Reminder: Summit calls are scheduled every Thursday at 3 p.m. ET, unless cancelled. Thank you for your continued participation. Please email L.J Tan or LaDora Woods if you have any updates on activities to provide to the Summit.

1. National Adult and Influenza Immunization Summit Call – October 25, 2013

Week 42 Influenza Surveillance Update – Lynette Brammer, CDC

Lynette reported that the activity levels for influenza in week 42 were low. Of the 3,513 samples tested, 135 were positive for influenza. Eighty-three percent (83%) were type A, and of these, 79% were positive for 2009 H1N1. A small percentage (1.2%) of reports to ILINet were for influenza.

All HHS regions were reporting below region-specific baselines. Two states (Texas and Mississippi) reported low influenza-like activity, while the remaining 48 states and New York City reported minimal influenza-like activity. Two (2) pediatric deaths due to influenza type B were reported, but these deaths were associated with 2012–2013 season. As reported by state and territorial epidemiologists, Puerto Rico reported significant regional influenza activity, largely due to H1N1. Alabama, Mississippi and South Carolina reported local influenza activity, and 28 states reported sporadic influenza activity. The remaining 19 states and the U.S. Virgin Islands reported no activity. In response to a question, Lynette confirmed that the majority of cases are currently in the southeastern U.S., with the most cases in HHS Region 4.

When asked whether it is unusual to see the level of activity currently being seen in Puerto Rico (PR) this early in the season, Lynette noted the difficulty in making comparisons between seasons. In September, CDC began working with PR to implement changes that will help align their surveillance systems with national surveillance. Currently, PR’s surveillance system does not collect denominator information. When this is completed, PR’s data will be more interpretable between seasons. Lynette pointed out that currently there is a lot of H1 activity in the Caribbean, so PR’s levels are not unusual in the context of the region.

ACIP Summary – Carolyn Bridges, CDC

Carolyn reported fewer people than normal attended the ACIP meeting due to uncertainty about whether the meeting would occur due to the government shutdown.

Three different votes were taken at the meeting.

1. The ACIP approved the adult immunization schedule, which will be published in early February next year. The minimal changes to the schedule included clarification on the footnotes, inclusion of recombinant influenza vaccine into the schedule, and incorporation of the updated recommendations for Hib vaccines.
2. The childhood schedule also was approved and will be published at the end of January 2014.
3. Finally, the ACIP voted to approve use of meningococcal vaccine (MenACWY-CRM) in high risk infants.

The ACIP conducted substantial discussion on pneumococcal conjugate vaccine. An update presented on the herd immunity effect indicated the herd impact remains strong. There was a long discussion on the data supporting the reduction of the pediatric dosing schedule from its current 3+1 schedule to potentially either a 3+0 or 2+1 schedule, which would reduce the current four-dose schedule to a three-dose schedule. Some concerns were expressed in opposition to such a change. ACIP will continue to examine the evidence on this issue, and no expressed direction was provided by the group at this time.

The group’s discussion on zoster focused on the persistence of immunity and long term effectiveness for adults, as well as the burden of disease in the older age groups. ACIP also discussed the cost effectiveness of vaccination within different age groups. The ACIP expressed concern that there was insufficient data on the long-term persistence of immunity. The burden of disease data would suggest that, if immunity wanes, people could be left without immunity at the time when the peak of disease was occurring. It was suggested that consideration be given to the possibility of a second booster dose of vaccine. Based on these discussions, the group chose to make no change in the existing zoster recommendations.

Additional information was provided to the group on a range of subjects. Jon Abrahamson, current Chair of the WHO’s Strategic Advisory Group of Experts, provided an update on global immunization. There also was a discussion of HPV and acknowledgment that the coverage data indicates poor vaccine uptake. Merck provided a brief presentation about their upcoming 9-valent HPV vaccine.

The ACIP received information about pending changes to the General Recommendations on Immunization. For example, the group will be adding intradermal administration information to the guidance, and language will be added regarding the application of non-standard administration practices. Finally, work is ongoing on integration of clinical decision support systems for pediatric ACIP-recommended vaccines, with similar efforts for integration for ACIP-recommended vaccines for adult.

During the influenza session, ACIP discussed the recently released clinical trial data examining the effectiveness of FluZone HD compared to FluZone SD in persons over 65 years of age. The clinical trial, which involved more than 32,000 patients, indicated a 24% reduction in flu-related illness in the patients who received the high-dose vaccine.

Carolyn pointed out that all slides presented at the meeting will be posted on the ACIP website.

In response to a question regarding the durability of immune response to Zoster vaccine, Carolyn asked participants to look at the slides on the website to ensure that they receive the accurate information. The persistence study showed short-term vaccine efficacy for prevention against zoster for 5 years, but the efficacy numbers become statistically insignificant in years 6 and 7, with significant protection against PHN for only 2 years. (The years after 2 years had very wide confidence margins.) The long term persistence study does not add any useful data beyond that point. However, the ACIP WG did not feel strongly that there was enough evidence on the duration of immunity and thus did not change the existing ACIP recommendations.

A comment was made that because the ACIP has not expressed a preference for either high-dose or standard-dose influenza vaccine there is now difficulty on the ground for providers, given the new data on effectiveness of the high-dose vaccine. At this meeting, the ACIP did not give any direction as to whether they would move on this issue at their February, 2014 meeting.

Radio Media Tour following the National Influenza and Pneumococcal Press Conference – Yvonne Garcia, CDC

Yvonne reported that the Radio Media Tour (RMT) began immediately after the National Influenza and Pneumonia Press Conference and continued for about 1½ days. Radio media tours allow localization and regionalization of the content for radio. During the RMT, 47 interviews were
conducted, and the cumulative reach for the tour and any additional syndication was more than 20,774,000 persons. The tour was broadcast by 439 radio and internet networks, with a large breadth of reach from country to rock music station to public radio, as well as a wide swath of geographic and social regions. All NPR stations covered the tour and shared their broadcasts to regional networks. Additionally, CDC saw individual interviews aired from 1–4 times, further expanding the reach. CDC will conduct a second push during National Influenza Vaccination Week (NIVW) and also will continue efforts to capitalize on continuing interest arising from the Tour. Although the Tour did not have a specific focus on reaching ethnic media outlets, a second effort that is being led by another CDC contractor on that issue. L.J will arrange to have that perspective delivered at a future Summit call.

**Final Influenza Coverage Numbers for 2012-2013 – Erin Kennedy, CDC**

Erin began by noting that the data in her presentation has been published in multiple issues of the *MMWR*.

Briefly, Erin mentioned that the *Healthy People 2020* influenza objectives are being consolidated into 4 objectives: (1) children 6 months - 17 years (target 70%, source NHIS); (2) adults ≥18 years (target 70%, source NHIS); (3) healthcare personnel (target 90%, source NHIS); and (4) pregnant women (developmental pending data source, no target set).

Erin also announced that, as of October 18, more than 110.5 million of the 135-139 doses of influenza vaccine estimated to be brought to market by the manufacturers have been distributed.

In presenting data on coverage in children, Erin noted that the data suggests we are not doing well a good job in getting the second dose of influenza vaccine into those who need it. Erin pointed out that adult coverage was almost 3% better last season than the previous season. In contrast with what typically is seen with pediatric data, adult coverage rates increase with increasing age. In children, state-specific coverage ranged from a low of 44% in Idaho to a high of 82% in Rhode Island. In adults, state-specific coverage ranged from a low of 31% in Florida to a high of 53% in South Dakota.

No disparities in coverage were seen in the pediatric population, but they exist in adult population, where coverage for non-Hispanic whites and Asians is highest, but lowest for Hispanics. When examining the data from an internet survey panel and the NHIS, there is an increasing trend for healthcare worker influenza immunizations. Trends identified in the Internet survey seem to track fairly well with the NHIS data, but it is noted that the NHIS data is not yet released for 2012. Although the survey showed an increase in coverage levels across all healthcare worker population types, rates were lowest in healthcare workers working in LTC facilities. Highest coverage rates were seen in facilities which make influenza immunization a condition of employment. Data in pregnant women, which were obtained from an internet panel and the BRFSS survey, indicate increasing rates. However, work remains to be done to increase coverage levels within this population.

When asked whether it might be possible to internally validate survey data by cross-referencing the number of persons currently vaccinated against the number of doses that have been distributed, Erin pointed out that CDC surveys have some limitations that may cause overestimation of number of individuals vaccinated each season. These include non-response bias (those not responding may be less likely to be vaccinated than those responding) and recall bias. Therefore, it is more useful to look at the trends in vaccination coverage rather than point estimates. It was also asked whether, with the normalizing of influenza immunization, individuals may be now more aware they need influenza vaccination, and therefore are more likely to respond that they received a vaccination even when they might have not had one. However, CDC feels that misremembering likely plays a larger role in misclassification error. It also is possible that, as more people are vaccinated, sensitivity and specificity of recall of past influenza vaccination for the season could change over seasons, which would alter the net amount of bias in vaccination coverage estimates over time.

CDC’s season-specific influenza vaccination coverage estimates use weighting to maximize representativeness of the samples, mitigating recall error by using data collected from interviews during the vaccination period and before the next vaccination period begins (September or October through June). They also use standard survival analysis methods to account for the censoring of
vaccinations status (e.g. when someone interviewed in October is not yet vaccinated, but may get vaccinated later).

The difficulty of conducting validation studies, particularly for adults, was noted. If Summit members have any ideas about how to evaluate the number of influenza vaccination doses distributed that went unused each season, CDC would be very intrigued!

**Influenza Vaccine Availability Tracking System – L.J Tan, IAC**

The Influenza Vaccine Availability Tracking System (IVATS) is now live for the 2013–2014 influenza season. IVATS includes weekly updates from all distributors carrying influenza vaccine.

**2. CDC/Influenza Division Weekly Influenza Surveillance Report and CDC Key Points**

The CDC Weekly Influenza Surveillance Report for week 42 (ending October 19, 2013) is available [here](#), and region specific data may be viewed [here](#). During week 42, 5.8% of all deaths reported through the 122-Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 6.2% for week 42. Two influenza-associated pediatric deaths that occurred during the 2012–2013 season were reported to CDC during week 42; both were associated with an influenza B virus. These deaths bring the total number of reported pediatric deaths for that season to 167. No influenza-associated pediatric deaths for the 2013–2014 season have been reported to CDC. Nationwide during week 42, 1.2% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). [ILI is defined as fever (temperature of 100°F [37.8°C] or greater, and cough and/or sore throat.] This percentage is below the national baseline of 2.0%.

An Influenza Summary Update of the influenza activity reported by state and territorial epidemiologists indicates the geographic spread of influenza viruses, but does not measure the intensity of influenza activity. During week 42, the following ILI activity levels were experienced. Two states (Texas and Mississippi) experienced low ILI activity. Forty-eight states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming) and New York City experienced minimal ILI activity. Data were insufficient to calculate an ILI activity level from the District of Columbia.

Archives of previous FluViews are available [here](#), CDC’s updated key messages for the 2013-2014 influenza season may be found [here](#), and the seasonal influenza key points for October 25, 2013 are available [here](#).

**3. More information from CDC**

- CDC’s Office for State, Tribal, Local and Territorial Support (OSTLTS), in partnership with the Office for Public Health Preparedness (OPHPR) and the Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), are pleased to announce the 2014 Call for Applications for the National Leadership Academy for the Public’s Health (NLAPH). OSTLTS needs your help in sharing this exceptional opportunity with your respective grantees and state, tribal, local, and territorial health departments. NLAPH is an applied leadership training program that enables multi-sector jurisdictional teams address public health problems within their communities through team-identified health improvement projects.

Please forward this message and the following information to your stakeholders (both public health and other sectors that impact or contribute to health in your areas of focus) as you deem appropriate.
- **Cover Letter** that provides a “handy tool” to use when describing the NLAPH program with grantees (the who, what, where, when, why, and how).
- **2014 “Call for Applications”** that provides eligibility criteria for NLAPH and a link to the application. (All applications must be submitted by November 26, 2013, by 5 pm PST.)
- **NLAPH announcement** with official information concerning NLAPH.


4. **The Silver Book, Infectious Diseases and Prevention through Vaccination: Fact Sheet Release Call**

On November 7 from 12-1 pm ET, join the Alliance for Aging Research, in partnership with the National Foundation for Infectious Diseases, the Infectious Diseases Society of America, and the Society for Healthcare Epidemiology of America, as they introduce their latest fact sheet in the Silver Book series. This fact sheet shines a spotlight the value of vaccination in reducing the burden of infectious diseases and outlines some of the major barriers to optimal vaccination in older adults. Experts from NFID, IDSA, and SHEA will discuss the policy landscape in adult vaccination aimed at addressing and eliminating these barriers, including relevant outcomes from the CDC's October ACIP meeting.

**Speakers Include:**

- **Sue Peschin, MHS**, Chief Executive Officer, Alliance for Aging Research
- **Lindsay Clarke, JD**, Vice President of Health Programs, Alliance for Aging Research
- **Jeffrey Duchin, MD**, Chief, Communicable Disease Epidemiology and Immunization Section, Public Health - Seattle and King County/ Professor of Medicine, University of Washington School of Medicine/ Public Health Committee Chair, IDSA/ ACIP Member
- **H. Keipp Talbot, MD, MPH**, Assistant Professor of Medicine, Vanderbilt University Medical Center, Department of Medicine, Division of Infectious Diseases, Center for Quality Aging/ NFID CPE Committee Representative from SHEA

To register for the call or for ask questions, contact Kait Reinert by email or phone at (202) 293-2856.

5. **Recent CDC Study Shows No Relation Between Number of Vaccine Antigens and Neuropsychological Disorders**

In this *study* published in July in the journal *Pharmacoepidemiology and Drug Safety*, the authors conclude that there is no evidence of association between adverse neuropsychological outcomes in children and vaccine antigen exposure in the first two years of life. An *AAPNews* article on this study is available [here](#).

6. **Scientists Envision a Possible New Epidemic Wave of Bird Flu with Second Fall Case of H7N9 infection Confirmed**

Fresh human cases in eastern China of a deadly new strain of bird flu signal the potential for "a new epidemic wave" of the disease in coming winter months, scientists say. The strain, known as H7N9, emerged for the first time in humans earlier this year and killed about 45 of the 135 people it infected before appearing to peter out on the mainland during the summer. But a new case in October in a 35-year-old man from the eastern province of Zhejiang shows that the virus "has re-emerged in winter 2013" and "indicates a possible risk of a larger outbreak of H7N9 this winter", according to mainland and Hong Kong researchers writing in the online journal *Eurosurveillance.*
The new H7N9 case in Zhejiang differed from previous ones in that it was a severe case in a younger patient "with no obvious underlying diseases and no obvious recent direct contact with live poultry", according to the paper. Most laboratory-confirmed cases in the past had been people over the age of 60, many of whom said they'd had recent exposure to poultry, generally at live bird markets. The case of the 35-year-old man, plus another H7N9 infection confirmed October 23, 2013, suggest the virus "has apparently continued to circulate in an animal reservoir during the summer", the researchers said.

An additional story from the South China Morning Post is available here.

7. Food Additive Could Block Avian Flu

An everyday food additive appears to block a deadly new strain of avian influenza virus from infecting healthy cells, according to a new research study. The compound is an FDA-approved food additive tert-butyl hydroquinone. The compound, in wide use as a preservative, binds to a part of the flu virus that has never been targeted by any existing antiviral drug. The researchers found that tert-butyl hydroquinone sticks to a specific region on the hemagglutinin molecule and blocks the viruses from infecting cells. More information may be found here.

8. Even Healthy Children Die from Influenza

From October 2004 through September 2012, 830 pediatric influenza–associated deaths were reported to the CDC. The median age was 7. The study, (published in the journal Pediatrics, found 35 percent of children died before hospital admission and of the 794 children with a known medical history, 43 percent had no high-risk medical conditions, 33 percent had neurological disorders and 12 percent had genetic or chromosomal disorders. Children without high-risk medical conditions were more likely to die before hospital admission and within three days of symptom onset than those with high-risk medical conditions, the study said.

Articles about this study may be found here and here. (See additional information from CDC in #3, above.)

9. C. difficile vaccine could wipe out killer superbug 'within three years'

A vaccine has been developed that could wipe out almost all cases of Clostridium difficile in hospitals. The vaccine, which has reached final phase three trials, is to be tested on more than 15,000 patients in a worldwide trial by Sanofi Pasteur. The full story may be found here.

10. Chinese Researchers Develop H7N9 Influenza Vaccine

On October 26 Chinese researchers announced that they had successfully developed the vaccine for the H7N9 bird flu virus, the flu strain which had left more than 130 people infected, with 45 fatalities reported. The vaccine was jointly developed by the First Affiliated Hospital under the School of Medicine of the Zhejiang University, Hong Kong University, Chinese Center for Disease Control and Prevention, National Institute for Food and Drug Control, and the Chinese Academy of Medical Sciences. The team applied plasmid reverse genetics and genetic reassortment, which was widely adopted by the world, to develop the vaccine seeds, which were later proved to be safe with the embryonated chicken eggs. Currently, the vaccine has passed the test on ferrets, which was conducted by the Institute of Laboratory Animal Sciences of the Chinese Academy of Medical Sciences. Drug authorities have also verified the vaccine in accordance with relevant requirements of Chinese Pharmacopoeia.

Stories on this research are available here and here.
11. Asian Americans Comprise Half of All People with Hepatitis B in the U.S.

While Asian and Pacific Islanders (APIs) account for less than 5 percent of the U.S. population, they comprise half of the estimated 1.2 million people living in the United States with the chronic hepatitis B virus (HBV), according to the U.S. Centers for Disease Control and Prevention (CDC). Approximately one in 10 Asian and Pacific Islanders are at risk of chronic infection with hepatitis B, which greatly increases risk of developing liver disease, including liver cancer.

In order to address the stigma in API communities associated with hepatitis B due to ignorance about its transmission, people should be informed about the cancer risk. Cancer and cancer treatments are more familiar to people and do not carry the same stigma. Stigma about hepatitis B is also a barrier to patient education and access to care. But the discussion can be normalized by encouraging people to ask for a blood test for chronic hepatitis B as a screening test for liver cancer risk. This makes it seem more similar to getting a mammogram for breast cancer, a pap smear for cervical cancer, or doing a FOBT or colonoscopy of colon cancer. Another possibly effective strategy for moving past this stigma within API communities is to discuss chronic hepatitis B as a family health issue.

A story on this subject is available [here](#).

12. First Influenza Death of the Season Reported in L.A. County

The first confirmed influenza death in Los Angeles County for the 2013–2014 influenza season has been reported. The decedent was a woman with underlying medical conditions who resided in the San Fernando Valley. The particular strain of influenza was identified as type B.

13. The Polio Menace

As [Pakistan](#), along with the rest of the world, marked World Polio Day last week, it was clear that the country still was a very long way from achieving the polio-free status it eventually seeks, or at least making its way off the list of the few countries in the world that still remain endemic for polio.

14. New HPV Vaccine Promises to Prevent 85% of Invasive Cervical Cancer

An investigational 9-valent human papillomavirus vaccine could prevent up to 85% of invasive cervical cancer, according to a spokesman for Merck, the company developing the product. The vaccine (V503) adds five new HPV strains to the four already included in the current quadrivalent vaccine. The addition of HPV strains 31/33/45/52/58 should protect against the 30% of cervical cancers that are not caused by HPV 16 and 18, Dr Alain Luxembourg said at a meeting of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices in Atlanta.

15. Voices for Vaccines Offers Conference Call on Vaccines and the Media

Voices for Vaccines is a parent-driven organization supported by scientists, doctors, and public health officials that provides parents with clear, science-based information about vaccines and vaccine-preventable disease. The group is extending an invitation to anyone interested in attending their November 5 conference call, Vaccines and the Media, to be held on November 5 at 11 a.m. EST. The session will include a discussion on the ways journalists can successfully and honestly report on vaccine issues and how members of the public can respond to what they see in the media. The featured speaker will be Curtis Brainard, contributing editor of the Columbia Journalism Review. To register, send an email [here](#).
16. The Joint Commission Offers Free Continuing Education Course

On October 21, 2013, the Joint Commission announced an updated version of the free Strategies for Improving Rapid Influenza Testing in Ambulatory Settings (SIRAS) continuing education (CE) course for physicians, physician assistants and registered nurses. SIRAS was developed under a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and The Joint Commission.

The four, 30-minute courses provide a review of information pertinent to performing point of care testing in the ambulatory setting. The module, updated since it was first offered in 2012 and now available for iPads and tablets, contains videos to aid ambulatory practices get ready for this year’s influenza season. Demonstrations of proper techniques for collecting respiratory specimens are designed to help ambulatory care providers correctly use and interpret RIDTS in order to obtain quick results that can play a key role in guiding clinical decisions.

Course registration information is available here. For more information about the SIRAS modules, please contact Jill Chmielewski. News stories about the course are available here and here.

17. Kaiser Permanente Flu Prevention Tweet Chat

*Get the facts about the flu:* Join a live twitter discussion with Kaiser Permanente infectious disease physicians, Randy Bergen, MD, Margaret Khoury, MD, and Eric Harker, MD, as they talk about prevention and treatment this flu season. The tweet chat takes place on November 14 at 1 p.m. Pacific time. To participate, click here and enter #kphealthychat.

*Times in various time zones*
- Hawaii 9 –10 am
- Pacific noon – 1 pm
- Mountain 1 – 2 pm
- Central 2 – 3 pm
- Eastern 3 – 4 pm

If you have questions about the November 14 TweetChat, please contact Vince Golla or Lisa Brill.

18. Few Children and Young Adults With Autoimmune Diseases Are Receiving the HPV Vaccination

An abstract presented at the American College of Rheumatology Annual meeting analyzed children and young adults age 9–26 with ≥12 months of continuous enrollment and ≥2 autoimmune disease diagnosis codes ≥7 days apart. The authors conclude that the number of children and young adults with autoimmune diseases receiving the HPV vaccination is profoundly low despite studies showing the vaccine to be safe and effective, according to research presented this week at the American College of Rheumatology Annual Meeting in San Diego. Given the increased incidence of HPV in people with autoimmune diseases, this research suggests that increased public health efforts are needed.

19. Most School Districts Bypass Chance to Give Influenza Shots to Students

When Twin Valley School District administrators found out they’d be able to provide students with free vaccinations and influenza shots this year, they hopped on the opportunity. The free vaccinations are part of a Pennsylvania Department of Health initiative called School Immunization Catch-Up, or SICU, which provides on-campus vaccines for students without health insurance. The influenza shots, part of another state program called the School Influenza Vaccination Program, are available to all students. But both programs might get the ax next year due to federal sequestration cuts, according to health officials. But only a few Pennsylvania schools over the past few years have taken advantage...
of the immunization initiative, according to the health department. The waning interest in the SICU program is partially due to the several layers of approval a district has to go through to institute the initiative.

20. Summit’s Influenza Vaccine Availability Tracking System is live and updated weekly!

Trying to determine where to get influenza vaccine? The Summit’s Influenza Vaccine Availability Tracking System (IVATS) is live again for the 2013–2014 season. Distributors, please send in your data!

21. The Most Dangerous Mistake You Can Make During Influenza Season

Every year, up to 5 million people worldwide fall severely ill due to influenza (flu), resulting in about 250,000 to 500,000 deaths. In the United States alone, nearly 111 million workdays are lost every season due to the flu. That equals approximately $7 billion per year in sick days and lost productivity.

Influenza is a highly infectious disease that is caused by a virus. It spreads rapidly through droplets coughed or sneezed into the air by an infected person. It is common, unpleasant and potentially fatal. Influenza vaccines provide effective, though not universal, protection against influenza. But despite public awareness campaigns in the United States and Europe, many people persist in the mistaken belief that antibacterial drugs — like amoxicillin and azithromycin — are the best treatment for influenza. And many doctors simply surrender when patients demand them, ignoring the scientific and medical truth: when treating influenza, antibacterial drugs just don’t work.

22. More Data Showing Flu Vaccine Lowers CVD Risk

A recent meta-analysis of six randomized, controlled clinical trials that included 6,735 patients showed that influenza vaccination was associated with a 36% lower risk of cardiovascular events and a 55% lower risk of major adverse cardiovascular events in patients with a recent acute coronary syndrome (ACS). In these ACS patients, investigators say just eight patients would need to be treated with the influenza vaccine to prevent one major cardiovascular event. An additional story is available here (subscription required).

23. Influenza Virus Wipes Out Immune System’s First Responders to Establish Infection

Whitehead Institute scientists have discovered that the influenza virus is able to infect its host by first killing off the cells of the immune system that are actually best equipped to neutralize the virus. On the surface of memory B cells generated against influenza virus are high-affinity virus-specific receptors that bind virus particles to reduce viral spread. Flu virus exploits the specificity of the cells’ receptors, using them to gain entry, disrupt antibody production, and ultimately kill the cells. By dispatching of memory B cells in this fashion, the virus is able to replicate efficiently before the immune system can mount a second wave of defense.

Additional stories are available here and here.

24. Global MERS Coronavirus Outbreak Up to 144 as Saudi Arabia Reports Five New Cases

The Saudi Arabia Ministry of Health has notified the World Health Organization (WHO) of five additional cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection from Riyadh and Medinah, according to a WHO update today. The update states that of the five laboratory-confirmed cases, two died. The ages of the five patients range from 35 to 83 years old; four men and one woman. Four patients had underlying medical conditions. Two patients reported having no contact with a laboratory-confirmed case or with animals prior to becoming ill. This makes the total
case count from Saudi Arabia 121, with 51 fatalities. Globally, from September 2012 to date, WHO has been informed of a total of 144 laboratory-confirmed cases of infection with MERS-CoV, including 62 deaths.

25. Medical Edge: Influenza Shots for Moms

Women who are pregnant, or may become pregnant, may have extra incentives for getting their influenza shots. According to several recent studies, influenza infections in pregnant women may create potentially life-changing risks for their unborn children, such as bipolar disorder and autism.

As noted by Dr. Greg Poland, who serves on the CDC's Advisory Committee on Immunization Practices and heads the Vaccine Research Group at Mayo Clinic, "In the pregnant women who got influenza, the risk of autism was about 2 to 3 fold higher."

26. WHO renews call for universal immunization coverage

Countries in the Western Pacific must continue to strive to keep the region free of polio, eliminate measles and control hepatitis B. According to the World Health Organization (WHO), these are necessary steps toward universal immunization coverage. Participants discussed the regional implementation of the WHO Global Vaccine Action Plan and progress toward the goals of the Decade of Vaccines: to protect millions of lives through comprehensive immunization programmes and strategies during the decade 2011–2020. The Global Vaccine Action Plan aims to: (1) Eliminate polio globally; (2) Meet global and regional disease elimination targets; (3) Meet vaccination coverage targets in every region, country and community; (4) Introduce new and improved vaccines and technology; and (5) Surpass the Millennium Development Goal 4 target for child mortality reduction (to reduce child mortality by two thirds).

27. Fluzone High-Dose Foils Flu Better in Seniors, Says Maker

Fluzone High-Dose was 24.2% more effective in preventing influenza in adults aged 65 years or older than regular Fluzone in a large-scale clinical trial (subscription required), vaccine maker Sanofi Pasteur told the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention at the October 2013 ACIP meeting.

The clinical trial encompassed 32,000 adults aged 65 years or older in the United States and Canada and spanned both the 2011–2012 and 2012–2013 influenza seasons. Participants were randomly assigned to receive either Fluzone or Fluzone High-Dose and monitored for illness until the end of each season. The rate of laboratory-confirmed influenza among participants receiving Fluzone High-Dose was 1.43%, compared with 1.89% among patients immunized with Fluzone. For the FDA to deem Fluzone High-Dose as superior, the vaccine needed to demonstrate a relative efficacy rate of at least 9.1%. It achieved a rate more than twice that — 24.2%.

Sanofi Pasteur will be submitting a report on the efficacy study, as well as revised label language for Fluzone High-Dose that will include study findings, to the FDA by the first quarter of 2014.

28. Flu Shot-or-Mask Rule in British Columbia Upheld by Arbitrator

Health care workers and visitors in patient care areas will be required to have the current influenza vaccination or wear a mask when the annual influenza season returns in December. Health care union objections to the policy were rejected by a labour arbitrator's ruling this week, a decision Provincial Health Officer Dr. Perry Kendall called "good news for patients."
29. Don't Forget to Update and Submit to the New Adult Vaccine Locator!

The new Adult Vaccine Finder is now available! Please forward the following information to immunization providers with whom you work!

Attention Immunization Providers: If you are interested in letting the public know about vaccines offered at your practice or clinic, go to http://vaccine.healthmap.org. This site already includes more than 54,000 locations that provide flu shots and has provided this information to 500,000 users from the general public. On January 28, 2013, the site expanded to include 10 additional adult vaccines. If you want to register your location on this website, click on the "about" button on the top right hand side and follow the prompts to register, or go to https://flushot.healthmap.org/admin/signup.

30. Summit Website Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit website for the latest on influenza immunization resources and to view archived copies of the weekly updates.