

### HPV4 Vaccine Recommendations for Males Published

*MMWR; Dec. 23, 2011 / 60(50);1705-1708*

On October 25, 2011, the ACIP recommended routine use of HPV4 vaccine in males aged 11 or 12 years. ACIP also recommended vaccination with HPV4 for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series; males aged 22 through 26 years may be vaccinated. For immunocompromised males, ACIP recommends routine vaccination with HPV4 as for all males, and vaccination through age 26 years for those who have not been vaccinated previously or who have not completed the 3-dose series.

Men who have sex with men (MSM) are at higher risk for infection with HPV types 6, 11, 16, and 18 and associated conditions, including genital warts and anal cancer. For MSM, ACIP recommends routine vaccination with HPV4 as for all males, and vaccination through age 26 years for those who have not been vaccinated previously or who have not completed the 3-dose series.

The [ACIP/VFC Resolution](#) has been posted online.

#### *MDCH Note:*

- We have updated the [Q and A document on HPV4](#) in males.
- We will be updating the *Quick Look at HPV Vaccine* soon.
- We are currently working on updating the assessment of HPV4 in males in MCIR.

### HPV Vaccine and Sexual Behavior

*American Journal of Preventive Medicine (Vol.42, Issue 1)*

This study, *Human Papillomavirus Vaccine and Sexual Behavior among Adolescent and Young Women*, looked at HPV vaccine and sexual behavior among adolescent and young women. Investigators used data from the National Survey of Family Growth.

HPV vaccine initiation was higher among those aged 15–19 years than those aged 20–24 years (30.3% vs 15.9%,  $p < 0.001$ ). No differences existed by race/ethnicity for those aged 15–19 years, but among women aged 20–24 years, non-Hispanic blacks were less likely than non-Hispanic whites to have received the HPV vaccine (AOR=0.15). HPV vaccine initiation was greater for those with insurance regardless of age. HPV vaccination was not associated with being sexually active or number of sex partners at either age. Among sexually active adolescents aged 15–19 years, those who received HPV vaccine were more likely to always wear a condom (AOR=3.0).

This study highlights disparities in HPV vaccine initiation by insurance status among girls/women aged 15–24 years and by race/ethnicity among women aged >19 years.

No association was found between HPV vaccination and risky sexual behavior.

### Adolescent Perceptions of Risk and Need for Safer Sexual Behaviors After First HPV Vaccination

*Arch Pediatr Adolesc Med. 2012;166(1):82-88*

This study looked at girls' perceived risk of HPV after HPV vaccination, girls' perceived risk of other STIs after vaccination, girls' perceived need for continued safer sexual behaviors after vaccination, and factors associated with girls' perception of less need for safer sexual behaviors.

The mean age of the girls was 16.8 years. Most participants (76.4%) were black, and 57.5% were sexually experienced. Girls perceived themselves to be at less risk for HPV than for other STIs after HPV vaccination ( $P < .001$ ). Although most girls reported continued need for safer sexual behaviors, factors independently associated with perception of less need for safer sexual behaviors included adolescent factors (lower HPV and HPV vaccine knowledge and less concern about HPV) and maternal factors (lower HPV and HPV vaccine knowledge, physician as a source of HPV vaccine information, and lack of maternal communication about the HPV vaccine).

Few of the adolescents in the study perceived less need for safer sexual behaviors after the first HPV vaccination. Education about HPV vaccines and encouraging communication between girls and their mothers may prevent misperceptions among these adolescents.

*(Arch Pediatr Adolesc Med. 2012;166(1):82-88.  
doi:10.1001/archpediatrics.2011.186)*

### Compliance With Recommended Dosing Intervals for HPV Vaccination Among Females, 13–17 years

*Vaccine; Volume 30, Issue 3, 11 January 2012*

Data from the 2008 and 2009 CDC National Immunization Survey-Teen were analyzed to determine age at initiation of the human papillomavirus vaccine (HPV) series among females 13–17 years ( $n = 7594$ ) and assess compliance with the recommended HPV dosing intervals. Among females who initiated the HPV series, 56.7% of females < 13 years at the time of the HPV vaccine recommendation publication did so by age 13; while the majority of females 13–14 and 15–17 years at the time of the recommendation publication did so at ages 14 (44.4%) and 16 (46.7%), respectively. Forty-six percent of females who received three doses completed the vaccination series in a period longer than the recommended time interval. Series completion at an earlier age to ensure protection before sexual debut is optimal. Improved provider communication of the need for three doses for long-term protection and implementing clinical practice guidelines to use reminder-recall systems may increase HPV completion.

*(Vaccine; Volume 30, Issue 3, 11 January 2012, Pages 503-505;  
doi:10.1016/j.vaccine.2011.11.042)*

## **Influenza Sentinel Surveillance: Help Needed from Michigan Physicians**

The Outpatient Influenza-like Surveillance Network (ILINet) is a cornerstone of influenza surveillance in Michigan. Effective influenza surveillance can prevent death and disease by detecting unusual viral strains, tracking the spread of epidemics or pandemics, and by assessing the effectiveness of influenza control programs. Sentinels also contribute to disease control and prevention recommendations and influenza vaccine strain selection.

The ILINet consists of health care providers who have volunteered to provide MDCH and CDC with weekly counts of visits to their practices for influenza-like illness (fever  $\geq$  100° with cough, sore throat, or both). They also provide nasal swabs from a subset of patients for respiratory virus testing by MDCH. The duties usually require less than 30 minutes per week.

The advantages of being a sentinel physician include free respiratory virus culture for approximately 11 samples per site per year; weekly feedback on submitted data; weekly summaries of regional, state, and national influenza data; free online subscriptions to *Emerging Infectious Diseases* and the *MMWR*; and free registration at an MDCH 2012 Fall Regional Immunization Conference for reporting regularly.

We are asking medical providers of any specialty in almost any setting that are likely to see patients with influenza-like illness to consider becoming an influenza sentinel. Only those providers who primarily care for institutionalized populations (e.g., nursing homes or prisons) are ineligible.

To enroll or to request additional information, please contact Cristi Carlton, MPH, MDCH Vaccine Preventable Disease Epidemiologist, at 517-335-9104 or [Carltonc2@michigan.gov](mailto:Carltonc2@michigan.gov). Further details and current Michigan sentinel surveillance data are available at [www.michigan.gov/flu](http://www.michigan.gov/flu).

## **FDA Approves PCV13 Vaccine in Adults 50 and Older**

On December 30, the Food and Drug Administration (FDA), through its accelerated approval process, approved the pneumococcal 13-valent conjugate vaccine Prevnar 13 (PCV13) for people 50 years of age and older.

Please note that there is no ACIP Recommendation for the use of PCV13 in adults. ACIP discussed the prevention of pneumococcal disease among immunocompromised adults at the [October 26, 2011, meeting](#) and there will be more discussions on the use of this vaccine in adults at the February ACIP meeting.

The ACIP workgroup will continue discussions on whether PCV13 should be recommended for adults 50 years or older as additional data on herd effects and efficacy against pneumonia become available and they will evaluate the use of PCV13 for adults with immunocompromising conditions.

## **For the Herd's Sake, Vaccinate**

*NY Times Opinion Page, 12/27/11*

Happy New Year! We appreciate all that you do to keep Michigan citizens safe from vaccine-preventable diseases. This New York Times Opinion page article reminds us all of the reason we do what we do.

## **Hepatitis B Vaccination for Adults With Diabetes Mellitus**

*MMWR; Dec. 23, 2011 / 60(50);1709-1711*

On October 25, 2011, the Advisory Committee on Immunization Practices (ACIP) recommended Hepatitis B vaccination should be administered to unvaccinated adults with diabetes mellitus (type 1 and type 2) who are aged 19 through 59 years. For those aged 60 years and older the ACIP recommended that unvaccinated adults aged 60 years older with diabetes may be vaccinated at the discretion of the treating clinician after assessing their risk and likelihood of an adequate immune response to vaccination.

Continued efforts are needed to increase adherence to recommended infection control practice. Shared use of blood-contaminated equipment increases the risk for exposure to bloodborne pathogens, including hepatitis C virus, human immunodeficiency virus, and HBV, which is highly infectious. In the U.S., since 1996, a total of 29 outbreaks of HBV infection in one or multiple long-term-care (LTC) facilities, including nursing homes and assisted-living facilities, were reported to CDC; of these, 25 involved adults with diabetes receiving assisted blood glucose monitoring.

Decisions to vaccinate adults with diabetes who are aged 60 years and older should incorporate consideration of the patient's likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood-glucose monitoring in LTC facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the declining immunologic responses to vaccines that are associated with frailty, a geriatric syndrome characterized by decreased physiologic reserve and increased vulnerability, leading to early mortality in older adults.

Administration of the hepatitis B vaccine series should be completed as soon as feasible after diabetes is diagnosed. Available data do not confirm an advantage to any specific hepatitis B vaccine, dosage, or approved schedule for adults with diabetes. No serologic testing or additional hepatitis B vaccination is recommended for adults who received a complete series of hepatitis B vaccinations at any time in the past. Hepatitis B vaccine may be administered during health-care visits scheduled for other purposes as long as minimum intervals between doses are observed; there is no maximum interval between doses that makes the hepatitis B vaccination series ineffective.

*MDCH Note:*

- "A person with diabetes" has been added to the MI VRP program - [see VFC Resource Book](#)
- MCIR currently assesses Hepatitis B for all ages.
- Providers should be encouraged to assess hepatitis B immunization history in MCIR for diabetic patients 19 through 59 years.
- We will be updating educational materials on hepatitis B vaccine to include diabetes on in adults.

## **Michigan's Immunization Timely Tips (MITT)**

To subscribe, send an email to [MBenhamza@msms.org](mailto: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.

MITT is posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) under the Provider Information section.