

ACIP expands Tdap recommendations

Despite sustained high coverage for childhood pertussis vaccination, pertussis remains poorly controlled in the U.S. In Michigan, this increase was first observed in 2008, with 315 cases reported. The rise in cases has continued. In 2009, there were 902 reported cases and provisionally as of December 31, 2010, there were 1,519 cases reported.

Pertussis is most severe for babies; more than half of infants less than 1 year of age who get the disease must be hospitalized. Unvaccinated children exposed to pertussis are at high risk for becoming infected and developing the disease. Many infants with pertussis are likely infected by family members.

Although 2005 recommendations by the ACIP called for vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) for adolescents and adults to improve immunity against pertussis, Tdap coverage is 56% among adolescents and <6% among adults.

In October 2010, ACIP recommended expanded use of Tdap. CDC published [Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis \(Tdap\) Vaccine from the Advisory Committee on Immunization Practices, 2010](#) in the January 14 issue of the *Morbidity and Mortality Weekly Report (MMWR)*. These additional recommendations are intended to remove identified barriers and programmatic gaps that contribute to suboptimal vaccination coverage. A summary of the new recommendations is printed in the right-hand column; however, health care providers can get the complete Tdap recommendations on the CDC website (link provided above).

[Quick Look handouts](#)

The Michigan Department of Community Health (MDCH) has updated its *Quick Look at Using Tdap Vaccine*, *Quick Look at Using Td*, and *Quick Look at Using DTaP Vaccine* handouts. These one-page summaries have been revised to reflect the new ACIP recommendations. *Quick Look* handouts are available for more than a dozen vaccines and are posted at www.michigan.gov/immunize (under Provider Information).

Immunization schedules will be posted in February

CDC immunization website: www.cdc.gov/vaccines

- The 2011 CDC Childhood & Adolescent Immunization Schedule (birth-18 years) will be published February 1.
- The 2011 CDC Adult Immunization Schedule will be published February 4.

Summary of new Tdap recommendations

Children need to receive 5 doses of DTaP, a combined tetanus, diphtheria and pertussis vaccine between the ages of 2 months and 6 years old. To fully protect young children from pertussis, especially those who have not yet received all five doses, Advisory Committee on Immunization Practices (ACIP) recommends the following:

- All children ages 7 through 10 years who are not fully vaccinated against pertussis should receive a single dose of Tdap. Those never vaccinated against tetanus, diphtheria, or pertussis or who have unknown vaccination status should receive a series of three vaccinations containing tetanus and diphtheria toxoids. The first of these three doses should be Tdap (Fully vaccinated is defined as 5 doses of DTaP or 4 doses of DTaP if the fourth dose was administered on or after the fourth birthday).
- All adolescents and adults ages 11 through 64 years who have not received a dose of Tdap (Tdap is the version of the vaccine given to adolescents and adults) or whose vaccination status is unknown should receive a single dose of Tdap as soon as feasible.
- Adults age 65 years and older who have not previously received Tdap, and who have or who anticipate having close contact with a child younger than age 12 months, should receive a single dose of Tdap to reduce the likelihood of transmitting pertussis to an infant. Other adults age 65 years and older who have not previously received Tdap may be given a single dose of Tdap in place of Td (tetanus and diphtheria toxoid).
- Tdap can be given regardless of the interval since the last Td was given.

Further points

Women who intend to become pregnant should be assessed and vaccinated with Tdap at a preconception visit.

Tdap is not contraindicated in pregnancy and may be used in certain situations. Special situations in which Tdap might be used include a pregnant woman who has insufficient tetanus or diphtheria protection until delivery, or is at increased risk for pertussis. See ACIP recommendations on [Prevention of Pertussis, Tetanus, and Diphtheria among Pregnant and Postpartum Women & Their Infants](#). If not vaccinated preconception or during pregnancy, assure Tdap is given immediately postpartum.

[Wakefield fraud dominates media](#)

(Reprinted from the Autism Science Foundation e-newsletter, January 21, 2011 issue)

The British Medical Journal published a three part series reporting that Andrew Wakefield's controversial study linking autism with the MMR vaccine was in fact an "elaborate fraud." The mainstream media provided great coverage of how the world was duped into thinking vaccines caused autism, and Autism Science Foundation leaders participated extensively in urging the autism community to move beyond Wakefield, to put anti-vaccine sentiment behind us, and to approach autism research with good science as our guide. Highlights include [Paul Offit's Op-Ed](#) in The Wall Street Journal, and Alison Singer's live interview on [CNN: American Morning](#).

To register for the Autism Science Foundation (ASF) e-newsletter, email your request to ASF at contactus@autismsciencefoundation.org.

New books trace history of the autism-vaccine panic

(Reprinted from the Autism Science Foundation e-newsletter, January 21, 2011 issue)

Two new books on sale this month outline the history of the anti-vaccine movement and describe how the myth that vaccines cause autism has caused real harm to children: [Deadly Choices: How the Anti-Vaccine Movement Threatens Us All](#) by Autism Science Foundation (ASF) board member Dr. Paul Offit, and [The Panic Virus: A True Story of Medicine, Science and Fear](#) by Seth Mnookin. Study after study has failed to find any link between childhood vaccines and autism. Meanwhile, millions of dollars have been diverted from potential breakthroughs in autism research, families have spent their savings on ineffective "miracle cures", and declining vaccination rates have led to outbreaks of deadly illness. All royalties from sales of Deadly Choices will be donated to the [Autism Science Foundation](#).

Interviews with both [Paul Offit](#) and [Seth Mnookin](#) are posted on the ASF website.

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FDA approves Gardasil vaccine for prevention of anal cancer

(Reprinted from IAC Express, Issue 908, Jan. 10, 2011)

On December 22, [FDA approved the vaccine Gardasil for the prevention of anal cancer](#) and associated precancerous lesions due to human papillomavirus (HPV) types 6, 11, 16, and 18 in people ages 9 through 26 years.

Gardasil is already approved for the same age population for the prevention of cervical, vulvar, and vaginal cancer and the associated precancerous lesions caused by HPV types 6, 11, 16, and 18 in females. It is also approved for the prevention of genital warts caused by types 6 and 11 in both males and females.

More teens are getting immunized in Michigan

Adolescent immunization rates are increasing for children 11-12 years of age in Michigan. Michigan Care Improvement Registry (MCIR) data show that from Jan. 2010 to Jan. 2011, coverage levels for 11-12 year olds have increased as follows:

- 1 or more doses of Tdap vaccine - from 34.3% to 61.8%
- 1 or more doses of MCV4 vaccine - from 29.0% to 60.3%
- 1 or more doses of HPV vaccine (females only) - from 17.5% to 22.2%
- Slight decrease in 3 or more doses of HPV vaccine (females only) - from 5.0% to 4.7%
- Increase in 2 or more doses of varicella vaccine (or history of disease) from 69.3% to 73.5%

These increases are likely due to the changes in communicable disease rules, which now require two doses of varicella vaccine (or a history of disease), one dose of meningococcal vaccine and one dose of tetanus-diphtheria-acellular pertussis vaccine for all six graders and those 11-18 years of age who are changing school districts.

For the third dose of HPV, most girls initiated the series in August-October; therefore, it is too soon to see a change in 3+ rates.

For more information about adolescent immunization, go to: www.michigan.gov/teenvaccines. Separate web pages are available for health care personnel, pre-teens, teens and their parents, as well as schools.

Thank you for your continued efforts to vaccinate school-aged children and adolescents against serious diseases.

Chickenpox: Two vaccine doses are better than 1

(Reprinted from [the 1/5/11 issue of CIDRAP](#))

Children who receive two doses of varicella (chicken pox) vaccine lower their risk of contracting the disease by 95% compared with those who get just one dose, Yale and Columbia researchers have found. The results confirm a 4-year-old Centers for Disease Control and Prevention (CDC) policy that recommends two doses of the vaccine. When the CDC made the change in 2006, studies showed that one dose was 86% effective, according to a Yale University press release today. The current study found two doses to be 98.3% effective. "The findings confirm that, at least in the short term, the policy of routinely administering two rather than one dose of varicella vaccine is sensible," said lead author Eugene D. Shapiro, MD, professor in the Yale Department of Pediatrics. "Other countries that are routinely immunizing children with varicella vaccine may consider changing to a two-dose regimen." Feb 1 [J Infect Dis study](#)
Jan 5 Yale [press release](#)

There have been some media stories on this study, including one on [National Public Radio \(Jan. 10, 2011\)](#).

[Michigan's Immunization Timely Tips](#) (MITT)

MITT is posted at www.michigan.gov/immunize, under the Provider Information section. Email Rosemary Franklin at franklinr@michigan.gov with any questions or comments.