

# IDAHO PREVENTIVE CARE RECOMMENDATIONS

## ADOLESCENT AGES 11-18

### IMMUNIZATIONS

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## HEPATITIS A

Series of 2 Doses, 6-12 months apart if not administered previously

One dose is 750 Elu/0.5 ml Havrix (Glaxo Smith Kline) or 25 u per 0.5 ml VAQTA (Merck)

## HEPATITIS B

Series of 3 doses by age 11 to 12

- Dose 2, at least 4 weeks after Dose 1
- Dose 3, usually given 6 months after Dose 1 (but must be given at least 16 weeks after first dose and 8 weeks after second dose)

An alternate schedule using 2 Doses is available for adolescent's ages 11-15 years

- Recombivax (Merck) 10mg must be used
- Dose 2 to be given 4-6 months after Dose 1

## HUMAN PAPILOMA VIRUS 9-VALENT (9vHPV)

Series of two doses administered to healthy girls and boys at the 11-12 year pre-middle school visit. The vaccine is approved to give in a 2-dose series as early as 9 year of age through 14 years of age. When the series of vaccines is initiated from 15 through 26 years or to immunocompromised persons, the vaccine should be administered in a 3-dose series.

#### **Ages 9 through 14 years, and healthy**

**Dose 1:** Girls and boys

**Dose 2:** 6 to 12 months after 1<sup>st</sup>

#### **Ages 15 through 26 years, or immunocompromised girls or boys ages 9 through 26 years**

**Dose 1:** Females and males

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**Dose 2:** 2 months after first dose

**Dose 3:** 6 months after 1<sup>st</sup> dose (at least 12 weeks after Dose 2 and at least 24 weeks after Dose 1)

The number of doses is determined by the age of the person when the series is initiated.

Persons who have started the series with HPV-4 valent vaccine (4vHPV) should finish the series using 9vHPV.

If adequately vaccinated with 4vHPV, no need to have additional doses of 9vHPV.

Patient should remain seated for 15 minutes after receipt of vaccine due to reports of syncope.

## **INFLUENZA**

All adolescents should be vaccinated annually. Vaccine may be administered as soon as it is delivered to the provider in order not to miss opportunities, but administering vaccine in the autumn months, closer to the influenza season, tends to provide best protection. Influenza vaccine should continue to be given as long as influenza virus is circulating and vaccine has not expired.

If the adolescent receives the influenza vaccine from January through June, they should also receive the next season's influenza vaccine when it becomes available the following autumn, even though it is in the same calendar year

Allergy to ingested egg is not a contraindication to either IIV or LAIV. As with all vaccines, influenza vaccine should be administered in a setting where personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

LAIV is currently not recommended in the U.S.

## **MMR**

Two doses by age 11 to 12 years (at least 4 weeks between doses)

This is a catch-up immunization, if it was not already provided at the time of school entry

Do not give to pregnant patients

## **MENINGOCOCCAL A, C, Y, W-135 (MCV4)**

One dose of MCV4 at age 11 through 12 years with a booster dose at age 16 years. For adolescents vaccinated at age 13 through 15 years, a one-time booster dose should be given five years after the first dose through 21 years of age. If first dose administered ages 16 through 18, no booster dose is needed.

Persons with complement deficiencies, asplenia, HIV, microbiologists, and travelers to high risk areas should be revaccinated every five years with MCV4, as long as the condition or risk continues.

Individuals with complement deficiency, asplenia, or HIV mount a sub-optimal response to one dose of meningococcal conjugate vaccine (MCV4). Even though a second dose is recommended for those populations five years after the first dose, the recommendation has been approved for a two-dose primary series 8 weeks apart, followed by a booster dose every 5 years as long as the high risk condition continues.

When using Menactra® in those with functional or anatomic asplenia you should wait at least 4 weeks after completing the PCV 13 series to provide a dose of meningococcal vaccine. There is no need for a separation between doses PVC 13 and meningococcal vaccine when using Menveo®.

A helpful table outlining recommendations by age and risk factor for meningococcal vaccine is available from the [Immunization Action Coalition](#).

## **MENINGOCOCCAL B**

A series should be given to those ages 10 years and above who are at increased risk due to complement component deficiency, asplenia, or during an outbreak as defined by local public health officials.

For those at increased risk, the series consists of 2 doses of Bexero® given 1 to 6 months apart or a 3 dose series of Trumenba®, with dose 2 given 1 to 2 months after the first dose and dose 3 given 6 months after the first dose.

A series may also be given to adolescents ages 16 through 23 years of age for short-term protection against most strains of serogroup B meningococcal disease. Because the adolescent recommendation is only a Category B (ACIP) level recommendation, clinicians should make the decision to administer the series after a joint decision discussion with the patient.

For these lower risk patients, a series consists of 2 doses of Bexero® given 1 to 6 months apart or a 2 dose series of Trumenba®, with dose 2 given 6 months after the first dose. If the second dose is given at an interval of less than 6 months, a third dose should be given at least 6 months after the first dose.

## **PNEUMOCOCCAL CONJUGATE (PCV13)**

PCV13 naïve adolescents with CSF leaks, cochlear implants, sickle cell disease, asplenia, immunocompromising conditions, or HIV should receive one dose of PCV13.

For HIV-infected adolescents through 17 years on HAART who have not been previously immunized with any PCV, practitioners may consider administering 2 doses of PCV13 separated by 8 weeks with a dose of PPSV23 at least 8 weeks after the last dose of PCV13.

## **PNEUMOCOCCAL POLYSACCHARIDE (PPSV23)**

Adolescents at **HIGH RISK** should be immunized once with the 23-valent pneumococcal vaccine

A one-time re-immunization should be considered after 5 years for individuals who have functional or anatomic asplenia, sickle cell disease, or are immunocompromised.

**HIGH RISK** includes:

- Persons with chronic illness such as cardiovascular disease, pulmonary disease, diabetes mellitus, chronic liver disease or cerebral spinal fluid leaks
- Persons who have functional or anatomic asplenia
- Immunocompromised individuals such as those with HIV, leukemia, lymphoma, chronic renal failure, nephrotic syndrome, or organ transplantation
- Smokers
- Residents of special environments or social settings with increased risk of pneumococcal disease or its complications such as Alaskan Natives and certain American Indian populations

For those high risk adolescents who should receive a dose of PCV13, administer the PCV13 prior to administering doses of PPSV23.

## **TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS (Tdap)**

One dose in early adolescence, usually at age 11-12 years. The dose may be given as early as age 10 years.

One dose of Tdap may be given to adolescents age 13-18 years who missed the 11-12 year dose.

If adolescent has not received three doses of a tetanus containing vaccine during their childhood, then provide the number of doses needed with the second dose at least 4 weeks after the first, and the third dose at least 6 to 12 months after the second dose. One dose should be Tdap.

Adolescents ages 11-18 years who have already been immunized with Td during their adolescence are encouraged to receive a dose of Tdap any time after the Td dose to further protect against pertussis.

## **VARICELLA**

If no history of immunity or no history of two doses of vaccine, give two doses:

- Dose 2 given 3 months after Dose 1 for adolescents through age 12 years
- Dose 2 given 4-8 weeks after Dose 1 for adolescents age 13 years or older

Do not give to pregnant patients.

