

New Jersey VACCINE VOICE

A semi-annual publication providing New Jersey's healthcare professionals with timely immunization information

Fall 2009

Influenza Vaccine: Why?

The topic of influenza then became front-page news in the spring of 2009 with the declaration of a pandemic with the novel swine-origin influenza A (H1N1) virus. Although widespread, this virus has generally been causing mild disease. The possibility that it could become more virulent (and potentially resistant to antivirals) is of great concern and has led to preparations for the possibility of producing and distributing 600 million doses of vaccine against this virus in the U.S. Suddenly, the importance of influenza vaccine became much more obvious to all.

Here then, are 10 reasons why childhood immunization against influenza makes sense.

Top 10 Reasons To Immunize Your Child Against Influenza

1) Children are at the epicenter of annual influenza outbreaks: Each year, from late fall through early spring, epidemics of influenza occur in the U.S. In tracking these annual outbreaks, pre-school children are the first group to experience flu-related illness, followed by adults about a month later. School aged children have the largest disease burden and are an important reservoir of disease.

2) To prevent deaths: 5-20% of the U.S. population get influenza each year resulting in greater than 200,000 hospitalizations and 36,000 deaths. In children up to 18, there are 20,000 hospitalizations and 100 deaths per year. These numbers could be much higher in a pandemic with a virulent influenza strain.

3) To prevent hospitalizations and morbidities: Children less than 5 years

old have more influenza related medical visits compared with other children. Those aged less than 2 years are at the greatest risk of influenza-related hospitalizations. Children with flu have high rates of school absenteeism, antibiotic use, medical visits as well as work loss for parents and other caregivers. The risk of influenza-related hospitalizations in healthy children less than 24 months of age has been shown to be equal or higher than the risk of previously identified high risk groups such as elderly adults.

4) To protect fragile adults: Since influenza outbreaks usually begin in children, immunizing children can diminish the magnitude of the epidemic in adults. Adult immunization levels are suboptimal and protecting children diminishes the likelihood that susceptible high risk adults, such as the elderly, will acquire influenza and all of its complications, including pneumonia and death.

5) To protect fragile children: Children with chronic medical conditions are often at high risk of influenza-related complications. They may not be fully protected, even when immunized against influenza, and can be protected if the healthy children around them are immunized against influenza.

6) Because it works: Numerous clinical studies have demonstrated the clinical efficacy of influenza vaccine in children. When healthy children aged 6-21 months received two doses of influenza vaccine, the clinical effectiveness was 87% against pneumonia or influenza-related office visits. A recent study showed that

influenza vaccine was 75% effective in preventing hospitalizations in children aged 6-23 months.

7) Because it is safe: Long-term data reveals that influenza vaccine is safe and well tolerated. Autism and other neurodevelopmental diseases have not been found to be linked to influenza vaccine. Toxicity concerns about thimerosal, a vaccine preservative, have also not been substantiated, but thimerosal-free influenza vaccine is available if that is of concern.

8) Because it is cost effective: Cost analyses have demonstrated the considerable cost burden of influenza illness in children. Economic analyses of immunizing children against influenza have shown considerable cost-benefit.

9) Because it decreases ear infections: Influenza vaccine reduces influenza-associated middle ear infections in young children by about 30%.

10) Because staph aureas and influenza infections go together: Deaths among children that have been attributed to co-infection with influenza and staphylococcus aureus have increased during the past four influenza seasons, perhaps because of an increase in methicillin-resistant staphylococcus aureus (MRSA) strains.

Influenza immunization in children makes sense on every level. It may even save the life of a child's grandparent. Think about it.

Source: Jeffrey R. Boscamp, MD, Chairman of Pediatrics and Physician-In-Chief, Joseph M. Sanzari Children's Hospital, Hackensack University Medical Center.



American Academy of Pediatrics
NEW JERSEY CHAPTER



Adolescent Immunization Issues

During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Adolescents are adversely affected by serious health and safety issues such as motor vehicle crashes, violence, substance abuse, and sexual behavior. They also struggle to adopt behaviors that would decrease their risk of developing chronic diseases in adulthood – behaviors such as eating nutritiously, engaging in physical activity and choosing not to use tobacco. Recent analysis of national data suggest that over 30% of adolescents receive no healthcare in a 12 month period. Although more than 50% do have some type of visit to a primary care provider, the probability of having a primary care visit in a given year declines substantially with increasing age. Bringing adolescents into the healthcare system by promoting vaccinations could be thought of as an invitation that brings them into the system for other important health care messages, including important advice and screening.

Multiple factors contribute to difficulties immunizing adolescents, and many of these factors may be remediable. One of the most commonly cited difficulties is that adolescents do not seek preventive healthcare. Providers should take full advantage of all vaccination opportunities – established visits as well as non-traditional health care visits.

Providers can improve immunization rates by missing fewer opportunities for vaccination during more acute illness and camp/sports physical visits. It is recommended that providers vaccinate adolescents despite mild illnesses that should not contraindicate vaccination. State mandates may not specifically mandate vaccination for all of the newer adolescent-targeted vaccines. By administering multiple adolescent vaccines simultaneously, providers can capitalize on currently existing mandates and significantly increase rates of vaccination without requiring additional health care



visits or additional state mandates. Health care providers must prepare if they are to meet increased demand for immunization against vaccine-preventable diseases in adolescents. They can establish standing orders for vaccination services, develop vaccination “quick visits”, especially for multiple dose vaccines, establish office guidelines for vaccine delivery and implement reminder and recall systems. Standing orders, phone/postcard/e-mail reminders to families may help increase rates of vaccination among this age group. Parents play an important role in guiding adolescents on the issue of immunizations. Parental involvement is an important influence in decision-making and also provides more concrete support such as transportation, insurance coverage and authorization for vaccination to take place. Changing behavior among adolescents and their parents or guardians will require education and outreach. While younger children have little or no control over health care decisions, adolescents often play a role in decision-making. It is important that

adolescents, as well as their parents or guardians, are educated about the value of vaccines and seriousness of vaccine-preventable diseases. Once empowered, adolescents and their parents or guardians may generate discussion with their health care providers about vaccines and other preventive health measures.

Adolescent immunization recommendations hold great promise for improving adolescent health. Immunizations will enhance an adolescent’s health by preventing vaccine-preventable diseases during adolescence and adulthood. In addition to preventing vaccine-preventable diseases, adolescent immunizations will likely bring adolescents into the physician office where there is an opportunity to educate the adolescent regarding the patterns of behavior and life-style choices that affect both their current and future health.

Sources: Shari Fine, DO, FACOFP, Assistant Clinical Professor, New York College of Osteopathic Medicine



SUMMARY OF ACIP Recommendations for H1N1 vaccine

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP) voted on the following four recommendations for the use of novel H1N1 influenza vaccine this fall. CDC and the U.S. Department of Health and Human Services usually adopt the recommendations of the ACIP. A more detailed report of the ACIP recommendations will be provided later, but here is a summary of the recommendations:

Initial efforts should focus on novel H1N1 influenza vaccination of as many people as possible in initial target groups

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age
- Health care and emergency medical services personnel
- Children from 6 months through 18 years
- Persons aged 19-24 (this extended age group was recommended because of the high number of cases in this group, not because of severity of disease or complications)
- Persons aged 25 through 64 years who have medical conditions associated with higher risk conditions

If novel H1N1 vaccine demand exceeds availability initially, subgroups within target groups that should be prioritized until vaccine supply increases are:

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age
- Health care and emergency medical services personnel with direct medical contact with patients or infectious materials
- Children 6 months through 4 years old
- Children with chronic medical conditions under 19 years of age

When vaccine availability is sufficient at the local level to routinely vaccinate initial target populations, in consultation with state and local health departments, vaccination against novel influenza AH1N1 is recommended for healthy adults age 25 through 64 years old.

Vaccination should be offered to persons aged 65 or older once vaccination programs are capable of meeting demand for vaccination from younger age groups.

- The recommendation to offer vaccine to persons aged 65 or older might need to be reassessed as new epidemiologic,

immunologic or clinical trials data warrants and in the context of global need for novel H1N1 vaccines.

- Vaccination with seasonal vaccine should begin as soon as seasonal vaccine is available for persons aged 65 and older
- In addition, seasonal influenza vaccination should begin as soon as it is available for all groups currently recommended for seasonal vaccine. Seasonal and pandemic vaccines may be administered on the same visit.
- Note: Organizers of large public clinics that rely on state-supplied seasonal flu vaccine should plan to hold those clinics in early October. Last flu season, MDPH had received 70% of our flu vaccine orders by September 30, and 93% by October 10.

H1N1 vaccine supply and availability is projected to increase quickly over time, and vaccine should not be kept in reserve for later administration of the second dose.

Please note: Although teachers and child care providers (unless they care for infants younger than 6 months of age) were included in provisional target groups earlier, they are not included in the final recommendations.

Vaccine Safety & Immunization Resources

WEBSITES

www.cispimmunize.org	American Academy of Pediatrics (AAP). AAP's Childhood Immunization Support Program website contains information for both parents and clinicians.
http://www.aafp.org/online/en/home/clinical/immunizationres.html#Parsys0001.37	AAFP Immunization Resources
www.vaccinateyourbaby.org	Vaccinate Your Baby Campaign
www.ecbt.org	Every Child By Two, The Carter/Bumpers Organization for Timely Immunization
www.vaccine.chop.edu	The Vaccine Education Center at Children's Hospital of Philadelphia (CHOP)
www.immunize.org	Immunization Action Coalition (website contains Vaccine Information Statements in numerous languages)
www.cdc.gov/vaccines	Centers for Disease Control and Prevention – Vaccines
http://www.state.nj.us/health/cd/vpdphome.htm	New Jersey Department of Health and Senior Services – Vaccine Preventable Disease Program

New Jersey's Vaccine Preventable Disease Program Helpful Website Links

<http://nj.gov/health/cd/vpdphome.htm>

General Immunization Information

- [Parent/Provider Reminder Letter About Recently Added Vaccination Requirements for School Attendance](#)
- [Immunization Regulations Q&A](#)

Annual Immunization Status Report

- [Form \(IMM-7\) and Instructions](#)
- [Minimal Immunization Requirements Table For School Attendance In New Jersey. \[word 30k\] \[pdf 27k\]](#)

Immunization Administrative Code

- [N.J.A.C. 8:57-4 Immunization of Pupils in Schools \(9/1/08\)](#)
- [N.J.A.C. 8:57-4.3 and 4.4 Immunization of Pupils in Schools Rule, Religious and Medical Exemption](#)

Keynote Speakers
Meg Fisher, MD
& Alison Singer

5TH ANNUAL

NJ Vaccines for Children Program Provider Education Conference

“Medical Home: Immunizations for Healthy Lives”

Thursday, November 19, 2009

7:30 am - 3:15 pm

The Palace at Somerset Park, Somerset, NJ

Registration Information Online at www.NJPCORE.org

In Partnership with the American Academy of Pediatrics/New Jersey Chapter's Pediatric Council on Research and Education, Central New Jersey Maternal and Child Health Consortium and the New Jersey Department of Health and Senior Services

Prevent Flu-Get Vaccinated!

Influenza, also known as “the flu,” is a common and sometimes fatal illness caused by a viral infection and is often accompanied with fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting and diarrhea are also common symptoms in children. A person infected with the flu virus will typically suffer from the illness for approximately 7 to 10 days, with 5 to 6 days of limited activity and about 3 days of bed rest. A recent survey of mothers of children in child care* found that 63 percent are somewhat or very concerned their child(ren) will catch influenza in the child care setting.

WHO should get vaccinated?

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ASK your doctor about the flu vaccine for your child(ren)!

Among mothers surveyed* who have not had their child(ren) vaccinated against the flu within the past two years, the most often cited reason (24 percent) is that their doctor did not tell them they need to get it.

**Online interviews were conducted with 755 mothers from across the U.S. who have at least one child eight years of age or younger who spends at least one hour per week in child care. Ipsos, a leading global research firm, conducted the interviews between August 13 and August 22, 2008.*



WHEN is the best time to get vaccinated?

Influenza vaccination typically begins in October; however, the flu virus tends to spread from October to May, with most cases occurring in February. Therefore, a vaccination in December through March can still help protect you from influenza.



THINGS TO KNOW about the Flu in Kids

- Approximately 20,000 children under the age of 5 are hospitalized due to the flu each year.
- Nearly 400 children in the U.S. have died from influenza over the past five flu seasons.
- The CDC recognizes that the flu vaccination is the most effective way to prevent influenza and help children (particularly those in child care settings) – and their families, friends, teachers, child care providers and communities – stay free of influenza during the flu season.

Surprisingly, nearly half (47 percent) of mothers surveyed* mistakenly believe washing hands frequently is the most effective way to help prevent their families from catching influenza.

The more people who get vaccinated against influenza every year, the lower the risk of catching the flu!

HELP prevent the Flu

- Get your child an annual flu vaccination. It is their best defense!
- Make sure kids know to cover coughs and sneezes with a tissue or bent elbow.
- Kids should practice healthy habits every day. Eat balanced meals. Get plenty of rest.
- Encourage kids to wash their hands often with soap and water.

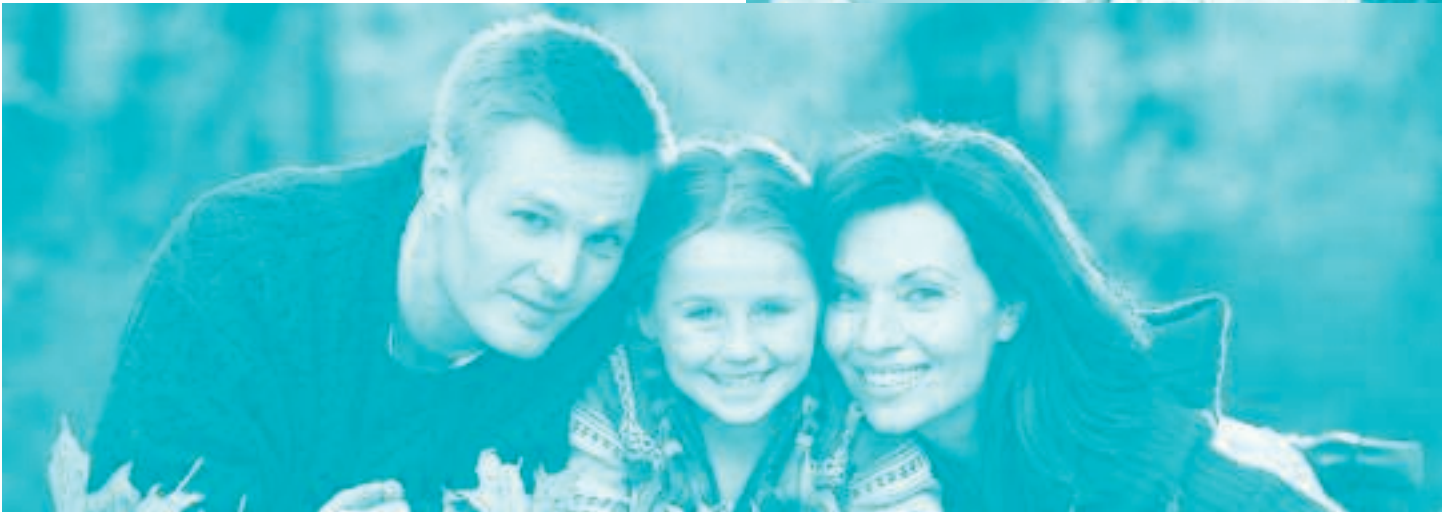
Sources: Families Fighting Flu www.familiesfightingflu.org

Sound Advice on Vaccines

The American Academy of Pediatrics (AAP) is offering a new resource of parents who have questions about vaccines. A series of audio interviews with pediatricians, infectious disease experts and others are posted at

<http://www.cispimmunize.org/fam/soundadvice.html>

Parents can hear experts answer questions about vaccines myths, the ingredients in vaccines, the diseases that vaccines protect against and other issues. Experts include AAP leadership, pediatricians, parents and vaccine advocates. Additional interview will be added soon, including an interview with former First Lady Rosalynn Acarter and Mr. Betty Bumpers, founders of Every Child By Two.



Hib Booster Dose Reinstated

CDC, in consultation with ACIP, the American Academy of Family Physicians, and the American Academy of Pediatrics, is recommending reinstatement of the booster dose of Haemophilus influenzae type b vaccine for children aged 12–15 months who have completed the primary 3-dose series. Infants should continue to receive the primary Hib vaccine series at ages 2, 4, and 6 months. Children aged 12–15 months should receive the booster dose on time. Older children for whom the booster dose was deferred should receive their Hib booster dose at the next routinely scheduled visit or medical encounter. Although supply is sufficient to reinstate the booster dose and begin catch-up vaccination, supply is not yet ample enough to support a mass notification process to contact all children with deferred Hib booster doses. For more information, please see the [Updated Recommendations for Use of Hib full article](#) in CDC's Morbidity and Mortality Weekly Report. Also, CDC has posted Hib Vaccine: Q&A for [Providers about the Return to the Hib "Booster" Dose](#) and the State of New Jersey's Hib Letter can be read at:

http://www.state.nj.us/health/cd/documents/hib_waiver_ltr.pdf

CDC Outreach To Clinicians

The Centers for Disease Control and Prevention (CDC) has established partnerships with national clinician organizations for the purpose of timely communication of information on disease outbreaks and terrorism events. This outreach effort to clinicians, Clinician Outreach and Communication Activity (COCA), is designed to:

- Assist clinicians in offering optimal care to patients by providing them with the most current and reliable information available on emerging diseases and terrorist threats.
- Provide information on infection control and protective measures for preventing spread of disease.
- Provide a system through which clinicians can communicate their educational needs to CDC and receive answers to questions about related to emerging diseases and terrorism from subject matter experts.

CDC communicates with these partners via monthly conference calls and weekly e-mail updates. Partner organizations, in turn, serve as networks for dissemination of CDC communications to their memberships. Conference calls serve as a venue for clinician partners to question CDC experts and to provide input to CDC about their needs and concerns. In the event of an urgent or emergency situation, these communications with partners are more frequent.



Link to additional information about COCA

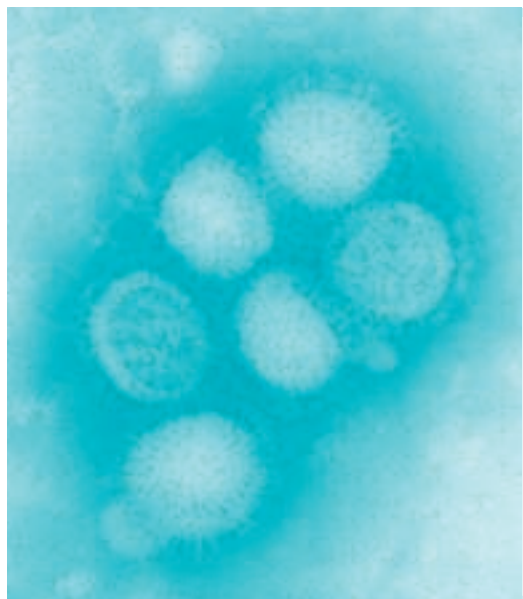
http://emergency.cdc.gov/coca/pdf/communicating_with_clinicians.pdf

COCA Conference Call Information, Summaries, and Slide Sets:
Novel H1N1 Conference Calls

<http://emergency.cdc.gov/coca/h1n1calls.asp>

Other COCA Conference Calls (a June H1N1 Conference call not included in the above list is shown on this link)

<http://emergency.cdc.gov/coca/callinfo.asp>



H1N1 & Flu Websites

For the latest information about the novel Influenza A (H1N1) outbreak and CDC's response, visit **CDC's H1N1 influenza website: www.cdc.gov** and **sign up to receive CDC e-mail updates, subscribe to RSS**, or **follow CDC Emergency on Twitter**. Updated world-wide country counts can be found at the **World Health Organization website: <http://www.who.int/en/>**.

Seasonal Flu Information <http://www.cdc.gov/flu>

Q&A

Will H1N1 vaccine count as a valid dose of influenza vaccine for children enrolled in licensed child care & preschools?

No. The H1N1 vaccine cannot be used as a replacement of seasonal influenza. A minimum of one dose of seasonal influenza vaccine for children six months–59 months attending any licensed child care center or preschool facility is required. The child should receive the vaccine between September 1 and December 31 of each year.

Sources: New Jersey State Vaccine Preventable Disease Program—609.588.7520.



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Protect children and adults from vaccine preventable diseases—Advocate for timely immunizations.



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