

New York City VacScene

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RECOMMENDED ADULT IMMUNIZATION SCHEDULE – UNITED STATES, 2002-2003

Although the childhood immunization program in the United States has reduced the burden of vaccine-preventable disease among children, there continues to be substantial morbidity and mortality from vaccine-preventable disease in adults:

- Influenza results in approximately 114,000 excess hospitalizations¹ and 36,000 deaths annually in the United States².
- There are approximately 500,000 cases of invasive pneumococcal disease in the United States annually resulting in more than 40,000 deaths³.
- There are an estimated 200 to 300 million chronic carriers of Hepatitis B virus worldwide. An established cause of acute and chronic hepatitis and cirrhosis, Hepatitis B is the cause of up to 80% of hepatocellular carcinomas, and is second only to tobacco among known human carcinogens. More than 250,000 persons die worldwide and an estimated 1,000 to 1,500 die in the United States each year of hepatitis B-associated acute and chronic liver disease⁴.
- From 1980 through 2000, between 50-100 cases of tetanus were reported annually in the United States; in 2001 a total of 37 cases were reported⁵. Historically, 70% of all reported cases of tetanus have been among persons 40 years of age or older⁶ and almost all reported cases of tetanus are in persons who have either never been vaccinated or who completed a primary series but have not had a booster in the preceding 10 years⁶.

The Advisory Committee on Immunization Practices (ACIP) has, for the first time, released a Recommended Adult Immunization Schedule. This schedule provides an up-to-date tool for family physicians, family nurse practitioners, gynecologists, internists, and other health care providers to assess the vaccine needs of patients during office visits and to administer the appropriate vaccines. Providers can use the schedule to promote the use of standing orders, patient-reminder/recall systems, provider-reminder systems, and other strategies that reduce missed opportunities to vaccinate their patients. The notes accompanying the age-based table and the footnotes for highlighting issues unique to chronic disease groups provide information for providers who might be unfamiliar with the dosage or contraindications of a particular vaccine.

The schedule presents a tabular, color-coded summary of vaccines indicated by age group (Figure 1) and by medical conditions (Figure 2). Footnotes included in Figure 1 are summaries of the ACIP recommendations

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for specific vaccines published since 1991. Figure 2 includes special considerations or contraindications for vaccinating persons with specific medical conditions.

The 2002-2003 Recommended Adult Immunization Schedule⁷ is based on published recommendations of the ACIP⁸, the American Academy of Family Physicians (AAFP)⁹, the American College of Obstetricians and Gynecologists (ACOG)¹⁰ and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) with the Infectious Diseases Society of America¹¹. The schedule has been approved by the ACIP and accepted by the ACOG and the AAFP.

References:

1. Centers for Disease Control and Prevention. Prevention and control of influenza; recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2002;51(No. RR-3).
2. Thompson WW, Shay DK, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA. 2003;289:179-186.
3. Centers for Disease Control and Prevention. Prevention of pneumococcal disease. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997;46(No. RR-8).
4. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th ed. 2002. p 169-171.
5. Centers for Disease Control and Prevention. MMWR 2002;51:730.
6. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th ed. 2002. p 52.
7. Centers for Disease Control and Prevention. MMWR 2002;51:904-908.
8. Centers for Disease Control and Prevention. Update on adult immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1991;40(No. RR-12).
9. American Academy of Family Physicians. Age charts for periodic health examinations. Available at <http://www.aafp.org/exam/table2.html> and <http://www.aafp.org/exam/table4.html>.
10. American College of Obstetricians and Gynecologists. Immunization during pregnancy. ACOG Technical Bulletin 160, October 1991. Washington, DC: American College of Obstetricians and Gynecologists, 1991.
11. American College of Physicians. Guide for adult immunization. 3rd ed. Philadelphia, Pennsylvania: American College of Physicians, 1994.

There is no contraindication to simultaneous administration of any vaccines.

VACCINE INFORMATION STATEMENTS (VIS)

Health care providers are required under Federal law to give patients, or, in the case of a minor, their parent or legal representative authorized to consent to immunization, a copy of the relevant Vaccine Information Statement (VIS) prior to administration of each dose of the vaccine. If there is not a single VIS for a combination vaccine the VISs for each component must be given.

The health care provider must record in each patient's permanent medical record at the time the VISs are provided:

- the edition (date of publication) of the VIS;
- the date these materials were provided.

This record-keeping requirement is in addition to the requirement that all health care providers administering vaccines must record in the patient's permanent medical record or in a permanent office log:

- the name, address and title of the individual administering the vaccine;
- the date of vaccine administration;
- the vaccine manufacturer and lot number of the vaccine used.

VISs are available in English at www.cdc.gov/nip/publications/VIS and in multiple languages at www.immunize.org/vis

There is no need to restart a vaccine series regardless of the time that has elapsed between doses.

Minimum intervals between doses of vaccine should be observed.

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

The Vaccine Adverse Event Reporting System (VAERS), a national vaccine safety surveillance program, was established in 1990 under the joint administration of the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to accept reports of suspected adverse events after administration of any vaccine licensed in the United States. VAERS collects, investigates and analyzes information from reports of adverse events following immunization. By monitoring reports of adverse events which may range from mild to severe, VAERS helps to identify important new safety concerns and assists in ensuring that the benefits of vaccines continues to far outweigh any risks.

Anyone can report to VAERS. Many different types of events occur after vaccination; these may or may not have truly been caused by an immunization. Any reaction following a vaccination should be reported to VAERS regardless of whether or not it is known if the vaccine or another product caused the reaction. Reports of adverse events can be submitted by health care providers, vaccine manu-

facturers, vaccine recipients (or their parents/guardians) or others. Health care providers should report all post-vaccination reactions to the VAERS. Reporting forms and instructions on filing a VAERS report are available at www.vaers.org, at 800-822-7967 or through the Bureau of Immunization at 212-676-2288.

References:

1. Centers for Disease Control and Prevention. Surveillance Summaries. MMWR 2003;52(No. 55-1).

Licensed combination vaccines can be used whenever any components of the combination are indicated and its other components are not contraindicated. Use of licensed combination vaccines is preferred over separate injections of their equivalent component vaccines.

THE 2003 RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

The 2003 Recommended Childhood and Adolescent Immunization Schedule was released in January. It has been approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

No major changes regarding specific vaccines have been made this year. The addition of detailed catch-up schedules for children and adolescents who start their vaccine series late or for those children who are more than one month behind schedule are included in this year's schedule. These catch-up schedules indicate minimum ages and minimum intervals between doses.

The 2003 schedule continues to emphasize:

- All newborns are recommended to receive the first dose of hepatitis B before hospital discharge in order to:
 - safeguard against maternal hepatitis B testing errors,
 - safeguard against maternal hepatitis B reporting failures,
 - minimize risk for infection by exposure to persons with chronic hepatitis B virus infection in the household,
 - enhance the completion of the childhood immunization schedule.
- Any child through 18 years of age who has not received the hepatitis B vaccine series should be vaccinated.
- Any child who is over 12 months of age and who has

not had varicella vaccine and for whom it is not medically contraindicated should be immunized; children 13 years of age and older require 2 doses of vaccine given at least 4 weeks apart.

- Influenza vaccine is recommended for:
 - all children age ≥ 6 months with chronic conditions,
 - all children ≥ 6 months who reside with others who are at high risk for influenza,
 - healthy children ages 6-23 months, when feasible.

The footnotes provide details about each particular vaccine.

Don't delay!!

In order to ensure that you receive sufficient supplies of influenza vaccine for the 2003-2004 flu season - we encourage you to place orders now.

The Honor Roll

The New York City Department of Health and Mental Hygiene Bureau of Immunization assesses immunization coverage for public clinics and private providers enrolled in the Vaccines for Children (VFC) Program.

Immunization is counted as complete when the series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B (4:3:1:3:3) is administered to a child by their second birthday. Coverage for the series of 4 DTP, 3 Polio, and 1 MMR is also assessed.

Congratulations to the Dyckman Family Health Care Center (Renaissance Health Care Network) for attaining 90% completion rates for the 4:3:1:3:3 series.

Congratulations are also in order to Dr. Marion Torres (Washington Heights); Dr. Kwang Lee (Far Rockaway); Lenox Avenue Clinic (Generations Plus of the Northern Manhattan Network); Metropolitan Hospital Pediatric Clinic; and the Charles R. Drew Primary Care Clinic at Queens Hospital for attaining 90% for the 4:3:1 series of vaccines.

If you are interested in having an assessment, contact Dr. Karin Seastone Stern, Director, Clinic Assessments, Bureau of Immunization, NYC DOHMH at 212-676-2283.

Save the Date

Adult Immunization Coalition

Thursday, May 22nd 9:30-11:30AM

New York City Coalition for Immunization Initiatives (Childhood/Adolescent)

Friday, June 13th 10AM-noon

Friday, September 12th 10AM- noon

All meetings at 125 Worth Street, NY, NY 10013

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE BUREAU OF IMMUNIZATION

- Immunization Registry212-676-2323
- Vaccines for Children Program (VFC)212-676-2296
- Immunization Disease (Case) Reporting.....212-676-2288/84
after hours212-POISONS
- Vaccine Adverse Event Reporting212-676-2281 or
1-800-822-7967
or
www.vaers.org
- Immunization Medical Consultation212-676-2264
- Perinatal Hepatitis B Program.....718-520-8245
- Adult Immunization Initiatives.....212-676-9936
- Community Training and Educational Outreach212-676-2292
- Immunization Hotline3-1-1
- Influenza Hotline1-866-FLULINE
- Bureau of Immunization – all other inquiries.....212-676-2259

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