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## ANA Updates

### Current Influenza information

Current weekly summary and surveillance report.

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### Two-part Ebola vaccine offers long-lasting protection

The world should be far better prepared for the next Ebola outbreak, with further promising results on Tuesday showing the potential of a long-lasting vaccine against the deadly virus.

The two-part shot from Johnson & Johnson and Danish partner Bavarian Nordic induced a durable immune response lasting a full year in 100 percent of healthy volunteers vaccinated, researchers reported.

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**March 27, 2017**

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The American Nurses Association continues to provide immunization knowledge and competence to the nation's 3.6 million registered nurses and all other healthcare professionals. [NursingWorld.org/Immunize](http://NursingWorld.org/Immunize) and *ANA ImmuNews* serve as one-stop shops for resources needed by nurses to be competent, educated advocates, and champions for immunizations. [Read the ANA position on immunizations.](#)



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## Still time to register: National Adult Immunizations and Influenza Summit

Registration is open for the National Adult Immunization and Influenza Summit on May 9-11, 2017 at the Hyatt Regency Atlanta, Atlanta, GA. Register using this case-sensitive password: 2017NAIIS

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## Should I worry about flu vaccine side effects?

Whenever the flu shot comes up in conversation, someone inevitably offers a familiar anecdote: "Whenever I get the flu shot, I get sick." It's a common belief that immunization against influenza can bring on the virus itself, or other unpleasant side effects and worrisome reactions.

But it's not true, says Dr. Jon Abramson, professor of pediatrics at Wake Forest Baptist Medical Center.

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## Articles by Nurses

### Using Twitter to Understand Public Perceptions Regarding the #HPV Vaccine: Opportunities for Public Health Nurses to Engage in Social Marketing

In this study, researchers from the University of Virginia School of Nursing, Charlottesville, Va., sought to evaluate the content of messaging on Twitter regarding the human papillomavirus (HPV) vaccine and describe the sentiment of those messages. For the study, Twitter content was searched hourly using key terms "#HPV and #Gardasil" over a two-week period. For the approximately Twitter posts that turned up, each post was assessed individually using an a priori coding strategy and directed content analysis. The data reveal that most of the posts were written by lay consumers sharing commentary about a media source. When URLs were shared, however, the most common form of share was linking back to a blog post written by lay users. Most of the content was presented as either as a positive or negative tweet, with just over half of the Tweets representing a positive opinion. The authors suggest that "using Twitter to understand public sentiment offers a novel perspective to explore the context of health communication surrounding certain controversial issues."

From "Using Twitter to Understand Public Perceptions Regarding the #HPV Vaccine: Opportunities for Public Health Nurses to Engage in Social Marketing"  
*Public Health Nursing (03/06/2017) Keim-Malpass, J.; Mitchell, E.M.; Sun, E.; et al.*

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## Disease Outbreak News

### Mumps Outbreaks Reported Across USA

The Centers for Disease Control and Prevention (CDC) reports that hundreds of cases of mumps have been recorded nationwide since the beginning of the year. As of March 4, the agency had recorded 1,242 mumps cases. More than 500 cases of mumps and probably mumps have been reported in Washington state so far this year, health officials note, up from 154 cases of mumps in 2016. While the number of cases fluctuates every year, some health officials are concerned because of the high number so early in the year. "We always get concerned any time that we have any type of outbreak, especially with a vaccine-preventable illness like mumps," said Camille Sabella, director of Cleveland Clinic Children's Center for Pediatric Infectious Diseases. Ian Branam, a spokesman for the National Center for Immunization and Respiratory Diseases at the CDC, noted in an email that many of this year's cases stem from outbreaks continuing from 2016, when about 5,300 cases of mumps were reported to CDC. "Because outbreaks of mumps are unpredictable, we don't know if this level in mumps cases will continue for the remainder of 2017," Branam said. He noted that health officials are looking into factors that may have contributed to last year's outbreak, including whether the vaccine's efficacy declines over time. Sabella said, "The most important thing is to be sure your child has two dosages of MMR and ... common sense things, washing your hands well and trying to stay away from individuals who may be obviously ill, not sharing drinks, cups."

From "Mumps Outbreaks Reported Across USA"  
*USA Today (03/10/17) Bowerman, Mary*

## Yellow Fever — Once Again on the Radar Screen in the Americas

An outbreak of yellow fever in Brazil is raising concerns that travel-related cases of the disease could potentially occur in the United States. Health officials in Brazil have reported 234 confirmed infections and 80 confirmed deaths as of February, with hundreds of additional cases under investigation. In an essay, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and colleague Dr. Catharine I. Paules note although "there is currently no evidence that human-to-human transmission through *Aedes aegypti* mosquitoes (urban transmission) has occurred, the outbreak is affecting areas in close proximity to major urban centers where yellow fever vaccine is not routinely administered. This proximity raises concern that, for the first time in decades, urban transmission of yellow fever will occur in Brazil." They add that while it is not likely that yellow fever outbreaks will occur in the continental United States, "it is possible that travel-related cases of yellow fever could occur, with brief periods of local transmission in warmer regions such as the Gulf Coast states, where *A. aegypti* mosquitoes are prevalent." Yellow fever outbreaks could conceivably also occur in U.S. territories, they write, "just as the recent Zika epidemic reached Puerto Rico, causing a significant outbreak there and leading to thousands of travel-related cases and more than 250 locally transmitted cases in the continental United States." The experts add that public health awareness and preparedness are essential, and note that "if the current outbreak leads to urban spread through *A. aegypti* mosquitoes, clinicians should adopt a high index of suspicion for yellow fever, particularly in travelers returning from affected regions."

From "Yellow Fever — Once Again on the Radar Screen in the Americas"  
*New England Journal of Medicine* (03/08/17) Paules, Catherine I.; Fauci, Anthony S.

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### Immunization News

## FDA Committee Selects 2017-2018 Influenza Vaccine Strains

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has selected the influenza vaccine strains for the next influenza season. The panel voted to back the World Health Organization's recent recommendations for influenza vaccine composition in the Northern Hemisphere (NH) for the 2017-2018 influenza season. Three of the four recommended strains are the same as in the last season. For trivalent influenza vaccines, the committee voted to include an A/Michigan/45/2015 (H1N1)pdm09-like virus; this is changed from A/California/7/2009 (H1N1)pdm09-like virus. The panel also voted in favor of including an A/Hong Kong/4801/2014 (H3N2)-like virus, with no change from the previous season's NH recommendation, and a B/Brisbane/60/2008-like virus (B/Victoria lineage), also no change from last season's NH recommendations. For quadrivalent vaccines with two influenza B viruses, the panel voted to add a B/Phuket/3073/2013-like virus (B/Yamagata) to the recommended trivalent vaccine strains, a recommendation unchanged from the 2016-2017 NH recommendation.

From "FDA Committee Selects 2017-2018 Influenza Vaccine Strains"  
*Medscape* (03/09/17) Brown, Troy

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## Interim Estimates of 2016–17 Seasonal Influenza Vaccine Effectiveness — United States, February 2017

The overall effectiveness of the seasonal influenza vaccine against influenza A and influenza B virus infection is 48 percent thus far, the Centers for Disease Control and Prevention (CDC) reports. The estimate is based on data from 3,144 children and adults enrolled in the U.S. Influenza Vaccine Effectiveness Network from Nov. 28, 2016 to Feb. 4, 2017. According to CDC, most influenza infections were caused by A(H3N2) viruses. The vaccine's effectiveness was estimated to be 43 percent against illness caused by influenza A(H3N2) virus and 73 percent against influenza B virus. The interim vaccine effectiveness estimates indicate that influenza vaccination lowered the risk for outpatient medical visits by nearly 50 percent. CDC and the Advisory Committee on Immunization Practices stress that because influenza activity remains elevated, annual influenza vaccination efforts should continue as long as influenza viruses are circulating. The report further notes that "influenza A (H3N2) viruses undergo more frequent and extensive genetic changes than do influenza A (H1N1) and influenza B viruses, and require more frequent updates to the A (H3N2) vaccine virus components to maintain activity against evolving circulating strains." In addition, the report points to "substantially lower" rates of influenza-related hospitalizations

thus far in the 2016-2017 influenza season.

From "Interim Estimates of 2016-17 Seasonal Influenza Vaccine Effectiveness — United States, February 2017"  
*Morbidity and Mortality Weekly Report (02/17/17) Vol. 66, No. 6, P. 167 Flannery, Brendan; Chung, Jessie R.; Thaker, Swathi N.; et al.*

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### Safety of Second-Dose Single-Antigen Varicella Vaccine

Epidemiologists from the Centers for Disease Control and Prevention, Food and Drug Administration, and other agencies collaborated to evaluate the safety of 2-dose single-antigen varicella vaccine, which was recommended for children beginning in 2006. The analysis targeted recipients aged 4-18 years who were subsequently documented in the Vaccine Adverse Event Reporting System. Of 14,641 reports identified from 2006-2014, 3 percent were considered serious. This subset was affected primarily by pyrexia in children aged 4-6 years old and by headache and vomiting in children aged 7-18 years. The most common adverse event in the nonserious category, meanwhile, was injection site reaction for both age groups. A low proportion of serious cases of herpes zoster, varicella, cellulitis, encephalitis, meningitis, anaphylaxis, and death also occurred. Only previously known adverse events were reported more frequently after second-dose varicella vaccination compared with other vaccines. The analysis uncovered no new or unexpected changes to the safety profile of 2-dose varicella vaccine.

From "Safety of Second-Dose Single-Antigen Varicella Vaccine"  
*Pediatrics (03/01/17) Vol. 139, No. 3 Su, John R.; Leroy, Zanie; Lewis, Paige W.; et al.*

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### Other Immunization News

#### Nasal Vaccine May Not Be Recommended for Use in US for Years

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) withheld its approval of the nation's only non-injectable influenza vaccine for the current season, and it does not appear the nasal spray heavily favored by parents and pediatricians will return to favor anytime soon. ACIP based its decision on evidence showing that the FluMist vaccine provided only weak protection in recent years. Although MedImmune has indicated it may have isolated the problem, the panel will not be so easily convinced. The leading theory is that H1N1, one component of FluMist, has been replaced by new viruses that are not as compatible with the nasal vaccine. MedImmune is working to reformulate the vaccine, with no luck to date. Even if that pans out, the only way to determine whether replacing the vaccine virus is a workable solution is to test it in an influenza cycle where H1N1 is once again dominant. Most cases this winter have been classified as H3N2, however, and it could be several years before H1N1 returns to the spotlight.

From "Nasal Vaccine May Not Be Recommended for Use in US for Years"  
*STAT News (02/23/17) Branswell, Helen*

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#### Rise in Mumps Outbreaks Prompts U.S. Officials to Weigh Third Vaccine Dose

The increasing number of mumps outbreaks since 2006 has prompted federal health officials to study the benefit of an additional dose of the mumps vaccine. More than 5,000 cases of the contagious viral illness were reported last year in the United States, the most in 10 years. The mumps outbreaks have been occurring in communities with high rates of immunization and residents who often have received both recommended doses of the vaccine. Federal officials said recently they are looking into whether mumps immunity decreases over time and whether there would be benefits to a third dose. Mona Marin, a viral diseases expert with the Centers for Disease Control and Prevention (CDC), notes that "although the disease has not been serious, the disruption and expense it has caused for local and state health officials has been significant." CDC currently recommends that children receive two doses of the MMR vaccine, with the first dose at 12-15 months of age and the second at 4-6 years. The mumps component of the MMR vaccine is approximately 88 percent effective when a person receives two doses; one dose is about 78 percent effective. Two MMR doses are approximately 97 percent effective at preventing measles, and a single dose is about 97 percent effective at preventing rubella.

From "Rise in Mumps Outbreaks Prompts U.S. Officials to Weigh Third Vaccine Dose"  
*Washington Post (02/24/17) Sun, Lena*

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### **Vaccines Do Work for Pandemic Flu, Says Study**

A study led by researchers at the University of Nottingham indicates that vaccines are successful in preventing pandemic flu and reducing the number of patients hospitalized. Published in the journal *Vaccine*, the systematic review and meta-analysis sought to identify the relative effectiveness in different age groups of both adjuvanted and non-adjuvanted vaccines comprising inactivated A(H1N1)pdm09, or "swine flu," which became a pandemic in 2009. Twenty-three studies reported results that were suitable for meta-analysis. Overall, pandemic influenza vaccines were found to be 73 percent effective at preventing laboratory-confirmed influenza illness and 61 percent effective at preventing hospitalization in the population. The vaccines' effectiveness was found to be lower in adults compared with children, and lowest in adults older than aged 50 years. Adjuvanted vaccines in particular were found to be more effective in children than in adults against lab-confirmed illness (88 percent in children vs. 40 percent in adults) and hospitalization (86 percent in children vs. 48 percent in adults). Adjuvanted vaccines tended to be more effective than non-adjuvanted vaccines but only in children. The lower effectiveness in older adults may be due to them having pre-existing antibodies against A(H1N1)pdm09 from previous exposure to a similar virus. Overall, the inactivated pandemic influenza vaccines used in the 2009 pandemic were effective in preventing laboratory-confirmed illness and hospitalization, the researchers concluded.

From "Vaccines Do Work for Pandemic Flu, Says Study"  
*ScienceDaily (03/14/17)*

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