2016 Adult Immunization Schedule

Kathleen Harriman, Chair David Kim, CDC Lead

for the ACIP Adult Immunization Working Group

October 21, 2015



Adult Immunization Working Group

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Background

- ACIP updates adult immunization schedule each year
 - Represents current ACIP policy and updates approved policy changes from ACIP meetings
 - Adult immunization working group meets monthly, ongoing consultation with vaccine subject matter experts
- Updates in adult immunization schedule approved by
 - American College of Physicians
 - American Academy of Family Physicians
 - American College of Obstetricians and Gynecologists
 - American College of Nurse Midwives
- Adult immunization schedule published in
 - MMWR
 - Annals of Internal Medicine

2016 Adult Immunization Schedule Updates

- Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices
 - MMWRMarch 27,2015 / 64(11);300-304
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm
- Use of Serogroup B M eningococcal Vaccines in Persons Aged ≥10 Years at Increased Risk for Serogroup B Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices, 2015
 - MMWR June 12,2015 / 64(22);608-612
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm
- Intervals Between PCV13 and PPSV23 Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)
 - MMWR September 4, 2015 / 64(34);944-947
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a4.htm

Updates in HPV Vaccination

- Available HPV vaccines
 - 3 for females: 2vHPV, 4vHPV, 9vHPV
 - 2 for males: 4vHPV, 9vHPV
- □ For females aged 19–26 years, 3-dose series of 2vHPV, 4vHPV, or 9vHPV is recommended
- □ For males aged 19–21 years, 3-dose series of 4vHPV or 9vHPV is recommended
- □ For MSM and immunocompromised men (including those with HIV infection) through age 26 years, 3-dose series of 4vHPV or 9vHPV is recommended
- "HPV vaccination" replaces "HPV4 or HPV2"

Updates in Pneumococcal Vaccination

□ Intervals between PCV13 and PPSV23

• PCV13 → PPSV23 interval is at least 1 year for immunocompetent adults aged ≥65 years (for adults with immunocompromising conditions, asplenia, or CSF leak or cochlear implant, the interval is at least 8 weeks)

Correction of errata

- "Adults aged ≥19 years with immunocompromising conditions" replaces "adults aged 19 through 64 years with immunocompromising conditions"
- "Adults aged 19 through 64 years who smoke cigarettes or reside in nursing home or long-term care facilities: Administer PPSV23" removed"
 - "Adults aged 19 through 64 years who... reside in nursing home" removed from list of adults recommended for PPSV23
 - "Adults aged 19 through 64 years who smoke cigarettes" remains indication for PPSV23

Updates in Meningococcal Vaccination

- Listed separately in figures in schedule
 - MenACWY/MPSV4
 - MenB
- Recommendation for either 2-dose series MenB-4C (Bexsero) or 3-dose series MenB-FHbp (Trumenba)
 - Asplenia or complement deficiencies, microbiologists, outbreak settings
 - MenBnot recommended for travelers
 - No recommendation for MenB revaccination
- MenB for adults with asplenia and complement deficiencies is yellow (recommended for all), other groups are purple (recommended if risk factor)

Updates in Meningococcal Vaccination (2)

- "Young adults aged 16–23 years (preferred age 16–18 years) may be vaccinated to provide short-term protection against most strains of MenB disease"
 - Working Group plans to evaluate best representation of Category Brecommendation in adult immunization schedule
 - In interim, Category B recommendation for MenB is discussed in footnotes but not included in figures

Updates in Meningococcal Vaccination (3)

Additional notes

- HIV infection is not indication for routine vaccination with MenACWY or MenB vaccine.
- MenB-4C or MenB-FHbp vaccine may be administered concomitantly with MenACWY vaccine, but at a different anatomic site if feasible
- The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses

MenB added to Contraindications and Precautions Table

- Contraindications: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Precautions: Moderate or severe acute illness with or without fever

Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine are

ACCINE ▼ AGE GROUP ▶	10-21 years	22-26 years	c.T.don f	or Td booster	60-64 years	≥ 65 years
AGE GROUP	19-21 years	22-20 years	e dose of Tdap.	years	00-04 years	≥ 03 years
nfluenza ^{*,2}	"Suk	stitute 1-1111	1 dose a	innually		
VACCINE ▼ AGE GROUP ► 19-21 years 22-26 years dose of Tdap for Td booster Influenza*2 Tetanus, diphtheria, pertussis (Td/Tdap)*3 Simplified from "Substitute 1-time dose of Tdap for Td booster every 10 yrs Varicella*4 2 doses						
/aricella* ⁴			2 de	oses		
Human papillomavirus (HPV) Female*,5	3 dos					
Human papillomavirus (HPV) Male*,5	3 dos	Add	ded "depe-ding	On:		tent with
∕oster ⁶		то р	ded "depending rovide ra Added and raing on ind to project ount for have	on Indication"	dose" to be	consistent with n-a-lifetime
Measles, mumps, rubella (MMR)*,7		1 or 2 doses depe	nding on ind t_{O} pro	vide uepending o	se duse once-ir	-a-lifetime
Pneumococcal 13-valent conjugate (PCV13)*.8		a doses" to a	account for law	rationale f	n dose" to be in a once-in indication" or 1 or 2 doses	ose
Pneumococcal 23-valent polysaccharide (PPSV23)8		n n	- congrate rows	indication	or 2 doses	1 dose
lepatitis A*,9	Cha MenACW	y and ividing	ends on maissin	on, on vaccine	363	
lepatitis B*,10	hep MenACW	Y dosing uep	-:			
Meningococcal 4-valent conjugate (MenACWY) or oolysaccharide (MPSV4)*.11	MenB do	sing depends			Inding on indica Dale for 1 or 3 d	
Meningococcal B (MenB) ¹¹			2 or 3 doses depe	ending ration	nale f	
Haemophilus influenzae type b Both lege	nds begin with "		1 or 3 doses deper	ding on indication	Inding on indical late for 1 or 3 do	tion" to
Covered by the Vaccine injury Compensation Program Recommended for all persons who	report With W	t postvaccination reaction	ons to the Vaccine Adverse Eve hone, 800-822-7967.	nt Reporting System (VAERS). Reporting forms and	vaers

meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of

Recommended for persons with a risk factor (medical, occupational, lifestyle, age or other indication)

No recommendation

Recommended for..." otion Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a Information on how 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400. claim for vaccine injury, contact

lable data, and contraindications for vaccination is also available at Additional information about the vaccines in an www.cdc.gov/vaccines or from the CDC-INFO Contact -INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday -Friday, excluding holidays.

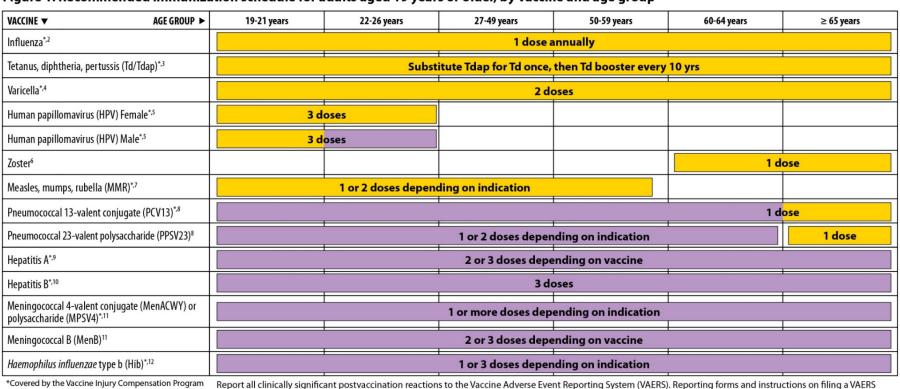
Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the America College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ÁCNM).

Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹



Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster

> Recommended for persons with a risk or other indication)

No recommendation

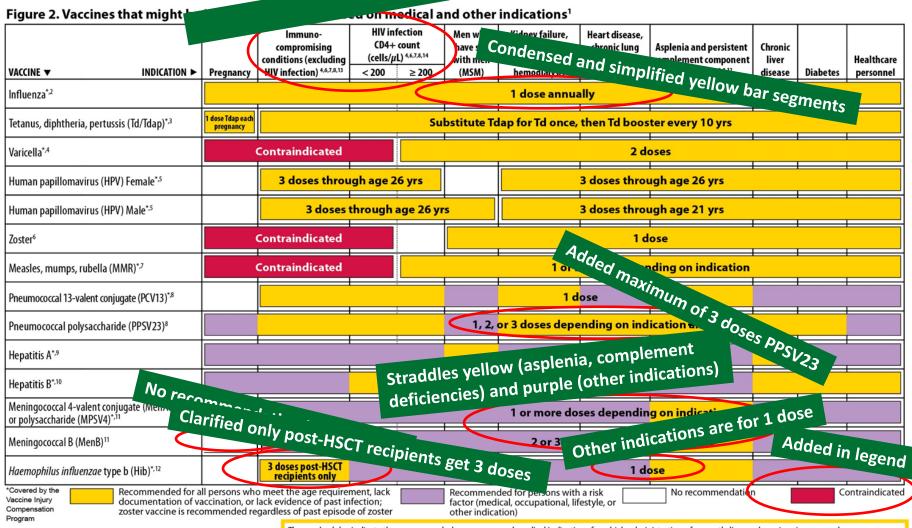
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Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday -Friday, excluding holidays.

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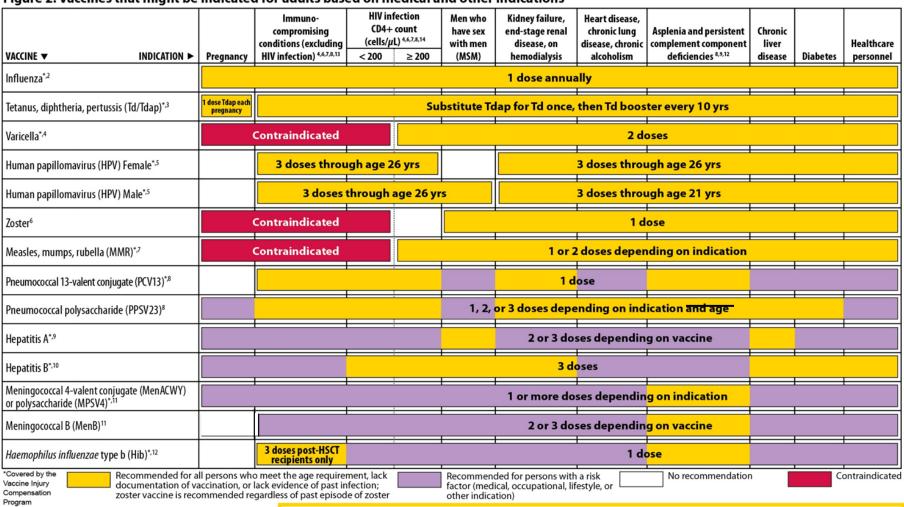
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These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults ages 19 years and older, as of February 4, 2016. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications¹



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

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Next Steps

- Revise adult immunization schedule based on ACIP discussion and recommendations
- Review again by SMEs
- Obtain concurrence by ACP, AAFP, ACOG, ACNM
- Submit revised adult immunization schedule (figures and footnotes) for CDC clearance
- Submit to MMWRand Annals of Internal Medicine (pending confirmation) for publication in February 2016
- Coordinate plans to publish non-influenza vaccination coverage in same week as adult immunization schedule release