



# IMMUNIZATION INITIATIVES NEWSLETTER

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## Save the Date/General Information

- **Effective April 1, 2005: Vaccines for Children Program (VFC) Covers Meningococcal Conjugate Vaccine and Meningococcal Polysaccharide Vaccine**  
The new resolution adds meningococcal conjugate vaccine and meningococcal polysaccharide vaccine to the Vaccines for Children Program. The resolution also clarifies the use of meningococcal conjugate vaccine (MCV4) vs. meningococcal polysaccharide vaccine (MPSV4) and the indications for the use of both vaccines. According to CDC, providers can begin ordering VFC vaccine supplies, delivery will be varied according to order dates. To view Resolution No.2/05-2 visit: [http://www.cdc.gov/nip/vfc/acip\\_resolutions/0205mening-mpsv4.pdf](http://www.cdc.gov/nip/vfc/acip_resolutions/0205mening-mpsv4.pdf)
- **Achievements in Public Health: Elimination of Rubella and Congenital Rubella Syndrome**  
A major public health milestone has been achieved in the United States - the rubella virus, a major cause of serious birth defects such as deafness and blindness, also known as congenital rubella syndrome (CRS), is no longer considered to be a major public health threat in the United States. Since 2001, the annual numbers of rubella cases have been the lowest ever recorded in the US: 23 in 2001; 18 in 2002; 7 in 2003; and 9 in 2004. Low numbers of cases and geographic and temporal distribution of cases support the conclusion that rubella is no longer endemic in the US. For additional information visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54e321a1.htm>
- **Polio Vaccine 50<sup>th</sup> Anniversary**  
April 12, 2005 marks the 50<sup>th</sup> anniversary of the first polio vaccine. Since the introduction of the vaccine, great strides have been made in significantly reducing the health impact of vaccine-preventable diseases on children and adults worldwide. For more information about polio vaccine anniversary activities, visit: [http://www.cispimmunize.org/ill/polio\\_50anniversary.html](http://www.cispimmunize.org/ill/polio_50anniversary.html)  
  
A new illustrated history from the AAP, *Dedicated to the Health of All Children*, provides a vivid glimpse at how this dreaded disease impacted children and pediatricians, and how the lifesaving vaccine changed history. Information is available at: <http://www.aap.org/new/poliovaccine50.htm>
- **Estimated Influenza Vaccination Coverage Among Adults and Children – US, September 1, 2004-January 21, 2005**  
Influenza vaccination coverage (>1 doses) among children aged 6-23 months (48.4%) and among children aged 2-17 years with high-risk conditions (34.8%) was substantially higher than among children not in priority groups (12.3%). Of the vaccinations received through January, 17% occurred in September, 23% in October, 28% in November, 20% in December, and 12% in January. In comparison, the 2003 National Immunization Survey data indicated that coverage among children aged 6-23 months for the 2002-2003 influenza season, before they were recommended for vaccination by the Advisory Committee on Immunization Practices, was 7.4%. For more information, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a3.htm>

## Upcoming Events

- **Florida Immunization Summit**  
April 26-27, 2005  
Orlando, FL: Hyatt Regency Orlando Int'l Airport  
Web site: [www.immunizeflorida.org/Summit2005](http://www.immunizeflorida.org/Summit2005)
- **Eighth Annual Conference on Vaccine Research**  
May 9-11, 2005  
Baltimore, MD: Marriott Inner Harbor Hotel  
Web site: [www.nfid.org/conferences/vaccine05](http://www.nfid.org/conferences/vaccine05)
- **Legal Readiness for a Public Health Emergency**  
May 20, 2005  
Seattle, WA: University of Washington  
Web site: [www.wsha.org/registration/publichealthlawworkshop/](http://www.wsha.org/registration/publichealthlawworkshop/)

## Community Pediatrics In Action!

The Anne E. Dyson Community Pediatrics Training Initiative recently transitioned to the American Academy of Pediatrics as its new Community Pediatrics Training Initiative (CPTI).

The CPTI is designed to collaborate with academic pediatric training programs working to develop educational curricula and scholarly efforts concerning community-oriented and community-based health care. Through this Initiative's interdisciplinary collaborations and community partnerships, pediatric academia and residents will be equipped with the tools and knowledge they need to become future professionals committed to improving children's health in their community. For additional information on the CPTI, visit: [Hwww.aap.org/commpeps/cpti/cptifactsheet.htm](http://www.aap.org/commpeps/cpti/cptifactsheet.htm)

[www.cispimmunize.org](http://www.cispimmunize.org)

## **Red Book Online: Special Features for April 2005**

The *Red Book Online* "Editor's Choice" Spotlight Section for mid-April is Section 3, Herpes Simplex. The online version of this extensive *Red Book* section also includes 40 images with informative captions. Quick links to the Spotlight Section and other related resources can be found on the *Red Book Online* home page at [Hwww.aapredbook.org](http://www.aapredbook.org)H.

Another regularly updated feature of *Red Book Online* is the Image of the Week, which is accessible by all visitors to the site. Some of the upcoming images to be featured will be Poliovirus Infections beginning April 11 (timed to coincide with the 50th anniversary of the polio vaccine on April 12), *Escherichia coli* Diarrhea (Including Hemolytic-Uremic Syndrome) beginning April 18, and Onchocerciasis (River Blindness, Filariasis) beginning April 25. The Image of the Week appears on the *Red Book Online* home page at [Hwww.aapredbook.org](http://www.aapredbook.org)H, and the site also features an Archives page of past selections.

- **Public Health Law Conference**  
June 13-15, 2005  
Atlanta, GA: Sheraton Midtown Atlanta Hotel  
Web site: [www.phppo.cdc.gov/od/phlp/conference/con2005\\_overview.asp](http://www.phppo.cdc.gov/od/phlp/conference/con2005_overview.asp)

## **Funding Opportunities**

- **Local Initiative Funding Partners Program to Provide Support for Community-Based Health Projects**  
The Robert Wood Johnson Foundation (RWJF) has opened the Local Initiative Funding Partners (LIFP) 2006 Call for Proposals. The LIFP supports innovative, community-based projects designed to improve the health and healthcare for society's most vulnerable people. To be eligible for these matching grants of \$100,000 to \$500,000 a project must be nominated by a local grantmaker. **Deadline for Stage I applications is June 30, 2005** for awards that begin on July 1, 2006. Additional information is available at: <http://www.lifp.org/>
- **VHA Health Foundation Seeks Proposals for Creating Better Health Through Innovation Program**  
The VHA Health Foundation is challenging healthcare providers across the US to submit their best, most innovative programs for funding consideration. Through its Creating Better Health Through Innovation grant program, the foundation seeks to encourage creativity, innovation, and the adoption and/or adaptation of new ideas and practices in the healthcare industry. **The deadline for letters of intent is April 18, 2005.** Additional information is available at: <http://www.vhahf.org/vhahf/>

## **Resources**

- **National Influenza Vaccine Summit, Chicago, IL, May 10-11, 2005**  
Physicians' and nurses' associations, scientists, pharmaceutical companies, community vaccination providers, and the federal government will convene in Chicago for the 6<sup>th</sup> annual National Influenza Vaccine Summit. Co-sponsored by the American Medical Association and the CDC, the Summit was conceived in 2000 in response to nationwide delays in influenza vaccine production and distribution.
- **New CDC-INFO Contact Center**  
The newly established Contact Center will now answer phone-in immunization questions from the public and health professionals. Previously, the National Immunization Information Hotline answered phone-in immunization questions. The new contact center phone number is 800/232-4636 (800/CDC-INFO). Both English- and Spanish-speaking callers can get information from the contact center; the first message callers hear is the option to select English or Spanish. For the next few months, calls placed to the old hotline number will roll over to the new contact center number. National Immunization Program staff is still answering email immunization questions sent to [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov)
- **Rotavirus and Rotavirus Vaccines: Proceedings of the Sixth International Rotavirus Symposium, Mexico City, July 7-9, '04**  
This 40-page document recaps 6 in-depth sessions of the symposium, organized by the Sabin Vaccine Institute, the Pan American Health Organization, the World Health Organization, and the Centers for Disease Control and Prevention. The Symposium explored pressing scientific, social, and economic issues confronting rotavirus prevention. Rotavirus can cause severe diarrhea and vomiting, resulting in dehydration that kills 500,000 children a year. Nearly every child in the world becomes infected by the time they are 5 years old; however, 80% of deaths occur in developing countries. These proceedings review progress toward safe, effective rotavirus vaccines and addresses the question of how to ensure access to these vaccines by the world's poorest children. New data on the extent and burden of the virus in developing countries, and insights into its biology and pathology, give this document added timeliness. The book concludes with a declaration by 18 Latin American countries committing to expeditious introduction of vaccine when it becomes available. To download English and Spanish editions of the proceedings, visit: [www.sabin.org](http://www.sabin.org)
- **What's in the News: National Network for Immunization Information (NNII) Newsbriefs**  
Immunization Newsbriefs provide an easy way to keep on top of the latest vaccine issues in the news. Every Monday and Thursday (excluding federal holidays), NNII posts summaries of recent vaccine news coverage. For additional information, or to sign up to receive the newsbriefs, visit: <http://www.immunizationinfo.org/pressroom/newsbriefs.cfm>
- **Trivalent Influenza Vaccines Covered Under the National Vaccine Injury Compensation Program**  
As reported in the April 12, 2005 Federal Register (Volume 70, Number 69), the Trivalent Influenza Vaccines will be covered under the National Vaccine Injury Compensation Program (VICP) as of July 1, 2005. The Federal Register notice details the background and process of adding a new vaccine to the VICP. Please be advised there is no age restriction on who may file a claim. Anyone receiving a VICP-covered vaccine may be eligible to file with the program depending on other legal requirements. The notice is available at: <http://www.cispimmunize.org/pro/influenz notice.pdf>. Additional information can be obtained at: [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp)



# Responding to 7 Common Parental Concerns About Vaccines & Vaccine Safety

Over the years, studies have identified 7 common parental concerns about vaccines and immunization. The following information is designed to help pediatricians and other child health professionals address these concerns in the practice setting. Additional resources, including books, articles, and Web links to patient-education materials are provided.

## 1. Use Of Thimerosal As An Additive In Vaccines

Some parents have expressed concerns about a potential link between health problems, particularly autism, and vaccines containing thimerosal. Thimerosal is a preservative that contains a form of mercury (organomercurial). Beginning in the 1930s, thimerosal was used in very small amounts as a preservative in vaccines. Thimerosal is effective in preventing bacterial and fungal contamination, particularly in opened multi-dose vaccine containers. In 1999, the Public Health Service agencies and the AAP recommended that thimerosal be taken out of vaccines as a precautionary measure. By the end of 2001, all routine pediatric vaccines contained no thimerosal or only trace amounts (some influenza and Td vaccines). There is no convincing evidence of harm caused by the small amounts of thimerosal in vaccines, except for minor effects like swelling and redness at the injection site due to sensitivity to thimerosal.

Prior to the recent initiative to reduce or eliminate thimerosal from childhood vaccines, the maximum cumulative exposure to mercury via routine childhood vaccinations during the first six months of life was 187.5 micrograms. With the newly formulated vaccines, the maximum cumulative exposure during the first six months of life will now be less than 3 micrograms of mercury; this represents a greater than 98 percent reduction in the amount of mercury a child would receive from vaccines in the first six months of life. [Influenza (flu) vaccine is not given until six months or older.]

### Resources:

- ❖ Offit PA, Jew RK. **Addressing parents' concerns: do vaccines contain harmful preservatives, adjuvants, additives, or residuals?** *Pediatrics*. 2003; 112: 1394 – 1397.
- ❖ AAP. **What Parents Should Know About Thimerosal**. Available at: <http://www.cispimmunize.org/fam/thimerosal.htm>
- ❖ CDC. **Thimerosal Preservative and Routinely Recommended Childhood Vaccines**. Available at [http://www.cispimmunize.org/thimerosal\\_and\\_vaccines\\_CDC\\_04.doc](http://www.cispimmunize.org/thimerosal_and_vaccines_CDC_04.doc)
- ❖ CDC. Vaccine Safety Datalink (VSD) Study, **Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization (HMO) Databases**. Available at <http://www.cdc.gov/nip/vacsafe/vsd/VSDstudyQAs.htm>
- ❖ CDC. **Mercury and Vaccines (Thimerosal)**. Available at <http://www.cdc.gov/nip/vacsafe/concerns/thimerosal/default.htm>

## 2 . MMR Vaccine and Autism

Autism is a common developmental disability, affecting an estimated 1 in 500 children. Because the MMR vaccine is first given at age 12-15 months, and the first signs of autism (ie, poor social interaction and speech, repetitive behaviors, etc) often appear at 15-18 months of age, concerns have been raised about a possible link between the vaccine and the development of autism.

Studies conducted in the US and Europe have found no association between the MMR vaccine and autism. Over the years, the Institute of Medicine and the AAP have organized several panels of independent scientists to study MMR and autism – again, all concluded no association between MMR and autism. Research on this topic continues in an effort to assure the safety of vaccines.



Although the cause of autism is unknown in most instances, the theory favored by many experts is that it is a genetically based disorder that occurs before birth. Evidence that genetics is an important, but not exclusive, cause of autism includes a 3-8% risk of recurrence in families with one affected child. Research on the cause of autism is ongoing.

#### **Resources:**

- ❖ Halsey NA, Hyman SL, and the Conference Writing Panel. **Measles-Mumps-Rubella Vaccine and Autism Spectrum Disorder: A Report From the New Challenges in Childhood Immunizations.** *Pediatrics.* 2001; 107: 84
- ❖ AAP. **MMR Vaccine and Autism: What Parents Need to Know.** Available at: [http://www.cispimmunize.org/fam/autism/a\\_faq.html](http://www.cispimmunize.org/fam/autism/a_faq.html)
- ❖ IAC. **Does MMR Cause Autism? Examine the Evidence.** Available at: <http://www.immunize.org/catg.d/p4026.pdf>
- ❖ CDC. **Vaccines and Autism Theory.** Available at: [http://www.cdc.gov/vaccinesafety/concerns/mmr\\_autism\\_factsheet.htm](http://www.cdc.gov/vaccinesafety/concerns/mmr_autism_factsheet.htm)

### **3. Importance Of Hepatitis B Vaccine In Infancy**

Some parents believe that the hepatitis B vaccine should not be given to infants and children since it is associated with high-risk behavior including intravenous drug use and sexual activity.

The hepatitis B vaccine is the best protection a child can have against a dangerous and lifelong disease. Before the vaccine was introduced, 20,000 children under the age of 10 became infected each year. Vaccinating early against hepatitis B assures children's immunity when they are the most vulnerable to the worst complications of the disease and before they enter the high-risk adolescent years. Because of common scrapes, falls, and lack of personal hygiene, children (particularly in child care settings) are more exposed to bodily fluids than some adults. Infants who catch hepatitis B from their mothers at birth are at a greater risk of suffering a premature death from liver cancer or liver failure later in life.

#### **Resources:**

- ❖ AAP. **Summary - AAP Preference for Birth Dose of Hepatitis B.** Available at: [http://www.cispimmunize.org/pro/pdf/Hep\\_B\\_guidance.pdf](http://www.cispimmunize.org/pro/pdf/Hep_B_guidance.pdf)
- ❖ IAC. **Give the Birth Dose: Hepatitis B Vaccine at Birth Saves Lives.** Available at: <http://www.immunize.org/catg.d/p2125.pdf>
- ❖ CDC. **Hepatitis B.** Available at: <http://www.cdc.gov/nip/vacsafe/concerns/hepB/default.htm>

### **4. Importance Of Pneumococcal Conjugate Vaccine**

Prior to the pneumococcal vaccine, pneumococcus bacteria was the leading cause of bacterial meningitis infection in children under 5. Meningitis symptoms in children are less obvious than in adults and often go undetected and untreated. It is important to vaccinate children to protect them from this uncertainty. Meningitis, an inflammation of the brain and spinal cord, can lead to brain damage, mental retardation, and even death. Pneumococcal conjugate vaccine provides superior protection against this serious and deadly infection.

#### **Resources:**

- ❖ Overturf GD, and the Committee on Infectious Diseases. **Technical Report: Prevention of Pneumococcal Infections, Including the Use of Pneumococcal Conjugate and Polysaccharide Vaccines and Antibiotic Prophylaxis.** *Pediatrics.* 2000; 106:367-376
- ❖ IAC. **Pneumococcal Disease in Children.** Available at: <http://www.vaccineinformation.org/pneumchild/index.asp>



- ❖ CDC. **PCV7 Vaccine Q&A.** Available at: <http://www.cdc.gov/nip/vaccine/pneumo/pneumo-vacfaqs.htm>

## 5. **Importance of Meningococcal Conjugate Vaccine**

Meningococcal disease is caused by bacteria that infect the bloodstream, lining of the brain, and spinal cord, often causing serious illness. Every year in the US 1400-2800 people get meningococcal disease. Ten to 14% of people with meningococcal disease die, and 11-19% of survivors have permanent disabilities (such as mental retardation, hearing loss, and loss of limbs).

In 2005, a new quadrivalent conjugate vaccine to protect against invasive meningococcal disease was licensed and recommended for children 11-12 and teens entering high school, as well as college freshmen living in dormitories. The vaccine is licensed for use in adolescents and adults aged 11-55 years. A quadrivalent polysaccharide vaccine has been available in the US for many years; however, it has not been recommended for routine use.

### **Resources:**

- ❖ CDC. **Meningococcal Vaccines Vaccine Information Statement.** Available at: <http://www.cdc.gov/nip/publications/VIS/vis-mening.pdf>
- ❖ AAP. **Revised Policy Statement on Meningococcal Vaccine.** Coming Soon!

## 6. **Relative Danger of Influenza (need for yearly vaccination)**

Some parents question the need for a yearly dose of the flu vaccine. They believe that influenza is a relatively mild disease (one that they have had and have survived) and that the risk of vaccination outweighs the risk of the disease. Parents also may have concerns about thimerosal in the flu vaccine (see above).

Influenza is a serious disease, and people of any age can get it. In an average year, the flu causes 36,000 deaths and 200,000 hospitalizations in the US. The “flu season” is usually from November-April each year. An annual flu vaccine (either the flu shot or the nasal-spray flu vaccine [in recommended age groups]) is the best way to reduce circulation of the flu. Annual shots are necessary because flu viruses change from year to year. This means that a person can get the flu more than once during their lifetime. The immunity that is built up from having the flu caused by one virus strain doesn't always provide protection when a new strain is circulating. In other words, a vaccine made against flu viruses circulating last year may not protect against the newer viruses. Further, immunity to the disease declines over time and may be too low to provide protection after one year.

### **Resources:**

- ❖ CDC. **Questions & Answers: Thimerosal-Containing Influenza Vaccine.** Available at: <http://www.cdc.gov/flu/about/qa/thimerosal.htm>
- ❖ CDC. **Influenza Web site.** Available at: <http://www.cdc.gov/flu>
- ❖ AAP Childhood Immunization Support Program. **Influenza Guidance Web site.** Available at: <http://www.cispimmunize.org/pro/influenzaguidance.html>

## 7. **Relative Danger of Varicella Vaccine**

Some parents question the need for the varicella vaccine. Like influenza, they believe that chickenpox is a harmless illness and that the risk of vaccination outweighs the risk of the disease.

In 1999, an average of 1 child a week died in the US from complications of chickenpox. These complications include encephalitis, a brain infection; severe staph and strep secondary infections (flesh-eating strep and toxic shock syndrome); hepatitis; and pneumonia.



Before the vaccine, there were 4 million cases of chickenpox, 11,000 hospitalizations, and 100 deaths per year in the US. The varicella vaccine prevents chickenpox in about 70-90% of people who get the shot and prevents severe chickenpox in over 95%.

### Resources:

- ❖ CDC. **Varicella Vaccine Web site.** Available at: <http://www.cdc.gov/nip/vaccine/varicella/default.htm>
- ❖ AAP Committee on Infectious Diseases. **Varicella Vaccine Update.** *Pediatrics.* 2000;105:136-141. Available at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/1/136.pdf>

### Additional Resources:

- ❖ AAP Childhood Immunization Support Program. **Compare the Risks Fact Sheet.** Available at: <http://www.cispimmunize.org/fam/facts/Compare%20the%20Risks.pdf>
- ❖ Immunization Action Coalition (IAC). **Responding to Concerns About Vaccines.** Available at: [www.immunize.org/concerns/index.htm](http://www.immunize.org/concerns/index.htm)
- ❖ CDC. **Six Common Misconceptions About Vaccinations and How to Respond to Them.** Available at: [www.cdc.gov/nip/publications/6mishome.htm](http://www.cdc.gov/nip/publications/6mishome.htm)

*Email us with questions about how to respond to other parental concerns at:*  
[cispimmunize@aap.org](mailto:cispimmunize@aap.org)

