

ACIP Releases 2017 Childhood Immunization Recommendations

Key Points for Practice

- Infants should receive their first dose of hepatitis B vaccine within 24 hours of birth.
- Two doses of human papillomavirus vaccine separated by at least five months are sufficient coverage for adolescents who begin the series before 15 years of age.
- The recommendations for both meningococcal vaccines apply regardless of human immunodeficiency virus status or CD4 count in children and adolescents.
- In low-risk adolescents, serogroup B meningococcal vaccine may be given as a two-dose series.
- High-risk medical conditions may require altered vaccine schedules.

From the AFP Editors

► See related Practice Guideline on page 262.

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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>.

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Author disclosure: No relevant financial affiliations.

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention reviews and updates the childhood immunization schedule annually to reflect recently published updates or corrections from the previous year. The 2017 childhood immunization schedule is available at <http://www.aafp.org/patient-care/immunizations/schedules.html>. This year's schedule features a new table and several key recommendation changes.

General Recommendations

The ACIP continues to recommend that any dose not given at the recommended age be given at the next possible opportunity. In general, using combination vaccines is preferred over separate injections of equivalent component vaccines. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System online (<https://vaers.hhs.gov/index>) or via telephone (800-822-7967).

Human Papillomavirus Vaccine

A two-dose human papillomavirus vaccine series (zero, six to 12 months) is recommended for adolescents who begin the series before 15 years of age. Routine vaccination

at 11 to 12 years of age is recommended. To be considered immunized, five or more months must have passed between the first and second doses of vaccine, otherwise a third dose should be given at six months. For adolescents who receive the first dose before 15 years of age but will receive the second dose after age 15, two doses are sufficient if provided at least five months apart. Immunocompromised persons (regardless of age) and anyone starting the series after 15 years of age, should continue to receive the three-dose (zero, one to two, six months) schedule.¹

Influenza Vaccine

Noting the recent lack of effectiveness with the use of live attenuated influenza vaccine, it should not be used during the 2016-2017 influenza season.²

Hepatitis B Vaccine

Emphasizing the importance of delivering the first dose of vaccine early and without regard to the birthing location, ACIP changed the recommendation from “at hospital discharge” to “within 24 hours of birth.”

Tdap Vaccine

Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine continues to be recommended routinely at 11 to 12 years of age. A new preferential recommendation for Tdap administration during pregnancy (specifically at 27 to 36 weeks' gestation) impacts pregnant adolescents and young women.

Meningococcal Vaccines

Young adults 16 through 23 years of age (preferred 16 to 18 years of age) who are not at increased risk of meningococcal disease may be vaccinated with a two-dose series of either serogroup B meningococcal vaccine product. The products are not interchangeable. During

an outbreak, the recommendation is to use the two-dose (MenB-4C [Bexsero]), or three-dose (MenB-FHbp [Trumenba]) series.

ACIP clarified that the recommended use of serogroup A, C, W, and Y (MenACWY) and serogroup B vaccines is the same regardless of human immunodeficiency virus status or CD4 count in children and adolescents.³

Vaccines for Specific Medical Conditions

A new chart is provided to give clearer guidance on which high-risk conditions may require an altered vaccine administration schedule. Arranged by condition, the chart shows which vaccines are contraindicated or require special administration instructions.

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