

Practice Guidelines

ACIP Releases 2018 Childhood Immunization Recommendations

Key Points for Practice

- Dashes in a number range in the vaccine schedule should be read as through (e.g., 12-18 years should be read as 12 through 18 years).
- A third dose of mumps-containing vaccine should be used in patients determined to be at increased risk during mumps outbreaks.
- Do not use the live attenuated influenza vaccine during the 2017-2018 seasonal influenza season.

From the *AFP* Editors

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) reviews and updates the immunization schedule for children and adolescents 18 years or younger incorporating any previously published updates or corrections from the previous year. The updated schedule is accessible at <http://www.aafp.org/patient-care/immunizations/schedules.html>.

Expanded Cover and Simplified Footnotes

In direct response to physician feedback, the most notable changes to the 2018 schedule may be the increased white space and larger font size in the footnotes section. These formatting changes include using bulleted lists instead of complete sentences and removing redundant language. This allowed for unnecessary text to be removed, while preserving pertinent information and maintaining clarity. A key clarification is that dashes in a number range should be read as through (e.g., 12-18 years should be read as 12 through 18 years). The cover page was updated to include a table listing vaccine abbreviations and product names.

See related Practice Guideline on page 279.

Coverage of guidelines from other organizations does not imply endorsement by *AFP* or the AAFP.

This series is coordinated by Sumi Sexton, MD, Editor-in-Chief.

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

CME This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz on page 235.

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Mumps-Containing Vaccine

The routine childhood series of mumps-containing vaccine at 12 months and four to six years of age remains the most effective way of controlling overall mumps infections in the United States. Recently, the increased number of outbreaks suggests that waning immunity may leave some patients susceptible. Providing a third dose of measles-mumps-rubella vaccine appears to be effective for mumps outbreak control, particularly in health department and university settings.¹ The CDC now recommends that persons previously vaccinated with two doses of a mumps-containing vaccine (measles-mumps-rubella or measles-mumps-rubella-varicella) who are identified by public health departments as being at increased risk of mumps because of an outbreak should receive a third dose of a mumps-containing vaccine to improve protection against mumps disease and related complications.²

Influenza Vaccine

The 2017-2018 seasonal influenza vaccine recommendations did not result in changes to the child and adolescent schedule.³ The recommendation against using live attenuated influenza vaccine (Flumist) remains in effect for the current season despite ongoing discussion of a return to market of an improved product.

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References

1. Cardemil CV, Dahl RM, James L, et al. Effectiveness of a third dose of MMR vaccine for mumps outbreak control. *N Engl J Med*. 2017;377(10):947-956.
2. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices (ACIP). October 2017 meeting recommendations. <https://www.cdc.gov/vaccines/acip/index.html>. Accessed January 7, 2018.
3. Grohskopf LA, Sokolow LZ, Broder KR, et al. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2017-18 influenza season. *MMWR Recomm Rep*. 2017;66(2):1-20. ■