

ACIP Update and Vaccine Safety

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ACIP Update

June 2019 meeting covered: HPV, Pneumococcal, Combinations, Zoster Pertussis, Influenza, Hep A, Meningococcal and Dengue.

HPV Vaccine: Catch-up vaccination for males and females through age 26 years. Clinicians may choose to vaccinate adults between 27 and 45 years.

Pneumococcal Vaccine: ACIP recommends PCV13 based on shared clinical decision making for adults 65 years or older who do not have an immunocompromising condition and who have not previously received PCV13. All adults 65 years or older should receive a dose of PPSV23.

Pediatric hexavalent vaccine: Licensed on December 21, 2018 – not commercially available until 2021. Contains diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b, and hepatitis B. Abbreviated DTaP-IPV-Hib-HepB Given at 2, 4, 6 months. Will be available through VFC.

Pertussis Vaccine: ACIP recommends that either Tdap or Td can be used: For boosters every 10 years, for wound prophylaxis and for catch-up vaccination.

Influenza: Early (July and August) administration is likely to result in suboptimal immunity. If supply is limited health care workers should be prioritized. Unvaccinated 8-year-olds who turn 9 during flu season should still receive 2 flu doses. Consideration should be given to avoiding giving two vaccines with novel adjuvants at the same time.

Hep A Vaccine: All unvaccinated children under age 18 years should receive catch-up vaccination with hepatitis A. All persons with HIV over age 1 year should be vaccinated.

Meningococcal Booster: Necessary for people ≥ 10 years at high-risk. Administer 1 year after completion of the series and every 2-3 years thereafter as long as risk remains. May consider booster 6 months after completion in an outbreak.

Zoster: ACIP discussed safety concerns. Safety consistent with pre-licensure clinical trial data. Medicare chart reviews are pending. CDC will continue to monitor for GBS and Bell's palsy. Continued vigilance for RZV safety concerns

