



Public Health - Dayton & Montgomery County

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HOTSHOT – February 2017

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has approved the 2017 Recommended Immunization Schedules for children and adolescents aged 18 years or younger. These schedules are revised at the beginning of each year to reflect current recommendations for the use of vaccines licensed by the Food and Drug Administration. The following is a summary of the changes to the color-coded chart and footnote pages.

Medical conditions

- A new chart, Figure 3- "Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications", has been added. This chart points out:
 - Most children with medical conditions can (and should) be vaccinated according to the routine child/adolescent immunization schedule.
 - When a medical condition is a precaution or contraindication to vaccination and when additional doses of vaccines may be necessary because of a medical condition. Consult the relevant footnotes for additional information.

Diphtheria and tetanus toxoids and acellular pertussis vaccine

- The DTaP footnote was reworded to present a better understanding of the recommendations when a 4th dose of DTaP that was inadvertently administered early.

Hepatitis B vaccine

- The HepB footnote was revised to reflect that the birth dose of HepB should be administered within 24 hours of birth.

Haemophilus influenzae type B vaccine

- Comvax is no longer available and has been removed from the routine vaccination portion of the Hib footnote. Additionally, Hiberix has been added to the list of vaccines that may be used for the primary vaccination series.

Human papillomavirus vaccine

- A blue bar was added to the schedule for HPV for children aged 9–10 years, indicating that persons in this age group may be vaccinated (even in the absence of a high-risk condition).
- The footnote for HPV vaccine has been updated to include the new 2-dose schedule for persons initiating the HPV vaccination series before age 15 years. Additionally, bivalent HPV vaccine (Cervarix) has been removed from the schedule. This vaccine has been removed from the U.S. market, and all available vaccine doses have expired.

Influenza vaccine

- Live attenuated influenza vaccine (LAIV) has been removed from the influenza row of the schedule. LAIV should not be used during the 2016-2017 influenza season.

Meningococcal vaccine

- Regarding the meningococcal conjugate vaccine (MenACWY), the 16-year age column of the schedule has been separated from the 17–18-year age column to highlight the need for a booster dose at age 16 years.
- The MenACWY vaccine footnote has been updated to include recommendations for children with HIV infection.
- The meningococcal serogroup B vaccine (MenB) update applies only to Trumenba and clarifies when adolescents should receive the new 2-dose Trumenba schedule.

Pneumococcal vaccine

- Within the pneumococcal vaccine footnote, references to 7-valent pneumococcal conjugate vaccine (PCV7) have been removed. All PCV7 vaccines have expired and are no longer part of any schedule. All children should now receive the PCV13 vaccine.

Tetanus-diphtheria-acellular pertussis vaccine

- Tdap footnote was updated to reflect recommendation for vaccination of pregnant adolescents during the early part of gestational weeks 27 through 36. Tdap should be administered during each pregnancy regardless of time since prior doses of Td or Tdap.

Vaccine providers should use the schedules and footnotes together. We encourage all physicians and nursing staff to take a few moments to review the new schedules (see link below) and footnote changes. To ensure that providers have the most current vaccine information, schedules are published online and updated as new vaccines are released, when new recommendations are published, or when a current recommendation is changed.

<https://www.cdc.gov/vaccines/schedules/hcp/index.html>

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