

Immunization Update and ACIP Highlights – October 2019

November 13, 2019

The Advisory Committee on Immunization Practices (ACIP) of the CDC met on October 23-24 to provide guidance on vaccines. For archives of minutes and slides, go to the [ACIP meeting website](#) and click on Meeting Materials. Below are the key highlights:

- Vote allowing for either Td or Tdap to be used for decennial tetanus booster, wound tetanus prophylaxis or for additional catch-up doses in persons ≥ 7 years.
- Vote approving the revised Childhood schedule for 2020
- Vote approving revised Adult schedule for 2020
- Discussion of quadrivalent influenza high-dose influenza vaccine (QIV-HD) for persons age ≥ 65 years predicted to be available for the 2020-2021 season
- US measles outbreak in 2018-2019 reviewed
- CDC announced world eradication of Polio Type 3

The following includes details of vaccine evidence presented, committee discussion and votes.

Tdap/Td

Current recommendations for Tdap include one dose of Tdap for adolescents age 11-12, or for other persons who need a Td booster, need a dose for tetanus wound management, for tetanus series catch-up, or a dose of Tdap during every pregnancy. Published and unpublished data on the safety of closely spaced Tdap doses was reviewed which showed no increase in adverse events when Tdap was administered as a second or third dose rather than Td.

The committee voted to approve the following language for tetanus containing vaccine recommendations to allow either Tdap or Td to be used in the situations where Td is warranted:

Decennial booster: “To ensure continued protection against tetanus and diphtheria, booster doses of either Td or Tdap should be administered every 10 years throughout life.”

Tetanus prophylaxis for wound management: “For non-pregnant persons with documentation of previous vaccination with Tdap, either Td or Tdap should be used if a tetanus toxoid-containing vaccine is indicated.”

Catch-up immunization: “Persons aged (7-19 years and ≥ 19 years) who have never been vaccinated against pertussis, tetanus or diphtheria should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least 1 dose of Tdap. The preferred schedule is a dose of Tdap, followed by a dose of either Td or Tdap at least 4 weeks afterward and another dose of either Td or Tdap 6 to 12 months later.

Persons aged (7-18 years and ≥ 19 years) who are not fully immunized against pertussis, tetanus or diphtheria should receive 1 dose of Tdap (preferably the first) in the catch-up series; if additional tetanus toxoid-containing doses are required, either Td or Tdap vaccine can be used.”

Prevention of neonatal and obstetrical tetanus: “If more than one dose of a tetanus-toxoid containing vaccine is needed, either Td or Tdap vaccine can be used for those doses.” Tdap should be used as first dose in pregnant woman.

*The committee also provided clarifying guidance that any child who receives a dose of Tdap age ≥ 10 years does not need to repeat at age 11-12 years. Only repeat Tdap at age 11-12 years for those children who receive Tdap at age 7-9 years.

The work group will continue to review whether the tetanus booster could be provided less frequently than every 10 years.

Child and Adult Immunization Schedules

Child and Adult Immunization Schedules were approved and will be published around February 2020. Changes to the Childhood schedule include:

- **DTaP** – Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3
- **Hep A** – Catch-up now recommended as routine to all age 2 through 18 years irrespective of any medical condition
- **Influenza** – When 2-dose series indicated, administer dose 2 even if the child turns 9 years during the influenza season
- **Men ACWY** – Pregnancy in an adolescent is not a reason to avoid providing vaccine according to the standard adolescent recommendation. Complement inhibitor use (eculizumab, ravulizumab) was added as a high-risk indication. For those who have been at high-risk but are not at continued high-risk, follow the adolescent schedule. For those at continued high risk follow the booster schedule
- **MenB** – Booster schedule for those at increased risk
- **Polio** – “Inactivated polio vaccine” note changed to “Polio vaccine” note. Only trivalent oral polio vaccine (OPV) counts toward the US vaccination requirements. Doses of OPV administered on or after April 1, 2016 should not be counted.
- **Tdap** - Guidance for children when vaccine administered ages 7 to 10 years added

Changes to the Adult schedule include

- **Hep A** – For high-risk conditions: added persons with HIV, chronic liver disease definition expanded (e.g. persons with Hepatitis B, Hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an ALT or AST level greater than twice the upper limit of normal), clotting factor removed

- **HPV** – 2 or 3 doses for men through age 26 depending on age series initiated, and shared decision making for persons 27 through 45 years
- **MMR** – In HCP, recommended if born before 1957, and consider for those born before 1957 with no evidence of immunity. Provide 2 doses for measles and mumps immunity or 1 dose for rubella immunity
- **Pneumococcal** – Shared clinical decision making for those age 65 and older
- **Men B** – Follow booster dose recommendations for those at continued high risk and shared clinical decision-making for all persons 19-23 years
- **Tdap** – May be used anytime Td is indicated
- **Varicella** - For adults with HIV infection, vaccination may be considered for those with CD4 count ≥ 200 cells/microliter with no evidence of immunity
- No need to restart any vaccine series in the situation of when intervals between doses are extended beyond stated recommendation

Influenza

So far, 115 million doses of trivalent high dose influenza vaccine (TIV-HD) have been sold since its licensure. In the 2018-2019 season, 2 out of 3 vaccinated adults age 65 years and older received the high dose version of the influenza vaccine, approximately 22 million doses.

The relative effectiveness for high dose TIV compared to standard dose TIV is greater for averting hospitalizations. In the phase III randomized control trial of QIV-HD compared to TIV-HD conducted in adults age 65 years and older, QIV-HD demonstrated non-inferiority to TIV-HD by immune response (GMTs) and seroconversion rates without an impact on the reactogenicity profile, although there were some higher rates of solicited adverse events such as pain at the injection site and myalgias with QIV-HD.

If licensed in November, QIV-HD will be available for pre-order in Q1 2020 and will entirely replace TIV-HD for the 2020-2021 season.

The influenza work group plans to evaluate whether the relative benefits and harms of HD-IIV, adjuvanted IIV, and recombinant influenza vaccine compared with one another and with other influenza vaccines favor the use of these vaccines over others for person aged 65 years and older. The work group has determined the efficacy, effectiveness and safety outcomes to be used in their analysis.

Measles

The US measles outbreak in 2018 and 2019 was reviewed. Outbreaks of vaccine preventable diseases domestically and internationally have led the CDC to create a new strategic framework for strengthening vaccine confidence. The “Vaccinate with Confidence” framework will focus on protecting communities by using every tool available to find and protect communities at risk using tailored, targeted approaches. It plans to empower families by ensuring parents are confident in their decision to vaccinate by strengthening provider-parent vaccine conversations, and it will work to stop myths by using local partners and trusted messengers, establishing new partnerships to contain the spread of misinformation, and educate critical stakeholders about vaccines.

Other vaccines discussed:

ACIP presented data on other vaccines in development or awaiting recommendations including Ebola Vaccine (Merck V920 live-attenuated recombinant vesicular stomatitis virus vaccine) to be used for strategic national stockpile with estimated FDA approval date of Feb-March 2020; newly approved vaccinia virus vaccine (JYNNEOS™) to protect against Smallpox, Dengvaxia® dengue vaccine for use in seropositive persons age 9-16 years in endemic US territories, and Rabies pre exposure prophylaxis dosing.

If you have any questions regarding immunization, feel free to contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Community Health and Prevention, Intermountain Healthcare, at (801) 442-3946.