VACCINE NEWS

On February 23, 2011 the Advisory Committee on Immunization Practices (ACIP) approved revised recommendations for healthcare personnel (HCP) on use of Tdap vaccine and use of postexposure antimicrobial prophylaxis. Revised recommendations on use of Tdap in healthcare personnel incorporate the changes made by ACIP at the October 2010 meeting and support direct language to remove barriers to facilitate the uptake of Tdap.

Use of Tdap in healthcare personnel: The ACIP recommends that all HCP, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose. Tdap is not currently licensed for multiple administrations. After receipt of Tdap, HCP should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines. Hospitals and ambulatory-care facilities should provide Tdap for HCP and use approaches that maximize vaccination rates (e.g., education about the benefits of vaccination, convenient access, and the provision of Tdap at no charge).

Postexposure antimicrobial prophylaxis in healthcare personnel: Healthcare facilities should maximize efforts to prevent transmission of Bordetella pertussis. Respiratory precautions should be taken to prevent unprotected exposure to pertussis. Data on the need for postexposure antimicrobial prophylaxis in Tdapvaccinated HCP are inconclusive. Some vaccinated HCP are still at risk for B. pertussis. Tdap may not preclude the need for postexposure antimicrobial prophylaxis. Postexposure antimicrobial prophylaxis is recommend for all HCP who have unprotected exposure to pertussis and are likely to expose a patient at risk for severe pertussis (e.g., hospitalized neonates and pregnant women). Other HCP should either receive postexposure antimicrobial prophylaxis or be monitored daily for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis.

On June 22, 2011 the ACIP voted to recommend that women's healthcare providers should implement a maternal Tdap vaccination program for women who have not previously received Tdap. Healthcare providers should administer Tdap preferably during the third or late second trimester (after 20 weeks gestation). Alternatively, they can administer Tdap immediately postpartum. The ACIP also voted to recommend: (1) the cocooning strategy for adolescents and adults who have or anticipate having close contact with an infant aged less than 12 months; (2) that if a tetanus and diphtheria booster vaccination is indicated during pregnancy for a woman who has previously not received Tdap, then healthcare providers should administer Tdap preferably during the third or late second trimester; and (3) to ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids during pregnancy. Tdap should replace one dose of Td, preferably during the third or late second trimester.

On June 22, 2011 the ACIP voted to recommend that certain groups of children aged 9 through 23 months at increased risk for meningococcal disease should receive a 2 dose series of MCV4-D, 3 months apart.

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BUILIBIN

Dear colleagues,

We have not had a bulletin for a

few months. but we have been

ily involved in investigating and

conducting additional studies of

Legionnaires' disease, meningo-

coccal disease, pertussis and pneu-

mococcal disease — continuing to

support all the other activities and

high quality services we provide

to state health departments and

the U.S. and globally...and getting

Speaking of the move, we thought

in this issue the history of Building

Building 24.

countries all over the world, sup-

porting the introduction of new vac-

ready to move from Building 1 to

it would be a good idea to highlight

1, where many of us in this division

have spent almost all of our profes-

sional lives! We have many good

back to a time when you could walk

As we close one chapter of DBD's

history in Building 1, we are looking

forward to moving to our new home in Building 24 which we will share

with many other colleagues from

NCIRD and other CDC groups,

continuing our long tradition of

relaxed and cool summer!

excellent science and high impact

public health work. Wishing you a

Rana

memories of this building, dating

into it directly off of Clifton Road!

cines and evaluating their impact in

multiple outbreaks — including

busy. Our division has been heav-



Building 1: A Slice of CDC's History

As many DBD staff prepare to move to Building 24 and see Building 1 come down, we look back at how Building 1 came to be

The survival of CDC as an institution was not at all certain in the 1950s. In 1947, Emory University gave land on Clifton Road for a headquarters (for a token payment of \$10), but construction did not begin for more than a decade It was no accident that CDC was adjacent to Emory. Atlanta philanthropist Robert W. Woodruff and President Dwight D. Eisenhower had brokered a deal during the Eisenhower presidency to transfer what was then known as the Communicable Diseases Center to land that Woodruff donated to the federal government. Woodruff had seen firsthand how a public health intervention improved the lives of workers on his farm, Ichauway, in South Georgia, helping them avoid the ravages of malaria that was rampant in the 1930s and 1940s South, and he wanted a strong public health presence in Atlanta.

Sources: http://www.cdc.gov/mmwr/preview/mmwrhtml/00042732. htm, http://whsc.emory.edu/_pubs/ph/phfall05/star_rising.html, and http://www.cdc.gov/cdc50/miles.htm

New Tools!

Medscape Videos: Commentaries on the new group B strep prevention guidelines and best practices for the use of PCR for diagnosing pertussis were recently released as part of a collaboration between CDC and Medscape. In this series, experts from CDC offer video commentaries on current topics for practicing clinicians. DBD has also contributed to available commentaries on pertussis disease/ vaccines/testing, meningococcal disease/vaccines, pneumococcal disease/vaccines, and appropriate antibiotic use. Visit http://www.medscape.com/cdc-commentary to view these commentaries

Global Health Video: Epidemics of bacterial meningitis in Africa can affect hundreds of thousands of people and kill many thousands. In the video, "CDC Responds to Meningitis in Burkina Faso," it is described how CDC contributed to development of an inexpensive vaccine, works



this issue Building 1 History P.1 New Tools P.1 **Building 1 Memories P.2** Awards P.3 Vaccine News & Publications P.4

with partners to ensure it is used where needed most, and evaluates effectiveness. Visit http://www.cdc.gov/ globalhealth/video/meningitis/meningitis.htm to view this video.

Group B Strep Podcast: A podcast for pregnant women about group B strep was launched. In this podcast a pediatrician, who's also a new mom, talks about group B strep in pregnant women, the serious effects it can have on newborns, how you can find out if you have group B strep bacteria in your body and what to do to prevent spreading it to your infant. Visit http:// www2c.cdc.gov/podcasts/player.asp?f=6876041 to listen to this podcast.

Continuing Education Course: The Get Smart: Know When Antibiotics Work program has launched a free, one hour continuing education course designed for community pharmacists. The educational activity is comprised of various video clips and slides that review the importance of understanding antibiotic resistance, the latest trends in antibiotic resistance in the community, mechanisms of resistance, why antibiotics are often prescribed inappropriately, and how to promote the proper use of antibiotics within the community pharmacy setting. Go to http://www.cdc.gov/getsmart/specific-groups/hcp/ce-course.html to access the course.

Pertussis Nasopharyngeal Specimen Collection Videos: In light of the 2010 pertussis increase, clinicians are increasingly ordering tests for pertussis. Appropriate specimen collection is vital to obtaining accurate diagnostic results. Two training videos for pertussis specimen collection were recently released - for nasopharyngeal swab and aspirate procedures. Visit http://www.cdc.gov/pertussis/clinical/diagnostic-testing/ specimen-collection.html to watch these videos in English or Spanish.

Epocrates Smartphone App Learning Activity: DBD/ MVPDB and CDC's Electronic Media Branch, working in collaboration with Epocrates.com have launched CDC: Pertussis Testing, an EssentialPoints® mobile learning activity that is now available to healthcare professionals in these specialties — pediatrics, primary care (internal medicine, family practice, etc.), ENT, ID, pulmonary, prevention, geriatrics, as well as all students - who use Epocrates on the iPhone®. Visit http://www.epocrates.com for more information.

DBD's Memories of Building 1

Matt Moore moved into Building 1 on approximately August 1, 2000. "I moved into what was then the EIS bullpen, room 4414. I had terrific officemates in the 10 or so EIS officers who were then part of the Division of Bacterial and Mycotic Diseases in the National Center for Infectious Diseases. Several of us had California and Oregon connections and so we were major consumers of strong, west coast coffee. We were so committed to good coffee that we joined Peet's "Office Coffee Club". Every month, we looked forward to the 10 pounds of coffee we would receive with free shipping. Our large coffee pot got a good work out, with the first pot around 8am, another around 9am, yet another around 10, and so on. We credit Peet's, in part, with our productivity and our rowdiness, with cries of "Anybody ready for more coffee?!" ringing out over the cubicles."

"In addition to the above, I remember when a certain Branch Chief — who went on to even higher places in CDC — wanted to celebrate the publication of some



extremely important recommendations. Branch Chief X tried to smuggle in a bottle of champagne to celebrate, only to be rebuffed by the security personnel who were, post-9/11, doing hand searches of all bags coming in the building. As Branch Chief X was leaving the security screening area, another branch employee was driving to a disabled parking area which fortuitously was not so rigorously screened. Branch Chief X hopped in the car with Employee Y and was whisked to the east entrance of building 1. At our branch meeting later that day, we all enjoyed a few sips of contraband champagne in tiny Dixie paper cups. Never underestimate the creativity of a Building 1 occupant!"

Anne Schuchat first moved into building 1 in July 1988 to begin EIS in the Division of Bacterial Diseases — in what was then called the Meningitis and Special Pathogens Branch (MSPB). "The group photo (left) is probably from 1991 in Building 1 — I think we were on the 5th floor then before we moved down to the 4th floor in later years. Claire Broome was Chief of MSPB

before moving on to heights like CDC's Associate Director for Science and then CDC Deputy Director. Others in the photo included first year EISO Bill Adams, then second year EISOs Brad Perkins and Frank Riedo, Staff epidemiologists (1 yr out from EIS) Bob Pinner and me, as well as staff epidemiologist Jay Wenber (then 2 yrs out from EIS). The other photo (right) taken a couple years later is me in one of my many offices in Building 1, probably was taken around 1995, and for aficionados in DBD I am putting together the ABCs News(letter) which was a pre-email blast way of keeping the ABCs community at CDC and around the Emerging Infections Program Network sites up on all the latest."

Darcia Johnson was part of a small army of "Get Smart girls" also known as the A-team; who moved to

Building 1 under the leadership of the infamous Pat Cook at the end of 2005 (see photo below left in room 3040 of Tanya Hickson, Darcia Johnson, Erica Haller-Stevenson, Jennifer Weissman, Stefanie Anderson, Alison Patti, Jerry Willis and Pat Cook). "We weren't excited about the move. We didn't know how we'd adjust to leaving the "luxury" of our downtown Decatur offices (great parking, restaurants, and Starbucks!), but we did. Not only did we adjust but we came to appreciate the "real" CDC experience of being on the Clifton campus. I was recently at a party and mentioned to another guest where I work and the imminent doom of Building



1 and she became teary eyed. She went on to share with me that her father was a scientist who worked in Building 1 during her youth in the 1960s. She told stories about spending time with her father in this building and the relationships she formed with his colleagues. Meeting that woman was a wonderful reminder that Building 1 is more than just an old building but a historic place."

Rana Hajjeh moved to Building 1 in July 1993 as a new EIS officer in the Emerging Bacterial and Mycotic Diseases Branch, which does not exist any longer. "I have a lot of memories in Building 1, especially when working late nights and weekends on outbreak investigations. I also remember vividly all the weekends spent recruiting EIS Officers, when we still had EIS conferences at CDC, and all the good food we brought to keep everybody well fed during these days (I remember my very garlicky Hommos being a big draw for new recruits!). This picture (below right) was taken in May 2000 during

a surprise party that my previous team, the Mycotic Diseases Branch, threw for me after I was sworn in as a U.S. citizen. This was a very special day for me; My husband and I had started working on our citizenship papers in 1990 shortly after my daughter was born, and the process had taken ten long years!"

Conrad Quinn and his team have had success, despite sub-optimal conditions. "The mission of the anthrax vaccine clinical trial was miraculously accomplished while working in decrepit building 1 laboratories: proof that DBD laboratorians can overcome adversity and rise to the occasion.'

Brian Plikaytis moved into Building 1 May, 1977 and spent pretty much his entire career on floors 4 and 5. "I joined the Bacterial Diseases Division in the Bureau of Epidemiology. Branches were Meningitis and Special Pathogens, Enteric Diseases, Bacterial Zoonoses, and Hospital Infections."

"In those days there was no security. Anyone who had a mind to could enter the building and walk around freely. We were told reporters would walk in and see if they could find anything interesting laying on top of people's desks and that we were supposed to lock stuff away when we were away from our desks to prevent this. The lab areas really didn't have any better security but they would recognize a stranger and ask them what their business was. In the office areas, we were used to seeing strangers as the office folk would walk from floor to floor as they conducted their business."

"In the pre-network days, we had Wang word processors. They were independent architectures where each Division would have a CPU (about the size of a dishwasher) and double cables strung to each work station. Disk drives used 8-inch floppy disks and they were also large and centrally located. I was working one Saturday and had to walk down to the Director's office to load a floppy to pull down a file. As I walked in the door, I met a well-dressed guy on the way out with a large shopping bag. He was wearing a white shirt, tie and slacks. He dropped the bag, pardoned himself and left. I really didn't think anything about it until the next Monday. I was late getting in and people in the Director's office were all milling around trying to figure out what the deal was with the bag. I told them what I saw. Apparently, the guy was going through the offices and stealing whatever he thought would be valuable. I spooked him when I walked in, he dropped the bag and left."

"Speaking of computers, we had one, an IBM mainframe, and it was located in the room now occupied by the EOC in SSB of Building 1-East. We were just moving from submitting jobs using 80-column IBM punched cards to using dumb terminals located throughout the building. There were a couple of key-punch machines available to those who still used card decks and they had a card sorter in the input/output lobby by the mainframe where you could put in data cards and sort them. After sorting, you would count the ones that fell in specific slots and this is how some people would create their frequency tables back then. If anyone has seen an old detective show like Dragnet or the like, you would know what the card sorter looked like. The only printers were located by the computer as they were huge and expensive. So imagine submitting an analysis job, waiting in line for it to be executed (could take minutes, could take hours depending on how busy things were), you would review the results, fix any errors, resubmit the job and wait some more. We were sometimes lucky to get an hour's worth of work by today's standards done in 8 hours back then. When the job was completed, you would print the results and run down to the computer room to pick up the output."

"When I first came here, you could walk through the bowels of the building where the steam pipes were located. These areas were designated as evacuation locations in case of storms, nuclear wars, or whatever. There were actually barrels of supplies (food and other stuff) stacked against the walls with dates that reached back to WWII."

The 2011 Philip R. Horne Award was presented to Nancy Messonnier for unparalleled scientific contribution and leadership in advancing the mission of NCIRD and the prevention and control of vaccine-preventable diseases, and for exceptional mentorship and staff development.

Office of Commissioned Corps Personnel Approved Honor Awards – 2010 A Citation Medal was awarded to LCDR Jennifer Dolan for providing leadership and mentorship to undergraduate students in public health research.

A Commendation Medal was awarded to LCDR Brian Harcourt for contributions in researching mechanisms of antimicrobial resistance in the United States.

A Commendation Medal was awarded to LCDR Lauri Hicks for leadership and dedication in the prevention of antimicrobial-resistant infections and promotion of appropriate antimicrobial use.

DBD Recognized at CDC and NCIRD 2010 Honor Awards Ceremonies

Jessica MacNeil was awarded the CDC and NCIRD Excellence in Public Health Service - Early Career / Diane Caves Public Health Service Award for outstanding contributions beyond expectation to the adolescent meningococcal vaccination program.

Brian Plikaytis was awarded the CDC and NCIRD Excellence in Human Capital Management – Employee Development / James Virgil Peavy Award in recognition of mentoring and training young epidemiologists, especially EIS Officers, and laboratorians in statistics.

The MenAfriVac[™] Development and Implementation Group

(see photo at right) was awarded the NCIRD Public Health Impact Award for achieving licensure and successful first implementation of MenAfriVac™, a vaccine to eliminate serogroup A meningococcal epidemics in sub-Saharan Africa.

Deborah Hutchens was awarded the NCIRD Excellence in Administration Award for efficiently and expertly solving administrative challenges, improving branch efficiency, and supporting CDC's mission.

The World Pneumonia Day Team was awarded the NCIRD Excellence in Coalition-Building Activities Award in recognition of developing and sustaining the Global Coalition Against Child Pneumonia and launching World Pneumonia Day.

Conrad Quinn was awarded the NCIRD Excellence in Leadership Award in recognition for leadership in anthrax pathogenesis, vaccines, and therapeutics development

Thomas Clark was awarded the NCIRD Excellence in Team Leadership Award for outstanding leadership of the Division of Bacterial Diseases Meningitis and Vaccine Preventable Diseases Epidemiology Team during multiple U.S. pertussis outbreaks and implementation of the meningococcal A conjugate vaccine in sub-Saharan Africa

The Get Smart: Know When Antibiotics Work Team, in partnership with DHQP's Get Smart for Healthcare Team, was awarded the NCIRD Maximizing Outreach through Collaborations Award in recognition of the Get Smart About Antibiotics Week 2010 team's successful collaborations with new partners to reach a broader audience with messages on appropriate antibiotic use.

Stacey Martin was awarded the NCIRD Peer Recognition Award for outstanding leadership and mentorship to team members during multiple pertussis outbreaks in 2009-2010.

Barry Fields was awarded the NCIRD William C. Watson, Jr. Medal of Excellence for outstanding leadership, service, and internationally recognized contributions in policy, public health and laboratory science addressing prevention and control of respiratory diseases.





AWARDS

