

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE, Tom Harkin Global Communications Center (Building 19), Atlanta, Georgia  
June 25-26, 2014  
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AOA Liaison Member ACIP

**Summary:**

1. General Recommendations Work Group presented revisions to two sections of the General Recommendations on Immunization document: “Altered Immunocompetence” and “Vaccination Programs”.
2. Child/Adolescent Immunization: Work group is attempting to provide tools to help providers with vaccine schedules.
3. Yellow Fever Vaccine: YF-VAX (Sanofi) is only yellow fever vaccine in the US; cost (\$150-350). A motion was tabled to recommend on one YF without a booster. To be addressed at next meeting.
4. Influenza (Vote): Costs:

Vaccine product	Price/dose
LAIV	LAIV4: \$22.70
IIV (with indication for ≤8 years)	IIV3: \$7.65 – \$14.81
	IIV4: \$14.90 – \$21.09

**Recommendations: (approved unanimously)**

**Use of LAIV and IIV for Healthy Children aged 2-8 years:**

- a. Individuals > 6 months of age should receive influenza vaccine. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available.
  - b. When available, LAIV should be used for healthy children aged 2-8 years who have not contraindications or precautions.**
  - c. If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed in order to procure LAIV.
5. Human Papillomavirus (HPV) Vaccines (2 items were discussed by no vote)
    - a. Investigational 9-valent HPV vaccine was discussed
    - b. 2-dose schedules for bivalent and quadrivalent HPV vaccines
  6. Vaccine Safety
    - a. Simultaneous administration of TIV with PCV and/or DTaP vaccines may be associated with an increased risk for benign febrile seizures in young children.
    - b. Getting recommended childhood vaccines during a single healthcare visit has important benefits.

- c. On-time vaccinations keep children protected against many infectious diseases, and providing multiple vaccinations in a healthcare visit minimizes the number of healthcare visits that parents, caregivers, and children must make.

7. Adult Immunization

- a. Overall coverage remains far below HP2020 targets
  - i. 90% for 65+ for pneumococcal vaccine
  - ii. 60% for high risk 19-64 for pneumococcal vaccine
  - iii. 30% for 60+ years for Zoster vaccine
  - iv. 90% for Hep B vaccine for HCP
- b. Some improvement from 2011
  - i. Modest increase for HPV (women 19-26), Tdap (19-64 year olds), and herpes zoster (>60 year olds) vaccines
  - ii. No improvements for other vaccines

8. 13-valent pneumococcal conjugate vaccine (PCV13)

The addition of one dose of PCV13 for adults appears to be less cost-effective than other vaccination interventions.

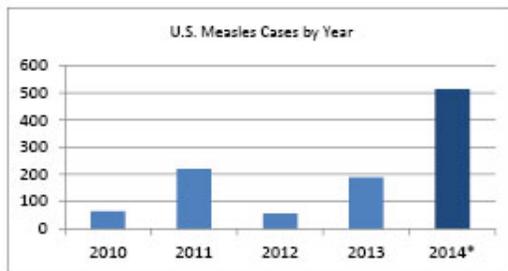
9. Measles Update

**Measles Cases and Outbreaks,**

January 1 to June 20, 2014\*

**514** Cases reported in 20 states: Alabama, California, Connecticut, Hawaii, Illinois, Kansas, Massachusetts, Minnesota, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington

**16** Outbreaks representing 87% of reported cases this year



\*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



10. Meningococcal Vaccines

Until a MenB vaccine is licensed in the United States, MenB vaccine and MenB vaccination campaigns may only be provided under a CDC-sponsored expanded access IND.

11. Pertussis

All HCP are recommended a single dose of Tdap and routine Td booster every 10 years. Nationally reported Tdap coverage among HCP is 31.4% (NHIS, 2012).

Next ACIP meeting Oct. 29-30, 2014