

# Vaccine News

## Island County Public Health

August 2012

### **A New Look**

Welcome to the 51<sup>st</sup> edition of "Vaccine News". I thought that it was past time to give this newsletter a new look. Let me know what you think!

The purpose of this newsletter is to update local providers on issues pertaining to immunizations and perinatal hepatitis B concerns.

Immunization questions? Please call Caroline at (360) 240-5554 extension 22, Janet at (360) 387-0184 or Melinda at (360) 221-8482.

### **New State-Supplied Vaccines**

What does it take for a vaccine to become part of the state-supplied program? It takes:

Licensing by the FDA

A recommendation by the ACIP for its use

The CDC adding the vaccine to the Vaccines for Children (VFC) contract

Publishing the ACIP recommendation in the Morbidity and Mortality Weekly Report

The Washington Vaccine Advisory Committee adopting the ACIP recommendation for Washington

This is not a quick process!

### **Menhibrix®**

On February 15, 2012, the FDA approved Menhibrix®, a GlaxoSmithKline Biologicals combination vaccine for use in infants and children age six weeks through 18 months. This vaccine is for the prevention of invasive disease caused by *Neisseria meningitidis* serogroups C and Y and *Haemophilus influenzae* type b.

It's given as a four-dose series at two, four, six, and 12 through 15 months of age. The first dose may be given as early as six weeks of age and the fourth as late as 18 months of age.

## **Pertussis Epidemic in Washington**

Washington is experiencing a substantial rise in pertussis cases, beginning in mid-2011, so much so that the Washington State Secretary of Health declared a pertussis epidemic on April 3, 2012. There have been 3,285 cases this year as of July 28<sup>th</sup>.

Compare that number to the 253 cases in the same period in 2011. Cases this year so far are almost 13 times that for the same period in 2011!!!

The overall incidence is 48.8 cases of pertussis per 100,000. The highest incidence is in the 10- to 13-year-olds at 231.8 per 100,000. Thirty-three counties (of 39) have had cases.

There have been 204 babies (those under the age of one) reported to have pertussis and 40 of them have been hospitalized. No deaths have been reported in this age group.

Unfortunately, even those who have been vaccinated are getting pertussis. The good news for them is that their symptoms are milder, the length of the illness is shorter, and they are less likely to spread the disease to others. DOH and CDC are conducting a case-control study to learn more about the factors contributing to waning immunity.

There is concern that while the acellular form of the vaccine has fewer side effects, the whole cell version conferred immunity that lasted longer. Those who are now 13 or 14 years old only had doses of DTaP. They are part of the age group with the highest incidence of disease.

Even with the concerns about DTaP, vaccination is still the most effective strategy to reduce morbidity and mortality caused by pertussis. Unvaccinated persons remain at a much higher risk for pertussis than those who've been vaccinated. Information gained from the epidemic in California in 2010 showed that unvaccinated children are eight times more likely to get pertussis than those who are fully vaccinated.

DOH and the CDC have reviewed all pertussis cases reported between January 1 and June 16, 2012. The results of the review were described in the MMWR. The article may be accessed at

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a1.htm?s\\_cid=mm6128a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a1.htm?s_cid=mm6128a1_w)

## **The Forgotten Story**

The latest edition (2010) is a collection of stories about families who've suffered the costs of not vaccinating. It's published by Texas Children's Hospital. Each book is \$3.50 and is also available in an abbreviated Spanish-language edition. You may order copies at <https://www.tchorderprocessing.com/>

## **Influenza Activity 2011-2012**

This influenza season was mild compared with recent years. Influenza A (H3N2) strain predominated and two variations of H1N1 strains circulated widely. There were cases of influenza B as the influenza A activity declined. In the U.S., the number of cases peaked the week ending March 17<sup>th</sup>.

## **Composition of the 2012-2013 Influenza Vaccine**

The FDA recommended that the trivalent vaccine used this season in the U.S. include A/California/7/2009-like (pH1N1), A/Victoria/361/2011-like (H3N2), and B/Wisconsin/1/2010-like (B/Yamagata lineage). This recommendation is based on global influenza virus surveillance data related to epidemiology and antigenic characteristics, serologic responses to 2011-2012 trivalent seasonal vaccines, and the availability of candidate strains and reagents.

## **Vaccine Package Inserts**

Ever misplaced, recycled or just plain tossed the vaccine package insert only to find you need it? Besides the manufacturer's and the FDA's websites, you can also find a copy at [www.immunize.org](http://www.immunize.org). The inserts are in the "Directory of Immunization Resources" section.

## **Perinatal Hepatitis B**

Asian and Pacific Islanders make up less than 5% of the total population in the U.S. but account for more than 50% of Americans living with chronic hepatitis B. Despite these high rates, many are not tested for hepatitis B. They are unaware of their infection and many recent immigrants do not have access to medical services that can help save lives. As a result, chronic hepatitis B and associated liver cancer in Asian and Pacific Islanders is one of the most serious health disparities in the U.S. The death rate from hepatitis B among Asian and Pacific Islanders is seven times greater than rates among whites.

Testing is recommended for the following groups:

- All people born in countries where hepatitis B is common
- All people born in the U.S. who were not vaccinated at birth and have at least one parent born in a country with high hepatitis B rates
- Those who live with someone with hepatitis B

## **Perinatal Hepatitis B (continued)**

Testing identifies people living with chronic hepatitis B and helps them access lifesaving medical care. This also helps find others, such as household contacts, who may be at risk for getting the disease. For this reason, all pregnant women are screened for hepatitis B.

People who are at risk for getting the disease should be vaccinated. After three doses of the vaccine, more than 90% of healthy adults and more than 95% of infants, children, and teens develop adequate antibody responses. This vaccine is highly successful at preventing new cases which is why all newborns are vaccinated.

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Sources for items in this newsletter include:

AAP News  
CDC website  
IAC Express  
Medscape  
MMWR  
Needle Tips  
The VacScene

Abbreviations used in this newsletter:

ACIP Advisory Committee on Immunization Practices  
CDC Centers for Disease Control and Prevention  
DOH Washington State Department of Health  
FDA Food and Drug Administration  
HCW Health Care Worker  
IAC Immunization Action Coalition  
IIS Immunization Information System (formerly known as CHILD Profile)  
ICPH Island County Public Health  
MMWR Morbidity and Mortality Weekly Report  
OICP Washington State Department of Health Office of Immunization and CHILD Profile  
VIS Vaccine Information Statement