



September 2009

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.

H1N1 and Seasonal Influenza Update

FDA licenses 4 Influenza A (H1N1) 2009 Monovalent Vaccines:

On September 15, FDA announced that it had approved four vaccines against the 2009 H1N1 influenza virus. The vaccines will be distributed nationally after the initial lots become available, which is expected within the next four weeks. (see FDA: [FDA Approves Vaccines for 2009 H1N1 Influenza Virus—Approval Provides Important Tool to Fight Pandemic](#)).

MMWR publishes study of pediatric deaths associated with 2009 Pandemic Influenza A (H1N1) virus infection:

On September 4, CDC reported an analysis of data from April to August 2009 indicating that CDC had received reports of 477 deaths associated with 2009 pandemic influenza A (H1N1) in the United States, including 36 deaths among children younger than 18 years of age (see MMWR: [Surveillance for Pediatric Deaths Associated with 2009 Pandemic Influenza A \(H1N1\) Virus Infection—United States, April–August 2009](#)). In the setting of limited vaccine supply, the Advisory Committee on Immunization Practices (ACIP) has prioritized influenza prevention and treatment for children less than 5 years of age and for those with certain chronic medical and immunosuppressive conditions (other groups included in the ACIP's recommendation are pregnant women, persons who live with or provide care for infants less than 6 months of age, healthcare and emergency medical services personnel, children and young adults ages 6 months through 24 years, and persons 25 through 64 years of age who have medical conditions that put them at higher risk for influenza-related complications). CDC monitors child influenza deaths through influenza-associated pediatric mortality case reporting.

Additional MMWR publications regarding H1N1 can be found online (see MMWR: [Use of Influenza A \(H1N1\) 2009 Monovalent Vaccine—Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2009](#), [2009 Pandemic Influenza A \(H1N1\) Virus Infections—Chicago, Illinois, April–July 2009](#), [Surveillance for the 2009 Pandemic Influenza A \(H1N1\) Virus and Seasonal Influenza Viruses—New Zealand, 2009](#), and [Update: Influenza Activity—United States, April–August 2009](#)).

Stay informed! Because information surrounding 2009 Pandemic Influenza A (H1N1) is updated frequently, please look to the following websites for the most up-to-date information:

- <http://www.cdc.gov/h1n1flu/> for general information
- <http://www.cdc.gov/h1n1flu/guidance/> for clinical and public health guidance
- <http://www.cdc.gov/h1n1flu/vaccination/statelocal/qa.htm> for Q&As regarding vaccination planning

Revised Recommendations for the Use of Influenza Antiviral

Drugs: On September 8, 2009, CDC updated its recommendations for the use of influenza antiviral medicines to provide additional guidance for clinicians in prescribing antiviral medicines for treatment and prevention (chemoprophylaxis) of influenza during the upcoming 2009-2010 flu season. These recommendations apply to both seasonal and H1N1 and are intended to help clinicians prioritize use of antiviral drugs for treatment and prevention of influenza. In general, the priority for the use of antiviral medications this season continues to be for persons at increased risk of influenza-related complications. For details, consult the [questions and answers about the updated recommendations](#), and the [full recommendations](#).

Seasonal Flu Finder: CDC has received a number of questions recently about the current estimate for seasonal flu vaccine supply for 2009–10. To assist providers in finding flu vaccine available for purchase, the National Influenza Vaccine Summit supports the Influenza Vaccine Availability Tracking System (IVATS), which provides information about vaccine manufacturers and distributors with vaccine available for purchase. IVATS can be found at: <http://www.preventinfluenza.org/ivats/>. The information in IVATS is updated throughout the influenza vaccination season.

Vaccine Supply Update: Current estimates for seasonal flu vaccine from manufacturers is 114–115 million doses, which is slightly lower (3%) than, but not substantially changed from, earlier estimates. Slight changes in production estimates are to be anticipated because of the uncertainties involved in making biological products.

H1N1 vaccine production efforts currently under way are being carried out in such a way as to minimize any impact upon the total amount of seasonal vaccine available.

Some providers seeking to order vaccine currently and during the past several weeks have experienced challenges in doing so. Reasons for these challenges include:

- One of the manufacturers adjusted down their seasonal flu vaccine estimates, which resulted in some customers switching prebooks to other products. These switches reserved un-prebooked vaccines that were still available for order, making doses that are normally available for order during the summer and early fall months no longer available.
- There may be more providers seeking to purchase vaccine at this time of year than normally occurs due to (1) recent H1N1 influenza and its

coverage in the media that may have increased the demand for seasonal flu vaccination, and (2) a desire to complete seasonal flu vaccination efforts in advance of H1N1 flu vaccination efforts to the extent possible.

Resource: CDC's seasonal influenza web site is now live at <http://www.cdc.gov/flu> with a new design, the latest information updates, and free resources.

Front Page News

Immunization Rates Remain High among Young Children: Childhood immunization rates in the United States remain stable at high levels, according to data from CDC's 2008 [National Immunization Survey \(NIS\)](#) (see also MMWR: [National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months—United States, 2008](#)).

Among children aged 19–35 months (born January 2005–June 2007), coverage was 76.1 percent with the 4:3:1:3:3:1 series of vaccines. There was no statistically significant decrease in coverage from 2007 to 2008. The national goal for coverage with this series is 80 percent.

The 4:3:1:3:3:1 series consists of four or more doses of [diphtheria](#), [tetanus](#) and [pertussis](#) vaccine (DTaP); three or more doses of [polio](#) vaccine; one or more doses of [measles](#), [mumps](#) and [rubella](#) vaccine (MMR); three or more doses of [Haemophilus influenzae type b \(Hib\)](#) vaccine; three or more doses of [hepatitis B](#) vaccine; and one or more doses of [varicella \(chickenpox\)](#) vaccine.

The 2008 NIS data showed a small but statistically significant decrease nationally for coverage with the Hib vaccine. In 2007, coverage with three or more doses of Hib was 92.6 percent, and in 2008 coverage was 90.9 percent. This decrease is likely due to a shortage of the vaccine that began in December 2007 and a temporary recommendation to defer the booster dose. At least 8 percent of the children in the survey were likely impacted by this recommendation. More vaccine became available in July 2009, and the booster dose is now being recommended again for children at age 12–15 months.

In 2008, coverage with three or more doses of pneumococcal conjugate vaccine (PCV7) increased from 90.0 percent to 92.8 percent, and coverage with four or more doses increased from 75.3 percent to 80.1 percent.

As in previous years, estimated vaccination coverage levels varied substantially among states and local areas. 4:3:1:3:3:1 state coverage ranged from 59.2 percent in Montana to 82.3 percent in Massachusetts. Coverage also varied among the 17 local areas surveyed, from 68.5 percent in Northern California to 80.9 percent in Santa Clara County, California.

This is the first NIS report to include coverage for two or more doses of hepatitis A vaccine, which was 40.4 percent. This report also includes coverage among newborns with the first dose of the hepatitis B vaccine

(within 3 days of birth), which was 55.3 percent, an increase from 53.2 percent in 2007.

The proportion of children who had received no vaccine doses remained at 0.06 percent.

Among racial/ethnic groups, little variation in coverage was observed. Coverage for most vaccines remained lower for children living below poverty than children living at or above poverty. Sustaining high coverage levels and finding effective methods of reducing disparities across states/local areas and income groups remains a priority to fully protect children and limit the incidence of vaccine-preventable diseases in the United States.

The NIS is an ongoing random-digit dialed survey of households with children aged 19–35 months. It also includes a mail survey of the children's vaccination providers to collect vaccination information. During 2008, 18,430 children with provider-reported vaccination records were included in the report. [Survey data](#) are posted online.

More News & Summaries

Update: Vaccines for Women, Adolescence through Adulthood:

On August 11, the *Journal of Women's Health* published an article discussing routine vaccinations of adolescent and adult women. Obstetrician-gynecologists are the primary, and sometimes only, contact with the healthcare system for many adolescent and adult women and, as such, are uniquely positioned to provide vaccination services to the country's female population. Vaccine costs, storage and handling requirements, lack of access to immunization information systems (also known as vaccine registries), and unfamiliarity with current recommendations are potential obstacles to ensuring that all adolescent females and women are appropriately vaccinated. Obstetrician-gynecologists can help reduce some of these obstacles by availing themselves of existing vaccination resources. Please see *Journal of Women's Health*: [Update: Vaccines for Women, Adolescence through Adulthood](#).

Postlicensure Safety Surveillance for Quadrivalent Human

Papillomavirus Recombinant Vaccine: In an article published in the August 19th issue of *JAMA: the Journal of the American Medical Association*, a summary is provided of reports to the Vaccine Adverse Event Reporting System (VAERS) of adverse events following receipt of quadrivalent human papillomavirus vaccine from June 1, 2006, through December 31, 2008 (see *JAMA*: [Postlicensure Safety Surveillance for Quadrivalent Human Papillomavirus Recombinant Vaccine](#) for full article and [Summary of HPV Adverse Event Reports Published in JAMA](#) for CDC's summary of the article).

Meetings, Conferences & Resources

IIS Data Interactive Query Tool: On September 14, 2009, CDC launched its redesigned and updated IIS Data Interactive Query Tool. The updated Tool allows for:

- Simultaneous selection of multiple grantees, years, and data elements;
- Step-by-step interactive query and data mining;
- Option to download entire data set(s) for a single or multiple years;
- Detailed description of all data elements in a separate file.

Seasonal and H1N1 Influenza Articles Available for Reprinting:

The Academy for Educational Development (AED) is working with CDC to release a new series of articles covering seasonal and 2009 H1N1 influenza. The articles will detail the seriousness of influenza and explain why vaccination is so important for the indicated groups. The articles, which will be 400–800 words in length, are designed for republication in magazines, newsletters and on the web. The articles will be available at no cost and some will be offered in Spanish. For more information, please contact AED's Allison Bozniak at abozniak@aed.org or (202) 884-8374.

Clinical Vaccinology Course: A clinical vaccinology course for healthcare professionals will be held November 13–15, 2009, at the Grand Hyatt Atlanta in Buckhead, Georgia. Information is available at <http://www.nfid.org>, or by e-mail (idcourse@nfid.org).

National Immunization Conference: The 44th National Immunization Conference is scheduled for April 19–22, 2010. The conference will be held in Atlanta, Georgia, at the Hyatt Regency Atlanta. Check for updates at the [NIC website](#).

National Infant Immunization Week: An early reminder: National Infant Immunization Week (NIIW) will be held April 24–May 1, 2010. Check the [NIIW website](#) for more details as they become available.

2010 National Coalition Conference: Please mark your calendars for the [9th National Conference on Immunization and Health Coalitions](#) "Strengthening Our Connections." The conference will take place May 26–28 in Chicago, Illinois. More information will be available in future issues of this publication.

CDC Training Opportunities: Through established programs, CDC offers many unique training opportunities in infectious diseases, including international opportunities. For a current listing of CDC training opportunities, please visit CDC's [Public Health Training web page](#).

CDC Job Openings: CDC is committed to recruiting and hiring qualified candidates for a wide range of immunization positions. Researchers, Medical Officers and Epidemiologists and other specialties are often needed to fill positions within CDC. For a current listing, including international opportunities, please visit CDC's [Employment web page](#).

Respiratory News and Resources

Since 2006, respiratory diseases have been part of CDC's National Center for Immunization and Respiratory Diseases (NCIRD). As a result, readers of this e-letter can periodically expect to see news about respiratory diseases.

Antibiotic Prescription Rates for Acute Respiratory Tract Infections in U.S. Ambulatory Settings: In an article published in the August 19th issue of *JAMA: the Journal of the American Medical Association*, a study reports on trends in antibiotic prescriptions for acute respiratory tract infections (ARTIs). Results show that overall antibiotic prescription rates for ARTIs decreased, associated with fewer visits for otitis media in children younger than 5 years of age and with fewer prescriptions for ARTIs for which antibiotics are rarely indicated. However, prescription rates for broad-spectrum antibiotics increased significantly (see [Antibiotic Prescription Rates for Acute Respiratory Tract Infections in U.S. Ambulatory Settings](#)).

Get Smart About Antibiotics Week: Mark your calendars for "Get Smart About Antibiotics Week," October 5–11, 2009. For more information, please contact Darcia Johnson at clq7@cdc.gov or visit the ["Get Smart" website](#).

World Pneumonia Day: Mark your calendars for "World Pneumonia Day," November 2, 2009. This event—led by child health groups and Save the Children Artist Ambassadors Gwyneth Paltrow and Hugh Laurie—will bring needed attention to a neglected disease that kills more than 2 million children under the age of 5 each year, worldwide. For more information or to sign up to receive e-mail updates, visit the [World Pneumonia Day website](#).

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