

VACCINATE ADULTS!

from the Immunization Action Coalition — www.immunize.org

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Meningococcal Vaccination Recommendations for Teens, College Students, and Other Adults

Based on ACIP's March 22, 2013, recommendations titled *Prevention and Control of Meningococcal Disease*, this article highlights some of the information needed for preventing infections caused by *Neisseria meningitidis*. It also provides links to some valuable resources that will help healthcare professionals make appropriate vaccination decisions.

Vaccine nomenclature. The nomenclature for meningococcal vaccines indicates if the vaccine is conjugate or polysaccharide and the number of serotypes included in the vaccine. The only polysaccharide vaccine, Menomune (sanofi pasteur), is abbreviated as MPSV4, with the *P* indicating *polysaccharide*, and the *4* denoting the number of serotypes in the vaccine. Two different licensed conjugate vaccines—Menaactra (sanofi pasteur) and Menveo (Novartis)—are abbreviated as MCV4, with the *C* indicating *conjugate*. The three vaccines mentioned above include the same four serotypes (A, C, W, and Y). Conjugate vaccines are further distinguished by the toxoid to which they are conjugated. Menaactra (MCV4-D) is conjugated to diphtheria toxoid, and Menveo (MCV4-CRM) is conjugated to a nontoxic form of diphtheria toxin from *Corynebacterium diph-*

theriae. (Note: The combination vaccine MenHibrix [Hib-MenCY; GlaxoSmithKline], licensed for use only in children age 6 through 18 months, is not covered in this article.)

Preteen, teen, and college student vaccination. ACIP recommends routine vaccination of all adolescents and teens age 11 through 18 years and of unvaccinated college students age 19 through 21 years who live in residence halls.

Adult vaccination. Vaccination of adults is targeted to people who (1) have risk factors such as persistent complement component deficiencies, functional or anatomic asplenia, including sickle cell disease, (2) have possible exposure in community outbreaks caused by a vaccine serogroup, (3) travel to or reside in a country where meningococcal disease is hyperendemic or epidemic, or (4) work as microbiologists routinely exposed to *Neisseria meningitidis*.

Vaccine schedule and product used. Opportunities for confusion arise from having multiple vaccine products available for use in teens, college students, and adults. In addition, the number of primary doses recommended and the need for

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Ask the Experts

IAC extends thanks to our experts, medical epidemiologist Andrew T. Kroger, MD, MPH; nurse educator Donna L. Weaver, RN, MN; and medical officer Iyabode Akinsanya-Beyosolow, MD, MPH. All are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

PCV13 and PPSV23

If an adult patient has already had PPSV23 for his high-risk condition and also needs PCV13 for the same condition, how long should we wait before administering PCV13?

The recommended interval between administering PPSV23 and subsequent PCV13 is 1 year for adults. The recommended interval is based on a hypothetical concern about interference between PCV13 and PPSV23. The recommendations for high-risk adults are available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm.

Hib

I work in a family medicine clinic that sees adults who are asplenic. Can we give them Hib vaccine since they are at high risk for Haemophilus influenzae type b disease?

Yes. In February 2013, ACIP voted to approve updated recommendations for the use of Hib vaccine in people with asplenia. The recommendations are to give 1 dose of Hib vaccine to asplenic patients

age 5 years and older (including adults) if they have no history of receiving the vaccine. In addition, patients age 15 months and older (including adults) who are undergoing elective splenectomy should receive 1 dose if they have no history of receiving the vaccine. Ideally, administer the dose a minimum of 14 days before surgery. If the dose is not given before surgery, administer it after the procedure as soon as the patient's condition is stable. If the splenectomy was performed in the

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Immunization questions?

- Call the CDC-INFO Contact Center at (800) 232-4636 or (800) CDC-INFO
- Email nipinfo@cdc.gov
- Call your state health dept. (phone numbers at www.immunize.org/coordinators)

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Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in Vaccine Highlights is current as of May 10, 2013.

The next ACIP meetings

A committee of 15 national experts, the Advisory Committee on Immunization Practices (ACIP) advises CDC on the appropriate use of vaccines. ACIP meets three times a year in Atlanta; meetings are open to the public. The next two meetings will be held on June 19–20 and October 23–24. For more information, visit www.cdc.gov/vaccines/acip/index.html.

ACIP periodically issues public health recommendations on the use of vaccines. Clinicians who vaccinate should have a current set for reference. Published in the *Morbidity and Mortality Weekly Report (MMWR)*, ACIP recommendations are easily available. Here are sources:

- Download them from links on IAC's website: www.immunize.org/acip.
- Download them from CDC's website: www.cdc.gov/vaccines/pubs/acip-list.htm.

Immunization schedules

On Feb. 1, CDC published "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years and Adults Aged 19 Years and Older—United States, 2013." You will find IAC's reformatted version of the 2013 U.S. Immunization Schedule for Adults Age 19 Years and Older on pages 6–8 of this issue of *Vaccinate Adults*.

IAC has developed laminated, 6-page, full-size color versions of both 2013 immunization schedules, the child and teen, as well as the adult. They are available for purchase. For more information, visit www.immunize.org/shop/laminated-schedules.asp.

Meningococcal vaccine news

On March 22, CDC published ACIP recommenda-

tions titled *Prevention and Control of Meningococcal Disease*. The recommendations summarize previously published recommendations including those that call for (1) routine vaccination with a quadrivalent meningococcal conjugate vaccine (MCV4) for adolescents age 11 or 12 years, with a booster dose at age 16 and (2) routine vaccination for people at increased risk for meningococcal disease. Access the recommendations at www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Tdap vaccine news

On Feb. 22, CDC published "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women." The recommendations advise prenatal care providers to administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. To obtain the recommendations, go to www.cdc.gov/mmwr/pdf/wk/mm6207.pdf (pages 131–135).

VIS news

On Feb. 27, CDC posted an updated VIS for pneumococcal conjugate vaccine (PCV13). To access the VIS and 13 translations, go to www.immunize.org/vis/vis_pcv.asp.

Starting with the PCV13 VIS, CDC will create supplementary provider information for each new and updated VIS. Intended to help providers answer patient questions, the supplementary document has information about the vaccine, such as contraindications and precautions, as well as links to pertinent ACIP recommendations. Access the PCV13 supplementary document at www.cdc.gov/vaccines/pubs/vis/downloads/vis-pcv-hcp-supplmt.pdf.

On May 9, CDC issued a new VIS for tetanus-diphtheria-acellular pertussis (Tdap) vaccine. It reflects recent changes in ACIP recommendations regarding use of Tdap during pregnancy. **Note:**

"Meningococcal Vaccination Recommendations by Age and/or Risk Factor" [a summary table], at www.immunize.org/catg.d/p2018.pdf.

"Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years)," page 4, at www.immunize.org/catg.d/p2010.pdf.

"Summary of Recommendations for Adult Immunization (Age 19 years & older)," page 4, at www.immunize.org/catg.d/p2011.pdf.

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This VIS contains information about Tdap only; when vaccinating a patient with Td vaccine, providers should give the patient the Td/Tdap VIS (dated 1/24/12) until a VIS dedicated exclusively to Td (currently in development) is available. Access the new Tdap VIS at www.immunize.org/vis/tdap.pdf. Access the provider information for the Tdap VIS at www.cdc.gov/vaccines/pubs/vis/downloads/vis-tdap-hcp.pdf.

For a ready-to-print table of current dates of VISs for posting in your practice, go to www.immunize.org/catg.d/p2029.pdf.

Vaccination error reporting

In December 2012, the Institute for Safe Medication Practices launched its National Vaccine Error Reporting Program (VERP). The program allows healthcare professionals to confidentially report vaccine administration errors and near misses. Its goal is to better quantify sources of errors and advocate for product changes (such as changes to the vaccine name or label) that will ensure patient safety. For additional information and to access an electronic VERP reporting form, go to verp.ismp.org.

Influenza news

On Feb. 27, FDA's Vaccines and Related Biological Products Advisory Committee recommended that trivalent-formulation influenza vaccines for the 2013–14 influenza season contain the following: an A/California/7/2009 (H1N1)-like virus; an (H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011; and a B/Massachusetts/2/2012-like virus. The committee also recommended that the quadrivalent-formulation influenza vaccine contain the previously listed three strains and also a B/Brisbane/60/2008-like virus. For further information, go to www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm343828.htm.

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boosters varies by risk factor. And, finally, products for use in adults age 56 years and older include off-label recommendations. It is important that clinicians access the resources below for specific information on selecting a vaccine product and scheduling vaccination for their patients.

Resources

Prevention and Control of Meningococcal Disease, *MMWR* 2013; 62[No. RR-2], at www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.