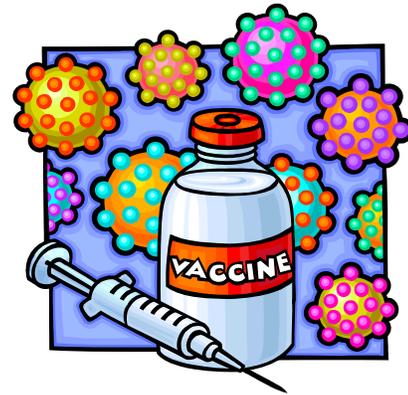
4. **What is the appropriate dosage for influenza vaccine in children, ages 6 through 35 months?**
 - A. Children ages 6 through 35 months should receive a 0.25 mL dose of influenza vaccine. Each syringe contains 0.25 mL. Children older than 3 years should receive a 0.5 mL dose of influenza vaccine. Children younger than 9 years, who have not previously received influenza vaccine, need 2 doses at least one month apart. If a child received only one dose last year and should have received two, this year the child needs only one dose.

5. **What information is needed to report a case of chickenpox?**
 - A. The only information needed to report a case of chickenpox is the name and date of birth. Other information that the NDDoH would appreciate is race, vaccination status and rash onset date.

Upcoming Events:



- National Viral Hepatitis Conference in Washington, D.C.: **Dec. 5 – 9**
- “Surveillance of Vaccine Preventable Diseases” satellite broadcast: **Dec. 8**
- “Vaccine Preventable Disease Series 2006” satellite broadcasts: **Feb. 9, 16, 23 and Mar. 2, 2006**
- ACIP Meeting in Atlanta: **Feb. 21 – 22, 2006**
- 40th National Immunization Conference in Atlanta: **Mar. 6 – 9, 2006**
- Greater Grand Forks Immunization Coalition Conference in Grand Forks: **May 18 – 19, 2006**



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