

ACIP meeting June 23-24,2010

The first item for discussion was the utilization of evidenced based guidelines for vaccine recommendations. A workgroup was established with the charge to develop a uniform approach to making explicit the evidence base for ACIP recommendations. Proposed using a grade approach using A,B,C & D. Appears that the impetus for this initiative was from several professional organizations including American College of Physicians (ACP) In the future we may have better success approaching the appropriate professional organizations with our concerns verses ACIP. Sam Katz spoke in opposition for using the grade system in that the anti-vaccine groups would latch onto this as an opportunity to cast doubt on any ACIP recommendations.

Discussion regarding GBS following Menactra vaccine since a specific warning is now in the PDR and obviously the mfg would like this warning removed. VSD data was analyzed as was a large study looking at incidence of GBS 42 days after Menactra vaccine and they found no cases. Warning was removed. Caveat is that other demyelinating diseases were not included like CIDP, ADEM, ? even MS. From the presentation it looked like if they had even grouped GBS and CIDP together they would have been significant.

Next discussion revolved around waning immunity in 11-2 year olds from MCV. May either consider booster dose or push back vaccination until 15-16 verses 11-12. Committee was very divided on their discussion. There is one person on the committee who seems very rational (maybe Paul). Consensus is that they don't yet have enough data yet.

There have been several clusters of hepatitis B in diabetics, particularly in those in nursing homes or institutions due to multiple use of glucose blood monitoring devices resulting in contamination and disease. Note this could be completely prevented by the enforcement of universal precautions. Now there is push to also vaccinate those with diabetes as they are now considered a high risk group.

Thursday AM Influenza vaccine updates

Discussed recommendations for 2010-2011 influenza. Probably 50% of school age children have antibodies to H1N1. In some studies 20% of children already had antibodies prior to immunization. According to CDC communications this season will be very complicated. Practitioner and parents attitudes are what is driving low coverage that they need to address seriously. Leaning toward recommending two doses of vaccine for all children up to 8 years of age.

Safety studies were presented from several databases including VAERS, VSD and new system PRISM. Saw several signals for GBS, Bells Palsy, ITP in some systems but not all. Amazing that they are deriving expected rates in those who are also vaccinated. So if any vaccine can cause GBS shouldn't you derive background rates in unvaccinated? I have to say it is really hard to sit thru these sessions when everyone just nods and accepts the findings without raising such critical issues. So what to do? Not certain it is effective to address this group at large. Should we go to VIS? Halsey? DeStefano is horrible.

Data from Australia presented suspended trivalent vaccine due to increased seizures 9 per 1000 vs. 1 per 1000 with monovalent. This is the combined seasonal and H1N1 that will hit here in the US this fall. Maybe we should do a public awareness campaign around seizures and how to file VAERs reports.

Should add to our flu vax brochure these concerns in some way but I'm not sure if published anywhere.

Rotavirus update started with a review of effective the vaccine has been in reducing admissions for diarrhea in the US. But according to data from the National Vaccine Surveillance Network NVSN there is a huge uptick in total Acute Gastroenteritis (AGE) in 2009 but only 15% were positive for Rotavirus. (I wonder if they just are not testing because they know the infant got the vaccine so they could not possible have Rotavirus. I remember when Will had measles and they would not test him for it because he had received the vaccine, could not possible be measles. Think the same thing is happening. So what other diarrheal disease had started where we see a 100% increase in one year? (See CDC presentation)

This was followed by presentations by both GSK and Merck with regard to updates in their investigations. GSK did find viral fragments in the stool of infants who received the vaccine but said that because antibody testing was negative there had not been any indication of infection, therefore, everything was OK. Merck is not as far along in their investigation although they have identified that the contamination is coming from their trypsin product used in the vaccine production. There was very little discussion with the exception of one ACIP members who asked the million dollar question about what they are going to do not that there is technology available to identify such contaminants and what is the significance to which they all had no answer.