

**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**ROBERT KIM-FARLEY, M.D., M.P.H.**  
Director, Communicable Disease Control and Prevention

### **Immunization Program**

**MICHELLE T. PARRA, Ph.D.,** Director  
**A. NELSON EL AMIN, M.D., M.P.H.,** Medical Director

3530 Wilshire Boulevard, Suite 700  
Los Angeles, California 90010  
TEL (213) 351-7800 • FAX (213) 351-2780

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

February 22, 2012

#### **BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

Dear Healthcare Provider:

Re: **WINTER 2012 IMMUNIZATION UPDATE**

### **HIGHLIGHTED IMMUNIZATION SCHEDULE CHANGES**

#### **Child and Adolescent Immunization Schedule Changes:**

On February 10, 2012, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) published the Recommended Immunization Schedules for Persons Aged 0-18 years -- United States, 2012 ([MMWR 2011;61\[05\];1-4](#)). A copy of the new schedule is enclosed. Providers are encouraged to review all three schedules and footnotes to ensure they understand the changes. The complete schedule can be found on the Immunization Program or CDC websites at [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip) or [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) respectively.

Several important updates were made to the child and adolescent schedule to provide additional guidance and clarification for providers. The updates include:

- Human papillomavirus (HPV), Influenza, Tetanus, diphtheria, acellular pertussis (Tdap) and Meningococcal conjugate vaccine (MCV4): The footnotes for HPV, Influenza, and MCV4 have been updated to reflect recent ACIP recommendations published in the MMWR. Copies of the individual ACIP Recommendations for each vaccine can be found on the CDC website at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.
- Hepatitis B: Recommendations for post-exposure prophylaxis for infants born to women whose hepatitis B surface antigen (HBsAg) status is unknown have been included in the footnotes. The recommendations state:
  - Infants weighing <2000 grams should receive a dose hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
  - Infants weighing >2000 grams should receive hepatitis B vaccine within 12 hours of birth. If it is determine that the mother is HBsAg positive, administer HBIG (no later than 7 days after birth). Details of perinatal management of HBsAg positive women and their infants can be found at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.
- Haemophilus influenzae type B (Hib): Information on use of Hiberix as the booster (final) dose for children aged 12 months through 4 years has been added. In addition, the catch-up schedule has been updated to include recommendations to vaccinate persons aged ≥ 5 years who have sickle cell disease, human immunodeficiency virus (HIV) infection, or anatomic/functional asplenia.

- Measles, mumps, rubella (MMR): Recommendations for use of MMR vaccine in infants aged 6 – 11 months of age who are traveling internationally has been added to the 2012 schedule.
  - Infants who meet these criteria should receive one dose of MMR prior to travel.
  - Begin the 2-dose recommended series at 12 – 15 months of age (at least 4 weeks after the previous travel dose). The second and final dose should be given at 4 – 6 years of age.

### **Adult Immunization Schedule Changes**

On February 3, 2012 CDC published the Recommended Immunization Schedule for Adults – United States, 2012 ([MMWR 2011; 61\[04\]; 1-7](#)). Many of the footnotes have been updated to further define or clarify information included in the schedule. The changes to the 2012 Adult Immunization schedule include:

- Tdap: A yellow and purple bar has been added to Figure 1 to indicate that Tdap is recommended for persons  $\geq 65$  years if they have close contact with an infant  $<12$  months of age. Persons aged  $\geq 65$  years who do not have contact with infants may receive either Tdap or Td.
- MCV4: The footnotes have updated to provide additional clarification regarding new recommendations.
  - Unvaccinated military recruits should receive a single dose of MCV4.
  - First-year college students up through age 21 years who are living in residence halls should be vaccinated if they have not received a dose on or after their 16th birthday.
- Zoster: The footnote has been updated to indicate that while Zoster vaccine is not specifically recommended for healthcare personnel (HCP), HCP should be vaccinated if they meet the age requirement of  $>60$  years.
- Pneumococcal polysaccharide vaccine (PPSV): Changes to the footnotes include:
  - Footnote 8 now includes examples of functional and anatomic asplenia.
  - All persons with diagnosed with HIV should be vaccinated with PPSV.
  - Footnote 9 provides guidance on recommendations for revaccination. Persons who received one previous dose of PPSV before age 65 and it's been at least 5 years since that dose, should receive an additional dose at age 65 years or later.

### **Additional Immunization Related Information**

#### **HPV Vaccinations for Males**

In December 2011, ACIP published new recommendations for HPV4 (Gardasil) vaccine for use in males. ACIP now recommends:

- *Routine* vaccination for males aged 11-12 years and catch-up vaccination for males aged 13 – 21 years not previously vaccinated or did not complete the series. The 3-dose series can be started as early as 9 years of age.
- HPV vaccine is also indicated for men who have sex with men (MSM) or have HIV through age 26 years. However, men who do not fall in either of these categories should be vaccinated through age 21 years.
- Gardasil is the only recommended HPV vaccine for males.

These recommendations replace the October 2009 ACIP guidance that was permissive but fell short of a routine recommendation for males. A copy of the recommendations can be found in the Morbidity and Mortality Weekly Report (MMWR) at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>.

## Hepatitis B Vaccine for Diabetics

In December 2011, ACIP published recommendations to include diabetics as one of the high-risk groups requiring hepatitis B vaccination. The new recommendations include:

- Hepatitis B vaccinations for unvaccinated adults aged 19-59 years with diabetes.
- Hepatitis B vaccine may also be administered to unvaccinated adults with diabetes aged  $\geq 60$  years at the discretion of the physician.
- The 3-dose series should be administered at 0, 1, and 6 months depending on the type of vaccine used. Either formulation, single antigen hepatitis B vaccine or the combination hepatitis B/hepatitis A vaccine, may be used.

Details of the new recommendation can be found in the MMWR at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm>.

## ACIP Recommendations for Healthcare Personnel

In November 2011, ACIP released new immunization recommendations for healthcare personnel (HCP). Here is a summary of the changes made in the new recommendations:

- Hepatitis B: HCP and trainees born in areas with high rates of hepatitis B should be tested for HBsAg and anti-HBc/anti-HBs to determine infection status.
- Influenza: Influenza vaccine should be administered to all HCP including those who do not have direct patient contact.
- MMR: History of disease is no longer adequate as presumptive evidence of measles or mumps immunity; laboratory confirmation of immunity should be required. In addition 2 doses of MMR are recommended for adequate measles and mumps protection.
- Tdap: All HCP should receive a dose of Tdap if they have not been previously vaccinated.
- Varicella: Evidence of immunity should include 1) written documentation of 2 doses, 2) laboratory evidence of immunity or confirmation of disease, and 3) previous diagnosis of varicella or herpes zoster by a healthcare provider.
- MCV4: HCP with anatomic/functional asplenia, HIV, or complement deficiencies should receive a 2-dose series. HCP's who remain at high risk should be revaccinated every 5 years.

A copy of the recommendations can be on the CDC website at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

## New CDC Storage and Handling Guide

The CDC recently released new vaccine storage and handling guidelines. Two important changes have been made to the guidelines:

- Varicella: Varicella should be stored at  $-58^{\circ} - +5^{\circ}\text{F}$  ( $-50^{\circ}\text{C}$  and  $-15^{\circ}\text{C}$ ). **Do not store below  $-58^{\circ}\text{F}$  ( $-50^{\circ}\text{C}$ )**. Recent studies by Merck have demonstrated that the vaccine may not be stable in temperatures below  $-58^{\circ}\text{F}$  ( $-50^{\circ}\text{C}$ ).
- Transporting varicella: When transporting varicella vaccine, the vaccine should be placed on frozen or refrigerated gel packs **not dry ice** as previously recommended. The guidelines are in accordance with new varicella storage and handling guidelines issued by Merck.
- Storage bins: Uncovered storage bins with solid sides are now okay to use for storing vaccine. This is a change from the previous recommendation of uncovered storage bins with slotted or open sides to store vaccine. Recent studies conducted by the National

Institute of Standards and Technology (NIST) demonstrated that uncovered bins with solid sides can be used to store of vaccines.

A complete copy of the new storage and handling guidelines should be downloaded from the CDC website at <http://www.cdc.gov/vaccines/recs/storage/guide/default.htm> and maintained in each provider office to ensure vaccines are stored appropriately.

### **Revisions to the List of Reportable Diseases – Hepatitis B**

In July 2011, Title 17 of the California Code of Regulations (CCR) Section 2505 Reportable Diseases and Conditions was revised by the California Department of Public Health (CDPH). The new regulations satisfy the most recent communicable disease surveillance case definitions established by the CDC. Testing requirements for chronic hepatitis B now include:

- A negative result for IgM antibodies to hepatitis B core antigen (IgM anti-HBc) and a positive result of one of the following tests: hepatitis B e antigen (HBeAg) or hepatitis B virus (HBV) DNA or;
- HBsAg positive or HBV DNA positive or HBeAg positive two times at least 6 months apart (Any combination of these tests performed 6 months apart is acceptable).

For more information on testing requirements for Hepatitis B review the CDC website of [http://www.cdc.gov/osels/ph\\_surveillance/nndss/phs/infdis2011.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2011.htm)

### **New Vaccine Information Statements**

The following Vaccine Information Statements (VIS) have been updated and can be downloaded for use: Meningococcal (10/14/11), Hepatitis A (10/25/11), IPV (11/8/11), Hepatitis B (2/2/12), Japanese Encephalitis (12/7/11), Tdap (1/24/12), and HPV (Gardasil) (2/22/12). As a reminder, the most current version of the VIS should be given to the parent/patient prior to administering any vaccine. Current versions in various languages can be downloaded from the Immunization Action Coalition website at <http://www.immunize.org/vis/>.

### **B-71 Updates**

The B-71 has a new look. The format has been changed to provide healthcare providers with quick and easy access to the recommended immunization schedule as well as an overview of the indications for use, contraindications, precautions, and proper storage and handling procedures. The following sections have been updated and included in the B-71: Hepatitis B Immune Globulin (HBIG), Hepatitis B, HPV, and Tdap.

Please forward this update to your colleagues and staff. Please contact our main office for any questions or concerns at (213) 351-7800 or visit our website at [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip).

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

ANE:MB:lg

Attachments