

ACIP Releases 2015 Childhood Immunization Schedules

Key Points for Practice

- Although LAIV is recommended over inactivated influenza vaccine for children two to eight years of age, previous data showed LAIV was *less* effective than inactivated influenza vaccine against the H1N1 strain.
- The meningococcal vaccine is recommended for use in children at high risk of invasive meningococcal disease; healthy infants who are part of an outbreak; or travelers in hyperendemic or epidemic areas, and should be given at two, four, six, and 12 months.

From the AFP Editors

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A collection of Practice Guidelines published in *AFP* is available at <http://www.aafp.org/afp/practguide>.

The 2015 immunization schedule for children and the catch-up schedule from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) have a few changes that are pertinent for family physicians. The schedules are available at <http://www.aafp.org/patient-care/immunizations/schedules.html>.

The most notable change involves the quadrivalent live attenuated influenza vaccine (LAIV; Flumist). In June 2014, ACIP made a preferential recommendation for LAIV over inactivated influenza vaccine for children two to eight years of age. This was based on data showing that LAIV provided better protection against influenza for those children. The recommendation stated that LAIV was preferred only if immediately available. The emphasis is that any other influenza vaccine should be given instead of waiting for LAIV to arrive.

However, a review of the 2013-2014 vaccine efficacy data surprised everyone by showing that LAIV was *less* effective than inactivated influenza vaccine against the H1N1 strain. Effectiveness against other strains of influenza was the same or better than inactivated influenza vaccine. The cause for this unexpected finding is unknown, but is under investigation. For now, the CDC has not changed any of its recommendations regarding influenza vaccination (<http://www.cdc.gov/flu/news/nasal-spray-effectiveness.htm>). Updates are expected at the February 2015 ACIP meeting, and offices may want to delay preordering any 2015-2016 influenza vaccine until after that meeting.

The footnotes of the childhood vaccine schedule were extensively modified for the meningitis vaccine. The meningococcal vaccine is recommended for use in children at high risk of invasive meningococcal disease (i.e., infants with complement component deficiencies or functional or anatomic asplenia, including sickle cell disease; healthy infants who are part of an outbreak; or travelers in hyperendemic or epidemic areas). The vaccine should be given at two, four, six, and 12 months. However, each of the three childhood meningococcal vaccines has different indications based on the child's age and medical condition. The footnotes now delineate the recommendations by specific condition and vaccine, which should make it easier to decide which vaccine to use in which situation.

The CDC has published a comprehensive toolkit that can help guide you through safe storage and handling practices for your office (<http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>).

There is a small but real association between febrile seizures and concurrent administration of influenza plus pneumococcal 13-valent conjugate vaccine and/or diphtheria and tetanus toxoids and acellular pertussis (DTaP). The number needed to vaccinate to produce one additional febrile seizure is approximately 2,200 children. Given the generally benign nature of febrile seizures and the benefits of the vaccines, ACIP has not recommended any change in practice at this time.

A free vaccination schedule app for iOS and Android devices is available from the CDC at <http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html>.

Some new vaccines will likely be available in 2015. A meningitis B vaccine was approved by the U.S. Food and Drug Administration in October 2014, and a second is expected to be approved shortly. The nine-valent human papillomavirus vaccine may also be approved soon. ACIP will likely make recommendations for the appropriate use of these vaccines at the February 2015 meeting.

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