

Immunize NY!

Bureau of Immunization

Immunize NY!

Summer 2015

In this issue:

New Recommendations from the February and June 2015 ACIP Meetings:

- MenB Vaccines
- Influenza Vaccine Recommendations Modified
- 9vHPV Vaccine Recommendations
- Yellow fever vaccine updated guidelines
- PCV13 and PPSV23
- Medicare Part B and pneumococcal vaccines
- Typhoid Vaccine Updates
- Birth-18 “catch-up” immunization schedules
- Adult immunization schedules

News Updates Including:

- Measles outbreak, Pertussis prevention, flu vaccines, ReadyVax app, VAERS, AAP online courses, VFC update, reliable immunization resources and more!

Frequently Used Abbreviations:

ACIP:	Advisory Committee on Immunization Practices
CDC:	U.S. Centers for Disease Control and Prevention
FDA:	U.S. Food and Drug Administration
IIV:	Inactivated influenza vaccine
LAIV:	Live, attenuated influenza vaccine
MMWR:	Morbidity and Mortality Weekly Report
NYSDOH:	New York State Department of Health
VAERS:	Vaccine Adverse Event Reporting System

New Recommendations from the February 2015 Advisory Committee on Immunization Practices (ACIP) Meeting

Serogroup B Meningococcal (MenB) Vaccines

Serogroups B, C, and Y are the major causes of meningococcal disease in the United States, each accounting for approximately one third of cases. Outbreaks of serogroup B meningococcal disease have occurred on four U.S. college campuses from March 2013 to March 2015. Until recently, there had been no FDA approved vaccines in the U.S. to prevent serogroup B meningococcal disease. Two MenB vaccines are now available for persons aged 10-25 years.

- Trumenba® (Pfizer), 3-dose series (0, 2, 6 month) – licensed in the U.S. on October 29, 2014
- Bexsero® (Novartis), 2-dose series (0, 1-6 months) – licensed in the U.S. on January 23, 2015

The ACIP voted on February 26, 2015 that either MenB vaccine series be administered to persons 10 years of age and older who are at increased risk of meningococcal disease. These include:

- Persons with persistent complement component deficiencies including inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or who are taking eculizumab (Soliris®)
- Persons with anatomic or functional asplenia, including sickle cell disease.
- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*.
- Persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak.

Continued on page 2.

Serogroup B Meningococcal (MenB) Vaccines

Continued from Page 1

Note: The same vaccine product should be used for all doses.

In addition, on June 24, 2015 ACIP recommended the use of Men B vaccine as follows: "A serogroup B MenB vaccine series may be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 years of age." The recommendation is labeled as "Category B," meaning that individual clinical decision-making is recommended.

The Vaccines for Children (VFC) program has passed a resolution to include both Bexsero® and Trumenba®. The updated VFC resolution is available online at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2015-02-1-mening.pdf>.

Bexsero® and Soliris® became available for order through the New York State VFC Program effective May 1, 2015.

Influenza Vaccine Recommendations Modified

The ACIP voted on its annual influenza vaccine recommendations for the 2015-16 season. ACIP reiterated core recommendations that annual influenza vaccination is recommended for all persons 6 months of age and older.

At the February 26, 2015 meeting, the ACIP reviewed preliminary vaccine efficacy data for the nasal spray live attenuated influenza vaccine (LAIV) and inactivated influenza vaccine (IIV). Based on this data, the ACIP did not renew the 2014-15 preference for using LAIV in healthy children 2 through 8 years of age. For 2015-16 either LAIV or IIV is an appropriate option. No preference is expressed.

9 Valent Human Papilloma Virus (9vHPV) Vaccine Added to HPV Vaccine Recommendations

In December 2014, the FDA licensed Gardasil® 9 (Merck Sharp & Dohme Corp), a 9-valent HPV vaccine. 9vHPV vaccine covers five additional cancer-causing HPV types not included in the current HPV vaccines, and has the potential to prevent approximately 90 percent of HPV-related cervical, vulvar, vaginal, and anal cancers. On February 26, 2015, the ACIP voted to recommend routine vaccination of males and females with 9vHPV vaccine but did not state a preference for a specific vaccine or formulation.

The ACIP recommends routine HPV vaccination at 11-12 years of age. The vaccination series can be started at 9 years of age. Vaccination is also recommended for females aged 13 through 26 years and for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Vaccination of females is recommended with 2vHPV, 4vHPV or 9vHPV. Vaccination of males is recommended with 4vHPV or 9vHPV.

Immunize NY! Summer 2015

Continued on Page 3

9 Valent Human Papilloma Virus (9vHPV) Vaccine Added to HPV Vaccine Recommendations

Continued from page 2.

Vaccination is also recommended for men who have sex with men or for immunocompromised persons (including HIV) aged 22 through 26 years, if not previously vaccinated. The updated ACIP recommendations for use of HPV vaccine were published in the MMWR on March 27, 2015 and can be found online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm>.

At the June 25, 2015 ACIP meeting, a discussion was held of whether to recommend 9vHPV vaccination of persons who have already completed the 3-dose HPV vaccine series. Additional doses were not recommended. It was determined that there is a greater public health benefit to promote the currently recommended HPV vaccine series initiation and completion.

The VFC program has also updated their resolution on HPV vaccine to include 9vHPV vaccine. The VFC resolution is available online at: <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2015-02-2-HPV.pdf>. The 9vHPV became available for order through the New York State VFC Program effective May 1, 2015.

Yellow Fever Vaccine Updated Guidelines for Re-immunization

In May of 2014, the World Health Organization (WHO) adopted an amendment to the International Health Regulations (IHR) that stipulates that the period of protection afforded by yellow fever (YF) vaccination, and the term of validity of the YF certificate will change from 10 years to the duration of the life of the person vaccinated. This change to the IHR will take effect in June of 2016. Some international travelers who were last vaccinated > 10 years ago may still require another dose of YF vaccine if traveling to a high risk country between now and June of 2016.

In February of 2015, the ACIP voted to revise existing yellow fever recommendations for international travelers. A single lifetime dose of YF vaccine is adequate for most travelers as very few vaccine failures are noted following its receipt. Ninety-two percent of YF vaccinees are seropositive at ≥ 10 years post vaccination. However, additional doses of YF vaccine may be indicated for certain populations. These include:

- Women who were pregnant when they received their initial dose of YF vaccine should receive one additional dose prior to their next travel that puts them at risk for YF virus infection
- Individuals who received a hematopoietic stem cell transplant after receiving a dose of YF vaccine and who are sufficiently immunocompetent to be safely vaccinated should be revaccinated prior to their next travel that puts them at risk for YF virus infection
- Individuals who were HIV-infected when they received their last dose of YF vaccine should receive a dose every ten years if they continue to travel to areas that put them at risk for YF infection

Continued on page 4.

Yellow Fever Vaccine Updated Guidelines for Re-immunization

Continued from page 3

Additionally, a booster dose of YF vaccine may be considered for travelers who received their last dose of yellow fever vaccine at least 10 years previously and will be in a higher-risk setting based on season, location, activities, and duration of travel. This would include travelers who plan to spend a prolonged period of time in endemic areas or those traveling to highly endemic areas such as rural West Africa during peak transmission season or areas with ongoing outbreaks.

Laboratory workers who routinely handle wild-type YF virus should have YF virus-specific neutralizing antibody titers measured at least every 10 years to determine if they should receive additional doses of the vaccine. For laboratory workers who are unable to have neutralizing antibody titers measured, YF vaccine should be given every 10 years as long as they remain at risk.

Recently Published ACIP Recommendations

Update to the “Use of 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23) Among Adults Aged ≥ 65 Years” MMWR, September 19, 2014/63(37); 822-825

The September 19, 2014 MMWR published ACIP recommendations that all adults 65 years of age or older receive a dose of PCV13 followed by a dose of PPSV23 6 to 12 months later. PCV13 and PPSV23 should not be administered on the same day. The minimum acceptable interval between PCV13 and PPSV23 is 8 weeks. ACIP also recommended that adults 19 years of age or older with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, and who have not previously received PCV13 or PPSV23, should receive a dose of PCV13 first followed by a dose of PPSV23 at least 8 weeks later.

However, at the June 24, 2015 ACIP meeting a change was recommended. For adults ≥ 65 years, a dose of PPSV23 should be given ≥ 1 year following a dose of PCV13. If a dose of PPSV23 is given earlier than the recommended interval, the dose need not be repeated. The pneumococcal workgroup of ACIP did not recommend changing the interval between PCV13 and PPSV23 for children and adults, 64 years of age with underlying conditions.

The MMWR article can be read at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm>.

For details regarding this recommendation go to the CDC: <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm>.

A pneumococcal vaccination resource from the California Department of Health can be found at: [Pneumococcal Vaccine Timing](#).

The National Foundation for Infectious Diseases, Adult Pneumococcal Guide for HCPs can be found at: [Adult Pneumococcal Vaccination Guide for HCPs](#).

Medicare Part B - Pneumococcal Vaccine Reimbursement

Medicare Part B covers certain vaccinations including pneumococcal vaccines. Previously, pneumococcal vaccine was generally covered once in a beneficiary's lifetime, with revaccinations covered for those at highest risk if 5 years had passed since the last vaccination, or if the beneficiary's vaccination history was unknown.

The Centers for Medicare and Medicaid Services (CMS) have updated the Medicare Part B coverage requirements to align with the updated ACIP recommendations. Effective February 2, 2015 for claims with dates of service on or after September 19, 2014, Medicare Part B will cover a second dose of pneumococcal vaccine for all Medicare beneficiaries. An initial pneumococcal vaccine may be administered to all Medicare beneficiaries who have never received a pneumococcal vaccine under Medicare Part B. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine was administered (i.e., 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

Please note that, for CMS to cover the vaccine, the "interval" between the two different pneumococcal vaccines must be 11 or more months.

Updated Recommendations for the Use of Typhoid Vaccine – Advisory Committee on Immunization Practices, United States, 2015

The ACIP published revised recommendations regarding the use of typhoid vaccines in the March 27, 2015 publication of the MMWR. The updates include information on the two currently available vaccines and on vaccine safety. Also updated is the epidemiology of enteric fever in the United States, focusing on increasing drug resistance in *Salmonella enterica* serotype Typhi, the cause of typhoid fever, as well as the emergence of *Salmonella* serotype Paratyphi A, a cause of paratyphoid fever, against which typhoid vaccines offer little or no protection. Note: Routine typhoid vaccination is not recommended in the United States. To view the MMWR go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a4.htm>.

Birth-18 Years and "Catch-Up" Immunization Schedules – United States, 2015

Every year, the ACIP reviews the current immunization schedules for persons 0-18 years of age and then makes recommendations for changes as needed. They also update the "Catch-Up" schedule as needed. Please go to the following links to view and print the new 2015 schedule and review the February 6, 2015 MMWR for a review of the changes.

<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html#printable>
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a5.htm>

Adult Immunization Schedules – United States, 2015

Each year, the ACIP reviews the recommended adult (over 18 years old) immunization schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. There are 3 versions of the adult schedule: Medical Indications Schedule, Adult Schedule by Vaccine and Age Group and a Combined Version. They can all be viewed and printed from the links below:

<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a4.htm>

The following is a summary of the adult recommendations from the Immunization Action Coalition:

[Summary of Recommendations for Adult Immunization](#)

News Updates

Measles Outbreak: Protection with the Measles-Mumps-Rubella (MMR) Vaccine

There have been numerous media stories about the measles outbreak in the United States between December 2014 and April 2015, linked to an amusement park in California. Measles is a highly contagious disease that will infect 90% of those exposed if they do not have immunity to it. Most of the measles exposures leading to disease in the U.S., have originated in foreign countries where it is much more common. Many people don't realize how serious measles can be.

- About 1 out of 4 people who get measles will be hospitalized
- One out of every 1,000 people with measles will develop brain swelling (encephalitis), which may lead to brain damage
- 1 or 2 out of 1,000 people with measles will die, even with the best care

To protect the most vulnerable from measles, children need 2 doses of the MMR vaccine. Don't wait!

- The first dose should be given at 12-15 months of age; it is best to give MMR at the earliest recommended opportunity, on or after the first birthday.
- The second dose is given at 4-6 years of age, but best at age 4 years.
- Infants 6-11 months old who are traveling abroad need one dose of MMR vaccine before traveling. Children 12 months and older should receive two doses, separated by at least 28 days, before travel. It takes about 2 weeks after vaccination to build immunity to measles so don't wait to immunize your patients.

Adults not at high risk should have one documented dose of MMR vaccine. Two doses of measles-containing vaccine should be administered to adults at high risk for exposure transmission (i.e., health care personnel, international travelers, and students at post-high school educational institutions). Make sure that you document the MMR doses given and get consent to put them in the New York State Immunization Information System (NYSIIS) so that a permanent, electronic record is created.

Continued on page 7.

Measles Outbreak: Protection with the Measles-Mumps-Rubella (MMR) Vaccine

Continued from page 6

Birth before 1957 is considered presumptive evidence of immunity as is laboratory serology (IgG positive for measles) or laboratory confirmation of measles disease by PCR or culture. For updated information regarding measles cases in the U.S. go to: <http://www.cdc.gov/measles/cases-outbreaks.html>

For the most recent Immunization Update Webinar on Diagnosing Vaccine Preventable Disease (including measles): http://www.health.ny.gov/prevention/immunization/providers/webinar_series.htm

Updated Chapter on Measles Released Early Online from the Soon-to-be-published 2015 Edition of the *Red Book*

Due to the recent measles outbreaks, the American Academy of Pediatrics (AAP) has published the complete chapter on measles from the upcoming *Red Book: 2015 Report of the Committee on Infectious Diseases* as an early release on the Red Book Online website. The 2015 edition of the *Red Book* is scheduled for publication in May. Highlights of the changes include:

- Evidence of measles immunity
- Use of immune globulin products for measles prevention
- Vaccination recommendations for health care personnel born before 1957 and for patients with human immunodeficiency virus infection

Management of susceptible patients exposed to measles

<http://redbook.solutions.aap.org/ss/measles.aspx>

Prevent Pertussis!

Many providers are aware that pertussis is on the rise and that outbreaks are happening across the U.S. Nowhere is this more apparent than in California where they are experiencing an epidemic. In 2014 California reported 10,381 cases of pertussis. New York State (outside of New York City) has had 907 cases (preliminary numbers) reported in 2014. New York's last peak year was in 2012 when 2717 cases were reported.

Pertussis peaks every 3-5 years as the numbers of susceptible persons in the population increases. Young infants are at the greatest risk of hospitalization and death from pertussis. It is recommended that pregnant women receive a Tdap vaccine in the 3rd trimester of every pregnancy so that pertussis antibodies are passively transferred to the newborn until they are old enough to be vaccinated. Do your part! Promote up-to-date immunization with a pertussis containing vaccine for ALL eligible children AND adults. For general pertussis and pregnancy related pertussis information see: <http://www.cdc.gov/pertussis/> and <http://www.cdc.gov/pertussis/pregnant/>

Continued on page 8.

Prevent Pertussis!

Continued from page 7

Many providers don't realize that the ACIP recommends Tdap beginning at 7 years of age for those children who have not completed the DTaP series. For a parent friendly version of the 7 – 18 year old vaccine schedule link to: [Recommended Immunizations for Children 7 through 18...](#)

Voices for Vaccines – March 20, 2015 Conference Call

Voices for Vaccines (VfV) sponsored a conference call on March 20, 2015 that featured Paul Offit, MD, Director of the Vaccine Education Center (VEC) at the Children's Hospital of Philadelphia. Dr. Offit is passionate about preventing disease and death in children, and has been outspoken about the overwhelming benefits of vaccination during the recent measles outbreak. The call gave parents, providers, and public health workers an opportunity to ask Dr. Offit questions about vaccines, infectious disease, and his recent books and articles, including his new book, *Bad Faith*. To learn more about VfV go to: <http://www.voicesforvaccines.org/>

Recommended Composition of Influenza Virus Vaccines for Use in the 2015-2016 Northern Hemisphere Influenza Season

Periodic replacement of virus antigens contained in influenza vaccines is necessary in order for the vaccines to be effective. This is due to the constantly evolving nature of influenza. Twice annually, the World Health Organization (WHO) organizes consultations with an advisory group of experts to analyze influenza virus surveillance data generated by the WHO Global Influenza Surveillance and Response System (GISRS). They then issue recommendations on the composition of the influenza vaccines for the following influenza season. These recommendations are used by the national vaccine regulatory agencies and the pharmaceutical companies to develop, produce and license influenza vaccines.

On February 23-25, 2015 The WHO Vaccine Composition Meeting took place in Geneva, Switzerland and the vaccine strain composition for the 2015-2016 influenza vaccines was announced.

It was recommended that trivalent vaccines for use in the 2015-2016 influenza season (northern hemisphere winter) contain the following:

- A/California/7/2009 (H1N1)pdm09-like virus;
- A/Switzerland/9715293/2013 (H3N2)-like virus;
- B/Phuket/3073/2013-like virus.

It was recommended that quadrivalent vaccines contain the above three viruses and B/Brisbane/60/2008-like virus.

ReadyVax app from Emory University Provides Easy Access to Evidence-based Information about Vaccines

ReadyVax is a new app that contains up-to-date information about vaccines and vaccination. With regularly updated data on vaccine recommendations and vaccine safety, and the ability to notify users in real-time of important vaccine information, ReadyVax provides easy access to evidence-based information about vaccines. ReadyVax was designed to be used by both healthcare providers and healthcare users. Users can customize the presentation of data with a single click to suit their information needs.

ReadyVax was developed by experts at Emory University. [Download this app from the iTunes store.](#)

Reporting Vaccination Errors Using the Vaccine Adverse Event Reporting System

The Vaccine Adverse Event Reporting System (VAERS) accepts all reports, including reports of vaccination errors. VAERS is primarily concerned with monitoring adverse health events and encourages reporting of clinically significant adverse health events following vaccination. Using clinical judgment, healthcare professionals can decide whether or not to report a vaccination error at their own discretion. For example, a healthcare professional may elect to report vaccination errors that do not have an associated adverse health event, especially if they think the vaccination error may pose a safety risk (e.g., administering a live vaccine to an immunocompromised patient) or that the error would be preventable with public health action or education.

VAERS information for healthcare providers can be accessed at: <https://vaers.hhs.gov/professionals/index#RVE>

Did You Know?

Birth hospital hepatitis B birth dose rates in NYS (excluding New York City) for 2012, 2013, and 2014 are available on Health Data NY at <https://health.data.ny.gov/Health/Hepatitis-B-Birth-Dose-Vaccination-Rates-Beginning/favj-y88j>. Easy-to-read graphs displaying birth dose rates by hospital for 2013 and 2014 can be viewed by clicking on the “More Views” tab or at the following links:

2014: <https://health.data.ny.gov/Health/Hepatitis-B-Birth-Dose-Percent-Vaccinated-by-Hospi/3hi2-7je2>

2013: <https://health.data.ny.gov/Health/Hepatitis-B-Birth-Dose-Percent-Vaccinated-by-Hospi/56ni-n27d>

American Academy of Pediatrics – 2 Online Courses to Help Improve Your Immunization Rates

The AAP has developed 2 online courses on adolescent immunizations to help you improve rates in your practice!

1. Adolescent Immunizations: Office Strategies

This course provides strategies that pediatric offices can use to optimize their adolescent immunization efforts and improve their adolescent immunization rates. This course will teach users to:

- Describe 3 effective strategies that pediatric offices can use to improve immunization rates of adolescents who are seen in their practices.
- Explain what is involved in implementing prompts, either electronic or paper-based, to increase adolescent immunization rates.
- Describe efficient, cost-effective ways to use reminder/recall systems to bring adolescent patients into the office for immunizations.
- Explain what a practice needs to do before adopting standing orders for adolescent immunizations.
- Describe methods for effectively managing conversations with parents of adolescent patients who are hesitant about vaccinating their children.

2. Adolescent Immunizations: Strongly Recommending the HPV Vaccine

This course will discuss strategies for strongly recommending the HPV vaccine and will offer information to help pediatricians address their patients' concerns about the vaccine. This course will teach users to:

- Employ communication strategies on a daily basis to aid parents in making a decision to vaccinate their adolescents against HPV.
- Answer Frequently Asked Questions about HPV vaccination with accurate, succinct, and compelling responses.
- Explain the critical role of communication between parents and everyone in your practice in increasing the likelihood of the patient's full protection with HPV vaccination.

To access these courses, please visit: <http://pedialink.aap.org/visitor> and click the Continuing Education tab.

Parents Often Want Changes in Children's Immunization Schedule

According to a recent study published in the journal, *Pediatrics*, many parents ask doctors to spread out toddlers' vaccines instead of following the recommended immunization schedule. Most doctors comply with the request, even though they believe the delays put the children at risk for preventable diseases and make the experience more painful, the researchers report in the journal *Pediatrics*. Only about 2 to 3 percent of parents actually refuse vaccines, said study leader Dr. Allison Kempe. But, she added, "there is an increasing number of parents asking to deviate from the schedule in other ways."

<http://pediatrics.aappublications.org/content/early/2015/02/24/peds.2014-3474.abstract>

Making the CASE for Vaccines – Alison Singer, Autism Science Foundation

Alison Singer is the co-founder and President of the Autism Science Foundation. She has been an outspoken advocate for people living with autism. Alison is also a proponent of the CASE model, strategies for communicating information to parents, specifically vaccine facts, to those concerned about the safety of immunizations recommended for children. You can review this communication technique at: <http://www.vicnetwork.org/2010/09/22/making-the-case-for-vaccine/vicnetworkwebinarsept-23slidesfinal-2/>

Vaccines for Children (VFC) Update – Information Required for VFC Order Approval

As of 1/1/15 the following information is required in order to have VFC vaccine orders approved in a timely manner.

- The 2014 Provider Profile Renewal form must be submitted to the VFC Program.
- VFC no longer accepts faxed Doses Administered Reports. All Doses Administered Reports are required to be in NYSIIS with VFC eligibility.
- Inventory must be in NYSIIS. Enter inventory under “manage inventory” and contact the VFC office to have your inventory turned on for ordering.
- Twice daily refrigerator and freezer temperatures must be reported using the NYSIIS Temperature Log module.

Please contact the Vaccine Program Call Center at 1-800-543-7468 or email nyvfc@health.ny.gov if you have any questions.

Subscribe to the CDC's free email service.

Receive email notifications when new or updated immunization information is available. Go to:
www.cdc.gov/emailupdates/index.html.

**Click on *Subscribe*,
then click on all immunization topics of interest.**

Reliable Immunization Resources

General Vaccine and Immunization Information for Providers

- NYSDOH: www.health.ny.gov/prevention/immunization/providers/
- CDC Health Care Professionals: www.cdc.gov/vaccines/hcp.htm
- Free iOS and Android apps offer CDC recommended immunization schedules.
Down load the CDC Vaccine Schedules app for health care professionals. Have immediate access to the childhood, adolescent, adult and catch-up vaccine schedules and footnotes on your iPad, iPhone, iPod Touch devices or Android device. Visit: <http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html>.
- CDC’s Epidemiology and Prevention of Vaccine-Preventable Diseases “The Pink Book,” including foreign language terms for vaccines and diseases: www.cdc.gov/vaccines/pubs/pinkbook/index.html
- CDC’s Vaccine Storage and Handling Recommendations and Guidelines web page: www.cdc.gov/vaccines/recs/storage/default.htm
- NYSDOH Vaccines for Children Program: www.health.ny.gov/prevention/immunization/vaccines_for_children.htm
- NYSDOH, Bureau of Immunization Provider Training and Education: www.health.ny.gov/prevention/immunization/providers/training_and_education.htm
- AAP: www2.aap.org/immunization/pediatricians/pediatricians.html
- Children’s Hospital of Philadelphia: www.chop.edu/service/vaccine-education-center/home.html
- Immunization Action Coalition (IAC), Ask the Experts - Experts from the CDC answer hundreds of timely and challenging questions about vaccines and their administration. www.immunize.org/askexperts/
- IAC, IAC Express - IAC Express is a free, weekly immunization news and information service delivered directly to your email box. To subscribe to this valuable resource, and other free IAC resources, go to: www.immunize.org/subscribe/.

Did You Know?

All significant health events that may have been related to a dose of vaccine, particularly those that lead to hospitalization, disability, or death, should be reported to the

Vaccine Adverse Event Reporting System (VAERS).
<https://vaers.hhs.gov/esub/index>

Health care providers do not need to be certain the event was vaccine related in order to report it. It is not necessary to report minor adverse reactions, such as local reactions or low-grade fever.

For more information about VAERS
visit <http://vaers.hhs.gov> or call (800) 822-7967.

Vaccine Safety Basics for Providers and Patients

- CDC: *Provider Resources for Vaccine Conversations with Parents*. Also, be sure to click on “Get Email Updates” on the CDC link to receive emails every time information on the *Provider Resources for Vaccine Conversations with Parents* page is updated. <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html>
- IAC: *Need Help Responding to Vaccine-hesitant Parents?* www.immunize.org/catg.d/p2070.pdf
- NYSDOH: www.health.ny.gov/prevention/immunization/vaccine_safety/
- CDC: www.cdc.gov/vaccinesafety/index.html
- CDC, CDC Vaccine Safety Information for Parents: www.cdc.gov/vaccinesafety/populations/parents.html
- IAC: www.immunize.org/concerns/
- Every Child By Two: www.vaccinateyourbaby.com
- FDA: www.fda.gov/BiologicsBloodVaccines/Vaccines/default.htm
- AAP: www2.aap.org/immunization/families/safety.html

Vaccine Shortages, Delays and Recalls

- Information on national vaccine shortages and supply is available at the CDC website: www.cdc.gov/vaccines/vac-gen/shortages.
- General information on recalled vaccines is available at the CDC website: www.cdc.gov/vaccines/recs/recalls/default.htm.
- Vaccine recall information will be provided as needed through the NYSDOH Health Commerce System (HCS) and through this newsletter.

NYSDOH Bureau of Immunization

Phone: 518-473-4437 email: immunize@health.state.ny.us

Website: <http://www.health.ny.gov/prevention/immunization/>

For further information, please contact your local health department or your regional NYSDOH Bureau of Immunization:

Western Regional Office

Buffalo/Rochester: 716-847-4503

Central New York Regional Office

Syracuse: 315-477-8164

Capital District Regional Office

518-473-4437

Metropolitan Area Regional Office

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Monticello: 845-794-5627

Health care providers and facilities in New York City should contact the New York City Department of Health and Mental Hygiene at 347-396-2400.

Email the NYSDOH Bureau of Immunization
if you would like to receive this e-newsletter directly.