


ACIP Update and Vaccine Safety



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ACIP Update


Advisory Committee on Immunization Practices (ACIP)

Group of medical and public health experts
Writes routine immunization recommendations for the U.S.



June 2019 Meeting


- HPV
- Pneumococcal
- Combinations
- Zoster
- Pertussis
- Influenza
- Hepatitis A
- Meningococcal
- Dengue



HPV Vaccines

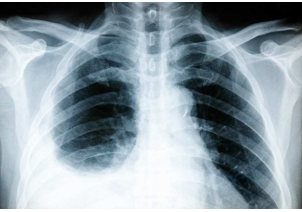
HPV Vaccine

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




Pneumococcal Vaccines

Pneumococcal Vaccine




- PCV13 recommended for adults 65 years and older since 2014
- Meant to be a short-term intervention due to herd immunity



Pneumococcal Vaccine

Element	Favoring Continued PCV13 Use	Favoring No Longer using PCV13
Burden of Disease	<ul style="list-style-type: none"> • PCV13-type disease reduced, but not eliminated through indirect effects from pediatric PCV use 	<ul style="list-style-type: none"> • Indirect effects from pediatric PCV use have reduced the burden of PCV13-type disease to historic lows
Benefits	<ul style="list-style-type: none"> • PCV13 effective in preventing PCV13-type pneumococcal disease 	<ul style="list-style-type: none"> • Impact from PCV13 use in older adults observed to date is minimal; no impact on IPD and inconsistent findings across studies for impact on pneumonia • Benefits from continued PCV13 use are expected to be minimal
Acceptability	<ul style="list-style-type: none"> • Frequent changes in recommendations may negatively impact the perceived importance of future adult vaccine recommendations 	<ul style="list-style-type: none"> • Credibility comes from evidence-based recommendations
Resources Used	<ul style="list-style-type: none"> • A recommendation change would incur a cost to update electronic medical records, decision support tools, etc. 	<ul style="list-style-type: none"> • Economic analyses results do not favor continued PCV13 use
Feasibility	<ul style="list-style-type: none"> • Universal prevention strategies are easier to implement effectively than risk-based ones • Frequent changes in recommendations present implementation challenges 	<ul style="list-style-type: none"> • Simplifies the recommendations—current recommendations have been confusing and difficult to implement



Policy Options

- Continue recommending PCV13 for all adults 65 years and older.
- Recommend shared clinical decision making for healthy adults 65 years and older.
- Stop recommending PCV13 for all adults 65 years and older.



Pneumococcal Vaccine Vote


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.



Combination Vaccines

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 Vaccines

Pertussis vaccine

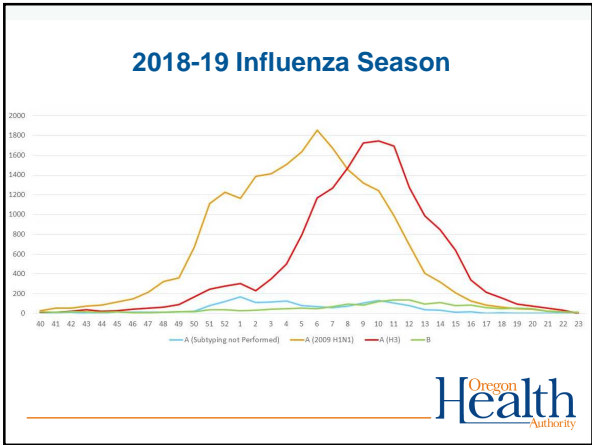
- Tdap claims are 11.7x those of Td
- Difficult to determine which adults need Tdap
- Cumbersome to stock both vaccines

ACIP recommends that either Tdap or Td can be used:

- For boosters every 10 years
- For wound prophylaxis
- For catch-up vaccination



Influenza Vaccines




2019-20 Influenza Updated Recommendations

- **Timing**
 - For those requiring only one dose, vaccination in July and August is likely to result in suboptimal immunity before the end of flu season, especially in older adults.
- **Limited Supply**
 - Health care workers should be among the groups considered for prioritized receipt of influenza vaccines when vaccine supply is limited.
- **Unvaccinated 8-year-olds**
 - Unvaccinated 8-year-olds who turn 9 during flu season should still receive 2 flu doses.
- **Adjuvanted vaccines**
 - Consideration should be given to avoiding giving two vaccines with novel adjuvants at the same time.

Oregon Health Authority

2019-20 Inactivated Influenza Vaccine

 afluria INFLUENZA VACCINE QUADRIVALENT	0.25 mL 0.5 mL	6M to 3Y 3Y +	 FLUCELVAX INFLUENZA VACCINE QUADRIVALENT	0.5 mL	4Y+
 FLUAD influenza vaccine, adjuvanted	0.5 mL	65Y +	 FluLaval Quadrivalent INFLUENZA VACCINE	0.5 mL	6M+
 Fluarix Quadrivalent Influenza Virus Vaccine	0.5 mL	6M +	 Fluzone High-Dose INFLUENZA VACCINE	0.5 mL	65Y+
 Flublok QUADRIVALENT Influenza Vaccine	0.5 mL	18Y +	 Fluzone INFLUENZA VACCINE	0.25 mL 0.5 mL	6M+

2019-20 Live Influenza Vaccine

 FluMist Quadrivalent Influenza Vaccine Live, Intranasal	0.2 mL	2Y to 49Y
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Hepatitis A Vaccines

Hepatitis A vaccine

- 1999: Routine vaccination for all 2-year-olds in Oregon. Catch-up immunization for children under age 18 years.
- 2005: Hep. A vaccine licensure dropped to 1 year of age.
- 2006: Routine vaccination for all U.S. children at 1-year of age.
- 2008: Oregon school requirement for children's facilities and kindergarten entry. Additional grades added every year.



Hepatitis A updates

- 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 Vaccines

Meningococcal B boosters

- Necessary for people ≥ 10 years at high-risk
 - Asplenia
 - Complement deficiency
 - Complement inhibitor use
 - Microbiologist
 - Outbreaks

- Booster dose
 - 1 year after completion of the series
 - Every 2-3 years thereafter, as long as risk remains
 - May consider booster 6 months after completion in an outbreak



Vaccine Safety



Vaccine Adverse Events Reporting System (VAERS)

Vaccine Safety Datalink (VSD)




Clinical Immunization Safety Assessment (CISA)



Zoster Vaccines


Zoster Vaccine Safety

- VAERS
- Rapid Cycle Analysis (RCA) through Vaccine Safety Datalink
- Medicare data



Post-licensure RZV Monitoring

- No disproportional reporting to VAERS
- RCA signals for Bell's palsy and Guillain-Barre Syndrome (GBS)
- Elevated rate ratio for GBS in Medicare claims data



Post-licensure RZV Monitoring

- 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

