



Vaccines and Immunizations

News and Media Resources:

## Immunization Works! June 2009 issue

On This Page:

- [Front Page News \(#new\)](#)
- [Novel H1N1 News \(#novel\)](#)
- [More News and Summaries \(#other\)](#)
- [Feature Story \(#feature\)](#)
- [Meetings, Conferences, & Resources \(#meetings\)](#)
- [Respiratory News and Resources \(#resp\)](#)



June 2009

# Immunization Update

*immunization works!*



The Centers for Disease Control and Prevention's (CDC) Immunization Works Monthly Immunization Update is provided to professional organization partners for broad distribution to their members and constituencies. The information provided is non-proprietary.

### Front Page News

**Dr. Thomas Frieden Becomes 16th Director of CDC:** On June 8, Dr. Thomas Frieden began his role as CDC director and administrator for the Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Frieden, 48, has been the director of the New York City (NYC) Health Department since 2002. He is an infectious disease expert and has led initiatives that support wellness and prevention. He replaces Dr. Richard Besser, who has been the acting CDC director and acting ATSDR administrator since mid January. Dr. Besser returns to his role as director of CDC's Coordinating Office for Terrorism Preparedness and Emergency Response.

Dr. Frieden was a CDC Epidemic Intelligence Service Officer (EIS) from 1990 until 1992. He worked in NYC and investigated and fostered public awareness around tuberculosis, including strains of the bacteria with drug resistance. Along with then NYC Health Commissioner and current US Food and Drug Administration Commissioner Dr. Margaret Hamburg, Dr. Frieden led the effort that stopped the spread of drug-resistant tuberculosis in NYC in the mid 1990s. Following that, Dr. Frieden helped the Indian government establish a tuberculosis control program which has now saved more than one million lives. As NYC Health Commissioner, Dr. Frieden led efforts that reduced the number of smokers by 350,000 and cut teen smoking in half. NYC has also increased cancer screening, reduced AIDS deaths by 40%, improved collection and availability of information on community health, and implemented the nation's largest community electronic health records project. Dr. Frieden and this team have responded effectively to


several urgent health problems, including cases of anthrax, plague, and, most recently novel H1N1 influenza.

Dr. Frieden earned his B.A. degree at Oberlin College in Ohio and his M.D. degree at Columbia University College of Physicians and Surgeons in New York. He earned his Masters of Public Health (MPH) at Columbia University's School of Public Health. He completed his internship and residency in internal medicine at Columbia-Presbyterian Medical Center and sub-specialty training in infectious diseases at Yale University. He is married with two children.

For more information, view **Dr. Frieden's bio** (<http://www.cdc.gov/about/leadership/leaders/Frieden.htm>) or see the **CDC press release from June 8th** (<http://www.cdc.gov/media/pressrel/2009/r090608.htm>).

 [TOP](#) (#top)



## Novel H1N1 News

**Pandemic Is Declared:** On June 11, 2009, the World Health Organization (**WHO**) **raised the worldwide pandemic alert level** ([http://www.who.int/csr/disease/avian\\_influenza/phase/en/](http://www.who.int/csr/disease/avian_influenza/phase/en/))  to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is underway.

More than 70 countries are now reporting cases of human infection with novel H1N1 flu. This number has been increasing over the past few weeks, but many of the cases reportedly had links to travel or were localized outbreaks without community spread. The WHO designation of a pandemic alert Phase 6 reflects the fact that there are now ongoing community level outbreaks in multiple parts of world.

WHO's decision to raise the pandemic alert level to Phase 6 is a reflection of the spread of the virus, not the severity of illness caused by the virus. It is uncertain at this time how serious or severe this novel H1N1 pandemic will be in terms of how many people infected will develop serious complications or die from novel H1N1 infection. Experience with this virus so far is limited and influenza is unpredictable. However, because novel H1N1 is a new virus, many people may have little or no immunity against it, and illness may be more severe and widespread as a result. In addition, currently there is no vaccine to protect against novel H1N1 virus.

In the United States, most people who have become ill with the newly declared pandemic virus have recovered without requiring medical treatment, however, CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the coming days and weeks. In addition, this virus could cause significant illness with associated hospitalizations and deaths in the fall and winter during the U.S. influenza season.

For the latest information about the novel H1N1 outbreak, **sign up to receive CDC e-mail updates** ([https://service.govdelivery.com/service/subscribe.html?code=USCDC\\_53](https://service.govdelivery.com/service/subscribe.html?code=USCDC_53)), **subscribe to RSS** (<http://www.cdc.gov/h1n1flu/rss/>), or follow **CDC Emergency on Twitter** (<http://twitter.com/cdcemergency>) . Updated **world-wide country counts** (<http://www.who.int/csr/disease/swineflu/updates/en/>)  can be found at the World Health Organization website.

**Novel Influenza A (H1N1) Infections among Health-Care Personnel:** According to a recent report in CDC's Morbidity and Mortality Weekly Report, **half of healthcare personnel infected with novel influenza A (H1N1) acquired it in a healthcare setting** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a2.htm>). However, those infected by ill patients did not consistently use all recommended forms of personal protective equipment while caring for these patients. CDC obtained detailed information on 26 healthcare personnel infected with the novel influenza A (H1N1) virus, of which 13 (50%) were deemed to have acquired infection in a healthcare setting which could have been from provider-to-provider (1) contact or patient-to-provider (12) contact. None of the healthcare personnel infected by ill patients reported fully adhering to CDC's recommendations on infection control for care of patients with novel H1N1 virus infection in healthcare settings. These results highlight the need for healthcare facilities to maintain adherence to infection control recommendations, to recognize and triage potentially infectious patients, to provide adequate infection-control resources, and to train staff in infection-control practices and proper use of personal protective equipment.

**Hospitalized Patients with Novel Influenza A (H1N1) Virus Infection, California:** As of May 17, 2009, 553 novel influenza A (H1N1) cases, including 333 confirmed and 220 probable cases, had been reported in 32 of 61 local health jurisdictions in California. Of the 553 patients, 30 have been hospitalized. No fatal cases associated with novel influenza A (H1N1) infection had been reported in California. This preliminary overview indicates that, although the majority of hospitalized persons infected with novel influenza A (H1N1) recovered without complications, certain patients had severe and prolonged disease. All hospitalized patients with novel influenza A (H1N1) infection should be monitored carefully and treated with antiviral therapy, including patients who seek care more than 48 hours after illness onset. For more information, please see "**Hospitalized Patients with Novel Influenza A (H1N1) Virus Infection -- California, April-May, 2009** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a6.htm>)" report in CDCs Morbidity and Mortality Weekly Report.

 [TOP \(#top\)](#)

**Novel Influenza A (H1N1) Virus Infections in Three Pregnant Women:** During seasonal influenza epidemics and previous pandemics, pregnant women have been at increased risk for complications related to influenza infection. In addition, maternal influenza virus infection and accompanying hyperthermia place fetuses at risk for complications such as birth defects and preterm birth. As part of surveillance for infection with the novel influenza A (H1N1) virus, CDC initiated surveillance for pregnant women who were infected with the novel virus. As of May 10, a total of 20 cases of novel influenza A (H1N1) virus infection had been reported among pregnant women in the United States, including 15 confirmed cases and five probable cases (see **Interim Guidance on Case Definitions to be Used For Investigations of Novel Influenza A (H1N1) Cases** (<http://www.cdc.gov/h1n1flu/casedef.htm>)). Among the 13 women from seven states for whom data are available, the median age was 26 years (range: 15 through 39 years); three women were hospitalized, one of whom died. Pregnant women with confirmed, probable, or suspected novel influenza A (H1N1) virus infection should receive antiviral treatment for 5 days. Oseltamivir is the preferred treatment for pregnant women, and the drug regimen should be initiated within 48 hours of symptom onset, if possible. Pregnant women who are in close contact with a person with confirmed, probable, or suspected novel influenza A (H1N1) infection should receive a 10-day course of chemoprophylaxis with zanamivir or oseltamivir. For more information, please see the "**Novel Influenza A (H1N1) Virus Infections in Three Pregnant Women -- United States, April-May 2009** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58d0512a1.htm>)" full report in CDCs Morbidity and Mortality Weekly Report.

**Serum Cross-Reactive Antibody Response to a Novel Influenza A (H1N1) Virus After Vaccination with Seasonal Influenza Vaccine:** Because producing a novel influenza A (H1N1) virus vaccine will take several months, determining whether receipt of seasonal influenza vaccine might offer any protection against the novel influenza A (H1N1) virus is important. Therefore, using stored serum specimens collected during previous vaccine studies, CDC assessed the level of cross-reactive antibody to the novel influenza A (H1N1) virus in cohorts of children and adults before and after they had been vaccinated with the 200506, 200607, 200708, or 200809 influenza season vaccines. The results indicate that receipt of recent (20052009) seasonal influenza vaccines is unlikely to elicit a protective antibody response to the novel influenza A (H1N1) virus. For more information, please see the **Serum Cross-Reactive Antibody full article** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a1.htm>) in CDCs Morbidity and Mortality Weekly Report.

**Novel Influenza A (H1N1) Virus Infection in Mexico:** A report in the June 5, 2009 issue of CDCs Morbidity and Mortality Weekly Report updates a previous report on the novel influenza A (H1N1) outbreak in Mexico and summarizes public health actions taken to date by Mexico to monitor and control the outbreak. During March 1-May 29, national surveillance identified 41,998 persons with acute respiratory illness; specimens from 25,127 (59.8%) patients were tested, of which 5,337 (21.2%) were positive for novel influenza A (H1N1) virus infection by real-time reverse transcription--polymerase chain reaction (rRT-PCR). As of May 29, 97 patients with laboratory-confirmed infection had died. Epidemiologic evidence to date suggests that the outbreak likely peaked nationally in late April, although localized cases continue to be identified. For more information, please see the **Novel Influenza A (H1N1) Virus Infection full article** (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5821a2.htm>) in CDCs Morbidity and Mortality Weekly Report.

 [TOP \(#top\)](#)

## More News & Summaries

**Recommendation for use of PPSV23 during novel influenza A (H1N1) outbreak:** CDC has issued **interim guidance on the use of pneumococcal polysaccharide vaccine during novel influenza A (H1N1) outbreak** ([http://www.cdc.gov/h1n1flu/guidance/ppsv\\_h1n1.htm](http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm)). CDC recommends a single dose of PPSV23 for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions. People in these groups are at increased risk of pneumococcal disease as well as serious complications from influenza. A single revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years as well as for people at highest risk, such as those who have no spleen, and those who have HIV infection, AIDS or malignancy.

All people who have existing indications for PPSV23 should continue to be vaccinated according to current ACIP recommendations during the outbreak of novel influenza A (H1N1). Emphasis should be placed on vaccinating people aged less than 65 years who have established high-risk conditions because PPSV23 coverage among this group is low and because people in this group appear to be over represented among severe cases of novel influenza A (H1N1) infection, based on currently available data. **PPSV23 coverage estimates** ([http://www.cdc.gov/h1n1flu/guidance/ppsv\\_h1n1.htm](http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm)) are available online.

Use of PPSV23 among people without current indications for vaccination is not recommended at this time. This recommendation may be revised as the epidemiology and clinical presentation of novel influenza A (H1N1) virus infection as well as the frequency and severity of secondary pneumococcal infections are better understood.

**Patients can Download Vaccine Information Statements:** Patients may now download Vaccine Information Statements (VISs) onto their mobile device. Law requires that patients be offered a copy of the appropriate VIS to take home with them after each vaccination. Patients who want to save paper, and who have a mobile device (e.g., iPhone, Palm Pre, some Blackberries) that can display a pdf file, may now download VISs onto these devices to take home, rather than taking paper copies. Patients can go to **VIS Downloads web page** (<http://www.cdc.gov/h1n1flu/pubs/vis/vis-downloads.htm>) on their mobile device and click on the appropriate link to download that VIS. Providers should make their patients aware of this option, as there is no practical way to make the information universally available to potential vaccine recipients. For more information, see the **VIS-News web page** (<http://www.cdc.gov/h1n1flu/pubs/vis/vis-news.htm>).

 [TOP](#) (#top)

## Feature Story

To highlight some of the exciting activities happening in the field, "Immunization Update" will periodically include stories like the one below. If you have an idea for a story, please contact the editor at [nipimmzwrks@cdc.gov](mailto:nipimmzwrks@cdc.gov) (<mailto:nipimmzwrks@cdc.gov>).

**Young Scientist Finds that Teenage Girls Need More Information about HPV Vaccine:** At 17 years old, Maya Mathur is not your usual recent high school grad. Not only is she a long-time classical dressage horseback rider and nationally ranked member of the U.S. Pony club, but she is an award-winning scientist. In fact, Maya has authored the first published study concerning the role of teenagers in Human Papillomavirus (HPV) vaccine decision-making. Maya concludes teenage girls would benefit from education about the HPV vaccine because nearly half (48 percent) participate in the decision to become vaccinated against HPV.

Maya, (see **picture** ([maya.htm](#))), has presented at CDC's National Immunization Conference and authored two articles about her study: "**Predictors of Human Papilloma Virus Vaccination and Participation in Vaccination Decision-Making Among High School Girls**" ([http://www.elsevier.com/wps/find/journaldescription.cws\\_home/505765/description#description](http://www.elsevier.com/wps/find/journaldescription.cws_home/505765/description#description))" (February 2009, Journal of Adolescent Health) and "**Participation in the Decision to Become Vaccinated Against Human Papillomavirus by California High School Girls and the Predictors of Vaccine Status**" ([http://www.jpeds.org/article/S0891-5245\(08\)00350-7/abstract](http://www.jpeds.org/article/S0891-5245(08)00350-7/abstract))" (June 5, 2009, Journal of Pediatric Health Care).

Maya's love for science may have come from her parents; her mother, Vandana, is a nephrologist with her own pharmaceutical consulting firm, and her father, David, is a neuroscientist who does bench laboratory research. Since the 6th grade, Maya has been entering (and winning) science fairs. She became interested in conducting the HPV study after her own doctor recommended she get the vaccine. Maya did. A few weeks later, she came across an article in a magazine about the controversy of whether or not the vaccine should be mandated. There seemed to be considerable research about parents' knowledge and beliefs about the HPV vaccine. What was lacking was information about what teenage girls knew and thought about it. Maya decided she could make a difference by conducting original research in this area. Later, she decided to enter the project into the Young Epidemiology Scholars Competition. Maya placed second and won a \$35,000 scholarship. After the competition, Maya sought to get her HPV study results published because she "wanted to get her findings in the hands of people who could use them."

Maya's most surprising finding? While so many girls were participating in HPV vaccine decision-making, many lacked even basic knowledge about HPV and the vaccine. For example, about half of the girls in the study were not aware that males could get HPV infections. Also, there were clear differences in sources of information about HPV for vaccinated versus unvaccinated girls. Girls in the study who were vaccinated had heard of HPV vaccine most often from their doctors, parents, and television advertising, whereas the main sources of vaccine information for unvaccinated girls were television advertising, magazines and the internet.

Maya does not believe in mandatory vaccination, but she does believe that more needs to be done to educate teenage girls about the HPV vaccine. Of the girls in her study who had heard of HPV Vaccine, most knew about it only through television and magazine advertisements. According to Maya "The ways that we are disseminating information now aren't working very well. We need to focus education on the actual group who is being vaccinated, teenagers." She adds "Information about the HPV vaccine should be part of any high school's health education curriculum, and girls should also receive information about the vaccine from their own doctors."

While Maya believes more studies need to be done to confirm her findings – such as a larger study that is national in scope – personally, she has other plans. This summer, Maya will practice her high school French on a family trip to France, and come September, she'll head to Stanford University. Eventually, Maya hopes to attend graduate school to become more versed in research design and statistical methodology. Someday, she may open her own study design consulting firm.

If you would like to learn more about Maya's study, you can view **Maya's Presentation at the 2009 NIC Conference in Dallas** ([maya.htm](#)).

 [TOP \(#top\)](#)

## Meetings, Conferences & Resources


**New Zoster (Shingles) Materials:** CDC has developed **a new web button for shingles vaccine resources** ([.././././vpd-vac/shingles/web-button.htm](#)). The button takes visitors directly to CDC's main shingles page, which includes links to frequently asked questions about shingles and shingles vaccine, fact sheets and printable materials, and other useful resources. In addition, CDC updated its list of **frequently asked questions for shingles vaccine** ([.././././vpd-vac/shingles/vac-faqs.htm](#)). The questions reflect the most up-to-date requests for information about shingles vaccine from the general public and vaccination providers. For all of CDC's shingles materials, visit the **shingles (herpes zoster) vaccination web page** ([.././././vpd-vac/shingles/default.htm](#)).


**Improved Website for Healthcare Professionals:** Visit CDC's new web page, Vaccines and Immunizations **for Healthcare Professionals** ([.././././hcp.htm](#)) to see its new look! Incorporating feedback directly from healthcare professionals, CDC has organized topics under clear headings and simplified the layout while still providing the same reliable information on vaccines and immunizations. Bookmark this page and quickly link to information on immunization training, clinical resources, administrative tools, patient education, and vaccine-preventable diseases. Be sure to email your feedback about the website to **NCIRDwebteam@cdc.gov** (<mailto:NCIRDwebteam@cdc.gov>).

**Upcoming Netconference:** Please mark your calendars for July 16th from 12 Noon -1:00 PM ET for a live

netconference program titled "Current Issues in Immunization." Dr. Joseph Bresee, will present on "Novel Influenza A (H1N1) Update and Seasonal Influenza Recommendations for the 2009-2010 Season." This program will combine a telephone audio conference with simultaneous online visual content. It will allow for a question and answer segment both by telephone and via the Internet. Internet access and a separate phone line are needed to participate. On-demand replays and presentations will be available shortly after each event. For more information, visit CDC's **Current Issues in Immunization web page** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/ed/ciinc/default.htm](http://www.cdc.gov/ncidod/diseases/flu_a/ed/ciinc/default.htm)).

**Download 11th Edition of Pink Book:** CDC's Pink Book, formally titled "Epidemiology and Prevention of Vaccine-Preventable Diseases," has been updated and the 11th edition is now available for reading or downloading online. To download chapter files of the Pink Book in PDF format, go to **the chapter index** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/pubs/pinkbook/pink-chapters.htm](http://www.cdc.gov/ncidod/diseases/flu_a/pubs/pinkbook/pink-chapters.htm)). Or, for information about ordering a print copy, visit the **Pink Book web page** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/pubs/pinkbook/default.htm](http://www.cdc.gov/ncidod/diseases/flu_a/pubs/pinkbook/default.htm)).

**New Video Answers Questions from Parents about Vaccines:** Ever answer questions from parents about childhood immunizations? Wish you had a model to answer tough questions like "Do vaccines cause autism?" Ever want to direct parents to straight talk about vaccines communicated in a friendly way? CDC has what you're looking for&a new video called "Get the Picture: Childhood Immunizations." **Watch it on CDC's YouTube Channel** (<http://www.youtube.com/watch?v=3uVvq7dbf4s>) .

**Next ACIP Meeting:** The Advisory Committee on Immunization Practices (**ACIP Meeting** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/recs/acip/meetings.htm](http://www.cdc.gov/ncidod/diseases/flu_a/recs/acip/meetings.htm))) will be held on June 24-26, 2009 in Atlanta, GA. The **meeting agenda** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/recs/acip/downloads/agenda-jun09.pdf](http://www.cdc.gov/ncidod/diseases/flu_a/recs/acip/downloads/agenda-jun09.pdf))  [PDF-106 KB] is now available. This meeting will feature an additional half day, which has been added to allow time for presentation and discussion of the ongoing novel influenza A (H1N1) outbreak.

**2010 National Coalition Conference:** Please mark your calendars for the 9th National Conference on Immunization and Health Coalitions "Strengthening Our Connections." The conference will take place from May 26 28 in Chicago, Illinois. More information will be available in future issues of this publication.

**Immunization Update 2009:** Please mark your calendars for the July 30, 2009 Live Satellite Broadcast and Webcast from CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This 2.5 hour program focuses on the most recent developments in the rapidly changing field of immunization, including new vaccine recommendations. The event will take place from 9:00 AM -11:30 AM and noon - 2:30 PM EST. See CDC's **Vaccine Education and Training web page** ([http://www.cdc.gov/ncidod/diseases/flu\\_a/ed/default.htm](http://www.cdc.gov/ncidod/diseases/flu_a/ed/default.htm)) and click on "webcasts" 2xs, then "immunization update" for more information.

**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 CDC's **Public Health Training web page** (<http://www.cdc.gov/phtrain/>).


**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, including international opportunities, please visit CDC's **Employment web page** (<http://www.cdc.gov/employment/>).

 [TOP](#) ([#top](#))

## Respiratory News and Resources

*Since 2006, respiratory diseases have been part of CDC's National Center for Immunization and Respiratory Diseases. As a result, readers of this e-letter can periodically expect to see news about respiratory diseases.*

**World Pneumonia Day:** Mark your calendars for "World Pneumonia Day", November 2, 2009. This event - led by child health groups and Save the Children Artist Ambassadors Gwyneth Paltrow and Hugh Laurie - will bring needed


attention to a neglected disease that kills more than two million children under the age of five each year, worldwide. For more information or to sign up to receive e-mail updates, visit the **World Pneumonia Day website** (<http://www.worldpneumoniaday.org/>) .

**Get Smart about Antibiotics Week:** Mark your calendars for "Get Smart about Antibiotics Week", October 5th-11th, 2009.

For more information, please contact Darcia Johnson at [clq7@cdc.gov](mailto:clq7@cdc.gov) (<mailto:clq7@cdc.gov>) or visit the "**Get Smart**" **Webpage** (<http://www.cdc.gov/drugresistance/community/>).

The Immunization Works Database Manager can be contacted at: [nipimmzwrks@cdc.gov](mailto:nipimmzwrks@cdc.gov) (<mailto:nipimmzwrks@cdc.gov>).

 [TOP](#) ([#top](#))

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**Return to Immunization Works! index page** ([../default.htm](#))

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**Page Located on the Web at** <http://www.cdc.gov/vaccines/news/newsletters/imwrks/2009/200906.htm>

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