

September 30, 2015



2015 Immunization Updates: Influenza, HPV, MenB, PVC13, and SB 277

Each year, the California Medi-Cal Drug Use Review program issues an annual summary of updates on immunization guidelines, products, and/or research. For reference, the recommended immunization schedules for 2015 in the United States can be accessed on the Centers for Disease Control and Prevention (CDC) website:

- [Persons aged 0 through 18 years](#)
- [Persons aged 19 years or older](#)

Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccine for all patients 6 months of age and older who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community, but providers should offer vaccine as long as influenza viruses are circulating in the community.

In comparison to the 2014 – 2015 influenza vaccine composition, the 2015 – 2016 influenza vaccine has changes in the influenza A virus (H3N2) and the influenza B virus (Yamagata lineage) components. There is no preference for the use of live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) for any person 2 – 49 years of age without contraindications or precautions to either vaccine, although an age-appropriate formulation should be used.

LAIV should **not** be used in the following populations:

- Persons aged <2 years or >49 years
- Children 2 – 17 years of age who are receiving aspirin or aspirin-containing products
- Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine, or who have a history of egg allergy
- Pregnant women
- Immunocompromised persons, or persons who care for severely immunosuppressed persons who require a protective environment (within 7 days of future contact)
- Children 2 – 4 years of age who have asthma or who have had a wheezing episode within the past 12 months
- Persons who have taken influenza antiviral medications within the previous 48 hours

For the 2015 – 2016 influenza season, the following ACIP recommendations apply to children 6 months of age through 8 years of age without contraindications or precautions to influenza vaccine:

- Children who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015, require only 1 dose of influenza vaccine
- Children who have **not** previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015, require 2 doses administered at least 4 weeks apart

For additional recommendations for influenza vaccination among persons with a history of egg allergy or who are immunocompromised, see the complete ACIP recommendations for the 2015 – 2016 influenza season, which can be accessed on the [Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report](#) on the CDC website.

Human Papillomavirus (HPV) Vaccine

- ACIP recommends that routine HPV vaccinations be initiated at 11 or 12 years of age, although the series may be initiated as early as 9 years of age. Children and youth with any history of sexual abuse or assault are recommended to start the series at 9 years of age.
- HPV vaccination is also recommended for young women 13 – 26 years of age and young men 13 – 21 years of age, or through 26 years of age for men who have sex with men and for immunocompromised persons (including those with HIV infection). All men through 26 years may be vaccinated.
- In December 2014, the United States Food and Drug Administration (FDA) licensed a 9-valent HPV vaccine (HPV9) for use in both females and males. During their February 2015 meeting, ACIP recommended HPV9 as one of three HPV vaccines that can be used for routine vaccination (along with HPV2 and HPV4). The complete ACIP recommendations for HPV9 can be accessed on the [Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report](#) on the CDC website.
- Vaccination of females is recommended with HPV2, HPV4, or HPV9. If the vaccination series was started with either HPV2 or HPV4, HPV9 may be used to continue or complete the series.
- Vaccination of males is recommended with HPV4 or HPV9. If the vaccination series was started with HPV4, HPV9 may be used to continue or complete the series.
- HPV vaccines are not recommended for use in pregnant women. Either initiating the series or completing the remainder of the three-dose series can be delayed until after the completion of the pregnancy.
- In California, the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) vaccination is a requirement for entry into 7th grade. In 2014, California teens 13 – 17 years of age had an overall Tdap immunization rate of 88%. However, rates for both first-dose HPV vaccination (69% for females and 52% for males) and meningococcal conjugate vaccination (79%) lag well behind the Tdap immunization rate. Three-dose HPV vaccination rates were even lower (48% for females and 31% for males).
- Providers should strongly recommend HPV vaccine and meningococcal conjugate vaccine, along with Tdap at 11 – 12 years of age. According to CDC research, HPV vaccination as cancer prevention is a message that strongly resonates with parents.
- Additional provider resources for HPV vaccinations are available on the [Immunization Promotional Materials for Staff and Patients](#) Web page of the Vaccines for Children website, as well as the [Human Papillomavirus \(HPV\)](#) Web page of the California Department of Public Health website. [Supplemental information and guidance for vaccination providers regarding use of 9-valent HPV vaccine](#) may be found on the CDC website.

Meningococcal Serogroup B (MenB) Vaccine

Following outbreaks of serogroup B meningococcal disease (MenB) on two college campuses in 2013, two vaccines were recently licensed for use in persons 10 – 25 years of age through an accelerated FDA-approval process. MenB-FHbp was approved as a 3-dose series and MenB-4C was approved as a 2-dose series.

At the February 2015 ACIP meeting, ACIP approved recommendations for use of MenB vaccines among persons 10 years of age and older who are at increased risk for MenB, including the following groups:

- Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine, or who have a history of egg allergy
- Persons who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, factor D, or persons taking eculizumab)
- Persons with anatomic or functional asplenia, including sickle cell disease
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.
- Persons identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B.

At the June 2015 ACIP meeting, ACIP approved the MenB vaccine series to be administered to adolescents and young adults 16 – 23 years of age to provide short-term protection against most strains of MenB.

Complete recommendations for use of MenB vaccines for high-risk persons may be on the [Meningococcal ACIP Vaccine Recommendations](#) Web page of the CDC website. While not currently available as of the publication of this DUR educational alert, additional recommendations for use in persons 16 – 23 years of age are anticipated to be published shortly at the same website.

13-valent Pneumococcal Conjugate Vaccine (PCV13)

On August 13, 2014, ACIP recommended routine use of 13-valent pneumococcal conjugate vaccine (PCV13) among all adults 65 years of age and older. The recommended intervals between doses were recently updated at the June 2015 ACIP meeting and will be on the [Pneumococcal ACIP Vaccine Recommendations](#) Web page of the CDC website.

PCV13 should be administered routinely in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23). The two vaccines should NOT be given at the same visit but rather at the recommended intervals.

For adults 65 years of age and older who have never received PPSV23 or PCV13:

- PCV13 should be given first, followed by a dose of PPSV23 one year later.

For adults 65 years of age and older who previously received PPSV23 but never received PCV13:

- PCV13 should be given 1 year after the most recent PPSV23 dose.
- If an additional dose of PPSV23 is indicated, this PPSV23 dose should be given 1 year after PCV13 and at least 5 years after the most recent dose of PPSV23.

ACIP recommendations for routine use of PCV13 in adults aged 19 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leak, or cochlear implants remain unchanged. For persons who have not received pneumococcal vaccines in the past, a dose of PCV13 is recommended to be given first, followed by a dose of PPSV23 at least 8 weeks later.

SB 277

On June 30, 2015, [California Senate Bill 277](#) (Pan, 2015) was signed into law, changing the immunization requirements for children entering child care or school in California starting January 1, 2016.

Parents or guardians of students in any school or child care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption to a currently-required vaccine.

- Students will no longer be required to have immunizations for entry if they attend either a home-based private school or an independent study program with no classroom-based instruction. **However, parents or guardians must continue to provide immunization records from these students to their schools, and schools must continue to maintain and report records of immunizations that have been received by these students.**

The immunization requirements do not prohibit students from accessing special education and related services required by their individualized education programs.

A personal beliefs exemption filed with a child care facility or school before January 1, 2016, is valid until the next grade span. The grade spans are:

- Birth to preschool
- Kindergarten through 6th grade
- Grades 7th through 12th grade

For more information on SB 277 and the vaccines required to enter child care or school in California, please see the [Shots for School](#) website.