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To: Healthcare Providers and Local Health Departments

From: New York State Department of Health (NYSDOH), Bureau of Immunization

INFORMATIONAL MESSAGE:

Advisory Committee on Immunization Practices updated recommendations for 2019

Please distribute to: Medical Director, Director of Nursing, Family Medicine, Internal Medicine, all Primary Care Providers

SUMMARY

- This informational message summarizes updated immunization recommendations issued by the CDC's Advisory Committee on Immunization Practices (ACIP) in 2019.
- **Human papillomavirus (HPV) vaccine:** Adolescents remain the primary focus for HPV vaccination. The catch-up vaccination recommendations were harmonized to include all persons up to age 26 years. A shared clinical decision-making recommendation was made for persons 27-45 years of age.
- **Pneumococcal:** Recommendation for 13-valent pneumococcal conjugate vaccine (PCV13) for immunocompetent persons 65 years and older who do not have a cochlear implant, or a cerebrospinal fluid (CSF) leak was updated from a routine recommendation to a shared clinical decision-making recommendation.
- **Tdap/Td:** Recommendation was updated to allow for either Td or Tdap where only Td was previously recommended such as for wound care, decennial booster, catch-up, and for the prevention of neonatal and obstetric tetanus, and to clarify the adolescent Tdap vaccine schedule for children who received a dose of Tdap or DTaP at age 7-10 years.
- **Hepatitis A:** Recommendation was updated to clarify that all children who have not been completely vaccinated against hepatitis A should complete the 2-dose series.
- **Shared Clinical Decision-Making:** a frequently asked questions webpage has been provided by the Advisory Committee on Immunization Practices (ACIP) which is available at the following link: <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html>

HPV VACCINE RECOMMENDATION UPDATES

- **Children and adults aged 9 through 26 years:** HPV vaccination is routinely recommended at age 11 or 12 years and can be given as early as 9 years of age. Catch up HPV vaccination is recommended for all persons through age 26 who are not adequately vaccinated.
- **Adults aged >26 years:** Catch up HPV vaccination is **not** routinely recommended for all adults over the age of 26. Shared clinical decision making is recommended for some adults aged 27-45 years (see considerations for shared clinical decision making for HPV vaccination below). HPV vaccine is not licensed for use in persons aged >45 years.

- **Shared clinical decision-making considerations for HPV Vaccine:**
 - HPV vaccination should be given in early adolescence.
 - HPV vaccination does not need to be discussed with most adults >26 years old. Clinicians can consider discussing HPV vaccination with some adults 27 to 45 years of age who have not been adequately vaccinated.
 - Most adults have been exposed to some HPV types and the vaccine is most effective when administered prior to exposure.
 - Having a new sex partner is a risk factor for acquiring a new HPV infection.
 - Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.
 - There is no clinical antibody test to show immunity to any given HPV type.
 - HPV vaccine efficacy could be low among adults with risk factors for previously acquired HPV infection (such as multiple lifetime sex partners and likely previous infection with vaccine-type HPV), and those with certain immunocompromising conditions.
 - HPV vaccine does not prevent progression of HPV infection, decrease the time to clear infection, or treat an HPV-related disease.

PNEUMOCOCCAL VACCINE RECOMMENDATION UPDATE:

- The following recommendations for PCV13 vaccine have not changed:
 - PCV13 continues to be routinely recommended for children as a 4-dose series to be administered at 2, 4, 6, and 12-15 months of age.
 - PCV13 continues to be routinely recommended for adults ≥19 years of age who are immunocompromised, have a cochlear implant, or cerebrospinal fluid leak.
- ACIP recommends PCV13 based on shared clinical decision-making for adults aged ≥65 years who do not have an immunocompromising condition, CSF leak, or cochlear implant and who have not previously received PCV13. **All adults aged ≥65 years should receive a dose of 23-valent polysaccharide pneumococcal vaccine (PPSV23).**
- **Background:**
 - PPSV23 was recommended in the early 1980s for persons ≥2 years of age with certain medical conditions and for persons ≥ 65 years of age.
 - PCV7 was introduced into routine childhood immunization schedule in 2000 and was replaced by PCV13 in 2010. As a result, sharp declines have occurred in pneumococcal disease for both children and adults.
 - In 2012, PPSV23 and PCV13 were recommended for adults ≥19 years with immunocompromising conditions, CSF leaks, and cochlear implants.
 - Due to a plateau in the incidence of invasive pneumococcal disease in adults 65 years and older, ACIP voted in 2014 to routinely recommend PCV13 for all persons ≥65 years of age. However, they also recognized that this would need to be reevaluated to determine the public health impact of this recommendation.
 - Data presented by the ACIP Pneumococcal Vaccines Work Group showed minimal change in the incidence of pneumococcal disease among adults at the population level after implementation of routine recommendation of PCV13 for all persons ≥65 years of age. Therefore, ACIP updated the recommendation for immunocompetent adults aged ≥65 years of age who do not have a cochlear implant or CSF leak to one of shared clinical decision making with the following considerations listed below as provided in the MMWR.

- **Shared clinical decision-making considerations for use of PCV13 in adults ≥65 years of age:**
 - PCV13 is safe and effective for older adults. The risk of PCV13-type disease among adults aged ≥65 years is much lower than it was before the pediatric program was implemented as a result of indirect effects from PCV13 vaccination of children (by preventing carriage and, thereby, transmission of PCV13-type strains). The remaining risk is a function of each individual patient’s risk for exposure to PCV13 serotypes and the influence of underlying medical conditions on the patient’s risk for developing pneumococcal disease if exposure occurs.
 - The following adults aged ≥65 years are potentially at increased risk for exposure to PCV13 serotypes and might attain higher than average benefit from PCV13 vaccination. Providers/practices caring for many patients in these groups may consider regularly offering PCV13 to their patients aged ≥65 years who have not previously received PCV13:
 - Persons residing in nursing homes or other long-term care facilities
 - Persons residing in settings with low pediatric PCV13 uptake
 - Persons traveling to settings with no pediatric PCV13 program
 - Incidence of PCV13-type invasive pneumococcal disease and pneumonia increases with increasing age and is higher among persons with chronic heart, lung, or liver diseases, diabetes, or alcoholism, and those who smoke cigarettes or who have more than one chronic medical condition. Although indirect effects from pediatric PCV13 use were documented for these groups of adults and were comparable to those observed among healthy adults, the residual PCV13-type disease burden remains higher in these groups. Providers/practices caring for patients with these medical conditions may consider offering PCV13 to such patients who are aged ≥65 years and who have not previously received PCV13.
- **Scheduling considerations when PCV13 is indicated:**
 - If the decision to administer PCV13 is made, it should be given before PPSV23. The recommended interval between PCV13 and PPSV23 is at least one year and remains unchanged. PCV13 and PPSV23 should not be coadministered.
- **PneumoRecs VaxAdvisor Mobile App:**
 - CDC resource for vaccine providers to quickly and easily determine which pneumococcal vaccines a patient needs. Additional information regarding this app is available at: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>.
- **Determining PCV13 pediatric coverage and settings with no pediatric PCV13 program:**
 - In 2019, 97% of NYS children in childcare and prekindergarten programs were completely vaccinated with PCV13. However, some communities may have lower coverage rates. Contact the NYSDOH, Bureau of Immunization, or your local health department if you require additional information regarding PCV13 coverage rates in your local area.
 - “VIEW-hub” is a tool developed by the International Vaccine Access Center at the John Hopkins Bloomberg School of Public Health. This tool can be used to

identify countries with no pediatric PCV13 program. VIEW-hub is available at: <http://view-hub.org/>

Tdap/Td RECOMMENDATION UPDATE:

- Data were presented at the ACIP meeting showing no increased incidence of adverse events when Tdap or Td were administered as second and third doses given at intervals similar to the current catch-up schedule.
- This update recommendation will allow for Td or Tdap for the following situations:
 - Decennial Td booster
 - Tetanus prophylaxis for wound management
 - Catch-up immunization schedule, including in pregnant women
- Tdap continues to be recommended for all children 11-12 years of age.
 - Children who received Tdap at age 7-9 years as part of a catch-up schedule, or who inadvertently received DTaP at age 7-9 years, should also receive the routine Tdap dose at age 11-12 years.
 - Doses of Tdap administered at age 10 years may count as the routine 11-12 year dose.
 - The CDC offers DTaP, DT, Tdap and Td catch-up guidance job aids at
 - DTaP/DT catch-up for children 4 months through 6 years of age: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/dtap.pdf>
 - Tdap/Td catch-up for children 7 through 9 years of age: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap-1.pdf>
 - Tdap/Td catch-up for adolescents 10 through 18 years of age: <https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap-2.pdf>
- The updated language that was voted on and accepted by ACIP is as follows (updated language is underlined):
 - **Decennial Td booster:** “To ensure continued protection against tetanus and diphtheria, booster doses of either Td or Tdap should be administered every 10 years throughout life.”
 - **Tetanus prophylaxis for wound management:** “For nonpregnant persons with documentation of previous vaccination with Tdap, either Td or Tdap should be used if a tetanus toxoid-containing vaccine is indicated.”
 - **Catch-up Immunization:**
 - “Persons aged (7-18 years and ≥19 years) who have never been vaccinated against pertussis, tetanus, or diphtheria should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least 1 dose of Tdap. The preferred schedule is a dose of Tdap, followed by a dose of either Td or Tdap at least 4 weeks afterward and another dose of either Td or Tdap 6 to 12 months later.
 - “Persons aged (7-18 and ≥19 years) who are not fully immunized against pertussis, tetanus, or diphtheria should receive 1 dose of Tdap (preferably the first) in the catch-up series; if additional tetanus toxoid-containing doses are required, either Td or Tdap vaccine can be used.”

- **“Prevention of neonatal and obstetric tetanus:** ‘If more than one dose of a tetanus-toxoid containing vaccine is needed, either Td or Tdap vaccine can be used for those doses.’”

HEPATITIS VACCINE RECOMMENDATION UPDATE:

- Twenty-four (24) states reported outbreaks of hepatitis A from 2016 through 2019.
- Person-to-person spread is now the predominant mode of hepatitis A virus transmission.
- Antibodies from hepatitis A vaccine are estimated to persist for more than 20 years following the complete vaccine series.
- Hepatitis A vaccine has been routinely recommended for children at 12-23 months of age since 2006. Despite this recommendation, U.S. hepatitis A vaccine coverage remains sub-optimal.
 - According to the National Immunization Survey, only 76.6% of U.S. children born in 2015 had received 2 doses of hepatitis A vaccine by 35 months of age, and 84.7% had received 1 dose
 - According to the 2017 National Health Interview Survey, 10.9% of U.S. adults aged ≥ 19 years and 15.7% of U.S. adults aged 19-59 years had received 2 or more doses of hepatitis A vaccine.
- In order to better protect against outbreaks of hepatitis A, the ACIP clarified that all children and adolescents age 1 through 18 years who have not received a complete hepatitis A vaccine series should complete the series.
 - Unvaccinated children and adolescents age 1 through 18 years should complete the 2-dose hepatitis A vaccine series, at a minimum interval of 6 months between doses.
 - Persons who previously received 1 dose of hepatitis A vaccine at age 12 months or older should receive a second dose at least 6 months after dose 1.
 - Adolescents and adults age 18 years or older may receive the combined hepatitis A and B vaccine (Twinrix) as a 3 dose series at 0, 1 and 6 months after dose 1.

ADDITIONAL INFORMATION

- Centers for Disease Control and Prevention. Human Papillomavirus Vaccination for Adults: Updated recommendations of the Advisory Committee on Immunization Practices. MMWR 2019;68(No. 32):698-702. Available at: <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6832a3-H.pdf>
- Current HPV vaccine recommendations of the Advisory Committee on Immunization Practices are available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>
- Centers for Disease Control and Prevention. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥65 Years: Updated Recommendations of the Advisory Committee on Immunization Practices. MMWR 2019;68(No. 46):1069-1075. Available at: <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6846a5-H.pdf>

- Current pneumococcal vaccine recommendations of the Advisory Committee on Immunization Practices are available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>
- Centers for Disease Control and Prevention. Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices – United States, 2019. MMWR 2020;69(No. 3):77-83. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6903a5-H.pdf>
- Current DTaP/Tdap/Td vaccine recommendations of the Advisory Committee on Immunization Practices are available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html>
- For additional questions or concerns, please contact the NYSDOH Bureau of Immunization at: (518) 473-4437 or email immunize@health.ny.gov