

Public Health

Seattle & King County

Immunization Program
401 5th Ave, Suite 900
Seattle, WA 98104-2333

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IMPORTANT REMINDER: Health care workers need proof of measles immunity!

An unvaccinated adult female King County resident was infected with measles during international travel. After returning home she had several health care visits and community exposures while contagious. Her infectious period was estimated to be 12/11 to 12/20.

Measles is highly-contagious and spreads quickly to susceptible people. At least one of the clinics where exposure occurred does not keep records of immunizations for their health care workers and now staff there are scrambling to find immunization records or get blood tests to determine whether they are immune to measles.

On June 24, 2009 the Advisory Committee on Immunization Practices (ACIP) voted on revised recommendations for measles-mumps-rubella (MMR) 'evidence of immunity' requirements for healthcare personnel. The Healthcare Infection Control Practices Advisory Committee (HICPAC) has endorsed these changes.

According to these new recommendations, **adequate presumptive evidence of immunity to measles for persons who work in health care facilities** includes:

- a. Documented administration of two doses of live measles virus vaccine (1st dose on or after the first birthday and at least 4 weeks between doses) **OR**
- b. Laboratory evidence of immunity or laboratory confirmation of disease **OR**
- c. Born before 1957 (Note: ACIP recommends that health care facilities consider recommending a dose of MMR to persons born before 1957 if there is no other evidence of immunity.)

To see the complete ACIP provisional recommendations for measles, mumps and rubella, go to: www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf. For a summary of vaccine recommendations for health care workers, go to: www.immunize.org/catg.d/p2017.pdf.

New H1N1 Vaccine from GSK and new lower age range for CSL H1N1 Vaccine

The Centers for Disease Control and Prevention (CDC) recently updated its H1N1 web section with a revised document, "2009 H1N1 Monovalent Influenza Vaccine Dosage, Administration, and Storage," that now includes updated information related to FDA approval of the GSK 2009 H1N1 monovalent influenza vaccine to be used in persons ages 18 years old and older and the expanded use of CSL 2009 H1N1 monovalent influenza vaccines to anyone age 6 months and older. The document is available at: www.cdc.gov/h1n1flu/vaccination/dosage.htm.

National Influenza Vaccination Week now scheduled for January 10-16, 2010

National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as to foster greater use of influenza vaccine into January and beyond.

Since 2009 H1N1 disease may continue into the new year, NIVW will be an important opportunity to maintain or increase the uptake of 2009 H1N1 flu vaccination at a time when demand for vaccine usually drops significantly. For more information, including details about special NIVW events, go to: www.cdc.gov/flu/nivw.

Special edition of "Needle Tips" focuses on seasonal and H1N1 influenza

The January 2010 special edition of Needle Tips is now online at www.immunize.org/nsit.d/n42/n42.pdf. This issue includes both seasonal and H1N1 influenza information, and focuses on vaccine recommendations and patient education.

Some of the topics included in the issue are: Ask the Experts; Emergency Warning Signs for People with Influenza; Pregnant Women and the Flu; Novel H1N1: What you should know; Standing Orders for Administering H1N1 Vaccine; Influenza Products for the 2009-10 Influenza Season; Declination of Seasonal Influenza Vaccination; and Declination of H1N1 Influenza Vaccination.

On the Needle Tips web page (www.immunize.org/nt), you will find a link for displaying and printing the entire 16-page PDF of this issue. There is also a table of contents for viewing and printing individual sections.

Public Health Immunization Clinics Closing on 12/31/09

If you refer children or adults to Public Health clinics for immunizations, please note that King County budget cuts have resulted in closure of Public Health's stand-alone immunization clinics at Columbia, Federal Way, and Renton Public Health Centers, effective December 31, 2009. Travel and occupational health vaccines will still be available at Downtown Public Health. Public Health primary care clinics at Columbia, Downtown, Eastgate, and North Public Health Centers will continue to provide vaccines to their primary care clients **only**.



Vaccines For Children

Program News and Alerts

While you're vaccinating against influenza, be sure to administer PPSV to all people with existing indications

CDC advises healthcare professionals that during seasonal and H1N1 influenza outbreaks, all people who have existing indications for pneumococcal polysaccharide vaccine (PPSV) should be vaccinated according to current ACIP recommendations. This is important because people with existing indications are not only at increased risk for pneumococcal disease, but are also at increased risk for serious complications from influenza. CDC has issued related guidance titled "Prevention of Pneumococcal Infections Secondary to Seasonal and 2009 H1N1 Influenza Viruses Infection." To access it, go to: www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm

ACIP publishes new provisional recommendations for HPV vaccine

On October 21, 2009, ACIP voted on updated recommendations for use of human papillomavirus (HPV) vaccine, including recommendations for the recently-licensed bivalent HPV (types 16 and 18) vaccine (Cervarix) for females and the quadrivalent HPV (types 6,11,16 and 18) vaccine (Gardasil) for females and males. These recommendations, when published in the MMWR, will replace HPV vaccine recommendations published in MMWR in 2007.

Provisional Recommendations for Females

- ACIP recommends routine vaccination of females aged 11 or 12 years with 3 doses of HPV vaccine. The vaccination series can be started beginning at age 9 years.
- HPV vaccination also is recommended for females aged 13 through 26 years who have not been previously vaccinated or who have not completed the full vaccination series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.
- ACIP recommends vaccination with either the bivalent HPV vaccine or the quadrivalent vaccine for prevention of cervical cancers and precancers. The quadrivalent HPV vaccine is also indicated for prevention of genital warts.

Provisional Recommendations for Males

- The 3-dose series of quadrivalent HPV vaccine may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

To access the complete ACIP provisional recommendations for HPV vaccine, go to: www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508.pdf.

Non-Safety-Related Voluntary Recall of Certain Lots of H1N1 Vaccine

Vaccine manufacturers conduct routine, ongoing testing of every vaccine after the vaccine has been distributed to healthcare providers to ensure that vaccines continue to meet required specifications. On December 15, Sanofi Pasteur, Inc., announced that, in recent testing of the amount of antigen in its influenza A (H1N1) monovalent vaccine, the company found four distributed lots of single-dose, pre-filled syringe pediatric (0.25 mL) vaccine with antigen content lower than required potency levels. On December 18 and 21, MedImmune notified CDC and FDA that the potency of 13 lots of monovalent 2009 (H1N1) nasal spray vaccine had decreased below a pre-specified limit or were at risk of falling below that limit in the next week.

This slight decrease in vaccine potency is not expected to have an impact on the protective response to vaccination. There are no safety concerns with these lots of 2009 H1N1 vaccine and revaccination is not necessary. Both manufacturers are conducting a non-safety related voluntary recall of the affected lots of vaccine. For more information on the H1N1 0.25 ml syringe recall, go to: www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm. For more information on the H1N1 nasal spray vaccine recall, go to: www.cdc.gov/h1n1flu/vaccination/sprayrecall_qa.htm.

Did you know...

... About spacing flu vaccine doses?

- All children 6 months through 9 years of age (up to the 10th birthday) should get two doses of 2009 H1N1 influenza vaccine, separated by 28 days.
- A minimum of 21 days between doses of 2009 H1N1 flu vaccine is acceptable.
- It is best to use the same formulation for both doses of 2009 H1N1 flu vaccine, but it is acceptable to use a different formulation for the second dose if the formulation used for the first dose is not available.
- Any interval between doses of 2009 H1N1 vaccine and seasonal flu vaccine is acceptable as long as both formulations are not LAIV. If both vaccines are given as LAIV, separate the doses by 28 days.
- Print and post the table on this webpage for use as a quick reference tool: www.cdc.gov/H1N1flu/vaccination/dosespacing_admin.html.

Training Opportunity: CDC "Current Issues in Immunization" Net Conference on January 28

The next NCIRD live Net Conference will cover the 2010 U.S. immunization schedules for children and adults. The Net Conference is scheduled from 9AM to 10AM Pacific Time on January 28.

William Atkinson, MD, MPH, will speak on "What's New on the Child and Adolescent Immunization Schedules," and Carol Friedman, DO, will address "What's New on the Adult Immunization Schedule." Dr. Andrew Kroger will moderate.

Participation in the Q&A section of the program is available by phone and Internet. This is a limited-entry event. Registration will close on January 26, or when the course is full.

To register, go to: www2.cdc.gov/vaccines/ed/ciinc.

Public Health—Seattle & King County
Communicable Disease Epidemiology
& Immunization Section

401 Fifth Avenue, Suite 900, Seattle WA 98104
www.kingcounty.gov/health/immunization
(206)296-4774 Fax (206) 296-4803 TTY Relay: 711

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Publication Staff

Betsy Hubbard, Editor
Email: Betsy.Hubbard@kingcounty.gov
Contributors: Lauren Greenfield, Carey Melmed, Darren Robertson, and Yolanda Stetson

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