

CDC Emphasizes Flu Shots for 6 Months to 8 Years

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The Centers for Disease Control and Prevention's updated recommendations for the 2007-2008 flu season emphasize vaccinating health care personnel and catching up previously unvaccinated children aged 6 months to 8 years with two doses of vaccine.

The CDC's Advisory Committee on Immunization Practices (ACIP) has published

its updated flu vaccination recommendations for the 2007-2008 flu season in the *Morbidity and Mortality Weekly Report* (2007;56 [RR-6]:1-40). The updates include:

► **For health care administrators.** Treat the vaccination of health care personnel as a patient safety issue and encourage all health care providers to get flu shots.

► **For physicians.** In addition to those who were not previously vaccinated, children aged 6 months to 8 years who received only one dose of flu vaccine in ear-

lier years should receive two doses this year. Administer a second dose of the trivalent inactivated influenza vaccine (TIV) at least 4 weeks after the first dose. Physicians who are using the live, attenuated influenza vaccine (LAIV) for these children should give a second dose at least 6-10 weeks after the first.

The TIV may be used for any person aged 6 months and older, including those with high-risk conditions. The LAIV is approved only for healthy, nonpregnant individuals

aged 5-49 years. The influenza vaccine for the 2007-2008 season contains a new strain called A/Solomon Islands/3/2006 (H1N1)-like, and two strains used in previous vaccines: A/Wisconsin/67/2005 (H3N2)-like and B/Malaysia/2506/2004-like viruses.

Vaccination coverage continues to fall short of the CDC's recommendations, and the CDC encourages physicians to be proactive about vaccinating their patients. The updated recommendations will be posted at www.cdc.gov/flu. ■

AAP[†] recommend routine rotavirus vaccination for infants^{2,3}

► Infants in the United States should routinely receive a 3-dose series of rotavirus vaccine orally at 2, 4, and 6 months of age.³

RotaTeq is indicated for the prevention of rotavirus gastroenteritis in infants and children caused by the serotypes G1, G2, G3, and G4 when administered as a 3-dose series to infants between the ages of 6 to 32 weeks.

The first dose of RotaTeq should be given at 6 to 12 weeks of age.

Select safety information

RotaTeq should not be administered to infants with a demonstrated history of hypersensitivity to any component of the vaccine.

No safety or efficacy data are available for the administration of RotaTeq to infants who are potentially immunocompromised, including those who have received blood products within 42 days of vaccination.

Over 71,000 infants were evaluated in 3 placebo-controlled clinical trials. Serious adverse events occurred in 2.4% of recipients of RotaTeq when compared to 2.6% of placebo recipients within the 42-day period of a dose of RotaTeq. Hematochezia reported as a serious adverse event for RotaTeq compared to placebo was <0.1% vs <0.1%. The most frequently reported serious adverse events for RotaTeq compared to placebo were bronchiolitis (0.6% vs 0.7%), gastroenteritis (0.2% vs 0.3%), pneumonia (0.2% vs 0.2%), fever (0.1% vs 0.1%), and urinary tract infection (0.1% vs 0.1%).

In a subset of more than 11,000 infants in these trials, the presence of adverse events was reported for 42 days after each dose. Fever was observed at similar rates in vaccine and placebo recipients (42.6% vs 42.8%). Adverse events that occurred at a statistically higher incidence within 42 days of any dose among recipients of RotaTeq as compared with placebo recipients were diarrhea (24.1% vs 21.3%), vomiting (15.2% vs 13.6%), otitis media (14.5% vs 13.0%), nasopharyngitis (6.9% vs 5.8%), and bronchospasm (1.1% vs 0.7%).

In post-marketing experience, cases of intussusception have been reported in temporal association with RotaTeq.

As with any vaccine, vaccination with RotaTeq may not result in complete protection in all recipients.

Before administering RotaTeq, please read the adjacent Brief Summary of the Prescribing Information.

*CDC = Centers for Disease Control and Prevention

†AAP = American Academy of Pediatrics

References: 1. Data available on request from Merck & Co., Inc., Professional Services-DAP, WP1-27, PO Box 4, West Point, PA 19486-0004. Please specify information package 20703731 (2)-RTQ. 2. Centers for Disease Control and Prevention. Post marketing monitoring of intussusception after RotaTeq™ vaccination—United States, February 15, 2007. *MMWR*. 2007;56:218-222. 3. American Academy of Pediatrics. AAP News. Available at: <http://aapnews.aapublications.org/cgi/content/full/28/4/10>. Accessed April 19, 2007.

RotaTeq[®] 

(Rotavirus Vaccine,
Live, Oral, Pentavalent)

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