

Carol Baker, MD

Advisory Committee on Immunization Practices

Member July 1, 2006 – June 30, 2012

Chair September 1, 2009 – June 30, 2012



ACIP Publications by Year

Year	Number
2009	12
2010	16
2011	15
2012	4

Types of ACIP Publications

Year	Policy Note	Recommendations & Reports	Other
2009	6	3	3
2010	6	7	3
2011	10	3	2
2012	1		3

Work Groups

- Chair, Meningococcal Work Group 2003-2009
- Chair, Pregnancy Work Group 2008-2009
- Chair, Yellow Fever Work Group 2008-2010
- Member, Pertussis and Pneumococcal Work Groups 2008-2009

Publications During Tenure as Chair

- 1 Meningococcal Vaccine: Revaccination of People at Prolonged Risk
- 2 Yellow Fever Vaccine
- 3 Standardization of Pregnancy Recommendations
- 4 Vaccine Abbreviation Recommendations
- 5 GRADE implementation
- 6 General Recommendations on Immunization
- 7 Immunization on Health Care Personnel

Updated Recommendation from the Advisory Committee on Immunization Practices (ACIP) for Revaccination of Persons at Prolonged Increased Risk for Meningococcal Disease

The Advisory Committee on Immunization Practices (ACIP) recommends quadrivalent meningococcal conjugate vaccine, (MCV4) (Menactra, Sanofi Pasteur, Swiftwater, Pennsylvania) for all persons aged 11--18 years and for persons aged 2--55 years at increased risk for meningococcal disease (1--3). MCV4 is licensed as a single dose. Because of the high risk for meningococcal disease among certain groups and limited data on duration of protection, at its June 2009 meeting ACIP recommended that persons previously vaccinated with either MCV4 or MPSV4 (Menomune, Sanofi Pasteur) who are at prolonged increased risk for meningococcal disease should be revaccinated with MCV4. Persons who previously were vaccinated at age ≥ 7 years and are at prolonged increased risk for meningococcal disease should be revaccinated 3 years after their previous meningococcal vaccine, and persons who previously were vaccinated at ages 2--6 years and are at prolonged increased risk for meningococcal disease should be revaccinated 5 years after their previous meningococcal vaccine. Persons at prolonged increased risk for meningococcal disease include persons with certain immunodeficiencies, persons with certain complement deficiencies (properdin, Factor D, and late complement component deficiencies), persons with *Neisseria meningitidis* carriage, and persons with certain other conditions.

Recommendations for people at prolonged increased risk for meningococcal disease.

Antibody titer decline, and the safety and immunogenicity of revaccination with MCV4 at 3 years and 5 years after primary vaccination in persons at prolonged increased risk for meningococcal disease have increased susceptibility to the disease or ongoing increased risk for exposure to *N. meningitidis*. Serum bactericidal antibody (SBA) against *N. meningitidis* can provide these groups increased protection against disease. SBA is a measure of the ability of sera to kill a strain of *N. meningitidis* in the presence of complement. In clinical trials, a baby rabbit SBA titer of 1:128 was used as a conservative correlate of protection (1). Small subsets of subjects from the MCV4 prelicensure clinical trial were revaccinated 3 years ($n = 76$) and 5 years ($n = 134$) after receiving MCV4. Of 71 persons aged 11--18 years at primary vaccination who had been vaccinated with MCV4 3 years previously, 75% and 86% had SBA titers greater than 1:128 for serogroups C and Y, respectively, before revaccination. Of 108 persons aged 2--10 years at primary vaccination who had been vaccinated with MCV4 5 years previously, 55% and 94% had SBA titers greater than 1:128 for serogroups C and Y, respectively, before revaccination. All persons revaccinated with MCV4 in these studies achieved SBA titers greater than 1:128 for serogroups C and Y. Approximately 50%--70% of persons in both the previously vaccinated ($n = 210$) and vaccine naive groups ($n = 323$) reported mild to moderate local and systemic adverse events after revaccination (or initial vaccination) with MCV4. However, no serious adverse events were reported in either group (Sanofi Pasteur, unpublished data, 2009).

MMWR™

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Recommendations and Reports

July 30, 2010 / Vol. 59 / No. RR-7

Yellow Fever Vaccine

Recommendations of the Advisory Committee on Immunization Practices (ACIP)





ACIP: Guidance for Vaccine Recommendations in Pregnant and Breastfeeding Women

ACIP topics:

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Guiding Principles for Development of ACIP Recommendations for Vaccination during Pregnancy and Breastfeeding

The [Charter](#) of the Advisory Committee on Immunization Practices (ACIP) states that the ACIP “shall provide advice and guidance to the Secretary, HHS, the Assistant Secretary for Health, and the Director, CDC, regarding the most appropriate selection of vaccines and related agents for effective control of vaccine-preventable diseases in the civilian population” of the United States; and “address the principles that govern...special situations or populations that may warrant modification of the routine recommendations”. One such special population comprises pregnant and breastfeeding women (P-BFW). Formulation of policy for vaccination of P-BFW is challenging because the evidence base to guide decisions is limited. To date, the ACIP has not provided guidance to its workgroups (WGs) on either the process to formulate policy for this population, or the format and language for recommendations. This has resulted in a diversity of recommendations for use of vaccines in P-BFW that vary in clarity and underlying rationale.

To ensure that recommendations on vaccination of P-BFW are developed using a consistent, rigorous process and presented with clarity and uniformity, the ACIP Workgroup (WG) on Vaccines during Pregnancy and Breastfeeding was

Prevention of Perinatal Group B Streptococcal Disease Revised Guidelines from CDC, 2010



Continuing Education Examination available at <http://www.cdc.gov/mmwr/ce/conted.html>

2011

Tdap	Updated Recommendations Pregnant Women and Infant Contact
Influenza	Antiviral Agents Annual Recommendations
General	General Recommendations on Immunization Adult Schedule Childhood Schedule Health Care Personnel
MCV4	Updated Recommendations Booster Dose Increased Risk
JEV	Booster Dose
Herpes Zoster	Update 50 through 59 Years of Age
HPV	Males
HBV	Diabetes Mellitus



**Thank you, Dr. Baker
You will be missed**