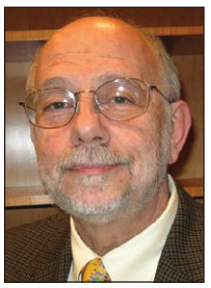
Credit to Be Issued for PCV7

Smooth Transition *from page 1*

use would be off label. Routine use of PCV13 is not recommended for healthy children aged 5 years or over, Dr. Nuorti said.

When published in the CDC's Morbidity and Mortality Weekly Report, the guidelines will contain detailed charts for transitioning children from PCV7 to PCV13 based on age and how many doses of PCV7 they have already received. Dosage intervals also will be included, Dr. Nuorti noted.



'I think it will be easy for people to make the [PCV7 to PCV13] transition.'

DR. BOCCHINI

Dr. Joseph A. Bocchini, the liaison to ACIP from the American Academy of Pediatrics, said that the academy is likely to support the ACIP recommendations.

"The recommendations line up with what we consider appropriate use of the vaccine. … I think it will be easy for people to make the [PCV7 to PCV13] transition. As soon as the vaccine becomes available in the pediatrician's office, I think it will become the one that people use," Dr. Bocchini of Louisiana State University, Shreveport, said in an interview at the meeting.

Similarly, Dr. Doug Campos-Outcalt, the liaison to ACIP from the American Academy of Family Physicians, said the AAFP is likely to do the same.

"I don't think the academy will have any trouble with these recommendations, and I don't think family physicians will have any trouble implementing them, because they're already doing pretty well with PCV7 and this is just going to substitute," Dr. Outcalt of the University of Arizona, Phoenix, said in an interview.

During the meeting, a representative from Pfizer Inc. announced that the first PCV13 supplies are expected to be shipped out in mid-March, and that the company will issue credit to providers for unused doses of PCV7.

Dr. Campos-Outcalt called that a good move. "That was a lingering question, what we were going to do with the current PCV7 supplies. If they weren't going to buy them back, the tendency would be to continue to use them. Now that they're going to buy back, the transition should be pretty smooth."

The committee also voted separately to include PCV13 in the Vaccines for Children Program. ■

Disclosures: *Dr. Nuorti and Dr. Bocchini said they had no conflicts of interest. Dr. Campos-Outcalt said he has given vaccine talks for the France Foundation, an independent medical education company that receives grants from various funders.*

ACIP Voted for Universal Influenza Immunization

BY MIRIAM E. TUCKER

ATLANTA — The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention voted for universal immunization against influenza, starting with the 2010-2011 season.

Specifically, the committee voted to recommend influenza immunization for healthy people aged 19-49 years, the only group aged 6 months and older that had not been targeted in previous recommendations.

The committee had considered universal flu immunization previously, but had stopped short of endorsing it.

DR. FIORE

The committee had considered universal influenza immunization in previous years but had stopped short of endorsing it, said Dr. Anthony Fiore of the CDC's National Center for Immunization and Respiratory Diseases, Atlanta.

The 2009 pandemic influenza changed the picture.

About 90% of hospitalizations and deaths occurred in individuals younger than 65 years, many of them adults aged 19-49 years.

Moreover, adults aged 19-24 years had been among the targeted priority groups for the 2009-2010 monovalent H1N1 vaccine, he said.

It's likely that 2009 pandemic A(H1N1)–like viruses will continue circulating in 2010-2011, and the proportion of healthy adults now immune is unknown, Dr. Fiore noted.

Another consideration: Obesity, which affects 28% of U.S. adults, was identified as a new independent risk factor for severe illness with the pandemic A(H1N1) strain.

Recommendations of ACIP become recommendations of the CDC once they are accepted by the director of the CDC and the Secretary of Health and Human Services and are published in the CDC's Morbidity and Mortality Weekly Report. ■

SCID Is a Contraindication to Getting Rotavirus Vaccine

BY MIRIAM E. TUCKER

ATLANTA — Severe combined immune deficiency is a contraindication to receipt of the rotavirus vaccine.

On Dec. 23, 2009, the Food and Drug Administration approved a request from Merck & Co. to add severe combined immune deficiency (SCID) as a contraindication to the RotaTeq product label. After that, the Centers for Disease Control and Prevention recommended that the contraindication apply to both Rotateq and the other licensed rotavirus vaccine, GlaxoSmithKline's Rotarix, Dr. Catherine Yen of the CDC's division of viral diseases said at the winter meeting of the CDC's Advisory Committee on Immunization Practices.

It also has been recommended that SCID be added to the core panel for uniform newborn screening. The recommendation is currently awaiting approval.

In March 2009, the CDC received reports of two infants diagnosed with SCID who had infection with the pentavalent rotavirus vaccine (RV5, Rotateq). Since then, an additional four cases have been reported in the United States, and there was one published case from Australia. The seven confirmed cases—three males and four females—ranged in age from less than 1 week to 11 months.

All had one or more coinfections, including five patients with the opportunistic fungal agent *Pneumocystis jirovecci,* one with salmonella, and one with *Escherichia coli*.

Five patients were treated by bone marrow transplant, and the other two were awaiting transplant at the time of the data review, Dr. Yen said.

The CDC will continue to monitor reports of rotavirus vaccine infection in infants with SCID.

In related news, the CDC's Advisory Committee for Heritable Disorders in Newborns and Children recommended on Jan. 21, 2010, adding SCID to the core panel for uniform newborn screening. The recommendation is currently awaiting approval by the Department of Health and Human Services. ■

Disclosures: *None reported.*

FDA Approves Menveo Meningococcal Vaccine

Physicians now have another meningococcal vaccine option, with the approval of Menveo (meningococcal [groups A, C, Y, and W-135] oligosaccharide diphtheria CRM197 conjugate vaccine) for patients aged 11-55 years.

The vaccine is indicated for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitides* serogroups A, C, Y, and W-135.

The incidence of meningitis is estimated to range between 1,000 and 2,000 cases per year in the United States, according to the Centers for Disease Control and Prevention.

Meningococcal disease is a leading cause of bacterial meningitis and sepsis. Even with early treatment, the disease may be fatal.

Menveo, made by Novartis, will be supplied in packages containing five single-dose vials of the MenCYW-135 liquid conjugate component to be used to reconstitute five single-dose vials of the MenA lyophilized conjugate component.

Two meningococcal vaccines are already available in the United States. Those two vaccines are the polysaccharide vaccine MPSV4 (Menomune, Sanofi Pasteur) and the conjugate vaccine MCV4 (Menactra, Sanofi Pasteur).

The CDC's Advisory Committee on Immunization Practices recommends routine immunization with a quadravalent meningococcal conjugate vaccine for all adolescents aged 11-18 years, college freshmen living in dormitories, and those aged 2-10 and 19-55 years who are in high-risk groups.

—Kerri Wachter