VFC Resolution Update: VACCINES TO PREVENT DIPHTHERIA, TETANUS AND PERTUSSIS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES



CENTERS FOR DISEASE CONTROL AND PREVENTION

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Because many parts of the updated VFC resolution being presented are unchanged, in each of the following slides, changes are underlined and highlighted in yellow font.

Purpose of the Updated Resolution

The purpose of this resolution is to revise the previous resolution to incorporate new recommendations regarding the vaccination of pregnant adolescents.

Eligible Groups

Eligible groups

Children and adolescents aged 6 weeks through 18 years.

Recommended Schedule, Intervals (1)

Dose	Age
Primary 1	2 months
Primary 2	4 months
Primary 3	6 months
First Booster (1)	15-18 months
Second Booster (2)	4-6 years
Tdap or Td Booster (3)	11-12 years

(1) The first booster dose may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.

(2) The second booster is not necessary before entering kindergarten or elementary school if fourth dose is administered on or after the fourth birthday.

(3) Tdap is prefereed over Td Tdap is preferred over Td as adolescents are susceptible to pertussis due to waning immunity. A Tdap or Td booster is recommended at any age from 11 through 18 years if they have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td dose. In some special situations, Td, rather than Tdap may be indicated (more information is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a1_e).

Recommended Schedule, Intervals (2)

DTaP, DT, Tdap, and Td vaccine formulations

There are currently two licensed formulations of Tdap for adolescents, BOOSTRIX® and ADACEL®. BOOSTRIX® (Tdap) vaccine is indicated for active immunization of persons 10-18 years of age. ADACEL[™] (Tdap) is indicated for active immunization of persons aged 11 years and older. Td vaccine is indicated for active immunization of persons 7 years of age or older for prevention of tetanus and diphtheria. For immunization of infants and children younger than 7 years of age against pertussis, tetanus and diphtheria, refer to the manufacturers' package inserts for Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP) or combination vaccines containing DTaP and for Diphtheria and Tetanus Toxoids Adsorbed (For Pediatric Use) (DT). Use diphtheria and tetanus toxoids, adsorbed (DT or Td) if encephalopathy has occurred after administration of a previous dose of pertussis-containing vaccine. The use of brand names is not meant to preclude the use of other comparable licensed vaccines.

Recommended Schedule, Intervals (3)

Dosage Intervals	Minimum Age	Minimum interval between doses			
		Dose 2 to 3	Dose 3 to 4	Dose 4 to 5	
DTaP	6 weeks	4 weeks	4 weeks	6 months	
DTaP-HepB- IPV(2)	6 weeks	4 weeks	4 weeks		
DTaP-Hib- IPV(3)	6 weeks	4 weeks	4 weeks	6 months	
DT	6 weeks	4 weeks	4 weeks	6 months	
DTaP-Hib(4)	15-18 months			6 months	
DTaP-IPV(5)	4 years				
Tdap/Td(6)	11 years				
Tdap/Td Catch –up schedule(7)	7 years	4 weeks	6 mc	onths 5 years	

Recommended Schedule, Intervals (4)

Table Notes

Note: DT containing vaccines are not indicated for children > 6 years of age.

(1) The fifth dose is not necessary if the fourth dose was given after the fourth birthday.

(2) The combined DTaP-HepB-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-HepB-IPV vaccine is approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given at ≥24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4 week intervals for prevention of pertussis.

Recommended Schedule, Intervals (5)

Table Notes, continued

- (3) The combined DTaP-Hib-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-Hib-IPV vaccine is approved for the primary series and first booster dose (Doses 1-4). The combined DTaP-Hib-IPV vaccine is not indicated for children 5 years of age and older.
- (4) The combined DTaP/Haemophilus influenzae type b (Hib) vaccine is only indicated for the fourth dose at age 15-18 months.
- (5) The combined DTaP-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-IPV vaccine is approved for the booster dose at age 4-6 years.

Recommended Schedule, Intervals (6)

Table Notes, continued

(6) Tdap is indicated for a single booster dose at age 11 or 12 years if the childhood DTP/DTaP vaccination series has been completed. Tdap is preferred over Td as adolescents are susceptible to pertussis due to waning immunity, though Td may be indicated rather than Tdap in special situations (more information is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_ cid=rr5503a1_e). Adolescents who did not receive Tdap at age

11 or 12 should receive a single dose of Tdap in place of a single Td booster dose. Tdap can be administered regardless of interval since last Td.

Recommended Schedule, Intervals (7)

Table Notes, continued

(7) Adolescents who are pregnant and have not previously received Tdap should receive Tdap, irrespective of past history of Tdap receipt. If not administered during pregnancy, Tdap should be administered immediately postpartum.

Recommended Schedule, Intervals (8)

Table Notes, continued

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(8) Tdap should be given to children 7 through 18 years of age who have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series; have received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was administered at age 4 years or older; or have never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td). The preferred schedule is a single Tdap dose, followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series. More information about the catch-up is available in Appendix D at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a 1_e. Of note, this appendix which was designed to provide catch up guidance for children aged 11 through 18 years, now applies to children aged 7 through 18 years. Tdap is preferred over Td as adolescents are susceptible to pertussis due to waning immunity, though Td may be indicated rather than Tdap in special situations (more information is available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.htm?s_cid=rr5503a Recommended dosage and Contraindications/Precautions

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

- Contraindications and precautions can be found at:
 - <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/00041645.</u> <u>htm</u>
 - http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5503a1.h tm?s_cid=rr5503a1_e

Statement Regarding Update Based on Published Documents

If an ACIP recommendation regarding vaccination against diphtheria, tetanus, and pertussis is published within 12 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]