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Dear Healthcare Provider:

Re: **2015 SPRING IMMUNIZATION UPDATE**

HIGHLIGHTED IMMUNIZATION SCHEDULE CHANGES

On February 25, 2015, the Advisory Committee on Immunization Practices (ACIP) released the Recommended Immunization Schedules for Persons Aged 0 through 18 years and Adults 19 Years and Older. Both schedules can be found on the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/vaccines/schedules/hcp/index.html>.

The 2015 Recommended Immunization Schedule for Persons 0 through 18 Years of Age does not contain new vaccine recommendations for this age group. However the Figure 1 table and footnote pages have been revised to clarify recommendations for some vaccines.

Figure 1 Table

- **Influenza** – The influenza section of Figure 1 was modified to highlight current recommendations for influenza vaccinations. The gold bar for live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) highlights the recommendation for 1 or 2 doses for children 2 through 8 years (midpoint of column for 7–10 years). An additional gold bar was added to indicate that 1 dose is recommended annually for children and adolescents 9 to 18 years of age.
- **Measles, Mumps and Rubella (MMR)** – The MMR section of Figure 1 was modified to add a purple bar indicating that children aged 6 through 11 months should be vaccinated prior to traveling internationally or living abroad. (Please remember that any dose of MMR given before 12 months of age must be repeated when the child is 12 months of age because some infants vaccinated before 12 months do not respond to the vaccine at the earlier age.)

Footnote Pages

- **Influenza vaccine** footnote was updated to reflect revised contraindications for LAIV. LAIV should not be administered to the following persons: 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children aged 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children aged 2 through 4 years with asthma or who had wheezing in the past 12 months; and 7) persons who have taken influenza antiviral medications in the previous 48 hours. All other contraindications and precautions to use of LAIV are available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>
- **Diphtheria, Tetanus/acellular Pertussis (DTaP)** – Footnote revised to indicate that if a fourth dose of DTaP vaccine is administered 4 months or more after the third dose, at an appropriate age, it is a valid dose, and does not need to be repeated.
- **Meningococcal Conjugate Vaccine** – Footnote revised to clarify the recommendations for use of MenACWY-CRM (Menveo), MenACWY-D (Menactra), and Hib-MenCY-TT (MenHibrix) in children aged 2 months and older with anatomic or functional asplenia, or with persistent complement deficiencies.
- **Pneumococcal Conjugate Vaccine** – Footnote was updated to clarify the recommendations for children aged 2 through 5 years with high-risk conditions:
 - Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) was received previously.
 - Administer 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) was received previously.
 - Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.

Catch-Up Immunization Schedule (Figure 2):

- **Haemophilus influenzae type b (Hib) conjugate vaccine, pneumococcal conjugate vaccine (PCV), and tetanus, diphtheria, acellular pertussis (Tdap), and varicella vaccine** catch-up schedules were updated to provide more clarity. Minimum ages were noted as "not-applicable" for children aged 7 years and older for hepatitis A and B, polio, meningococcal, MMR, and varicella vaccines.

In addition to the updated schedule figures and footnotes, CDC has developed "job-aids" with detailed scenarios by age group and previous doses of vaccine received, for DTaP, Hib, and pneumococcal conjugate vaccines. These materials should assist health care providers in interpreting the Childhood/Adolescent Immunization catch-up schedule. The job-aids are available on the CDC website at:

<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.

The Recommended Immunization Schedule for Adults 19 Years and Older was also updated to reflect important changes.

Figure 1 Table

- **Pneumococcal vaccine** –The recommended adult immunization schedule by vaccine and age group has been revised to include the new PCV13 recommendation for adults aged 65 years and older. PCV13 was previously only recommended for adults with certain high-risk conditions.

Footnote Pages

- **Pneumococcal Vaccine Algorithm** – The footnote has been revised to provide algorithmic, patient-based guidance for the health care provider to arrive at appropriate vaccination decisions for individual patients. (See following section of this update which discusses the use of both pneumococcal vaccines in adults.)
- **Influenza Vaccine** – The footnote has been updated to indicate that adults aged 18 years or older (changed from adults aged 18 through 49 years) can receive RIV. (The upper age limit for LAIV remains 49 years.) A list of currently available influenza vaccines is available at <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>

Contraindications Table

- The contraindications and precautions to commonly used vaccines in adults, has been updated to reflect the changes in the ACIP recommendations for the 2014–15 influenza season. These changes include moving “influenza antiviral use within the last 48 hours” from the precautions column to the contraindications column, and moving asthma and chronic lung diseases; cardiovascular, renal, and hepatic diseases; and diabetes and other conditions from the contraindications column to the precautions column. Immune suppression, egg allergy, and pregnancy remain contraindications for LAIV.

Integrating the Use of PCV13 with Use of Pneumococcal Polysaccharide Vaccine (PPSV23) in Persons Aged 65 Years and Older

On September 19, 2014, the Advisory Committee on Immunization Practices (ACIP) published new recommendations for the use of 13-valent pneumococcal conjugate vaccine (PCV13) among adults 65 years and older. ACIP recommends routine vaccination of adults 65 years and older with PCV13 if they have not received this vaccine at an earlier age. The inclusion of PCV13 in the vaccine series along with PPSV23 will provide broader protection against invasive pneumococcal disease for adults in this age group.

The following is the pneumococcal vaccination recommendations for adults 65 years and older.

- Adults 65 years and older who have never received pneumococcal vaccine or for whom their vaccination history is unknown:
 - Administer a dose of PCV13 first, then a dose of PPSV23 6 – 12 months later. The minimum interval between doses is 8 weeks.
 - If PPSV cannot be administered within this time frame, administer the dose at the next health care visit, but observe the minimum interval.
 - Do not administer PCV13 and PPSV24 simultaneously.

- Adults 65 years and older who have previously received one or more doses of PPSV23:
 - Administer a dose of PCV13 if it's been at least one year since the last dose of PPSV23.
 - For those for whom a second dose of PPSV23 is recommended, administer the second dose 6 – 12 months after PCV13 and at least 5 years after the first dose of PPSV23.
- Adults 65 years and older who have previously received one dose of PPSV23 before age 65 years:
 - Administer a dose of PCV13 if it's been at least one year since the last dose of PPSV23.
 - Administer the second dose of PPSV23 at least 6 – 12 months after PCV13 and at least 5 years since the first dose.

Pneumococcal vaccines are covered by most private health insurance companies. In addition, Medicare Part B covers the full cost of a second pneumococcal vaccination for Medicare enrollees. However, the second pneumococcal vaccine must be different from the first vaccine (e.g. first PCV13 then PPSV23) and should be administered no less than 11 months after the first dose. Please check with your patient's insurance carrier to see if the vaccine is covered.

Details regarding this recommendation and other pneumococcal vaccine recommendations can be found on the CDC website at:

<http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

Additionally, a pneumococcal vaccine timing chart is available at:

<http://eziz.org/assits/docs/IMM-1152.pdf>

ACIP Approves Use of New Human Papillomavirus Vaccine

On March 27, 2015, ACIP published recommendations for use of the 9-valent human papillomavirus vaccine (9vHPV) (Gardasil 9, Merck and Co., Inc.). The 9vHPV vaccine, along with bivalent HPV vaccine (2vHPV) (Cervarix, GlaxoSmithKline) and quadrivalent HPV vaccine (4vHPV) (Gardasil, Merck and Co., Inc) can be used for routine vaccination of children and adolescents 11 through 12 years of age. HPV vaccine can also be administered to children as young as 9 years of age. (The 2vHPV vaccine is not indicated for use in males, as it contains only the serotypes associated with cervical cancer.)

The 9vHPV vaccine is similar to the quadrivalent HPV vaccine in that it contains four of the same HPV strains, 6, 11, 16, and 18. It also contains an additional five strains (31, 33, 45, 52, and 58) which account for 15% of cervical cancers, resulting in approximately 80% total coverage for the HPV stains that have been associated with cervical cancer.

The three products, 9vHPV, 4vHPV, and 2vHPV, can be used for catch-up vaccination for females aged 13 through 26 years. Only 9vHPV and 4vHPV should be used for males aged 13 through 21 years who have not been previously vaccinated. In addition, these two vaccine products can be used for men who have sex with men (MSM) and immunocompromised men (including those with HIV infection) through 26 years of age if not previously vaccinated.

Health care providers who do not know the previous HPV vaccination history of their patients or who are transitioning to 9vHPV9, can use any HPV vaccine product to continue or complete the series for females. Only 9vHPV and 4vHPV should be used to continue or complete the series for males. More information regarding 9vHPV, including safety and efficacy data is available on the CDC website at: <http://www.cdc.gov/mmwr/pdf/wk/mm6411.pdf>

New Meningococcal B Vaccines

Two meningococcal B serogroup vaccines were licensed in 2014: Trumenba® (Pfizer) and Bexsero® (Novartis). Both vaccines are licensed for persons aged 10 through 25 years, and ACIP recommends their use in persons of this age range who have high risk conditions including complement component deficiencies, functional or anatomic asplenia, and for microbiologists routinely exposed to *N. meningitidis*, or persons exposed during a meningococcal serogroup B outbreak. The ACIP guidelines for meningococcal B vaccines are expected to be published later this year.

Important Vaccine Recall

GSK is voluntarily recalling all remaining lots of 2014-2015 FLUAVAL® QUADRIVALENT Thimerosal-Free Pre-Filled Syringes (PFS)*. As part of stability testing, GSK observed loss of potency below the minimum specification prior to product expiration for the B strains included in the vaccine. The lots are being recalled due to the potential for reduced efficacy offered by the vaccine and not as a result of any identified safety concern.

Please forward this update to the appropriate staff in your organization. If you have any questions or concerns, you may contact our main office at (213) 351-7800 or visit our website at: www.publichealth.lacounty.gov/ip.

Sincerely,



A Nelson EL Amin, M.D., M.P.H.
Medical Director

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