



# Immunization Update

The Iowa Immunization Program

Chester J. Culver, Governor • Thomas Newton, Director, IDPH

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The Immunization  
Update is available on  
the Web, click

[HERE](#)

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**Call the IRIS  
Help Desk at  
1-800-374-3958  
for Enrollment Details or  
IRIS Questions.**

## Hib Deferral for Licensed Child Care Extended

The Iowa Department of Public Health (IDPH), Bureau of Immunization and Tuberculosis is extending a temporary, limited waiver of the provision of 641 Iowa Administrative Code (IAC) 7.4(1) requiring administration of the final dose of Haemophilus influenzae Type b (Hib) vaccine on or after 12 months of age.

This waiver was effective December 19, 2007, and is hereby extended to June 30, 2010. This waiver will prevent children from being excluded from licensed child care centers because of their inability to obtain the final dose of Hib vaccine on or after 12 months of age. Issuance of this waiver is necessary in light of the past nationwide shortage of the Hib vaccine.

On December 19, 2007, the Centers for Disease Control and Prevention (CDC), in consultation with the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, and the American

Academy of Pediatrics, published a recommendation in the Morbidity and Mortality Weekly Report (MMWR) that directed providers to temporarily defer the routine Hib vaccine booster dose administered at age 12-15 months except to children in specific high-risk groups.



Beginning in July 2009, CDC recommended reinstatement of the booster dose and limited catch up with currently available products. Although supply was sufficient to reinstate the booster dose and begin catch-up vaccination, there was not enough supply to

support the immediate recall of all children with deferred booster doses.

**At this time, supply of Hib vaccine is adequate to fully reinstate catch-up programs. Health care providers are encouraged to perform active recall for those children still needing a final dose of Hib vaccine.** *Continued on page 2.*

## Rotavirus Vaccine Recall

### Recommendation to Temporarily Suspend Usage of GlaxoSmithKline (GSK) Rotarix (Rotavirus) Vaccine:

The U.S. Food and Drug Administration (FDA) has learned that DNA from porcine circovirus type 1 (PCV1), a virus not known to cause disease in humans or animals, is present in the Rotarix vaccine made by GSK. Patients who received this vaccine do not need to take further action.

FDA is recommending that health care practitioners temporarily suspend usage of the Rotarix vaccine for rotavirus

immunization in the United States while the FDA convenes a committee of experts to review information surrounding this issue.

Health care providers should maintain product in accordance with the package insert until further review and direction from the FDA.

For additional information please visit the [U.S. Food and Drug Administration](#) Web site or the [CDC Health Alert Network](#) Web site.

## Hib Deferral for Licensed Child Care Extended

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### Hib Vaccine and VFC Providers

Beginning April 1, 2010, the CDC removed the Hib vaccine allocation for the Iowa Vaccines for Children (VFC) Program, which will allow for the routine ordering of all Hib-containing vaccines.

The Hib shortage may have required health care providers to switch to other Hib-containing vaccines to complete the primary Hib series.

It is important when placing vaccine orders of Hib-containing vaccine to consider current inventory of both single antigen and combination Hib

products to alleviate vaccine wastage. IDPH will monitor vaccine orders to assure all Hib-containing vaccines currently in inventory will be utilized and not wasted.

If VFC providers have questions regarding Hib vaccine allocations, please contact either Tina Patterson or Janean Iddings at 800-831-6293, extensions 4 and 5, respectively.

## IRIS List Serve

Subscribe to the IRIS list serve! This service will provide you with timely information regarding changes, maintenance or new information about IRIS. To subscribe, send a blank email message to [join-IRISUSERS@lists.ia.gov](mailto:join-IRISUSERS@lists.ia.gov).

For questions about the IRIS list serve, please call the IRIS Help Desk at 800-374-3958.



## Menveo ~ New Meningococcal Vaccine

On February 19, 2010, the FDA licensed a second meningococcal conjugate vaccine, Menveo (MenACWY-CRM), manufactured by Novartis Vaccines.

Menveo will follow the same ACIP recommendations as the previously licensed meningococcal vaccine, Menactra, manufactured by Sanofi Pasteur. Menveo consists of two components:

1. 10 µg of lyophilized meningococcal serogroup A capsular polysaccharide conjugated to CRM<sub>197</sub> (MenA) and
2. 5 µg each of capsular polysaccharide of serogroup C, Y, and W135 conjugated to CRM<sub>197</sub> in 0.5 mL of phosphate buffered saline, which is used to reconstitute the lyophilized MenA component before injection.

The reconstituted vaccine should be used immediately. Menveo is administered as an intramuscular injection, preferably into the deltoid.

### ACIP recommends the use of quadrivalent meningococcal conjugate vaccine for:

- All persons 11-18 years of age
- Persons 2-55 years of age who are at increased risk for meningococcal disease.

Persons at increased risk for meningococcal disease include:

1. College freshmen living in dormitories
2. Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*
3. Military recruits
4. Persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic
5. Persons who have persistent complement component deficiencies, and
6. Persons with anatomic or functional asplenia.

Menveo or Menactra (conjugate vaccine) may be used in persons 11-55 years of age, and are preferred to

meningococcal polysaccharide vaccine (MPSV4).

Persons 2-10 years of age who are recommended to receive a meningococcal vaccine (because they have conditions that place them



at increased risk for meningococcal disease) should receive MCV4 (Menactra), and persons older than 55 years of age should receive MPSV4 (Menomune).

For further information and the full summary please refer to the [CDC MMWR](#).

# Hepatitis B Birth Dose Initiative

The IDPH Immunization Program, in collaboration with the University of Iowa Hospitals and Clinics, has developed a hepatitis B birth dose campaign based on suggestions from newborn and labor and delivery personnel.

This campaign is in response to recent national reports of Iowa's low initiation rate of the hepatitis B vaccine birth dose. The campaign focuses on making the hepatitis B vaccine part of the routine medications administered at birth. Administering the birth dose at the same time as other medications stresses the importance of the hepatitis B vaccine immediately after birth and demonstrates to the parents the value of immunization for the infant.

Hepatitis B remains a concern for infants because of their relatively poor ability to clear

the infection and susceptibility to becoming a chronic carrier leading to HBV-related liver damage (cirrhosis) or cancer (hepatocellular carcinoma). Infants who are exposed to hepatitis B at birth have

a 90 percent chance of becoming chronic carriers of hepatitis B. Of those infants up to 25 percent will eventually develop HBV-related cirrhosis or cancer.

Comments from newborn and labor & delivery personnel suggested that staff often delayed the birth dose until close to discharge and felt uncomfortable discussing with parents the importance of hepatitis B vaccine at birth.

This campaign focuses on giving providers talking points to reinforce the importance of administering the hepatitis B vaccine at the same time as other routine medications at birth.

If you would like to order posters or have questions regarding this campaign, please contact Bridget Konz, Perinatal Hepatitis B Prevention Coordinator, at 800-831-6293, ext. 7 or at [bkonz@idph.state.ia.us](mailto:bkonz@idph.state.ia.us).

*Immediately after delivery... Hepatitis B makes 3*  
Erythromycin • Vitamin K • Hepatitis B



*There will never be a better time to protect them.*

**The Birth Dose of Hepatitis B Vaccine is:**

- 95% effective in protecting newborns against lifelong hepatitis B infection
- A safety net for newborns of mothers with unknown or undetected infection when given immediately after birth
- Safe for all newborns, even preemies\*
- The first anti-cancer vaccine: newborns infected with hepatitis B have up to a 90% chance of developing chronic hepatitis B infection leading to lifelong risk of liver cancer or cirrhosis; 25% will die prematurely

\*Infants with birthweight less than 2,000 grams (4.4 lbs) whose mothers are HBsAg positive or status unknown should receive the hepatitis B vaccine and immune globulin at birth. Infants with birthweight less than 2,000 grams (4.4 lbs) whose mothers are documented, at the time of delivery, to be HBsAg negative should have hepatitis B vaccine deferred until age 1 month (throughout gest), or hospital discharge, whichever is first.

**IOWA**  
Immunization Program

For more information call 1-800-831-6293 or visit [www.idph.state.ia.us/adp/immunization.asp](http://www.idph.state.ia.us/adp/immunization.asp)

## 2010-2011 Influenza Season

The Advisory Committee on Immunization Practices (ACIP) Recommends Universal Annual Influenza Vaccination: On February 24, 2010, the ACIP voted that everyone 6 months and older should get a flu vaccine next season. ACIP voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people.

Prior to the February vote, ACIP recommendations for seasonal influenza vaccination – which focused on vaccination of higher risk persons, children 6 months through 18 years of age and close contacts of higher risk persons which already applied to about 85 percent of the U.S. population. Discussion at the ACIP meeting



focused on the value of protecting all people 19 to 49 years of age who have been hard hit by the 2009 H1N1 pandemic virus, which is likely to continue circulating into next season and beyond. Another reason cited in favor of a universal recommendation for vaccination is that many people in currently recommended "higher risk" groups are unaware of their risk factors or that they are recommended for vaccination.

The ACIP discussion also recognized the practicality and value of issuing a simple and clear message regarding the importance of influenza vaccination in the hopes that this would remove impediments to vaccination and expand coverage.

Finally, new data collected over the course of the 2009 H1N1 pandemic indicate that some people who do not currently have a specific recommendation for vaccination may also be at higher risk of serious flu-related complications, including those people who are obese, post-partum women and people in certain racial/ethnic groups.

Annual influenza vaccination is a safe and preventive health action that benefits all age groups. However, certain people have a higher risk for influenza complications, including people aged 65 years and older, children younger than 6 months of age, pregnant women, and people of any age with certain chronic medical conditions. *Continued on page 4*

## The Vaccine Adverse Event Reporting System

### The Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

VAERS collects and analyzes information from reports of adverse events following immunization. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS can help to identify important new safety concerns.

#### Who can file a VAERS report?

Anyone can submit a VAERS report. Most reports are sent in by vaccine manufacturers (42 percent) and health care providers (30 percent). The rest are submitted by state immunization programs (12 percent), vaccine recipients or their parent/guardians (7percent), and other sources (9 percent).

**What adverse events should be reported?** VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. Report such events even if you are unsure whether a vaccine caused them.

The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

1. Any event listed by the vaccine manufacturer as a

contraindication to subsequent doses of the vaccine.

2. Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination. *A copy of the Reportable Events Table can be found in the PinkBook appendix F.*

**Filing a VAERS report.** Use a VAERS report form to report any adverse event. Pre-addressed postage paid report forms are available by calling VAERS at 1-800-822-7967, or download a printable copy of the VAERS form from the following Internet sites:

- The [VAERS Web site](#)
- The [Food and Drug Administration Web site](#)
- The [CDC Web site](#)

Instructions are included with the form. A photocopy of the VAERS form may be used to submit a report.

#### For more information:

- Send e-mail inquiries to [info@vaers.org](mailto:info@vaers.org)
- Visit the [VAERS Web site](#)
- Call the toll-free VAERS information line at (800) 822-7967
- Fax inquiries to the toll-free information fax line at (877) 721-0366

For information regarding VAERS at the Iowa Immunization program contact Terri Thornton 1-800-831-6293 ext. 2.

## 2010-2011 Influenza Season, cont.

These people, their household and close contacts, and all health care personnel should continue to be a primary focus for vaccination efforts as providers and programs transition to routinely vaccinating all people 6 months of age and older.

There are three strains in the vaccine and next season's vaccine will include an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The H1N1 virus recommended for inclusion in the 2010-2011 seasonal influenza vaccine is a pandemic 2009 H1N1 virus and is the same virus used in the 2009 H1N1 monovalent vaccine.

Recommendations of the ACIP become recommendations of CDC once they are accepted by the director of CDC and the Secretary of Health and Human Services and are published in the Morbidity and Mortality Weekly Report.



## National Infant Immunization Week (NIIW)

is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases. This year NIIW will be held April 24-May 1 and will coincide with Vaccination Week in the Americas.

Any health department or immunization coalition interested in promoting infant immunization within their community will find abundant useful information on the CDC's NIIW Web site. Resources include tools for planning events and promoting them through the media; listings of NIIW activities and events planned across the nation; and educational materials for providers and parents.

To access these NIIW resources, go to: <http://www.cdc.gov/vaccines/events/niiw>

## Vaccine Spotlight: PCV13 (Pevnar 13)



On February 24, 2010, the Food and Drug Administration (FDA) approved Pfizer's 13-valent pneumococcal conjugate vaccine (PCV13). PCV13 is indicated for active immunization of children to prevent invasive disease caused by Streptococcus pneumoniae.

The ACIP recommended changes to the immunization schedule to incorporate the newly approved vaccine by using PCV13 to immunize infants and toddlers, as well as in children 60 through 71 months with underlying medical conditions that increase their risk of, or complications from, pneumococcal disease.

PCV13 is also recommended as a supplemental dose for children through 59 months of age who have completed the age appropriate series of 7-valent pneumococcal conjugate vaccine (PCV7). Children who have started their immunization series with PCV7 should complete their series by switching to PCV13 at any point in the schedule.

During this transition, if only PCV7 is available in the clinic, unvaccinated and incompletely vaccinated children should receive PCV7. These children should complete the series with PCV13 at subsequent visits. When PCV13 is available in the clinic,

unvaccinated and incompletely vaccinated children should receive PCV13 (not PCV7) for the entire/complete series.

**Active recall is not recommended for children for whom the supplemental PCV13 dose is recommended. The supplemental dose should be given at a subsequent visit.**

PCV13 is now available for ordering through the VFC program. PCV7 inventory in IRIS that will no longer be used due to the release of PCV13 should be removed from the clinic's inventory using the 'expired' reason code. Please be sure all IRIS data entry is up to date prior to removing these doses from IRIS inventory.

Remaining doses of PCV7 vaccine should not be used once PCV13 vaccine is available. Unused doses of PCV7 vaccine should be returned to the VFC vaccine distributor, McKesson.

McKesson is in the process of sending UPS postage paid labels to each Iowa VFC enrolled provider for the return of VFC Program purchased PCV7. If your facility has not received a UPS postage paid label, contact Tina Patterson, VFC Program Coordinator at 800-831-6293 ext. 4 or [tpatters@idph.state.ia.us](mailto:tpatters@idph.state.ia.us).

The VFC [Nonviable Vaccine Return Form](#) must be completed for all doses

of PCV7 vaccine that are returned to McKesson. Also fax a copy to the VFC Program at 800-831-6292 and maintain a copy for the clinic records. When completing the form it is important to include the reason the vaccine is being returned. For all PCV7 returns, utilize reason number 4, Expired Vaccine.

**In order for the Iowa VFC Program to receive credit for the returned vaccine, all unused PCV7 must be returned to McKesson by **May 10**.**

Pages 6 and 7 of this newsletter show the ACIP recommended usage of PCV13 and Recommended Regimen for Pneumococcal Conjugate Vaccine Among Children With a Lapse in Vaccine Administration.

For questions regarding PCV7 or PCV13 vaccine administration contact Terri or Bridget at 800-831-6293, ext 2 and 7, respectively.

For questions regarding the IRIS Program contact the IRIS Help Desk at 800-374-3958. If you have questions regarding the implementation of PCV13 call Tina Patterson, VFC Coordinator, at 1-800-831-6293, ext. 4.

To view the full MMWR [click here](#).



## Immunization Program Welcomes New Assessment Nurses!

The Immunization Program is proud to welcome Alison Monsma, RN, BA and John Fiedler, RN to the Assessment Program. Alison comes from the Bureau of Family Health where she was the Coordinator for Discretionary Grants. John comes from the Bureau of EMS where he was the State Trauma Coordinator. Both Alison and John will be conducting quality assurance visits with VFC providers. Help us welcome Alison and John!

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## **ACIP Recommended Schedule for PCV13 Vaccine**

### **Infants and children who have not previously received PCV7 or PCV13**

The ACIP recommendation for use of PCV13 and the immunization schedules for infants and toddlers 2 through 59 months of age who have not received any prior PCV7 or PCV13 doses are the same as those previously published for PCV7 with PCV13 replacing PCV7 for all doses.

#### **Infants 2 through 6 months of age**

PCV13 is recommended as a 4-dose series at 2, 4, 6, and 12 through 15 months of age. Infants receiving their first dose at less than 6 months of age should receive 3 doses of PCV13 at intervals of approximately 8 weeks (the minimum interval is 4 weeks). Minimum age for administration of the first dose is 6 weeks. The fourth dose is recommended at age 12 through 15 months and should be given at least 8 weeks after the third dose.

### **Unvaccinated children 7 months of age and older**

#### **Infants 7 through 11 months of age**

Three doses are recommended. The first 2 doses should be given with an interval of at least 4 weeks between doses. The third dose should be given at age 12 through 15 months, at least 8 weeks after the second PCV13 dose.

#### **Children 12 through 23 months of age**

Two doses are recommended, with an interval of at least 8 weeks between doses.

#### **Children 24 months of age and older**

Unvaccinated healthy children 24 through 59 months of age should receive a single dose of PCV13. Unvaccinated children 24 through 71 months of age with underlying medical conditions should receive 2 doses of PCV13 with an interval of at least 8 weeks between doses.

### **Children incompletely vaccinated with PCV7 or PCV13**

#### **Children less than 24 months of age**

Infants and children less than 24 months of age who have received one or more doses of PCV7 should complete the immunization series with PCV13.

#### **Children greater than 24 months of age**

A single dose of PCV13 is recommended for all healthy children 24 through 59 months of age with any incomplete PCV schedule (PCV7 or PCV13).

For children 24 through 71 months of age with underlying medical conditions who have received any incomplete schedule of less than 3 doses of PCV (PCV7 or PCV13), 2 doses of PCV13 are recommended. For children with underlying medical conditions who have received 3 doses of PCV (PCV7 or PCV13), a single dose of PCV13 is recommended through 71 months of age.

The minimum interval between doses is 8 weeks.

### **Children completely vaccinated with PCV7**

A single supplemental dose of PCV13 is recommended for all children 14 through 59 months of age who have received 4 doses of PCV7 or other age-appropriate, complete PCV7 series (fully vaccinated with PCV7).

For children who have underlying medical conditions, a single supplemental PCV13 dose is recommended through 71 months of age. This includes children who have previously received the 23-valent pneumococcal polysaccharide vaccine (PPSV23). PCV13 should be given at least 8 weeks after the last dose of PCV7 or PPSV23.

### **Children 6 through 18 years of age with high-risk conditions**

A single dose of PCV13 may be administered to children 6 through 18 years of age who are at increased risk for invasive pneumococcal disease because of sickle cell disease, HIV-infection or other immunocompromising condition, cochlear implant or cerebrospinal fluid leaks, regardless of whether they have previously received PCV7 or PPSV23.

### **Use of PPSV23 among children 2 through 18 years of age who are at increased risk for invasive pneumococcal disease**

In addition to receiving PCV13, children with underlying medical conditions should receive PPSV23 at age 2 years or as soon as possible after the diagnosis of chronic illness is made in children 2 years of age or older. Doses of PCV13 should be completed before PPSV23 is given. The minimum interval is at least 8 weeks after the last dose of PCV13.

However, children who have previously received PPSV23 should also receive the recommended PCV13 doses.

A second dose of PPSV23 is recommended 5 years after the first dose of PPSV23 for children who have sickle cell disease, functional or anatomic asplenia, HIV-infection, or other immunocompromising condition. No more than two PPSV23 doses are recommended.

## Recommended Regimen for Pneumococcal Conjugate Vaccine Among Children With a Lapse in Vaccine Administration

How to use this chart:

1. Locate the child's age in the left column.
2. In the row with the child's age, locate the number of previous doses of PCV received.
3. The corresponding cell to the right of the number of previous doses in the "recommended regimen" column provides the recommended number of doses for the child.

Child's age now	Previous pneumococcal conjugate vaccination	Recommended regimen	Total doses in the series
<b>2 through 6 months</b>	0 doses	Give 3 doses 2 months apart. The 4th dose will be given at 12-15 months as the final dose	4
	1 dose	Give 2 doses 2 months apart. The 4th dose will be given at 12-15 months as the final dose	4
	2 doses	Give 1 dose. The 4th dose will be given at 12-15 months as the final dose	4
<b>7 through 11 months</b>	0 doses	Give 2 doses 2 months apart, 3rd dose at 12-15 months as the final dose	3
	1 or 2 doses before age 7 months	Give 1 dose at 7-11 months, with another dose at 12-15 months (> 2 months later) as the final dose	3 or 4
<b>12 through 23 months</b>	0 doses	Give 2 doses > 2 months apart as the final	2
	1 dose before age 12 months	Give 2 doses > 2 months apart as the final dose	3
	2 doses before age 12 months	Give 1 dose > 2 months after the most recent dose as the final dose	3
	1 dose on or after age 12 months	Give 1 dose > 2 months after the most recent dose as the final dose	2
<b>24 through 59 months</b>	No previous doses	Give one dose as the single and final dose.	1
	If 1, 2 or 3 doses before 12 months	Give 1 dose > 2 months after the most recent dose as the final dose	2,3, or 4
	If 1 dose between 12-23 months	Give 1 dose > 2 months after the most recent dose as the final dose	2
	If 2 doses between 12-23 months	No additional doses. Child is complete.	2
	If 1, 2, or 3 doses before 12 months <b>and</b> 1 dose between 12-23 months (separated by at least 2 months)	No additional doses. Child is complete.	2,3, or 4
	If 1 dose after 24 months	No additional doses. Child is complete.	1

- Infants and children who began the pneumococcal series with PCV7 may complete the series by switching to PCV13 at any point in the immunization schedule.
- Children who have completed a series with PCV7 (4 doses of PCV7 or other age-appropriate complete PCV7 schedule) should receive a single dose of PCV13, 2 months following the prior dose. This dose should not be given after 59 months of age.
- Vaccine recommendations for children with underlying medical conditions or increased risk for invasive pneumococcal disease is available in the Morbidity and Mortality Weekly Report (MMWR), Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children, Advisory Committee on Immunization Practices (ACIP), 2010 available by clicking [here](#).

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