

Practice Guidelines

ACIP Releases 2018 Adult Immunization Recommendations

Key Points for Practice

- Herpes zoster subunit vaccine is now recommended as the preferred vaccine against herpes zoster for immunocompetent adults 50 years and older.
- Adults previously vaccinated with the live zoster vaccine should be vaccinated with herpes zoster subunit vaccine.
- A third dose of mumps-containing vaccine should be used in patients determined to be at increased risk during outbreaks.

From the *AFP* Editors

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) reviews and updates the adult immunization schedule annually, incorporating any previously published updates or corrections from the previous year. Compared with recent years, the 2018 adult immunization schedule has relatively few notable updates. The updated schedule is available at <http://www.aafp.org/patient-care/immunizations/schedules.html>.

Herpes Zoster Vaccine

The most significant change to the adult schedule in 2018 is also the newest. In October 2017, ACIP approved three recommendations for herpes zoster vaccine. These recommendations have been adopted by the CDC director and will become official policy once published in *Morbidity and Mortality Weekly Report*. The CDC now recommends:

- Use of herpes zoster subunit vaccine (also known as zoster vaccine recombinant, adjuvanted; Shingrix) for the prevention of herpes zoster and its related complications in immunocompetent adults 50 years and older;
- Use of herpes zoster subunit vaccine for immunocompetent adults who previously received the live zoster vaccine (Zostavax); and
- Preference for herpes zoster subunit vaccine over live zoster vaccine.¹

It is worth noting that the revaccination recommendation and preferential recommendation

for herpes zoster subunit vaccine over live zoster vaccine were not because of issues with the live vaccine itself, but rather reflect the improved immune response following administration with the subunit vaccine.

Mumps-Containing Vaccine

Although the standing two-dose series of mumps-containing vaccine has effectively controlled overall mumps prevalence in the United States, recent evidence suggests that waning immunity is contributing to an increase in outbreaks. A third dose of measles-mumps-rubella vaccine appears to be effective for mumps outbreak control, particularly in health department and university settings.² In addition to the routine childhood series, 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 department personnel 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.¹

Influenza Vaccine

The ACIP recommendations on influenza vaccination made in June 2017 are reiterations of

See related Practice Guideline on page 278.

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

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existing recommendations, so no changes were made to the 2018 adult immunization schedule.³ There has been discussion of a return of the live attenuated influenza vaccine (Flumist) to the market soon; however, the recommendation against its use continues for the 2017–2018 season.

Margot Savoy, MD, MPH, FAAFP, FABC, CPE

Christiana Care Health System, Wilmington, Delaware

Editor's Note: The author serves as liaison to ACIP for the AAFP.

Address correspondence to Margot Savoy, MD, MPH, at msavoy@christianacare.org. Reprints are not available from the author.

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