National Infant Immunization Week (NIIW) April 16-23, 2016 is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger. Since 1994, local and state health departments, national immunization partners, healthcare professionals, community leaders from across the United States, and the Centers for Disease Control and Prevention (CDC) have worked together through NIIW to highlight the positive impact of vaccination on the lives of infants and children, and to call attention to immunization achievements.

Several important milestones already have been reached in controlling vaccine-preventable diseases among infants worldwide. Vaccines have drastically reduced infant death and disability caused by preventable diseases in the United States. In addition:

Vaccinating children on time is the best way to protect them against 14 serious and potentially deadly diseases before their second birthday.

When parents choose not to vaccinate or to follow a delayed schedule, children may

(Continued on page 2)
be left unprotected against diseases that still circulate in this country, like measles and whooping cough.

**Why you should not wait:**

Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), you can protect your child from disease and also protect others at school or day care.

Some children are eligible for free vaccinations:

A federal program called Vaccines for Children provides free vaccines to eligible children.

**Why are so many doses needed for each vaccine?**

Getting every recommended dose of each vaccine provides your child with the best protection possible. Depending on the vaccine, more than one dose is needed to build high enough immunity to prevent disease, boost immunity that fades over time, make sure people who did not get immunity from a first dose are protected, or protect against germs that change over time, like flu. Every dose of a vaccine is important because they all protect against infectious diseases that are threats today and can be especially serious for infants and very young children.

**Why do vaccines start so early?**

The recommended schedule is designed to protect infants and children by providing immunity early in life, before they are exposed to life-threatening diseases. Children are immunized early because they are susceptible to diseases at a young age, and the consequences of these diseases can be very serious, and even life-threatening, for infants and young children.

---

**Hepatitis B Perinatal Transmission**

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without postexposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

Perinatal HBV transmission can be prevented by identifying HBV-infected pregnant women and providing hepatitis B immune globulin and hepatitis B vaccine to their infants within 12 hours of birth.

Preventing perinatal HBV transmission is an integral part of the national strategy to eliminate hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant women for HBsAg during each pregnancy
  - Case management of HBsAg-positive mothers and their infants
  - Provision of immunoprophylaxis for infants born to infected mothers, including hepatitis B vaccine and hepatitis B immune globulin
- Routine vaccination of all infants with the hepatitis B vaccine series, with the first dose administered at birth.
Recommendations for Use of Serogroup MenB Vaccines

Meningococcal disease is caused by the bacterium Neisseria meningitidis. Approximately one out of ten people have this type of bacteria in the back of their nose and throat with no signs or symptoms of disease; this is called being “a carrier.” Sometimes Neisseria meningitidis bacteria can invade the body causing certain illnesses which are known as meningococcal disease. There are five serogroups, or “strains,” of Neisseria meningitidis that cause the majority of meningococcal disease worldwide. The five most common strains are A, B, C, W, and Y. Three of these serogroups (B, C, and Y) cause most of the illness seen in the United States.

Meningococcal disease is spread from person to person. The bacteria are spread by exchanging respiratory and throat secretions (saliva or spit) during close or lengthy contact, especially if living in the same household.

Vaccination of adolescents and other high risk groups against strains A, C, W, and Y has been routinely recommended. Vaccines that provide protection against strains A, C, W, and Y include Menactra®, Menomune®, and Menveo®. None of these vaccines, however, protect against serogroup B. Currently, there are two vaccines approved by the Food and Drug Administration (FDA) for protection against serogroup B meningococcal disease, Trumenba® (MenB-FHbp) and Bexsero® (MenB-4C).

ACIP recommends certain persons aged 10 years and older who are at increased risk for serogroup B meningococcal disease should be vaccinated to protect against serogroup B.

In June 2015, the ACIP expanded this recommendation to allow for individual clinical decision-making regarding the use of MenB vaccines. The ACIP voted to recommend that decisions to vaccinate adolescents and young adults, aged 16 through 23 years, against serogroup B meningococcal disease should be made by the provider. The preferred age for MenB vaccination for persons not at high risk is 16 through 18 years of age.

The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses. Bexsero® is approved as a two dose (0.5mL) series administered intramuscularly (IM) at least one month apart. Trumenba® is approved as a three dose (0.5mL) series administered IM on a 0-, 2-, and 6-month schedule.

MenB vaccines may be administered to eligible children and adolescents identified to be at high-risk, in addition to adolescents aged 16 – 18 years under the open recommendation. For more information about the TVFC Program, please visit www.dshs.state.tx.us/immunize/tvfc/tvfc_about.shtm.

Should Serogroup MenB Vaccines Replace Quadrivalent Meningococcal Vaccines?

Quadrivalent meningococcal vaccines provide protection against serogroups A, C W, and Y but not serogroup B. Therefore, the ACIP does not recommend the routine use of MenB vaccines in place of quadrivalent meningococcal vaccination.

For best protection against meningococcal disease, the ACIP recommends that all 11 – 12 year olds be vaccinated with a quadrivalent meningococcal conjugate vaccine followed by a booster dose at age 16 years.

ImmTrac users can report administration of MenB vaccinations using the below CPT codes. For more information about ImmTrac, please refer to www.ImmTrac.com.

• Bexsero® (MenB-4C): 90620
• Trumenba® (MenB-FHbp): 90621

Please visit: http://www.dshs.state.tx.us/immunize/vacadvise/Advisory-26.aspx for full advisory details.

www.ImmunizeTexas.com
VIS Updates!

HPV (Human Papillomavirus) Gardasil®-9 VIS - 03/31/2016
Meningococcal ACWY Vaccines (MenACWY and MPSV4) - 03/31/2016

Reporting Adverse Events

Report clinically significant adverse events that follow vaccination through the Federal Vaccine Adverse Event Reporting System (VAERS) or call the 24 hour national toll-free hotline at 800-822-7967.

VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public. VAERS also provides a vehicle for disseminating vaccine safety-related information to parents and guardians, health care providers, vaccine manufacturers, state vaccine programs, and other constituencies.

National Immunization Survey

Please send us your NIS for research prior to returning the survey to CDC.

Parts or full contents used within this newsletter were extracted from the publications of the Centers for Disease Control and Prevention and the Texas Department of State Health Services website.