

# VACCINATE ADULTS!

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## CDC updates its recommendations for use of MCV4 vaccine in adolescents and adults

In January 2011, CDC published the ACIP's recently updated MCV4 vaccination recommendations in *MMWR*. CDC's previous recommendations, issued in 2005 and 2007, called for a single dose of MCV4 for adolescents at age 11–12 years, with catch-up vaccination for those ages 13–18 years. At the time it was thought that the dose given at age 11–12 would provide protection that would last through the years when meningococcal disease rates peak (ages 16–21). However, data gathered since indicate many adolescents might not be protected for more than 5 years from the date of vaccination. In January 2011, CDC issued updated MCV4 vaccination recommendations. The updated recommendations cover the following groups:

**Adolescents:** Routinely vaccinate adolescents with a first dose of MCV4 at ages 11–12, and follow with a booster dose at age 16. Those who receive the first dose at ages 13 through 15 need a one-time booster at ages 16 through 18. No booster is needed for those who receive the first dose at or after age 16.

**College students:** Administer 1 dose of MCV4 to unvaccinated incoming college students ages 19 through 21 years, and consider vaccinating current-

ly enrolled unvaccinated college students in this age group. Give a booster dose of MCV4 to students younger than age 22 who are about to enter college if they received their most recent dose more than 5 years earlier, and consider giving booster doses to currently enrolled students who meet these criteria.

**People with risk factors:** Administer 2 doses of MCV4 at least 8 weeks apart to people younger than age 56 who have the following risk factors: persistent complement component deficiency, or functional or anatomic asplenia. For people with risk factors age 56 years and older, administer 1 dose of MPSV4. Give booster doses every 5 years to people with these risk factors.

**People with HIV-infection:** HIV-infected people ages 2 through 55 years who are in a group recommended to be vaccinated should be given 2 doses of MCV4 at least 8 weeks apart.

For more complete information on CDC's meningococcal vaccination recommendations, see the "Ask the Experts" feature below, including the table titled "Summary of meningococcal vaccination recommendations, by risk group." To access the updated recommendations, go to [www.cdc.gov/mmwr/PDF/wk/mm6003.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm6003.pdf) and see pages 72–76.

## Ask the Experts

IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

### Tdap and Td vaccines

**According to the newest CDC recommendations, which healthcare workers should be vaccinated against pertussis with Tdap vaccine?**

On February 23, 2011, CDC's Advisory Committee on Immunization Practices (ACIP) voted to

approve the following recommendations for the use of Tdap in healthcare personnel.

- All healthcare personnel (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).

To obtain a copy of the provisional ACIP recommendations that reflect these changes, go to: [www.cdc.gov/vaccines/recs/provisional](http://www.cdc.gov/vaccines/recs/provisional).

### Meningococcal vaccines

**I've heard the recently updated recommendations for the use of meningococcal conjugate vaccines in adolescents now include a booster dose. Would you please tell me more?**

CDC recommends people age 11 or 12 years be routinely vaccinated with quadrivalent menin-

gococcal conjugate vaccine (MCV4) and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13 through 15 years should receive a one-time booster dose, preferably at ages 16 through 18 years, which are the years before the peak in incidence of meningococcal disease occurs. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors.

**Can you provide a comprehensive overview of the meningococcal conjugate vaccine recom-**

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- Email [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov)
- Call your state health dept. (phone numbers at [www.immunize.org/coordinators](http://www.immunize.org/coordinators))

## Summary of meningococcal vaccination recommendations, by risk group

Risk Group	Primary series	If and when to give booster
Persons ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years <sup>1</sup>	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at ages 16 through 18 years if primary dose given at ages 13 through 15 years <sup>2</sup>
Persons ages 19 through 21 years who will be attending college	Give 1 dose of MCV4, if previously unvaccinated <sup>1</sup>	Give booster dose if previous dose given at age younger than 16 years
Persons ages 19 through 21 years who are attending college	May give 1 dose of MCV4, if previously unvaccinated <sup>1</sup>	May give booster dose if previous dose given at age younger than 16 years
<b>Persons with persistent complement component deficiency (including C5-C9, properdin, factor H, factor D), or functional or anatomic asplenia</b>		
- for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4 <sup>3</sup>
- for age 56 years and older	Give 1 dose of MPSV	Boost every 5 years with MPSV
<b>Persons with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i> and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic)</b>		
- for ages 2 through 55 years	Give 1 dose of MCV4 <sup>1</sup>	Boost every 5 years with MCV4 <sup>4,5</sup>
- for age 56 years or older	Give 1 dose of MPSV	Boost every 5 years with MPSV <sup>5</sup>

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
4. If younger than age 7 years, give booster after 3 years.
5. A booster dose is recommended if the person remains at increased risk.

**Note:** Children ages 2 through 10 years and adults ages 19 years and older without any of the risk factors listed above are not recommended for routine vaccination against meningococcal disease. If an adult patient requests vaccination against meningococcal disease, ACIP states that you can vaccinate them.

Technical content reviewed by the Centers for Disease Control and Prevention, April 2011

### **Recommendations, including those for vaccinating younger children and older adults who have risk factors?**

The table above provides a summary of the CDC recommendations for use of meningococcal vaccine for people of all ages. It reflects the changes issued by CDC in October 2010, which were published in early 2011.

### **Which people are recommended to receive a 2-dose primary series of MCV4?**

A 2-dose series of MCV4, spaced 2 months apart, is recommended for people younger than age 56 years who have functional or anatomic asplenia,

or persistent complement component deficiency, including C5-C9, properdin, factor H, and factor D. In addition, people in this age group who are HIV-positive who are vaccinated should also receive a 2-dose series of MCV4, spaced 2 months apart.

### **Are people who are HIV positive in a risk group for meningococcal disease?**

Being HIV-positive does *not* put a person into a risk group that necessitates MCV4 vaccination. However, the updated CDC recommendations for use of MCV4 vaccines state that people “with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart.” Accordingly, the following HIV-positive people should receive 2 initial doses of MCV4 (instead of 1), spaced 2 months apart:

- HIV-positive adolescents ages 11 through 18 who, like other adolescents, are recommended for routine MCV4 vaccination
- HIV-positive people ages 2 through 55 years who are at prolonged increased risk for exposure to meningococcal disease (e.g., travelers to or residents of countries where meningococcal disease

is hyperendemic or epidemic and microbiologists who routinely work with *Neisseria meningitidis*)

- Any HIV-positive adult who chooses to be vaccinated.

### **Which previously unvaccinated college students are recommended to receive MCV4 and how many doses should they be given?**

Previously unvaccinated students ages 19 through 21 years who will be in a college or university setting should receive 1 dose of MCV4. Further, students who meet these same criteria who are already attending college *may* be vaccinated. Routine vaccination is not recommended for adults age 22 and older who do not have risk factors. If an adult patient requests vaccination against meningococcal disease, CDC states that you can vaccinate them.

### **Which previously vaccinated college students need booster doses?**

A booster dose should be given to students age 21 years and younger if the previous dose was given 5 or more years earlier, and if the student is plan-

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ning to enter college (i.e., is not yet in college). A booster dose *may* be given to college students who meet these same criteria and are currently attending college.

**With three licensed meningococcal vaccines, how do I decide which one to use?**

Quadrivalent meningococcal conjugate vaccine (MCV4) is the preferred product for people ages 2 through 55 years. Both Menactra (sanofi) and Menveo (Novartis) are licensed for use in this age range. The conjugate vaccines are believed to have several advantages over meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi]), such as reduction in bacterial carriage in the nose

and throat, longer duration of immunity, and better immunologic memory. MPSV4 should be used for adults age 56 and older.

**For which patients is MPSV4 the preferential vaccine?**

MPSV4 is the only meningococcal vaccine licensed for adults age 56 years and older. MPSV4 can also be used in people ages 2 through 55 years who have a contraindication or precaution to MCV4.

**Are the two meningococcal quadrivalent conjugate vaccines (MCV4) interchangeable?**

Whenever feasible, the same brand of vaccine should be used when 2 doses are recommended. If the vaccine provider does not know or have available the type of MCV4 vaccine previously administered (Menactra or Menveo), either product can be used to complete the series.

**A 19-year-old student who received 1 dose of MCV4 at age 12 years will be attending a community college this fall. Does she need a booster dose of MCV4?**

Yes. Adults ages 19 through 21 years who plan to attend college, and who received the previous dose of MCV4 before age 16 years, need a booster dose. They no longer need to be living in on-campus housing to qualify in a risk group for meningococcal vaccination.

**General vaccine questions**

**How many vaccines can be given during an office visit?**

No upper limit exists for the number of vaccines that can be administered during one visit. CDC consistently recommends that all needed vaccines be administered during an office visit.

**Which vaccines cannot be administered at an office visit along with other vaccines?**

All routine vaccines can be given during an office visit, as long as a different syringe is used for each vaccine.

**If all needed vaccines aren’t administered during the same visit, does one need to wait a certain period of time before administering the other needed vaccines?**

All inactivated vaccines can be given on the same

day, or on any day before or after giving other inactivated or live vaccines. However, if two live vaccines are not given on the same day, they need to be spaced at least 4 weeks apart.

**Do we have to check vital signs before giving vaccines?**

No. CDC does not recommend routinely checking a patient’s temperature or other vital signs before vaccination. Requiring these extra steps can be a barrier to immunization.

**Is it necessary to routinely test women for pregnancy before administering vaccines?**

No. However, females of childbearing age should be asked about the possibility of their being pregnant before they are given any vaccine for which pregnancy is a contraindication or precaution. The patient’s answer should be documented in the medical record. If the patient thinks she might be pregnant, a pregnancy test should be performed before administering live virus vaccines.

**Which vaccines can be given to breastfeeding women?**

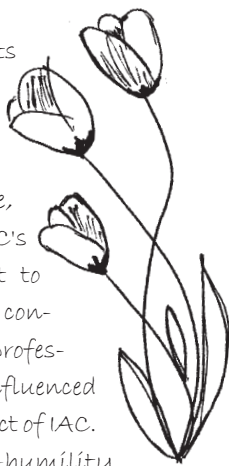
All vaccines except smallpox can be given to breastfeeding women. Breastfeeding is a precaution for yellow fever vaccine. Women who are breastfeeding should be advised to postpone travel to yellow fever endemic or epidemic regions; however, if travel cannot be postponed, the woman should receive yellow fever vaccine.

Remembering Becky

Rebecca Jean Payne

Jan. 14, 1953 - Mar. 25, 2011

This issue of *Vaccinate Adults* is dedicated to the memory of our dear friend and colleague, Becky Payne, IAC’s former Assistant to the Director. The consummate office professional, Becky influenced nearly every aspect of IAC. Her hallmarks—humility, wisdom, and generosity—left an indelible mark on all who were privileged to know her. She is dearly missed. [\(more\)](#)



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