ACIP Releases 2016 Childhood Immunization Recommendations

Key Points for Practice

- Children with a history of sexual assault should be vaccinated against HPV starting at nine years of age.
- Persons 16 to 23 years of age may be vaccinated to provide short-term protection against most strains of meningococcal B disease.
- There is no contraindication to giving the meningococcal B and quadrivalent meningococcal conjugate vaccines on the same day as long as different administration sites are used.
- Unlike the HPV vaccine series, which may be completed with any available vaccine preparation, meningococcal vaccines are not interchangeable.

From the *AFP* Editors

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This series is coordinated by Sumi Sexton, MD, Associate Deputy Editor.

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

Each year, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention reviews and updates the childhood immunization schedule to incorporate any published updates or corrections from the previous year. The 2016 childhood immunization schedule is available at http://www.aafp.org/patient-care/immunizations/schedules.html.

In addition to updated references, the childhood schedule has been reconfigured to list vaccinations from earliest to latest age of first recommended administration. This improves readability by allowing the routine recommendation gold bars to align under the age when first recommended.

New recommendations incorporated into the schedule include meningococcal B and nonavalent human papillomavirus (HPV) vaccines.

Human Papillomavirus Vaccine

In February 2015, the ACIP recommended nonavalent HPV vaccine (Gardasil 9) as one of three formulations that can be used for routine vaccination in adolescents and adults. The nonavalent HPV vaccine is a noninfectious, virus-like particle vaccine that protects against HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58. Routine HPV vaccination is recommended at 11 or 12 years of age, but catch-up vaccination can occur at up to 26 years of age. Although included in the original recommendation, the updated schedule highlights the recommendation to vaccinate beginning at nine years of age for any child with a history of sexual assault. There is no recommendation for revaccination for those who previously completed a full series.[1]

Meningococcal Vaccine

The ACIP recommends use of a two-dose series of either meningococcal B vaccine (MenB-4c [Bexsero]; MenB-FHbp [Trumenba]) among certain groups of persons 10 years or older who are at increased risk of serogroup B meningococcal disease. In addition, persons 16 to 23 years of age may be vaccinated to provide short-term protection against most strains of meningococcal B disease. There is no preference for meningococcal B vaccine, but the two products are not interchangeable once the series is started. The routine recommendation to immunize at 11 or 12 years of age with a quadrivalent meningococcal conjugate vaccine (MenACWY-D [Menactra]), which protects against serogroups A, C, W, and Y, remains unchanged. Both meningococcal vaccines can be administered during the same office visit; however, using different injection sites is recommended.[2]

Footnote Clarifications

There are footnote clarifications to the diphtheria, tetanus, acellular pertussis section. The fourth dose of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine, which is usually administered at 15 months of age, may be given as early as 12 months if six months or more has passed since the third dose. If the fourth dose of ▶

DTaP was administered at least four months but less than six months after the third dose, it does not need to be repeated.

Other clarifications included administering one dose of inactivated poliovirus vaccine at four years of age at least four weeks after the final oral poliovirus vaccine dose for children who received only the oral vaccine, if all of the doses were provided before four years of age. In the meningococcal footnote, persistent complement deficiency was defined to include C3, C5-9, properdin, factors D or H, or in patients taking eculizumab (Soliris).

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