

Study Finds Sharp Drop in HPV Infections in Girls

The New York Times; June 19, 2013

A new CDC study shows that the prevalence of dangerous strains of the human papillomavirus (HPV), a principal cause of cervical cancer, has dropped by half in the last decade.

The sharp decline in the infection rate comes at a time of deepening worry among doctors and public health officials about the limited use of the HPV vaccine in the U.S.

There are about 12,000 cases of cervical cancer and 4,000 deaths a year in the U.S. At current vaccination rates, the vaccine would prevent 45,000 cases of cervical cancer and 14,000 deaths among girls now age 13 and younger over the course of their lifetimes, according to the Centers for Disease Control and Prevention (CDC) estimates. Increasing the rate to 80 percent could prevent an additional 53,000 cancers and nearly 17,000 deaths. [Read more](#)

Helping Parents Overcome Vaccine Hesitancy

Shot of Prevention blog, <http://shotofprevention.com>

The [May 17, 2013, blog diary](#) on the *Shot of Prevention* website describes the struggle that one mother went through while deciding whether or not to immunize her child. I encourage you to read the entire article. The commentary reads in part: "... Because the fear of the minuscule risk of adverse effects from vaccines has been so well exaggerated by those strongly opposed to vaccines, it's important that we continue to highlight the true [risks of the diseases](#) themselves. Stories of vaccine preventable diseases, such as those highlighted on [Vaccinate Your Baby](#), [Shot By Shot](#) or in blogs like [KC Kids Doc](#), are just as important to share with vaccine hesitant parents as the safety studies and science behind vaccines."

Current news articles can also be an excellent source for vaccine preventable diseases stories. A sad story recently occurred in Auckland, New Zealand, but it could have happened anywhere. Ian and Linda Williams thought they had made an informed choice not to vaccinate their children, but after their son ended up in intensive care with a tetanus infection they realized they had made a terrible mistake. For the full story, see "[Parents' fear of vaccines nearly killed their son.](#)"

Most of today's parents are unfamiliar with the risks of vaccine preventable diseases. Keeping them informed about the risks of these diseases is a critical part of vaccine education.

Additional Resources

- [Provider Resources for Vaccine Conversations with Parents](#) (CDC)
- Vaccine Education Center, Children's Hospital of Philadelphia: www.chop.edu/service/vaccine-education-center/home.html
- Immunization Action Coalition (IAC): www.immunize.org

Are Your Adolescent Patients Fully Vaccinated?

You'll be seeing many of your pre-teen and teen patients for back-to-school sports physicals and immunizations over the next few months. Use these office visits to get every adolescent patient up-to-date on all recommended vaccines.

Sometimes parents of adolescents may only want the vaccines required for school entry. However, to give the best protection, it is critical that parents follow the routinely recommended immunization schedule for their children. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Society for Adolescent Health and Medicine (SAHM), and CDC recommend that providers vaccinate based on current Advisory Committee on Immunization Practices (ACIP) recommendations. In doing so, not only will Michigan's school immunization requirements be met, but every child will be fully protected from serious diseases.

HPV vaccination is of particular concern, because coverage levels lag behind other recommended vaccines for adolescents. HPV vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. Two brands of HPV vaccine (Cervarix[®] and Gardasil[®]) protect girls from the types of HPV that cause most cervical cancer. One brand of HPV vaccine (Gardasil[®]) also helps protect both girls and boys from anal cancer and genital warts. Both vaccines are available for girls. Only Gardasil[®] is available for boys. Girls and boys who are 11 or 12 years old should receive three doses of the vaccine over six months.

HPV vaccine is recommended at 11-12 years of age because research has shown that it's the best time to receive the vaccine. The HPV vaccine only provides protection if it is given before exposure to HPV and someone can be infected with HPV the very first time they have sexual contact with another person. To get the most benefit from HPV vaccination, all three doses must be received before any kind of sexual activity with another person begins.

Older children and adolescents also need meningococcal conjugate (MCV4) and tetanus-diphtheria-pertussis (Tdap) vaccines. Those who haven't had chickenpox disease need two doses of varicella vaccine to be fully protected. In addition, everyone (including healthy children, teens, and adults) should receive seasonal flu vaccine every year. Start vaccinating as soon as you receive flu vaccine and continue to vaccinate throughout the entire flu season (into the winter and spring months).

Every time an adolescent patient arrives at the office – whether for a preventive or sick visit – it's an opportunity to immunize that patient with all recommended vaccines. Back-to-school check-ups and sports physicals are an ideal time to make sure adolescent patients are fully vaccinated.

Continued, see resources on page 2.

[Posted online 6/21/13](#)

New HPV Vaccine Poster

A [Parent's Guide to Preteen and Teen HPV Vaccination](#) is a new MDCH flyer focusing on the importance of vaccinating at the routinely recommended age of 11-12 years. The flyer is posted on the MDCH Teen Vaccines website at: <http://www.michigan.gov/teenvaccines>



Check out the [Adolescent Immunization Poster Gallery](#) for available posters. See page 6 for an example.

MMR Booster Safe in Kids with Arthritis

MedPage Today; June 18, 2013

The live attenuated booster vaccine for measles, mumps, and rubella (MMR) does not worsen disease in children with juvenile idiopathic arthritis, researchers reported. In a year-long randomized trial, there was no significant difference in disease activity between children who got the booster and those who did not, according to Marloes Heijstek, MD, of the University Medical Center Utrecht in the Netherlands, and colleagues. And the booster vaccine was immunogenic, they reported in the June 19 issue of the *Journal of the American Medical Association*.

[Read more](#)

Why the “Too Many, Too Soon” Argument is False (Video)

The “[Too Many Too Soon](#)” video explains why the anti-vaccine argument of “too many, too soon” is false. Thanks to [AcademicEarth.org](#) for creating this video.

Vaccines Do Not Increase Risk of Autism

IAC Express 1048; April 2, 2013

On March 29, the *Journal of Pediatrics* published an online article titled [Increasing Exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines Is Not Associated with Risk of Autism](#). According to information from CDC, "the study looked at the amount of antigens from vaccines received on one day of vaccination and the amount of antigens from vaccines received in total during the first two years of life and found no connection to the development of autism spectrum disorder (ASD) in children."

Related Links

- [Article abstract](#) (full text of the article available to subscribers only)
- [CDC information about the article](#)
- [Vaccine safety and autism information \(CDC\)](#)

Whooping Cough Can Be Deadly for Infants, But 61 Percent of Adults Don't Know Their Vaccine Status

On June 17, the University of Michigan released its C.S. Mott Children's Hospital [National Poll on Children's Health](#) findings on pertussis. Their research revealed that 61 percent of adults say they don't know when they were last vaccinated against pertussis; only 20 percent of adults reported that they received the pertussis vaccine less than 10 years ago and 19 percent said they were vaccinated more than 10 years ago. Also, 72 percent of adults agree that parents have the right to insist that visitors receive the pertussis vaccine before visiting a newborn baby in the hospital. [Read more](#).

Are Your Adolescent Patients Fully Vaccinated?

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Educational Materials

- MDCH: www.michigan.gov/teenvaccines
- CDC: [Your Preteens and Teens Need Vaccines, Too!](#)

Tdap VIS and Quick Look Handout are Updated

The [Tdap Vaccine Information Statement](#) (VIS) was updated in early May. Providers should begin using all new VIS immediately. This VIS contains information about Tdap only. For patients receiving Td, continue using the Td/Tdap VIS dated 1/24/12 until a VIS dedicated exclusively to Td (currently in development) is available. Changes to the updated VIS relate primarily to recent changes in ACIP recommendations regarding use of [Tdap during pregnancy](#).

The [Quick Look at Using Tdap Vaccine](#) handout, developed by MDCH staff, is available online. Quick Looks provide a quick reference, summarizing relevant information from ACIP recommendations, which can be useful when administering vaccine. Quick Look Handouts for many vaccines are posted at www.michigan.gov/immunize > Provider Information > [Quick Looks](#).

HPV VIS and Quick Look Handout are Updated

The [HPV Vaccine Information Statement](#) (VIS) for Gardasil was updated in late May. Providers should begin using all new VIS immediately. The only substantive change to the Gardasil® VIS is the removal of language relating to the manufacturer's pregnancy registry. The registry has met its goal of 5 years of enhanced surveillance and has been closed to new enrollment.

The [Quick Look at Using HPV Vaccines](#) handout was also updated.

Additional Information about using VIS in Michigan:

- 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. VIS that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.
- The [Important VIS Facts handout](#), which includes all the current VIS dates, has been updated. It is posted online with the VIS.
- These documents are posted on the MDCH website at www.michigan.gov/immunize under [Vaccine Information Statements](#).

Spanish Language Posters

[Free Spanish language posters](#) are available for order from CDC to support your childhood immunization efforts.

These posters are part of the CDC campaign with the tagline: Con salud, todo es posible. Vacune a sus hijos (With health, all is possible. Vaccinate your children). This campaign is not simply a translation of English materials, but rather an entirely different campaign developed for the target audience of Spanish-speaking parents of children under the age of two years. It was developed based on extensive formative research and testing to be linguistically and culturally appropriate.

Avian Influenza A (H7N9) Virus

CDC, June 7, 2013

As of June 7, human infections with the new avian influenza A (H7N9) virus continued to be reported in China. The virus has been detected in poultry in China as well. While mild illness in human cases has been seen, most patients have had severe respiratory illness and some people have died. No cases of H7N9 outside of China have been reported. The new H7N9 virus has not been detected in people or birds in the U.S. For more information, go to: <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

New Vaccine Technology Available for 2013-14 Flu Season

Since it was first licensed in the 1950s, the annual seasonal influenza vaccine has been an inactivated influenza vaccine, trivalent (IIV3) composed of 3 influenza viral antigens – 2 influenza A antigens and 1 influenza B antigen. In 2003, the first live attenuated influenza vaccine was licensed. In recent years, vaccine manufacturers and researchers have focused on developing improved influenza vaccines which has resulted in:

- A high dose influenza vaccine with 4 times the virus antigen to create a stronger immune response in persons 65 and older (licensed for 2010-11 influenza season).
- An intradermal influenza vaccine with a very fine needle that is 90% smaller than the needles used for regular flu shots (licensed for 2011-12 influenza season).
- A cell-based influenza vaccine grown in cultured cells of mammalian origin instead of in hens' eggs (licensed for 2013-14 influenza season).
- A recombinant influenza vaccine made with insect viruses using egg free production methods (licensed for 2013-14 influenza season).
- Quadrivalent (IIV4) influenza vaccines composed of 4 influenza viral antigens which protect against two influenza A strains and 2 influenza B strains (licensed for 2013-14 influenza season).

These advancements illustrate the exciting progress in influenza vaccine technology; however, having multiple brands and age indications makes it vital for providers to pay close attention when purchasing and administering flu vaccine in the upcoming season.

As the 2013-14 influenza season quickly approaches, stay up-to-date on the recommendations and resources available to help you navigate through the season at www.michigan.gov/flu and www.cdc.gov/flu. Below are the approved types/brands of flu vaccine as of June 2013.

Vaccine Type	Brand Name	Age Indication	Manufacturer
Trivalent			
IIV3	*Fluzone®	6 months & older	sanofi pasteur
IIV3	*Fluarix®	3 years & older	GlaxoSmithKline
IIV3	Fluvirin™	4 years & older	Novartis
IIV3	Afluria®	9 years & older	CSL Biotherapies
IIV3	FluLaval™	18 years & older	GlaxoSmithKline
IIV3 ID	Fluzone Intradermal®	18 through 64 yrs	sanofi pasteur
IIV3 High Dose	Fluzone High Dose®	65 years & older	sanofi pasteur
ccIIV3	Flucelvax®	18 years & older	Novartis
RIV3	Flublok®	18 through 49 yrs	Protein Sciences
Quadrivalent			
IIV4	*Fluarix Quadrivalent®	3 years & older	GlaxoSmithKline
IIV4	Fluzone Quadrivalent®	6 months & older	sanofi pasteur
LAIV4	*FluMist Quadrivalent™	2 through 49 yrs	MedImmune

*Denotes vaccines available through Michigan Vaccine for Children (VFC) Program

Prevention and Control of Influenza With Vaccines—Interim Recommendations of the ACIP

The [May 10, 2013, MMWR](#) summarizes recommendations approved on February 21, 2013, by the ACIP for the use of influenza vaccines. An expanded 2013 ACIP influenza vaccination recommendation statement is scheduled to be published in *MMWR* before the start of the 2013–2014 influenza season. Providers should consult the expanded 2013 ACIP influenza vaccination statement for complete and updated information.

Routine annual influenza vaccination is recommended for all persons aged six months and older. Immunization providers should consult Food and Drug Administration-approved prescribing information for 2013–2014 influenza vaccines and the 2013–2014 ACIP influenza recommendation statement for the most current information concerning indications, contraindications, and precautions.

Influenza Activity — United States, 2012–13 Season and Composition of the 2013–14 Influenza Vaccine – June 14 (CDC)

During the 2012–13 influenza season in the United States, influenza activity increased through November and December before peaking in late December. Influenza A (H3N2) viruses predominated overall, but influenza B viruses and, to a lesser extent, influenza A (H1N1)pdm09 (pH1N1) viruses also were reported in the United States. This influenza season was moderately severe, with a higher percentage of outpatient visits for influenza-like illness (ILI), higher rates of hospitalization, and more reported deaths attributed to pneumonia and influenza compared with recent years.

This report summarizes influenza activity in the United States during the 2012–13 influenza season (September 30, 2012–May 18, 2013) as of June 7, 2013, and reports the recommendations for the components of the 2013–14 Northern Hemisphere influenza vaccine. [Read more](#)

Flu Vaccines Aimed at Younger Populations Could Break Annual Transmission Cycle

[Science Daily \(06/11/2013\)](#)

A study published in the journal [Vaccine](#) indicates that programs that increase flu vaccination among school-age children and young adults--who account for a large part of flu transmission--would have a bigger payoff than historic vaccine programs targeting the elderly

and other groups at high risk of death and serious complications. According to Jan Medlock of the Department of Biomedical Sciences in Oregon State University's College of Veterinary Medicine, one of the study's co-authors, "That approach could really limit the cycle of transmission, preventing a great deal of illness while also reducing the number of deaths among high risk groups. ... Our new analysis suggests we should reconsider our priorities for vaccination." Although there is a reluctance to add more vaccines to those mandated for school-age children, the researchers determined that targeting children, young adults, and high-risk individuals for flu vaccination would reduce flu-related deaths by 25 to 100 percent.

[Posted online 6/21/13](#)

CDC Experts Answer Your Questions

[Issue 1060: June 12, 2013, IAC Ask the Experts: CDC Experts Answer Your Questions](#)

Q: Some women have closely spaced pregnancies. Should we give Tdap during each pregnancy, even if it means such women would get 2 doses within 12 months?

A: Yes. ACIP looked into this issue and included related information in its recommendations published in [MMWR on February 22, 2013](#) (pages 131–135). ACIP reviewed available data on birth statistics and discovered that among U.S. women who have more than one pregnancy, a very small percentage (2.5%) have an interval of 12 months or less between births. The majority of women who have two pregnancies have an interval of 13 months or more between births. Approximately 5% of women have four or more babies. ACIP concluded that (1) the interval between subsequent pregnancies is likely to be longer than is the persistence of maternal anti-pertussis antibodies, (2) most women would receive only 2 doses of Tdap, and (3) a small proportion of women would receive 4 or more doses.

A theoretical risk exists for severe local reactions (e.g., arthus reactions, whole limb swelling) for pregnant women who have multiple, closely spaced pregnancies. However, the frequency of side effects depends on the vaccine's antigen content and product formulation, as well as on preexisting maternal antibody levels related to the interval since the last dose and the number of doses received. The risk for severe adverse events has likely been reduced with current vaccine formulations (including Tdap), which contain lower doses of tetanus toxoid than did older vaccine formulations. ACIP believes the potential benefit of preventing pertussis morbidity and mortality in infants outweighs the theoretical concerns of possible severe adverse events in mothers.

Q: At what gestational age of pregnancy should we vaccinate pregnant women with Tdap?

A: To maximize maternal antibody response and passive antibody transfer to the infant, the optimal time to administer Tdap is between 27 and 36 weeks' gestation. However, Tdap can be administered at any time during pregnancy. Previously, CDC had recommended that Tdap vaccination occur after 20 weeks' gestation.

[More questions and answers are posted on the IAC website.](#)

2013 Fall Immunization Conferences: Save the Date!

The Michigan Department of Community Health Fall Regional Immunization Conferences offer an excellent opportunity for health care professionals (HCP) to get updated on immunization. These conferences have been offered annually for 19 years, and consistently receive high ratings from attendees. Their primary goal is to update HCP on immunization issues that affect people of all ages. They are intended for nurses, nurse practitioners, medical assistants, public health staff, physicians, physician assistants, pharmacists, medical and nursing students, and anyone interested in learning more about current immunization practice in Michigan.

This fall's schedule is: Oct. 15 (Gaylord), Oct. 17 (Marquette), Oct. 29 (Kalamazoo), Oct. 30 (Grand Rapids), Nov. 1 (East Lansing), Nov. 19 (Bay City), Nov. 21 (Dearborn), and Nov. 22 (Troy).

As more details become available, they will be posted online. Registration will begin during the first week of September.

A [Save-the-Date flyer](#) is posted on the conference website at <http://www.michigan.gov/immunize>, under the Provider Information Section.

Pentacel, Daptacel and Pediarix Shortages 2013

Guidance for Vaccinating Children during the 2013 Pentacel, Daptacel and Pediarix Shortages was posted by CDC in late May, in response to Sanofi Pasteur's Pentacel[®] (DTaP-IPV/Hib) and Daptacel[®] shortages and the reduced allocation of GlaxoSmithKline's Pediarix[®] vaccine. The shortages are expected to last through this summer.

The guidance encourages vaccine providers to:

- continue to follow the recommended immunization schedule and ensure patient receive all recommended doses of DTaP, Hib, and polio vaccines;
- search for alternative vaccines during the shortage (including single component DTaP, IPV, HepB, and Hib vaccines and other licensed combination vaccines which should be readily available);
- and contact your local immunization program for guidance about ordering vaccine if you participate in the VFC program.

The Guidance Document includes possible scheduling scenarios and further information about vaccine shortages, and is posted on the [CDC Current Vaccine Shortages & Delays](#) website.

Dr. Ari Brown's New Immunization Videos Posted Online

IAC Express, Issue 1059, June 11, 2013

Ari Brown, MD, FAAP, recently collaborated with *Parents* magazine to create these two new videos:

- [The Vaccine Schedule](#), which answers the question "Should parents follow a strict vaccine schedule or is there room for flexibility?"
- [Vaccines for Babies and Older Kids](#), which answers the question "Which vaccines do kids need and why are they necessary?"

Each video is 3 minutes in length. *MITT* readers are encouraged to access them and share them with your colleagues and parents of young children.

Vaccines Work!

The new [Vaccines Work! flyer](#) shows how much vaccines have done to protect us over the years. The old adage that "a picture is worth a thousand words" was never so true. The original flyer was created by Leon Farrant; MDCH staff updated the statistics.

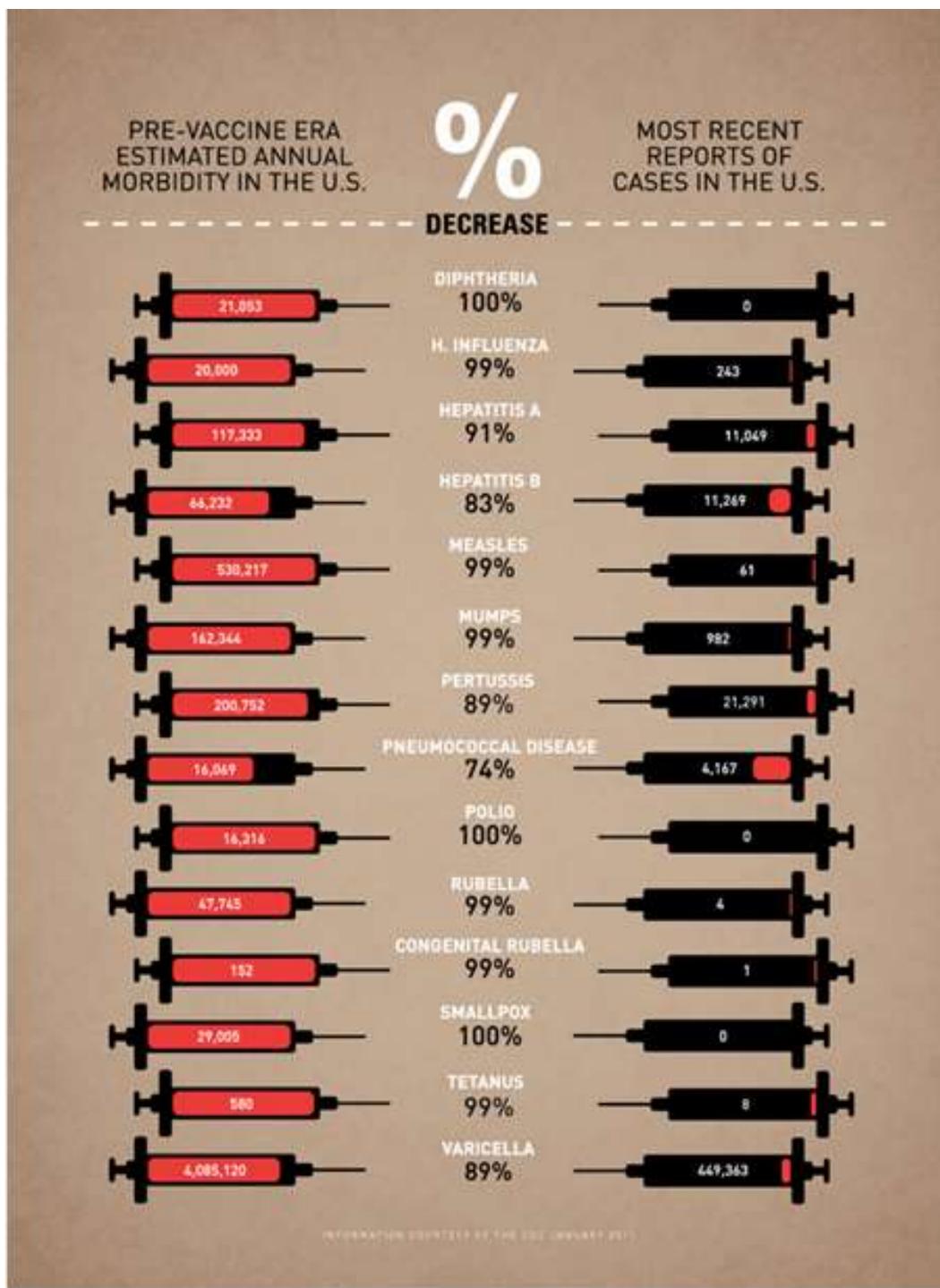
The flyer is shown on page 5; see the website for the full-size image.

In The News

[Alternate Vaccine Schedules are Not Safer and Should Be Obsolete](#) *Contemporary Pediatrics* (June 1, 2013)

Michigan Immunization Timely Tips (MITT)

To subscribe to the [Michigan Immunization Timely Tips](#) newsletter, send an email to cmarkzon@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. MITT is posted at www.michigan.gov/immunize under the Provider Information section. For more information, contact Rosemary Franklin at franklinr@michigan.gov.



Design by Leon Farrant

The full-size flyer is posted at:
<http://www.behance.net/gallery/Vaccine-Infographic/2878481>

You made sure to protect him when
he was little....
and he still needs you now.



Protect your son from serious
diseases like meningitis, HPV,
hepatitis, flu and pertussis.

Call your doctor today and ask about
vaccines he may need.



www.michigan.gov/teenvaccines

The full-size poster and others are available online:
<http://www.michigan.gov/teenvaccines>; Click on [Adolescent Immunization Poster Gallery](#)