

Variant Influenza Viruses – New Name

Since August 2011, 12 cases of human infection with an influenza A (H3N2) virus with avian, swine and human genes found in U.S. swine have been detected. In the past, these viruses have been called “triple reassortant swine origin viruses”. Following discussions with the World Health Organization (WHO), the World Organization for Animal Health (OIE), the Food and Agriculture Organization (FAO) and other U.S. Federal agencies, influenza viruses that originate in swine but that are identified in humans will now be referred to as “variant” viruses and denoted with a “v.” Using the new naming convention, the H3N2 virus detected in 12 people in the U.S. will now be called an “influenza A (H3N2) variant virus with genes from avian, swine and human viruses,” and will be abbreviated “A (H3N2)v” for scientific purposes and “H3N2v” for general public use. Additional [information on variant influenza A viruses](#) is posted on the Centers for Disease Control and Prevention (CDC) website.

Detailed information on the 12 cases are included in the December 23 Morbidity and Mortality Weekly Report (MMWR), “[Update: Influenza A \(H3N2\)v Transmission and Guidelines — Five States, 2011](#)”.

Flu Vaccine for Pregnant Women

On [December 5, 2011, the Health and Human Services \(HHS\) and CDC distributed a letter](#) on the importance of flu vaccines for pregnant women. The letter was endorsed by nearly a dozen leading medical organizations including the American Academy of Family Physicians, American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Influenza is 5 times more likely to cause severe illness in pregnant women than in women who are not pregnant because of changes to the heart, lungs and immune system during pregnancy.

[Health Care Personnel Vaccination Recommendations](#)

On November 25, 2011, the CDC published: *Immunization of Health-Care Personnel*. This report updates the 1997 summary of recommendations for vaccinating health-care personnel (HCP) in the United States. Annual influenza vaccination is recommended for all persons aged 6 months and older; therefore, vaccination of all HCP who have no contraindications is recommended.

Stay up-to-date with:

MDCH: www.michigan.gov/flu
CDC: www.cdc.gov/flu
HHS: www.flu.gov

Are You Playing Your Part This Flu Season?

During the last week of December, MDCH confirmed influenza in six Michigan residents. A total of ten cases have been confirmed at MDCH since October; eight of the cases were in December. To date, influenza activity has been low in Michigan this season. The recent increase in cases could be an indicator that the flu season is starting to pick up.

The [Late Season Flu Flyer](#) has been developed for providers to help focus attention on the importance of continued participation in the seasonal flu campaign. The flyer is intended for both pediatric and adult providers. Key messages are that flu vaccinations are important, stock is still available, and providers should continue to stock, recommend, and administer flu vaccinations.

Many vaccine manufacturers have supply available and providers can order private stock in as little as 10 dose increments. Remember: many manufacturers offer seasonal flu returns or credits for private stock (this differs for each manufacturer).

The fear of flu vaccine expiring should not be a reason for not having vaccine on hand, whether public or private. Flu vaccine has a universal recommendation for 6 months and over, and if providers do not have vaccine on hand, they are not following ACIP recommendations to vaccinate. Please remind providers about those young children who still need their second dose of flu vaccinations.

Now is an optimal time to vaccinate before the flu season peaks in Michigan. Help us share the message.

2012 Immunization Schedules Will Be Posted in February

- The 2012 CDC Childhood & Adolescent Immunization Schedule (birth-18 years) will be published February 10.
- The 2012 CDC Adult Immunization Schedule will be published February 3.

The schedules will be posted on the [CDC immunization website](#).

Preteen Vaccine Week Feb. 12-18

Preteen Vaccine Week (PVW) highlights the importance of immunizations for preteens as part of a comprehensive adolescent care visit. Local health departments, provider offices, and those who administer vaccines to preteens and adolescents are urged to plan an event or activity in order to raise awareness about PVW and the need to immunize preteens at 11-12 years of age. California compiled a [planning kit](#) with tools, sample press releases and talking points in English and Spanish to assist you in your efforts. For Michigan-specific resources, visit www.michigan.gov/teenvaccines. Michigan’s [Adolescent Immunization Toolkit](#) and [Adolescent Immunization Poster Gallery](#) are among the available resources on the MDCH website.

[National Immunization Conference Online](#)

Abstracts are now being accepted online for the 1st National Immunization Conference Online (NICO). The deadline for abstract submission is February 3, 2012. Find out more about the online conference, which will take place March 26–28, 2012.

[New Japanese Encephalitis VIS Released](#)

The updated Vaccine Information Statement (VIS) reflects the fact that Ixiaro is now the only available vaccine for Japanese encephalitis. Minor changes concern patients younger than 17 (who can no longer be advised to get JE-VAX) and recommendations for booster doses. See the [Note to Providers](#) for more information on these topics. Providers should begin using the new VIS immediately.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law in Michigan, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

Vaccine Information Statements are posted at www.michigan.gov/immunize. The [Important VIS Facts handout](#) has also been updated.

[Many Children Are Not Protected With PCV13 Vaccine](#)

The IAC Express, Issue # 964, Nov. 28, 2011

An article in the November issue of AAP News encourages healthcare providers to ensure that their eligible patients receive a supplemental dose of 13-valent pneumococcal conjugate vaccine (PCV13).

In 2010, ACIP recommendations called for doses of PCV13 to be given to children at ages 2, 4, 6, and 12 through 15 months. ACIP also recommends that children through age 59 months who already received an age-appropriate series of PCV7 receive a supplemental dose of PCV13.

National survey data indicate that about half of children ages 12 through 23 months have received a supplemental dose, but only one-quarter of children ages 24 through 59 months have received a supplemental dose. To remedy this situation, healthcare providers are urged to review the immunization history of all children ages 14 through 59 months who come into the office for any reason and to immunize those children who have not yet received the supplemental dose of PCV13.

[The Future of Global Immunizations: Will the Promise of Vaccines Be Fulfilled?](#)

CDC is involved in one of the most effective of all global public health missions—vaccination against deadly diseases. These efforts reduce the risk for disease to spread across other countries; ultimately, they protect Americans from sickness and death caused by vaccine-preventable diseases that are acquired overseas and carried into the United States by travelers. In the past two decades, immunization has prevented an estimated 20 million deaths worldwide from vaccine-preventable diseases. New vaccines currently under development have the potential to prevent millions of additional deaths.

European Union Measles Cases Remain at High Levels

CIDRAP 12/1/11

The World Health Organization's (WHO's) European Region has reported 26,074 measles cases this year as of Oct 26, according to a report in the [12/2/11 Morbidity and Mortality Weekly Report \(MMWR\)](#). For comparison, the region reported 30,639 cases in 2010. So far this year outbreaks have been reported in 36 of 53 countries in the region, which first saw measles cases increase sharply beginning in late 2009. The median age of patients was 15 years. About 28% were hospitalized, and nine deaths were reported. France has had the largest ongoing outbreak, accounting for 14,025 of the reported cases. Six genotypes were reported, with D4 the most common. The report said measles from Europe has accounted for most importation into the United States since 2008, with 20 importations this year so far, just over half with links to France. The WHO said several factors are contributing to high numbers of measles cases in Europe, including lack of knowledge about the seriousness of the disease, vaccination skepticism, fear of side effects, and limited access for underserved populations. New strategies are needed to portray the risks of the disease and the benefits of vaccination, the report said.

The United States and Michigan

In 2011, the preliminary number of reported measles cases in the U.S. was 222. In some instances outbreaks have resulted. Michigan had 2 reported cases in 2011. MDCH reminds providers to be vigilant for this important preventable disease, especially among patients with a history of or connection to international travel. Suspected cases (prodrome of cough, coryza, and conjunctivitis with high fever, followed by macular-papular generalized rash) should be reported immediately to the local health department.

Additional information on measles is available at:

<http://wwwnc.cdc.gov/travel/notices/in-the-news/measles.htm>

General information on measles and measles vaccine is available at <http://www.cdc.gov/vaccines/vpd-vac/measles>

Additional Immunization News

In an article entitled “Alternative Vaccination Schedule Preferences Among Parents of Young Children” ([Pediatrics, Vol 128, No 5, November 2011](#)), researchers from the University of Michigan found that 13% of parents reported following an alternative vaccination schedule. Of these parents, 53% refused only certain vaccines while 55% delayed some vaccines until the child was older.

Michigan’s Immunization Timely Tips (MITT)

MITT is posted at www.michigan.gov/immunize under the Provider Information section.

To subscribe, send an email to MBenhamza@msms.org and enter the word SUBSCRIBE in the subject line. Subscribers will receive the Michigan Immunization Timely Tips (MITT) newsletter, as well as additional immunization-related updates on a periodic basis.

Thanks for all your support with getting Michigan citizens protected from vaccine preventable diseases!