ACIP General Best Practice Guidelines for Immunization – Background and Posted Revisions since April 2017

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Advisory Committee on Immunization Practices
October 25, 2018
Atlanta, GA
Background
Vaccine-Specific ACIP Recommendations

- Anthrax
- BCG
- Cholera
- DTaP/Tdap/Td (UPD)
- Hepatitis A
- Hepatitis B (UPD)
- Hib
- HPV
- Influenza
- Japanese Encephalitis
- Measles, Mumps, and Rubella
- MMR
- MMRV

ACIP Abbreviations

These abbreviations provide a uniform approach to vaccine references used in ACIP Recommendations that are published in the MMWR, the Pink Book, and the AAP Red Book; and in the U.S. immunization schedules for children, adolescents, and adults.

Comprehensive ACIP Recommendations and Guidelines

- General Best Practice Guidelines on Immunization
- Immunizations and Health-Care Personnel
- See also: Influenza Vaccination of Health-Care Personnel

NOTE: Web version indicates the reports above are "archived" only because they were published in MMWR before January 2013. The recommendations listed above ARE CURRENT.
General Best Practices: Topics

- Introduction
- Methods
- Timing and spacing of immunobiologics
- Contraindications and precautions
- Preventing and managing adverse reactions
- Reporting adverse events after vaccination
- Vaccine administration
- Storage and handling of immunobiologics
- Altered immunocompetence
- Special situations
- Vaccination records
- Vaccination programs
- Vaccine information sources
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

Vaccine Recommendations and Guidelines of the ACIP

General Best Practice Guidelines for Immunization

INTRODUCTION
Purpose and topics covered in this report...

METHODS
Method of development of: Timing and Spacing, Contraindications and Precautions, Preventing and Managing Adverse Reactions...

TIMING AND SPACING OF IMMUNOBIOLOGICS
Vaccine scheduling, supply and lapsed schedule, spacing of doses, simultaneous and nonsimultaneous administration, licensed combination vaccines, interchangeability of formulations, extra doses, conjugate vaccines...

CONTRAINICATIONS AND PRECAUTIONS
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CONTRAINdications AND PRECAUTIONS
General Best Practice Guidelines for Immunization

Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)

Kroger AT, Duchin J, Vázquez M
General Best Practice Guidelines for Immunization

Kroger AT, Duchin J, Vázquez M

INTRODUCTION
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CONTRAINdications AND PRECAuTIONS
List of Errata/Updates

General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)

Latest Entry: 9/24/2018

September 20, 2018

- [PAGE 29](#) [38 pages]
  Timing and Spacing of Immunobiologics
  Table 3-1
  Serogroup B meningococcal vaccine now appears on the table.

- [PAGE 52](#) [19 pages]
  Contraindications and Precautions
  Table 4-1
  DTaP ROW / PRECAUTIONS COLUMN
  “Fever within 48 hours after vaccination with a previous dose of DTP or DTaP” is no longer a precaution to DTaP vaccine.

- [PAGE 52](#) [19 pages]
  Contraindications and Precautions
  Table 4-2
  DTaP ROW
  “Fever within 48 hours after vaccination with a previous dose of DTP or DTaP” is no longer a precaution to DTaP vaccine.
Errata/Updates
Pertussis Containing Vaccines

- DTaP (Dose 3 – Dose 4) minimum intervals (10/23/2017)
  - Prospective – 6 months
  - Retrospective – 4 months
  - 4 day grace period can be applied to 6 month interval prospectively
  - 4 day grace period can be applied to 4 month interval retrospectively

- Four precautions to DTaP removed
  - Fever ≥ 105°F within 48 hrs following a dose of DTaP (09/20/18)
  - Persistent, inconsolable crying lasting ≥ 3 hrs within 48 hrs following a dose of DTaP (07/18/18)
  - Collapse or shock-like state with 48 hrs following a dose of DTaP (07/18/18)
  - Seizure within 72 hrs following a dose of DTaP (07/18/18)
## Serogroup B Meningococcal Vaccine (09/20/18)

**TABLE 3-1. Recommended and minimum ages and intervals between vaccine doses**

<table>
<thead>
<tr>
<th>Vaccine and dose number</th>
<th>Recommended age for this dose</th>
<th>Minimum age for this dose</th>
<th>Recommended interval to next dose</th>
<th>Minimum interval to next dose</th>
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<tbody>
<tr>
<td>MenB-1</td>
<td>Healthy adolescents: 16-23 years</td>
<td>16 years</td>
<td>MenB-4C: 4 weeks</td>
<td>MenB-4C: 4 weeks</td>
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<tr>
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<td>Persons at increased risk: ≥10 years</td>
<td>10 years</td>
<td>MenB-4C: 4 weeks</td>
<td>MenB-4C: 4 weeks</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>MenB-FHbp: 6 months&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>MenB-FHbp: 6 months&lt;sup&gt;(a)&lt;/sup&gt;</td>
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<tr>
<td>MenB-2</td>
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<td>16 years (+1 month)</td>
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<td></td>
<td>Persons at increased risk: ≥10 years (+1 month)</td>
<td>10 years (+1 month)</td>
<td>MenB-4C: —</td>
<td>MenB-4C: —</td>
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<tr>
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<td>MenB-FHbp: 1-2 months&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>MenB-FHbp: 1 month</td>
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<tr>
<td>MenB-3&lt;sup&gt;(c)&lt;/sup&gt;</td>
<td>Persons at increased risk: ≥ 10 years (+6 months&lt;sup&gt;(a)&lt;/sup&gt;)</td>
<td>10 years (+ 6 months&lt;sup&gt;(a)&lt;/sup&gt;)</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

<sup>(a)</sup> Calendar months
Hepatitis A (07/18/18)

- Dosages of Immunoglobulin (IG) updated (no need to adjust interval to MMR or Varicella vaccines)

- IG and Hepatitis A should be administered in different limbs
  - Joins two other couplets
    - TIG and tetanus-containing vaccines
    - HBIG and hepatitis B vaccines
Varicella Vaccine

- **Contraindication (10/23/17)**
  - Family history of altered immunocompetence – with footnote explaining the concern is with congenital immunodeficiencies and the intervention is to screen through histories of first-degree relatives or use of laboratory evidence if available

- **Precaution**
  - Use of aspirin or aspirin-containing products (actually a recommendation to delay the medicine 6 weeks after giving the vaccine (07/18/18)
  - Receipt of specific antiherpesvirus antiviral drugs 24 hours before vaccination (avoid use of these antiherpesvirus drugs for 14 days after vaccination) (10/23/18)
Zoster (RZV) Vaccine (07/18/18)

- **Vaccine Administration**
  - Only 0.5 cc’s should be withdrawn from a vial even if the vial is overfilled
  - Does NOT apply to other vaccines (recommendation to withdraw the entire contents)
Live Attenuated Influenza Vaccine (LAIV) (10/23/18)

- Contraindication
  - Influenza antiviral medications within the previous 48 hours
Vaccine Administration Discussion Topic
May Health Care Personnel with Labeled Contraindications and/or Precautions Administer Vaccine?

- There is no current discussion of this in the General Best Practices
- There is a well known vaccine-specific recommendations (LAIV)
- General Recommendations Work Group debated if this could be generalized
Literature Review

- Health care personnel
- Risk of adverse reactions based on administration of vaccine
- Potential outcomes (withholding vaccine vs administering vaccine)

- Databases searched:
  - Embase, Cinhal, Scopus, PsycInfo, and Medline
<table>
<thead>
<tr>
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<td>CINAHL (Ebsco)</td>
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Literature Search – 3 Articles Relevant to Topic


Language for Discussion – To Be Placed in Vaccine Administration Section

- Health Care Provider Exposure to Vaccine Antigen

Providers are sometimes concerned when they have the same contraindications or precautions as their patients from whom they withhold or defer vaccine. For administration of routinely recommended vaccines, there is no evidence of risk of exposure of vaccine antigen to the health care provider, so conditions in the provider labeled as contraindications and precautions to a vaccine antigen are not a reason to withdraw from this function of administering the vaccine antigen to someone else.
Historic concerns about exposure to vaccine antigen are limited to non-parenteral vaccines in which some degree of environmental exposure is unavoidable (LAIV), situations in which adverse reactions from allergy or self-inoculation is likely due to reduced attenuation of vaccine virus (Smallpox), or the technical process of administration is complicated by vaccine recipients that struggle vigorously, leading to needle stick injury and reactions due to allergy or self-inoculation (veterinary vaccinology).
ACIP General Recommendations Work Group

- **ACIP**
  - Paul Hunter

- **Liaisons**
  - Marie-Michele Leger (AAPA)
  - Susan Lett (CSTE)
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  - Pam Rockwell (AAFP)
  - Mark Sawyer (AAP)
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- **Non-Federal Subject Matter Experts**
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  - Deborah Wexler
  - Richard Zimmerman