

CLINICAL GUIDELINES	Guideline up for revision
<p>Topic:</p> <p><i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">Physician Champion: Lewan</div> <p>Adult & Pediatric Immunizations</p>
<p>Guideline Source:</p> <p><i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i></p>	<p>2014 Advisory Committee for Immunization Practices Will have updated link by time of meeting but for now http://www.cdc.gov/vaccines/schedules/hcp/adult.html http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html</p>
<p>Guideline Original or Revision Date:</p>	<p>Updated in 10/13 but will be published in MMWR and Annals of Internal Medicine in 2/14</p>
<p>QCEC Approval Date:</p>	<p>02/10/2014</p>
<p>Guideline Summary and link to guideline</p> <p><i>(Summarize guideline for Memo and link to full guideline + note on Updates)</i></p>	<p>Child and Adolescent changes for 2014</p> <ul style="list-style-type: none"> • Pneumococcal vaccine: A section in the footnotes separates various risk groups by age (ages 24 - 71 months and 6 - 18 years) and provides recommendations regarding 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine. There are separate guidelines for children aged 6 to 18 years who are immunocompromised and for those with chronic conditions who are not immunocompromised. A vaccine catch-up table is also included. • Hepatitis A vaccine: The guidelines now include individuals who travel to or work in countries with high or intermediate endemicity of infection, men who have sex with men, those who use injection or noninjection illicit drugs, those who work with hepatitis A virus (HAV)-infected primates or with HAV in a research laboratory, those with clotting-factor disorders, and those with chronic liver disease. • Human papillomavirus vaccine: The guidelines have been changed to add that the third dose should be administered "at least 12 weeks after the second dose AND at least 24 weeks after the first dose," according to

information provided at the meeting.

- Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- Meningococcal vaccines: The guidelines [now recommend](#) that the MenACWY-CRM (*Menveo*, Novartis Vaccines) vaccine may be given as early as 2 months of age for those with high risk for meningococcal disease. The guidelines include detailed instructions for use of the vaccines, as well as catch-up recommendations.
- Tdap vaccine: Those aged 11 years and older who have received no Tdap vaccine should have a Tdap followed by tetanus and diphtheria toxoids booster doses every 10 years after that. The committee does not recommend repeat doses of Tdap, except for pregnant adolescents, during each pregnancy. The guidelines also advise that in adolescents (aged 11 - 18 years) who inadvertently receive a pediatric DTaP, that dose should be considered the adolescent Tdap booster.

Adult changes for 2014

- Influenza vaccine: The guidelines added information about the recombinant influenza vaccine (RIV), and now address the use of RIV and the inactivated influenza vaccine (IIV) in patients with egg allergy.
- Td/Tdap vaccine: Added information on Td booster doses to the footnotes that was inadvertently left out of previous schedule footnotes but was always included in the schedule table. Language in footnotes was harmonized with that in the pediatric schedule.
- Varicella vaccine: Explains that immunocompromised adults born in the United States prior to 1980 may not have immunity to varicella.
- Human Papillomavirus (HPV) vaccine: Harmonized language with pediatric schedule about intervals between 1st and 2nd, 2nd and 3rd, and 1st and 3rd doses. Removed statement about healthcare personnel not being a specific indication for vaccination.
- Zoster vaccine: Removed statement about HCP not being a specific indication for vaccination.
- 13-valent pneumococcal conjugate (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23): PCV13 vaccine in footnotes and on the schedule moved ahead of the PPSV23 vaccine so that healthcare providers caring for patients with indications for both vaccines will see the recommendation to administer PCV13 before PPSV23.
- Meningococcal vaccine: Provided clarification about which individuals require 1 vs more than 1 dose of meningococcal quadrivalent conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4). Clarified that MCV4 is not routinely recommended for those with HIV, but that 2 doses should be given to those with HIV who receive MCV4.
- Haemophilus influenzae type B (Hib) vaccine: Language was updated to reflect recently approved ACIP

recommendations, which are pending publication in *MMWR*.

- Contraindications table: RIV information was added. Use of influenza vaccine in those with egg allergy was updated. The Hib vaccine was added.