

ACIP Releases 2017 Adult Immunization Recommendations

Key Points for Practice

- Women through 26 years of age and men through 21 years of age (and men 22 through 26 years of age who may receive human papillomavirus vaccine) who initiated the series before 15 years of age and received only one dose, or two doses less than five months apart, are not considered adequately vaccinated and should receive one additional dose.
- Adults with chronic liver disease, including those with hepatitis C infection and adults with liver function enzyme levels that are twice the normal level, are recommended to receive hepatitis B vaccine.
- Adults with human immunodeficiency virus infection should receive a two-dose primary series of serogroup A, C, W, and Y meningococcal conjugate vaccine.

From the AFP Editors

► See related Practice Guideline on page 260.

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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.

Each year the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention reviews and updates the adult immunization schedule to incorporate any published updates or corrections from the previous year. The 2017 adult immunization schedule includes several updates and is available at <http://www.aafp.org/patient-care/immunizations/schedules.html>.

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.¹

Revisions to the recommendations for use of influenza vaccine in adults with egg allergy include:

- Adults with a history of egg allergy who have only had hives after exposure to egg should receive age-appropriate inactivated or recombinant influenza vaccine.
- Adults with a history of egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis, or who required epinephrine or another emergency medical intervention) may receive age-appropriate

inactivated or recombinant influenza vaccine. Inactivated influenza vaccine should be administered in an inpatient or outpatient medical setting and supervised by a health care professional who can recognize and manage severe allergic conditions.

Human Papillomavirus Vaccine

Although the human papillomavirus vaccine recommendation changed significantly for adolescents, the previously recommended intervals and indications for adults remain unchanged. Adults and adolescents who began their vaccination series after 15 years of age continue to require three doses to be considered adequately vaccinated.

ACIP did clarify that the vaccine catch-up schedule is determined by the age of initial vaccination. Women through 26 years of age and men through 21 years of age (and men 22 through 26 years of age who may receive human papillomavirus vaccine) who initiated the series before 15 years of age and received only one dose, or two doses less than five months apart, are not considered adequately vaccinated and should receive one additional dose to complete the series.²

Hepatitis B Vaccine

Adults with chronic liver disease, including those with hepatitis C infection and those with liver function enzyme levels that are twice the normal level, are recommended to receive hepatitis B vaccine. This recommendation includes adults with cirrhosis, fatty liver disease, alcoholic liver disease, and autoimmune hepatitis.

Meningococcal Vaccines

Adults with human immunodeficiency virus infection who have not been previously vaccinated should receive a two-dose primary

series of serogroup A, C, W, and Y meningococcal conjugate vaccine (MenACWY) at least two months apart and get revaccinated every five years. Those who previously received one dose of MenACWY should receive a second dose at least two months after the first dose. Meningococcal B vaccination for adults with human immunodeficiency virus infection is not routinely indicated because meningococcal disease in this population is caused primarily by serogroups C, W, and Y.³

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Author disclosure: No relevant financial affiliations.

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