

IDAHO IMMUNIZATION COALITION

QUARTERLY NEWSLETTER: SEPTEMBER – DECEMBER 2012

COLLEGE MENINGOCOCCAL VACCINATION CAMPAIGN KICKS OFF

IIC plans to immunize 8,000 students

Meningococcal disease can be life-threatening. This rare but potentially severe bacterial illness poses a serious threat to teenagers and young adults. The disease can develop rapidly and can be fatal to an otherwise healthy person within a matter of hours. Among those who survive,



1 in 5 is left with serious medical problems, such as loss of limbs, brain damage, and deafness.

Immunization with meningococcal vaccine is recommended at 11–12 years of age, with a booster dose at age 16–18 years. Risk of infection is nearly six-times higher among young adults living in communal housing settings like dormitories, so college students are recommended to receive a booster dose if they did not

receive one at age 18. Universities in more than 30 other states require proof of vaccination. Public universities in Idaho, however, have no such requirement.

The IIC has obtained funding to purchase nearly 8,000 doses of meningococcal vaccine from

the Idaho Immunization Program and the CDC. We plan to work with 4 Idaho Universities (BSU, ISU, U of I, and Lewis and Clark) to provide vaccine free of charge to students. IIC plans to partner with professional organizations,

pharmaceutical manufacturers, and other community-based supporters of immunization to ensure that Idaho college students are protected from this potentially life-threatening disease.

A pilot clinic and “kick-off” is planned for March, 2013 at Boise State University. If you would like to get involved in this campaign, contact Pam Strohfus, at pamstrohfus@boisestate.edu.

INTRODUCING IIC'S EXECUTIVE DIRECTOR

Welcome Karen Sharpnack

The IIC Board of Directors welcomes Karen Sharpnack as our new Executive Director. Karen began working for the IIC in early December 2012.

Karen has a strong leadership background in working with nonprofits across the country. The strengths Karen will bring to the IIC include her vast abilities to run and operate a 501C3, her fundraising background, and her skills bringing people together to collaborate for a common cause.

Please feel free to contact Karen and welcome her to the IIC. She can be reached at karenj.sharpnack@yahoo.com or 208-961-1514.



FLU NEWS

2012 brings earliest flu season in decades

This year has brought an unusually early and hard-hitting flu season. Influenza A, H3 subtype has been predominant this year, with a good match between the vaccine strains and circulating virus.

Twenty nine states are already reporting widespread influenza activity, and influenza-associated deaths have been reported, including at

least seven deaths in Idaho. Eighteen pediatric deaths have been reported nationally. Annually, an average of approximately 36,000 people per year die from influenza, and tens of millions become ill.

Influenza vaccine is still available, and providers should encourage anyone six months of age or older to be immunized against the flu.

Quadrivalent Vaccines & Cell-Culture Vaccine

The Food and Drug Administration has approved GlaxoSmithKline's Fluarix and MedImmune's FluMist Quadrivalent vaccines, which protect against four strains of influenza virus (2 Influenza A strains and 2 Influenza B strains). The GSK vaccine is approved for adults and children three years of age and older, while FluMist is approved for those aged 2–49 years. The vaccine should be available in time for the 2013–2014 flu season.

Meanwhile, Novartis Vaccine announced the development and FDA approval of an influenza vaccine manufactured using cell-culture technology (Flucelvax) rather than the conventional egg-based medium. This method could potentially result in vaccines that are produced and distributed to the public more quickly in the case of a pandemic. The cell-culture method will allow individuals with severe egg allergies to be vaccinated and will ease concerns of receiving flu vaccine in other egg-allergic patients. Flucelvax is approved for adults aged 18 and older, and will be available before the 2013–14 influenza season.



Could flu during pregnancy increase risk of autism in children?

A recent research study from Denmark has found that mothers who reported having the flu during pregnancy were twice as likely to have a child with autism as mothers who did not report having the flu. The study examined nearly 97,000 children aged 8 to 14 born in Denmark, approximately 1% of whom had been diagnosed with autism. The researchers interviewed their mothers about their pregnancies and deliveries, including questions about fever during pregnancy and antibiotic use. Some antibiotics were also found to be associated with risk of autism.

This study is considered to be exploratory, and does not implicate influenza as a "cause" of autism.

The research relied upon self-report of influenza symptoms rather than medical records, and many adjustments were made during the course of the study.

Physicians commenting on the study suggest that women with mild viral illnesses during their pregnancies should consult their doctors about the right course of treatment, and should likely respond with "conventional care." Flu vaccine should also be administered to women during pregnancy, as it can protect not only the mother, but also provides antibodies to the infant for up to six months after birth.

BANNING THIMEROSAL WOULD ENDANGER CHILDREN

Thimerosal, a mercury-containing preservative, has been used since the 1930s to prevent bacterial or fungal contamination of multi-dose vaccine vials. Removal of thimerosal from U.S. vaccines was precipitated by an amendment to the FDA reauthorization bill in 1997. In an effort to decrease human exposure to mercury, the amendment gave the FDA two years to compile a list of drugs and foods that contained "intentionally introduced mercury compounds." Although there are clear neurotoxic effects of methyl mercury, no data was available at the time of the FDA mandate on the risk of ethyl mercury, the type found in thimerosal.

In 1999, the AAP and the U.S. Public Health Service recommended removing thimerosal from U.S. vaccines as a precautionary measure. As such, most vaccines in the U.S. are now thimerosal-free, which has generally resulted in a shift to the use of single-dose vials instead of multi-dose vials. Much research has occurred since 1999, with the overwhelming majority failing to show any adverse outcome from the use of thimerosal in vaccines.

In 2009, the United Nations Environment Programme (UNEP) began drafting a global legally binding treaty on mercury. One of the provisions in this treaty calls for a ban on thimerosal in vaccines. The WHO, the AAP, and the U.S. Public Health Service are urging UNEP to remove the thimerosal ban from the treaty due to concerns that such a ban would significantly negatively impact worldwide vaccine supply. To carry out such a ban, manufacturing costs are estimated to increase by 200% to greater than 500% and would almost certainly involve a switch to single-dose vials. Single-dose vials would reduce manufacturing capacity, increase transportation costs, and stretch storage capabilities, particularly in the developing world. Taken together, these effects would certainly cause significant damage to global vaccination programs designed to protect all the world's children from the devastation of vaccine-preventable diseases. Dr. Walter Orenstein of the Emory Vaccine Center at Emory University was quoted by National Public Radio as saying "Lives potentially would be lost if we banned thimerosal from vaccines...when it comes to thimerosal in vaccines, the benefits far outweigh any risks."

"WHEN IT COMES TO
THIMEROSAL IN VACCINES,
THE BENEFITS OUTWEIGH
ANY RISKS" - DR. WALTER
ORENSTEIN, EMORY
VACCINE CENTER

UPCOMING IMMUNIZATION EVENTS

- Charity Night at [Bardenay](#) Restaurant (Downtown Boise, 610 W Grove St), **January 21, 5-9pm**. Join us for networking, immunization information, and great food. 20% of the restaurant's profits will benefit the IIC!
- Idaho Perinatal Conference **February 21-22**: <http://idahoperinatal.org>
- Get ready:
 - National Infant Immunization Week 2013: **April 20-27**
 - Shot Smarts 2013: **May 21-24**

ACIP October Meeting Highlights

* **Tdap** (Tetanus, diphtheria, and acellular-pertussis)

vaccination was recommended for pregnant women *for each pregnancy*

* **Meningococcal** vaccination (Hib-MenCY) for infants at increased risk of

meningococcal disease was recommended at 2, 4, 6, and 12-15 months of age. Routine immunization for non-high risk infants is *not* recommended at this time.

* Changes to the 2013

Childhood and Adult Vaccination Schedules were approved. These schedules should be released in early 2013. In 2014, a "high risk" schedule is planned, in addition to the schedules for routine immunization.

LEGISLATIVE UPDATE

Several immunization-related bills will be under review during the upcoming 2013 legislative session, including:

- **Possible Sunset of the Idaho Immunization Assessment** (Idaho Code, Chapter 60, Title 41): this measure was adopted in 2010 to provide funding for the Idaho Immunization Program to provide vaccines for insured Idaho children. The bill (House Bill 432) is set to expire ("sunset") in July 2013, unless further legislative action is taken. The Idaho Department of Insurance and the Immunization Assessment Board plan to introduce a legislative bill to extend this assessment for an additional 2 years to continue funding Idaho as a universal vaccine state. Information and FAQs about the Immunization Assessment can be found here:
http://www.doi.idaho.gov/company/immuneassess/immunization_assessment.aspx.
- Proposed **minor changes to language regarding Idaho's Immunization Reminder Information System (IRIS)** (Title 39, Chapter 48): to reflect the immunization registry's function documenting immunizations given across the lifespan, language referring to "children" will be modified to read "persons" or "individuals." Language relating to notification to parents/guardians regarding IRIS will be changed to clarify that opting out of IRIS will result in all information regarding an individual's immunizations being removed from IRIS.



The Treasure Valley Immunization Coalition (Malheur County, Oregon), was featured on the front page of the Argus Observer:

http://www.argusobserver.com/news/immunization-rate-concerns-county/article_6cc6cd1a-4ba1-11e2-b67e-0019bb2963f4.html.

What could your organization do to get the word out about immunization?

Sources:

- CDC's Meningococcal Disease page: <http://www.cdc.gov/meningococcal/>
- Quadrivalent Flu: <http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=3829>
- Cell-culture flu vaccine: <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm328982.htm>
- CDC FluView: <http://www.cdc.gov/flu/weekly/>
- Idaho Department of Health and Welfare Communicable Disease Prevention Bureau : <http://www.healthandwelfare.idaho.gov/Default.aspx?TabId=111>
- ACIP meeting highlights: <http://www.pharmacist.com/ask-experts-range-vaccine-topics-discussed-october-acip-meeting>
- Thimerosal: <http://www.npr.org/blogs/health/2012/12/17/167280941/experts-argue-against-proposed-ban-on-vaccine-preservative>

Promote Immunizations. Prevent Disease. Protect Idaho.

Idaho Immunization Coalition

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