

# VACCINATE ADULTS!

from the Immunization Action Coalition — [www.immunize.org](http://www.immunize.org)

## What's In This Issue

ACIP Votes to Update Recommendations .....	1
Ask the Experts: CDC Answers Your Questions ...	1
Vaccine Highlights .....	4
New! MenB Vaccine: CDC Answers Questions ...	5
Updated! MenB Vaccine Recommendations by Age and Risk Factor .....	7
Updated! Standing Orders for MenB Vaccine ...	8
Updated! MenACWY Vaccine Recommendations by Age and Risk Factor .....	9
Standing Orders for MenACWY Vaccines .....	10
Resources to Help Improve Your MenACWY Dose #2 Coverage for 16-Year-Olds .....	11
Updated! Meningococcal Q&As – for Patients ..	12
Meningococcal Handout to Give to Patients .....	13
Which Vaccines Do I Need Today? A Screening Form for Adults .....	14
Updated! IAC's Temperature Logs .....	15
Use this Checklist to Protect Your Vaccines .....	16
Vaccine Handling Tips .....	17
Products You Can Purchase from IAC .....	18
Please Donate to IAC! .....	19
IAC's Immunization Resources Order Form .....	20

## Ask the Experts

The Immunization Action Coalition extends thanks to our experts, medical officer Andrew T. Kroger, MD, MPH, and nurse educator Donna L. Weaver, RN, MN, both with the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC).

### HPV vaccine

#### What is the new HPV vaccine schedule recommendation?

In October 2016, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a routine 2-dose HPV vaccine schedule for adolescents who start the vaccination series before the 15th birthday. The two doses should be separated by 6–12 months (the minimum interval between doses is 5 months). A 3-dose schedule continues to be recommended for people who start the series on or after the 15th birthday and for people

## ACIP Votes to Update Recommendations for HPV, Tdap, MenB, and HepB Vaccines

On October 19–20, CDC's Advisory Committee on Immunization Practices (ACIP) met in Atlanta and voted to update several of its existing vaccine recommendations. Some of the changes are described below.

### Human Papillomavirus (HPV) Vaccine

ACIP voted to change the HPV vaccination schedule from a 3-dose to a 2-dose series for adolescents who begin the HPV series at 9 through 14 years of age, regardless of age at series completion. Those who start the series later, at 15 through 26 years of age, or who are immunocompromised, will continue to need 3 doses.

The 9vHPV vaccine (HPV9, Gardasil 9, Merck) will soon be the only HPV vaccine available in the U.S. As of October 2016, Merck is distributing only HPV9, and supplies of 2vHPV (Cervarix, GSK) in the U.S. are now depleted. HPV9 may be used to complete a series begun with 4vHPV (HPV4, Gardasil, Merck) or 2vHPV.

### Meningococcal Serogroup B Vaccine

Bexsero (MenB-4C, GSK) has previously been recommended by ACIP for use as a 2-dose series for high-risk individuals and in outbreak settings, and may also be administered to healthy individuals age 16 through 23 years. In April, FDA approved a label change giving MenB-FHbp (Trumenba, Pfizer) as either a 2-dose (0, 6 months) or 3-dose

(0, 1–2, 6 months) series. ACIP voted to recommend that healthcare providers who use Trumenba continue to use the 3-dose series when vaccinating people at increased risk of meningococcal serogroup B disease (e.g., people with persistent complement component deficiencies or anatomical or functional asplenia) or during serogroup B outbreaks. The 2-dose series of Trumenba can be used for routine vaccination for healthy people age 16 through 23 years.

### Tdap Vaccine

Previous ACIP recommendations called for prenatal care providers to vaccinate all pregnant women with Tdap vaccine during each pregnancy with optimal timing for this dose designated between 27 and 36 weeks gestation. In October, ACIP voted to recommend administering Tdap vaccination early in the 27- through 36-week "window" to maximize passive antibody transfer to the infant. The new recommendations also clarify that children age 7 through 10 years who receive Tdap as part of a catch-up series may be given an additional Tdap for the routinely recommended adolescent dose at 11–12 years of age.

### Hepatitis B Vaccine

ACIP voted to approve a new guidance document that consolidates all previously published recommendations into a comprehensive statement. ♦

with certain immunocompromising conditions (such as cancer, HIV infection, or taking immunosuppressive drugs). An updated ACIP statement was published on December 15, and is available at [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549.pdf), pages 1405–8.

#### Has ACIP expressed a preference for the 2-dose over the 3-dose schedule for adolescents 9 through 14 years of age?

Yes. ACIP recommends the 2-dose schedule for people starting the HPV vaccination series before the 15th birthday, as long as they are immunocompetent.

#### Does the 2-dose HPV vaccine schedule need to be completed with the same vaccine, or can it include different vaccines (such as bivalent or quadrivalent vaccine)?

The 2-dose schedule can be completed with any combination of HPV vaccine brands as long as dose #1 was given before age 15 years. Dose #2 should be administered 6–12 months after dose #1.

#### If dose #1 of HPV vaccine was given before the 15th birthday and it has been more than a year since that dose was given, would the series be complete with just one additional dose?

Yes. Adolescents and adults who started the HPV vaccine series prior to the 15th birthday and who are not immunocompromised are considered to be adequately vaccinated with just one additional dose of HPV vaccine.

#### We have adolescents in our practice who have received the first 2 doses of the HPV

Ask the Experts...continued on page 2 ►

### Immunization questions?

- Email [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov)
- Call your state health department (phone numbers at [www.immunize.org/coordinators](http://www.immunize.org/coordinators))

## Vaccinate Adults

online at [www.immunize.org/va](http://www.immunize.org/va)  
**Immunization Action Coalition**

2550 University Ave. W., Suite 415 North  
Saint Paul, MN 55114  
Phone: (651) 647-9009  
Email: [admin@immunize.org](mailto:admin@immunize.org)  
Websites: [www.immunize.org](http://www.immunize.org)  
[www.vaccineinformation.org](http://www.vaccineinformation.org)  
[www.immunizationcoalitions.org](http://www.immunizationcoalitions.org)  
[www.give2mcv4.org](http://www.give2mcv4.org)

*Vaccinate Adults* is a publication of the Immunization Action Coalition (IAC) for healthcare professionals. Content is reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy. This publication is supported in part by CDC Grant No. 6NH23IP922550. Content is solely the responsibility of IAC and does not necessarily represent the official views of CDC. ISSN 1526-1824.

### Publication Staff

Editor: Deborah L. Wexler, MD  
Associate Editors: William L. Atkinson, MD, MPH; Diane C. Peterson  
Consulting Editors: Teresa Anderson, DDS, MPH; Marian Deegan, JD

### IAC Staff

Chief Strategy Officer:  
L.J. (Litjen) Tan, MS, PhD  
Associate Director for Research:  
Sharon G. Humiston, MD, MPH  
Coordinator for Public Health:  
Laurel Wood, MPA  
Nurse Consultant: Pat Vranesich, RN, BSN  
Coordinator for Hepatitis B Projects:  
Lynn Pollock, RN, MSN  
Perinatal Hepatitis B Consultant:  
Beth Rowe-West, BSN  
Policy Consultant: Sarah R. Landry, MA  
Senior Admin. for Grants and Leadership:  
Julie Murphy, MA  
Senior Project Manager: Robin VanOss  
Operations Manager: Casey Pauly  
Project Administrator: Chrystal Mann

IAC publishes a free email news service (*IAC Express*) and two free periodicals (*Vaccinate Adults* and *Needle Tips*). To subscribe, go to [www.immunize.org/subscribe](http://www.immunize.org/subscribe).

IAC, a 501(c)(3) charitable organization, publishes practical immunization information for healthcare professionals to help increase immunization rates and prevent disease.

### The Immunization Action Coalition is also supported by

Pfizer Inc., Merck Sharp & Dohme Corp., GlaxoSmithKline, Sanofi Pasteur, AstraZeneca, Seqirus, Physicians' Alliance of America, Besse Medical, American Pharmacists Association, Mark and Muriel Wexler Foundation, Herbert and Jeanne Mayer Foundation, and many other generous donors.

IAC maintains strict editorial independence in its publications.

### IAC Board of Directors

Stephanie L. Jakim, MD  
*Olmsted Medical Center*

Sheila M. Specker, MD  
*University of Minnesota*

Debra A. Strodthoff, MD  
*Amery Regional Medical Center*

Deborah L. Wexler, MD  
*Immunization Action Coalition*

## Ask the Experts...continued from page 1

**series 1 or 2 months apart according to the 3-dose schedule. Can we consider their HPV vaccine series to be complete or do we need to give these patients a third dose?**

People who have received 2 doses of HPV vaccine separated by less than 5 months should receive a third dose 6–12 months after dose #1 and at least 12 weeks after dose #2.

**Will the 2-dose recommendation be retroactive for children and teens vaccinated prior to 2016?**

Yes. Any person who ever received 2 doses of any combination of HPV vaccines can be considered fully vaccinated if dose #1 was given before the 15th birthday and the 2 doses were separated by at least 5 months.

## MenACWY vaccine

**Please review the new recommendations for use of MenACWY vaccine in people with human immunodeficiency virus (HIV) infection.**

A growing body of evidence supports an increased risk for meningococcal disease in HIV-infected people. The Advisory Committee on Immunization Practices (ACIP) recommends that all HIV-infected people 2 months of age and older should routinely receive an age-appropriate MenACWY vaccine (Menactra, Sanofi Pasteur; Menveo, GSK).

People age 2 years and older with HIV infection who have not been previously vaccinated should receive a 2-dose primary series of MenACWY vaccine (doses separated by 8–12 weeks). People with HIV infection who have previously received one dose of MenACWY should receive a second dose at the earliest opportunity (at least 8 weeks after the previous dose). Adolescents and adults should receive a booster dose of MenACWY vaccine every 5 years throughout life.

**I have an HIV-positive 64-year-old patient who received MenACWY vaccine last week. Was this the correct vaccine for this patient or should he have gotten meningococcal polysaccharide vaccine (MPSV4, Sanofi Pasteur) due to his age? Also, should this patient get another dose in 2 months?**

MenACWY was the correct vaccine in this situation. The 2013 ACIP recommendations on MenACWY vaccination recommend the use of meningococcal conjugate vaccine in adults age 56 years and older who

were vaccinated previously with MenACWY and now need revaccination, or are recommended to receive multiple doses. A person of this age with HIV infection should receive 2 doses of MenACWY separated by 8–12 weeks. Both MenACWY vaccines are licensed for use in people through age 55 years, which means that the use of these vaccines in people age 56 and older is off-label but recommended by ACIP.

## MenB vaccine

**Which individuals in risk groups are recommended to be vaccinated against meningococcal serogroup B disease?**

CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine MenB vaccination of the following individuals in certain risk groups:

- People age 10 years and older who have functional or anatomic asplenia
- People age 10 years and older who have persistent complement component deficiency, including people taking eculizumab (Soliris)
- People age 10 years and older who are at risk during an outbreak caused by a vaccine serogroup, such as on a college campus
- Microbiologists who work with meningococcus bacteria in a laboratory

Both MenB vaccines are licensed for use in people through age 25 years, which means that the use of these vaccines in people age 26 and older is off-label but recommended by ACIP.

**Which individuals are recommended to be vaccinated against meningococcal serogroup B disease who are not in risk groups?**

ACIP recommends that a MenB vaccine series (Bexsero, MenB-4C, GSK; Trumenba, MenB-FHbp, Pfizer) may be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This Category B recommendation gives clinicians an opportunity to discuss the value of MenB vaccination with their patients and to make a decision together about the individual's need or desire for the vaccine based on risks, benefits, and wish for protection from the disease. Because it is a Category B recommendation, MenB vaccination is covered by the Vaccines for Children Program for anyone who is eligible. Under the Affordable Care Act, private insurance must also cover the costs of both Category A and B recommended vaccines.

Ask the Experts...continued on page 3 ►

Subscribe to *IAC Express*, the Immunization Action Coalition's e-news and information service at [www.immunize.org/subscribe](http://www.immunize.org/subscribe)

DISCLAIMER: *Vaccinate Adults!* is available to all readers free of charge. Some of the information in this issue is supplied to us by the Centers for Disease Control and Prevention in Atlanta, Georgia, and some information is supplied by third-party sources. The Immunization Action Coalition (IAC) has used its best efforts to accurately publish all of this information, but IAC cannot guarantee that the original information as supplied by others is correct or complete, or that it has been accurately published. Some of the information in this issue is created or compiled by IAC. All of the information in this issue is of a time-critical nature, and we cannot guarantee that some of the information is not now outdated, inaccurate, or incomplete. IAC cannot guarantee that reliance on the information in this issue will cause no injury. Before you rely on the information in this issue, you should first independently verify its current accuracy and completeness. IAC is not licensed to practice medicine or pharmacology, and the providing of the information in this issue does not constitute such practice. Any claim against IAC must be submitted to binding arbitration under the auspices of the American Arbitration Association in St. Paul, Minnesota.

IAC's "Ask the Experts" team from the Centers for Disease Control and Prevention



Andrew T. Kroger, MD, MPH



Donna L. Weaver, RN, MN

Ask the Experts...continued from page 2

**What is the new schedule for Trumenba MenB vaccine?**

The Food and Drug Administration approved a 2-dose schedule for Trumenba in April 2016. At its October 2016 meeting, ACIP voted to recommend a 2-dose schedule of Trumenba for people not at increased risk of MenB (for example, healthy adolescents). The two doses should be administered at least 6 months apart. ACIP recommends that people at increased risk of MenB disease (complement component deficiency, functional or anatomic asplenia, at risk during an outbreak of meningococcal B disease, and certain microbiologists) receive a 3-dose Trumenba series with dose #2 and dose #3 administered 2 and 6 months after dose #1.

The schedule for Bexsero has not changed. Bexsero is a 2-dose series with dose #2 given at least 1 month after dose #1.

**Should college students be vaccinated against meningococcal B disease?**

Although several small meningococcal serogroup B disease outbreaks have occurred on college campuses since 2013, college students in general are not at higher risk of meningococcal B disease than people of the same age who are not college students. Consequently, ACIP does not routinely recommend MenB vaccination for college students. However, college students may choose to receive MenB vaccine to reduce their risk of serogroup B meningococcal disease.

**Stay current with FREE subscriptions**

The Immunization Action Coalition's 2 periodicals, *Vaccinate Adults* and *Needle Tips*, and our email news service, *IAC Express*, are packed with up-to-date information.

**Subscribe to all 3 free publications in one place. It's simple! Go to**

[www.immunize.org/subscribe](http://www.immunize.org/subscribe)

**ACIP recommendations for MenB vaccine say the vaccine will provide "short term protection." What does "short term protection" mean?**

MenB vaccines were approved based on the serologic response to the vaccine. No data are available on vaccine effectiveness against clinical disease or duration of protection against clinical disease. Short term protection refers to the known duration of the antibody response. Available data indicate that a protective antibody level should persist in most recipients for 24–48 months after vaccination. This issue will continue to be monitored. For more information, see the ACIP recommendations at [www.cdc.gov/mmwr/pdf/wk/mm6441.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6441.pdf), pages 1171–5.

**Can the MenB series be completed with a different MenB brand from the one the series was begun with?**

No. You may not switch MenB vaccines in order to complete a series. The series must be started and completed with the same MenB brand.

**Can meningococcal conjugate (MenACWY) and MenB vaccines be given at the same visit?**

Yes. Meningococcal conjugate and MenB vaccines can be given at the same visit or at any time before or after the other.

**Which groups of patients should receive a booster dose of MenB vaccine after completion of the series?**

ACIP does not currently recommend booster doses of MenB vaccine for any group. ♦

To find more than **1,000** Ask the Experts Q&As answered by CDC experts, visit [www.immunize.org/askexperts](http://www.immunize.org/askexperts)

Additional Ask the Experts Q&As are included in IAC's free weekly e-newsletter, *IAC Express*. Subscribe at [www.immunize.org/subscribe](http://www.immunize.org/subscribe).

**Vaccinate Adults correction policy**

If you find an error, please notify us immediately by sending an email message to [admin@immunize.org](mailto:admin@immunize.org). We publish notification of significant errors in our email announcement service, *IAC Express*. Be sure you're signed up for this service. To subscribe, visit [www.immunize.org/subscribe](http://www.immunize.org/subscribe).

**Advisory Board**

**Liaisons from Organizations**

- Bernadette A. Albanese, MD, MPH**  
Council of State & Territorial Epidemiologists
  - Stephen L. Cochi, MD, MPH**  
Nat'l Ctr. for Immun. & Resp. Diseases, CDC
  - Bruce Gellin, MD, MPH**  
National Vaccine Program Office, DHHS
  - Neal A. Halsey, MD**  
Institute for Vaccine Safety, Johns Hopkins Univ.
  - Claire Hannan, MPH**  
Association of Immunization Managers
  - Carol E. Hayes, CNM, MN, MPH**  
American College of Nurse-Midwives
  - Gregory James, DO, MPH, FACOFP**  
American Osteopathic Association
  - Samuel L. Katz, MD**  
Pediatric Infectious Diseases Society
  - Elyse Olshen Kharbanda, MD, MPH**  
Society for Adolescent Health and Medicine
  - Marie-Michele Leger, MPH, PA-C**  
American Academy of Physician Assistants
  - Kimberly Martin**  
Assn. of State & Territorial Health Officials
  - Lisa M. McKeown, MPH**  
Nat'l. Assn. of County & City Health Officials
  - Kathleen M. Neuzil, MD, MPH**  
American College of Physicians
  - Paul A. Offit, MD**  
Vaccine Education Ctr., Children's Hosp. of Phila.
  - Walter A. Orenstein, MD**  
Emory Vaccine Center, Emory University
  - Mitchel C. Rothholz, RPh, MBA**  
American Pharmacists Association
  - Thomas N. Saari, MD**  
American Academy of Pediatrics
  - Margot L. Savoy, MD, MPH**  
American Academy of Family Physicians
  - William Schaffner, MD**  
Infectious Diseases Society of America
  - Anne Schuchat, MD**  
Centers for Disease Control and Prevention
  - Rhoda Sperling, MD**  
Amer. College of Obstetricians & Gynecologists
  - Thomas E. Stenvig, RN, PhD**  
American Nurses Association
  - Ann S. Taub, MA, CPNP**  
National Assn. of Pediatric Nurse Practitioners
  - John W. Ward, MD**  
Division of Viral Hepatitis, NCHHSTP, CDC
  - Patricia N. Whitley-Williams, MD, MPH**  
National Medical Association
  - Walter W. Williams, MD, MPH**  
Nat'l Ctr. for Immun. & Resp. Diseases, CDC
- Individuals**
- Hie-Won L. Hann, MD**  
Jefferson Medical College, Philadelphia
  - Mark A. Kane, MD, MPH**  
Seattle, Washington
  - Edgar K. Marcuse, MD, MPH**  
University of Washington School of Medicine
  - Harold S. Margolis, MD**  
Taos, New Mexico
  - Brian J. McMahon, MD**  
Alaska Native Medical Center, Anchorage
  - Stanley A. Plotkin, MD**  
Vaxconsult.com
  - Gregory A. Poland, MD**  
Mayo Clinic
  - Sarah Jane Schwarzenberg, MD**  
University of Minnesota
  - Coleman I. Smith, MD**  
Minnesota Gastroenterology, Minneapolis
  - Richard K. Zimmerman, MD, MPH**  
University of Pittsburgh