

# Immunization Safety Office Updates

Centers for Disease Control and Prevention

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Division of Healthcare Quality Promotion,

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention (CDC)

**Advisory Commission on Childhood Vaccines (ACCV)**

**March 8-9, 2012**

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion – Immunization Safety Office



# Topics

- ❑ **Highlights from the February 2012 Advisory Committee on Immunization Practices (ACIP) meeting**
- ❑ **IOM Committee on Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule**
- ❑ **Selected recent publications**

# February 2012 ACIP meeting: use of Tdap in adults $\geq 65$ y/o

- ❑ Session included discussion of the epidemiology of pertussis, cost effectiveness of vaccination in older adults, and safety and immunogenicity in older adults
- ❑ Approved recommendation
  - For adults aged 19 years and older who previously have not received a dose of Tdap, a single dose of Tdap should be given

# IOM activities

- ❑ **IOM Committee on Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule (funded by ISO/CDC and NVPO/HHS)**
  - **Conduct an independent assessment surrounding the feasibility of studying health outcomes in children who were vaccinated according to the CDC recommended schedule and those who were not (e.g. children who were unvaccinated or vaccinated with an alternate schedule)**
    - **Review scientific findings and stakeholder concerns related to the safety of the recommended childhood immunization schedule**
    - **Identify potential research approaches, methodologies, and study designs that could inform this question, including an assessment of the potential strengths and limitations of each approach, methodology and design, as well as the financial and ethical feasibility of doing them**
    - **Issue a report summarizing findings (expected mid-late 2012)**
  - **Committee has been convened; first open meeting held February 9, 2012; next open meeting March 8, 2012**

# Selected publications

- ❑ **Shui et al. Risk of intussusception following administration of a pentavalent rotavirus vaccine in US infants. JAMA. 2012;307:598-604.**
  - Among US infants aged 4 to 34 weeks who received RV5, the risk of intussusception was not increased compared with infants who did not receive the rotavirus vaccine
- ❑ **Baxter et al. Recurrent Guillain-Barre Syndrome Following Vaccination. Clin Infect Dis. 2012 Jan 19. [Epub ahead of print].**
  - In the VSD population of over 3 million members, during an 11-year period, risk of GBS recurrence was low. There were no cases of recurrent GBS after influenza vaccination and none within 6 weeks after any vaccine.
- ❑ **Stewart B, et al. Health-related quality of life in the anthrax vaccination program for workers in the laboratory response network. Vaccine. 2012 Jan 9. [Epub ahead of print].**
  - No change from baseline in physical or mental scores in study subjects following Anthrax Vaccine Adsorbed (AVA). Study suggests no association between AVA and quality of life over 30 months.

# Selected publications

- ❑ **Leroy et al. Febrile seizures after 2010–2011 influenza vaccine in young children, United States: A vaccine safety signal from the vaccine adverse event reporting system. *Vaccine*. 2012;30:2020-2023.**
  - Description of detection of the VAERS data mining signal for febrile seizures following influenza vaccination in young children and the subsequent investigation in VAERS
  
- ❑ **Tse et al. Signal identification and evaluation for risk of febrile seizures in children following trivalent inactivated influenza vaccine in the Vaccine Safety Datalink Project, 2010–2011. *Vaccine*. 2012;30:2024-2031.**
  - Elevated risk for febrile seizures observed in children 6-59 months of age in the 0-1 day risk interval following 2010-11 trivalent inactivated influenza vaccine (TIV) and 13-valent pneumococcal conjugate vaccine (PCV13)
  - Highest risk observed with concomitant TIV and PCV in children 16 months old; attributable risk approximately 45 per 100,000 doses for concomitant TIV and PCV13

# Selected publications

- ❑ Broder et al. Bridging the gap between data and public health needs. In the heat of a signal: Responding to a vaccine safety signal for febrile seizures after 2010–11 influenza vaccine in young children, United States. *Vaccine*. 2012;30:2032-2034.
  - Policy perspective on signal detection and assessment.



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# Thank You

**For more information please contact Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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