

Immunization Recommendation Updates – March 2017

The CDC routinely review and revise immunization guidelines. During February 2017, the ACIP (Advisory Committee for Immunization Practices) released several publications and updated vaccine schedules. Specifically, there were updates in several of these, including HPV, HBV, Meningococcal Disease, and of course, Influenza. Routine visits to the CDC ACIP website (<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>) can be useful for any clinical setting that provides immunization services.

There are patient and clinician tools, e.g., posters, “pocket cards”, mobile applications; notably, there are updated charts for vaccine schedules for all ages, with guidance for patients with underlying health problems (see <https://www.cdc.gov/vaccines/schedules/hcp/adult.html>). The NYSDOH agrees and endorses ACIP recommendations.

An important change for meningococcal disease is that it is now recommended for HIV seropositive persons aged 2 months and older. The CDC has also recommended that MSM (men who have sex with men) regardless of HIV status are to be vaccinated if an outbreak occurs in a specific area (e.g., those which occurred in NYC, LA, and Chicago over the past several years).

The NYSDOH has added some additional recommendations for meningococcal disease vaccination:

“In response to the ACIP recommendations, the NYSDOH advises healthcare providers to administer MenACWY vaccine to:

- All HIV-infected children and adults aged 2 months or older, and
- HIV-negative individuals at ongoing high risk for HIV infection, to include
 - Men who have sex with men (MSM) who are candidates for HIV preexposure prophylaxis (PrEP) as described in the NYSDOH AIDS Institute “Guidance for the Use of Pre-Exposure Prophylaxis to Prevent HIV Transmission” and
 - Transgender individuals who are candidates for PrEP.”

https://www.health.ny.gov/diseases/aids/general/prep/docs/health_advisory_10-2016.pdf (3/22/17)



Briefly, HPV vaccine changes are that the bivalent preparation is no longer recommended or available. The 9-valent vaccine is preferred, but no “catch-up” is required for those who have received the quadrivalent vaccine. Also, for preteens, a new 2-dose schedule is recommended, which can improve the completion of this important immunization. See the CEI and CDC websites for more information.

The HBV vaccine update specifies that adults with chronic liver diseases and elevated LFTs (i.e., ALT and AST) should receive the HBV vaccine series.

CDC NetConferences – ongoing series for current issues in immunization – see <https://www.cdc.gov/vaccines/ed/ciinc/index.html> (3/22/17). Continuing education credits are available, and other training opportunities are provided at this website. Updates have also been made to online immunization tool, the Pink Book (<https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>).