



August 2008

# Immunization Update

*immunization works!*



*The Centers for Disease Control and Prevention's (CDC) Immunization Works Monthly Update is provided to national health care provider and consumer groups for distribution to their members and constituencies. The immunization information provided is non-proprietary and is encouraged to be widely disseminated.*

## Front Page News

**Most U.S. Measles Cases Reported since 1996:** More measles cases have been reported in the United States since January 1, 2008 than during the same period in any given year since 1996, according to a report released by the CDC in the [August 22 MMWR](#).

Between January 1 and July 31, 2008, 131 cases were reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). At least 15 patients, including four children younger than 15 months of age, were hospitalized. No deaths have been reported.

In the decade before the measles vaccination program began, an estimated 3-4 million persons in the United States were infected each year. Of these, 400-500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis.

Of the 131 patients, 112 were unvaccinated or had unknown vaccination status. Among the 112 unvaccinated U.S. residents with measles, 16 were younger than 12 months of age and too young for vaccination, and one had presumed evidence of measles immunity because the person was born before 1957.

Of the 95 patients eligible for vaccination, 63 were unvaccinated because of their or their parents' philosophical or religious beliefs.

Although immunization coverage rates for measles vaccine remain high, unvaccinated persons are at risk for measles, and sizeable measles outbreaks can occur in communities with a high number of unvaccinated persons.

Measles is consistently one of the first diseases to reappear when immunization coverage rates fall. Increases in the proportion of the population declining vaccination for themselves or their children might lead to large-scale outbreaks in the U.S. Currently, Israel and a number of countries in Europe – including Switzerland, Austria, Italy and the United Kingdom – are reporting sizeable measles outbreaks among populations refusing vaccination.

Reports include cases from Illinois (32 cases), New York (27), Washington (19), Arizona (14), California (14), Wisconsin (7), Michigan (4), Hawaii (5), Arkansas (2), and

Washington, DC, Georgia, Louisiana, Missouri, New Mexico, Pennsylvania, and Virginia (1 each).

Nine of the importations were in U.S. residents who had traveled abroad, and 8 were in foreign visitors. An additional 99 of the 131 cases had evidence of importation or were epidemiologically linked to importations. These import-related cases have largely occurred among school-aged children who are eligible for vaccination but whose parents have chosen not to vaccinate them.

As international travel continues to surge, the threat to children within the U.S. and other developed countries remains high. Worldwide, measles still infects nearly 18 million children, killing an estimated 242,000 each year. That is 600 children who die each day from this disease. The [Measles Initiative](#) – a partnership led by the American Red Cross, CDC, United Nations Foundation, UNICEF, and the World Health Organization – is working to reduce measles deaths by 90% worldwide by 2010 (compared to 2000).

## Other News & Summaries

**Advisory Committee on Immunization Practices Prevention and Control and Influenza Recommendations:** The August 8, 2008 MMWR provides the updated recommendations of the Advisory Committee on Immunization Practices on the Prevention and Control of Influenza. Updates and changes include 1) a new recommendation that annual vaccination be administered to all children aged 5-18 years, beginning in the 2008-09 influenza season, if feasible, but no later than the 2009-10 influenza season; 2) a recommendation that annual vaccination of all children aged 6 months through 4 years continue to be a primary focus of vaccination efforts because these children are at higher risk for influenza complications compared with older children; 3) a new recommendation that either trivalent inactivated influenza vaccine or live, attenuated influenza vaccine be used when vaccinating healthy persons aged 2 through 49 years. Information on additional updates and changes as well as the full recommendations were published in the [August 8 MMWR](#).

**First Immunization Coalition Established in Western Australia:** The Western Australia Immunization Alliance (WAIA), less than a year old, is already making impressive progress in its campaign to tackle immunization issues in their region, traditionally the worst performing state in Australia. While the country as a whole can point to an overall coverage of 90%, this rate masks a number of problems, including regional and ethnic inequities. When the Australian CDC suggested forming a citizens' coalition to deal with vaccine issues in Western Australia, local representatives began by searching the internet for resources. The search led to Moms on Meningitis (MOMs), an organization of parents of children who have died or suffered from meningitis. MOMs provided inspiration and information, describing how the coalition was started, how to put a face on the issues and get parents involved, and what other groups should be recruited.

MOMs referred the WA organizers to the Texas Immunization Stakeholders Working Group. Their coordinator shared Texas' experience and resources with the Australians and, working entirely via e-mail, provided them with templates of by-laws, minutes of meetings, notes on establishing a mission, and other useful information. When they

announced, only a couple of months later, “we’ve done it – we have established a coalition,” they were invited to attend the 8<sup>th</sup> National Conference on Immunization and Health Coalitions in San Francisco in May, 2008. Three members of the WAIA attended the conference, and Dr. Michael Wise, one of the WAIA representatives, stated “I very much appreciate the opportunity to attend the conference to learn best practice from a group of dedicated public health advocates.” He added that attending had given him a far better understanding of the “big picture” regarding immunization.

### **Immunization Scheduler Makes it Simple for Parents and Providers to Catch-up on Kids’ Immunizations:**

To assist parents and providers in the task of deciding the best strategy for getting a child back on track after not getting some or all vaccines at the recommended ages, CDC has released a cutting-edge web-based Catch-up immunization Scheduler. The Scheduler is a downloadable, easy-to-use tool to quickly find out what vaccines are needed and when to give them to bring children up-to-date according to the currently recommended schedule. The Catch-up Immunization Scheduler is now available for download from the CDC website at [www.cdc.gov/vaccines/scheduler/catchup.htm](http://www.cdc.gov/vaccines/scheduler/catchup.htm).

Once the user has downloaded and entered information such as the child’s birthday and the vaccines the child has already received, the scheduler immediately provides a printable schedule. There are two options. You can select the “routine” schedule option that aims to keep dates for needed vaccinations as close the recommended ages as possible, or you can select the “accelerated” schedule option in which doses are scheduled as soon as possible according to current recommendations.

## **Meetings, Conferences & Resources**

### **Announcing: Annual Immunization Update Program, Now Offered as a Webcast Only:**

This webcast will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza and zoster vaccines, recently approved vaccines, and updates on vaccine supplies and vaccine safety. It will feature frequently asked questions and case studies. The two-hour [Annual Immunization Update Program](#) will occur on Thursday, August 28 2008 from 12:00 noon to 2:00 p.m. (Eastern Time). Unlike previous years, this program will not be offered as a satellite broadcast.

**Clinical Vaccinology Course:** The National Foundation for Infectious Diseases, the Emory Department of Medicine – Division of Infectious Diseases and the Emory Vaccine Center are sponsoring a clinical vaccinology course. This course focuses on new developments and issues related to the use of vaccines. Presentations will provide the latest information on both current and prospective vaccines. This course is specifically designed for physicians, nurses, physician assistants, pharmacists, vaccine program administrators, and other health professionals involved with or interested in the clinical use of vaccines. The [Clinical Vaccinology Course](#) will be held November 14-16, 2008 in Bethesda, Maryland and again March 6-8, 2009 in San Diego, California.

**South Carolina Immunization Conference:** The 2008 South Carolina Immunization Conference is open to all interested health care providers, including interested individuals from other states. The conference will focus on the latest information on vaccines and will feature Dr. Sharon Humiston, author of “Vaccinating Your Child:

Questions and Answers for the Concerned Parent.” Nursing and pharmacology contact hours will be offered. The conference will be held Friday, November 7, 2008 in Columbia, South Carolina at the Radisson Hotel Columbia and Conference Center. For more information contact the South Carolina DHEC Immunization Division at 803-898-0460.

**Perinatal Hepatitis B Prevention Training Series:** A four-part netconference training series entitled "[Essentials of Perinatal Hepatitis B Prevention: A Training Series for Coordinators and Case Managers 2008](#)" was designed for perinatal hepatitis B prevention coordinators and case workers in state and local health departments. The archived versions of these sessions are now available and provide guidance to successfully manager, implement and evaluate a prenatal hepatitis B prevention program. The content is drawn from CDC-developed guidelines and resources, such as ACIP immunization strategy to eliminate hepatitis B virus infection in the United States, the perinatal hepatitis B prevention program manual, and the immunization program operations manual. Continuing Education (CE) credits are available.

**Epidemiology and Prevention of Vaccine-Preventable Diseases 2008:** This four-part self-study series provides the most current information available in the constantly changing field of immunization. Together, the four sessions offer a comprehensive overview on immunization today. Session ONE discusses principles and general recommendations on vaccination. Sessions TWO, THREE and FOUR discuss specific vaccine-preventable diseases and their respective vaccines. Each of the four sessions is three hours in duration. Continuing Education credits will be provided. This [Epidemiology and Prevention of Vaccine-Preventable Diseases self-study program](#) is offered free of charge in DVD and web-on-demand formats.

**Pink Book, New Printing:** *The second printing of the 10th Edition of CDC's immunization textbook, [Epidemiology and Prevention of Vaccine-Preventable Diseases, "The Pink Book,"](#) has been completed and is now available online. "The Pink Book" provides comprehensive information about routinely recommended vaccines, vaccine-preventable diseases and much more. A hard copy of the "Pink Book" can be purchased for \$35 by contacting [www.bookstore.pfh.org](http://www.bookstore.pfh.org) .*

**CDC Training Opportunities:** *Through established programs, CDC offers many unique training opportunities in infectious disease, including international opportunities. For a current listing of CDC training opportunities, please visit the [CDC Public Health Training website](#).*

**CDC Job Openings:** *CDC is committed to recruiting and hiring qualified candidates for a wide range of immunization positions. Researchers, Medical Officers and Epidemiologists and other specialties are often needed to fill positions within CDC. For a current listing of positions available at CDC, including international opportunities, please visit the [CDC Employment website](#).*