

NEEDLE TIPS

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Ask the Experts

The Immunization Action Coalition extends thanks to our experts, medical officers Andrew T. Kroger, MD, MPH; Candice L. Robinson, MD, MPH; Raymond A. Strikas, MD, MPH, FACP, FIDSA; Jessie Wing, MD, MPH; and nurse educator Donna L. Weaver, RN, MN, all with the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC).

Influenza vaccines

I have a patient who is now 12 weeks pregnant. In September 2016, she received quadrivalent inactivated influenza vaccination (before she was pregnant). Should we give her another dose of 2016–17 influenza vaccine since she was not pregnant at the time of her first dose?

The Advisory Committee on Immunization Practices (ACIP) does not recommend more than one dose of influenza vaccine per season, except for certain children being vaccinated for the first time. The 2017–18 influenza vaccine may be available near the end of her pregnancy so she can be given a dose of next year's formulation at that time.

16-Year-Old Immunization Platform Highlighted in 2017 U.S. Child/Teen Schedule

On February 10, the Centers for Disease Control and Prevention (CDC) posted its 6-page “Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger” at www.cdc.gov/vaccines/schedules/downloads/child/0-18-yrs-child-combined-schedule.pdf. The publication of this new schedule was accompanied by an article in the *Morbidity and Mortality Weekly Report (MMWR)* titled “ACIP Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger – US, 2017” (www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6605e1.pdf) describing the changes implemented in the 2017 immunization schedule compared to the 2016 version.

The first change highlighted in the *MMWR* article is the addition of a “16 yrs” age column to Figure 1. (Note: Figure 1 is the multicolored child/teen immunization schedule showing vaccine names along the left side and age columns listed across the top.) Previously, a single column covered the broader “16–18 years” age group. The new “16 yrs” column is further emphasized on the schedule with the addition of a gray background color in the column heading, identical to what exists for two other important vaccination age platforms, i.e., “4–6 years” and “11–12 years.” So we now have three immunization platform visits indicated on the child/teen schedule: 4–6 years, 11–12 years, and 16 years.

Why the 16-Year-Old Column Is Important

The new “16 yrs” column brings much needed attention to the fact that several CDC-recommended vaccinations due to be administered at 16 years of age are being overlooked by many providers. These include:

- **MenACWY dose #2** – recommended at age 16
- **MenB dose #1** – recommended (category B) at age 16
- **HPV “catch-up”** – needed for those who have not yet completed their series
- **Tdap** – for those who have not yet received the 11–12 year-old dose
- **Influenza vaccine** – recommended seasonally
- **Other vaccines** – the 16-year-old platform provides a “catch-up” opportunity for patients who have fallen behind on other recommended vaccines (e.g., HepA, HepB, varicella).

According to CDC's recently published National Immunization Survey for Adolescents Ages 13–17 Years (www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm), only 33% of teens (through age 17 years) have completed MenACWY dose #2, a vaccine recommended at age 16. Our nation has unacceptably low coverage rates for many vaccines recommended for adolescents, including the HPV vaccine series completion. The addition of a 16-year-old platform column provides a distinctive, visible reminder to healthcare professionals (and perhaps their patients/parents) that 16-year-olds are due for the important vaccinations listed above.

This new platform has created a perfect opportunity to consider establishing a 16-year-old vaccination visit in your medical practice. It can serve as an impetus for your staff to improve vaccination rates for 16-year-olds, a reminder to 16-year-olds (and their parents) who look at the schedule to check their need for vaccinations, and as a perfect opportunity to help bring teens in for a visit to receive other essential healthcare services they may be missing.

A nursing home resident was admitted to the hospital with influenza and treated with oseltamivir. The person is now returned to the nursing home. The residents in the facility are being treated prophylactically with oseltamivir. Should the person who was hospitalized also receive oseltamivir prophylactically?

This is a complicated issue and the exact situation you describe is not addressed in the most recent ACIP recommendations on the use of influenza antiviral drugs. Whether to continue the antiviral drug depends on why the rest of the people in the facility are being treated. Oseltamivir for treatment of influenza is usually a 5-day course. If there is continued risk of exposure in the facility, it seems reasonable to continue the prophylactic treatment

accordingly. The ACIP influenza antiviral guidelines are available at www.cdc.gov/mmwr/pdf/rr/rr6001.pdf.

Ask the Experts...continued on page 2 ►

Immunization questions?

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