Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases



ACIP General Best Practice Guidelines for Immunization – Posting of October 2018 Discussion and Other Updates

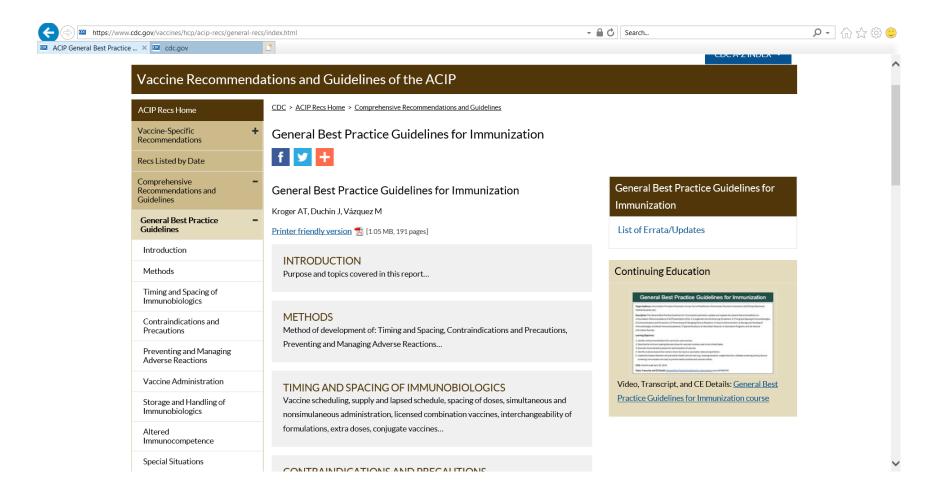
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Medical Officer

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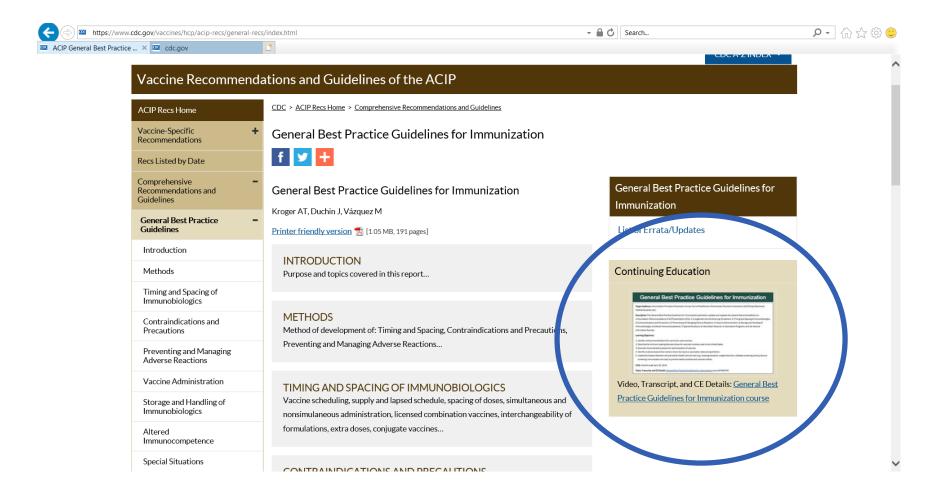
Advisory Committee on Immunization Practices February 27, 2020 Atlanta, GA

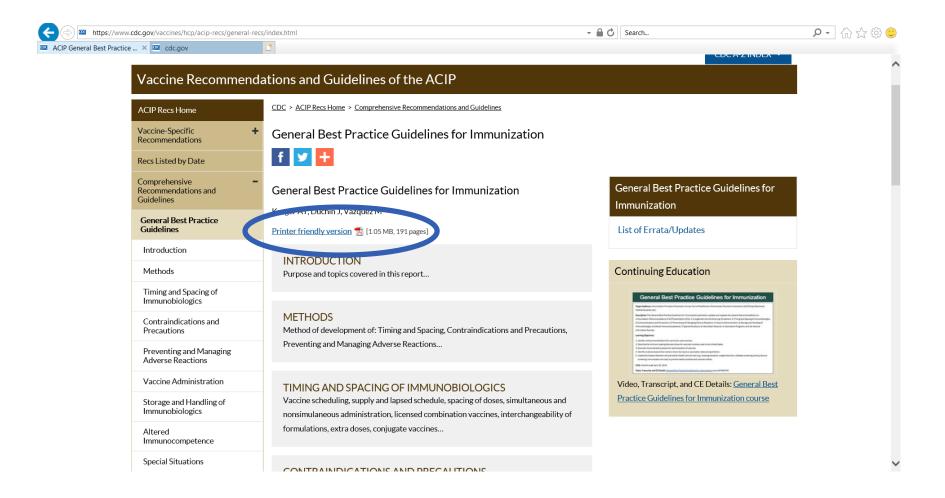
Background



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



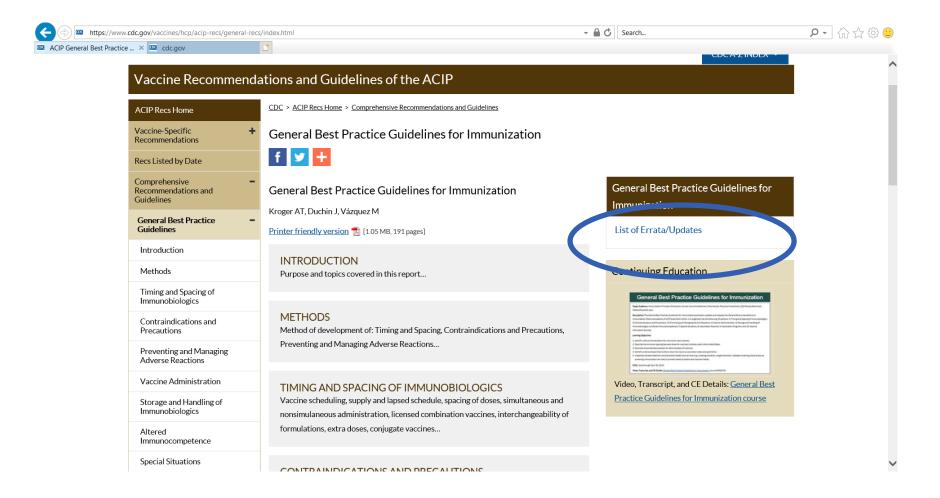


General Best Practice Guidelines for Immunization

BEST PRACTICES GUIDANCE OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

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Pellegrini C



https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/general-recs-errata.html

Immunob	iologics	
Contraind	ications and Precautions	5
Preventing Reactions	g and Managing Adverse	:
Vaccine A	dministration	
Storage ar Immunob	nd Handling of iologics	
Altered Im	nmunocompetence	
Special Sit	uations	
Vaccinatio	ns Records	
Vaccinatio	n Programs	
Vaccine In	formation Sources	
Appendix	1: Glossary	
Appendix	2: Membership	
List of Err	ata/Updates	

July 8, 2019

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Vaccine Administration

Smallpox vaccine is listed as an exception to the best practice that vaccine must be prepared far away (at a distance) from the patient.

July 2018

May 2018

October 2017

May 14, 2019

New CE package approved

New Frontmatter

New ACIP Membership List

List of ACIP members, Liaisons, Ex Officios, and General Best Practices Work Group members based on the date of the recent General Best Practices Work Group presentation to the Advisory Committee on Immunization Practice (ACIP) on October 25, 2018.

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<u>Methods</u>

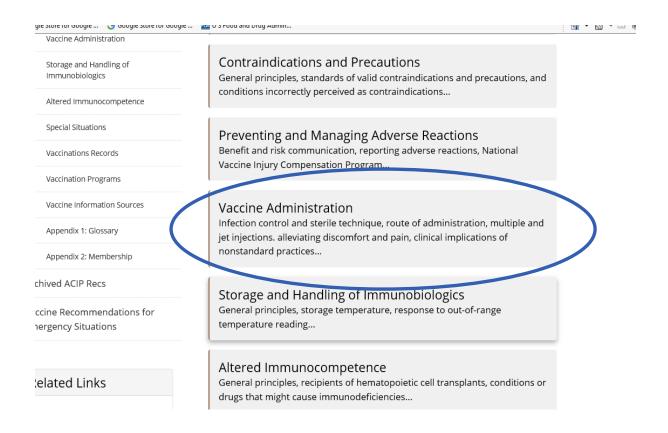
Table 3-1

Vaccine Administration section has been revised to reflect ACIP presentation on October 25, 2018.

Timing and Spacing of Immunobiologics

Subheading "Simultaneous Administration"

The guideline to administer PCV13 before MenACWY-D was expanded to include patients with HIV infection.



https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

Little gettey situations

Related Links

Vaccines & Immunizations

VFC Resolutions

ACIP Web Site

CDC's International Travelers
Yellow Book

Clinical Travel Notices, Updates, and Vaccine Shortages prefilled syringes also typically must be discarded if not used within the same day that they are filled, vaccine wastage might occur. The FDA does not license administration syringes for vaccine storage.

In certain circumstances in which a single vaccine type is being used (e.g., in preparation for a community influenza vaccination campaign), filling a small number (10 or fewer) of syringes may be considered (5). The doses should be administered as soon as possible after filling, by the same person who filled the syringes. Unused syringes that are prefilled by the manufacturer and activated (i.e., syringe cap removed or needle attached) should be discarded at the end of the clinic day.

Health Care Provider Exposure to Vaccine Components

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 components to the health care provider, so conditions in the provider labeled as contraindications and precautions to a vaccine components are not a reason to withdraw from this function of administering the vaccine to someone else. Historic concerns about exposure to vaccine components are limited to non-parenteral vaccines in which some degree of environmental exposure is unavoidable (5, 6), or situations in which self-inoculation is likely due to the nature of the vaccine microbe [e.g. reduced attenuation of smallpox vaccine virus (2)]. Persons administering ACAM 2000 smallpox vaccine to laboratory and health care personnel at risk for occupational exposure to orthopoxviruses can decrease the risk for inadvertent infection through recommended infection prevention measures. However, because of a theoretical risk for infection, vaccination with ACAM2000 can be offered to health care personnel administering this vaccine, provided individual persons have no specified contraindications to vaccination (3).

Safe Use of Needles and Syringes

Needles and syringes used for vaccine injections must be sterile and disposable. A separate needle and syringe should be used for each injection. Changing needles between drawing vaccine from a vial and injecting it into a recipient is not necessary unless the needle has been damaged or contaminated (9).

Updates in Past Year (Mar.19 – Feb.20)

Updates at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/general-recs-errata.html

- Timing and Spacing
 - Two dose series of HPV added to Timing and Spacing interval table
 - o HIV added as an indication for which PCV13 and Menactra must be spaced by an interval
- Contraindications and Precautions
 - No need for an interval for an interval between Recombinant Zoster Vaccine and anti-herpes antivirals
 - Yeast acknowledged as a component of PCV13
 - Pregnancy added as a reason not to administer HPV Vaccine ("HPV vaccine is not recommended in pregnancy")
- Storage and Handling
 - o Information about when to repeat doses of vaccine which were later found to be expired

Questions