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

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Advisory Committee on Immunization Practices
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Atlanta, GA
Background
General Best Practice Guidelines for Immunization

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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...

CONTRAINDICATIONS AND PRECAUTIONS
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

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CONTRAINdications and PREcautions...
Vaccine Recommendations and Guidelines of the ACIP

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General Best Practice Guidelines for Immunization

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

Ezeanolue E, Harriman K, Hunter P, Kroger A, Pellegrini C
List of Errata/Updates
July 8, 2019

- PAGE 86. [27 pages]
  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.

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.

- PAGE 7. [6 pages]
  Methods
  Vaccine Administration section has been revised to reflect ACIP presentation on October 25, 2018.

- PAGE 15. [38 pages]
  Timing and Spacing of Immunobiologics
  Subheading “Simultaneous Administration”
  The guideline to administer PCV13 before MenACWY-D was expanded to include patients with HIV infection.

- PAGE 27. [38 pages]
  Timing and Spacing of Immunobiologics
  Table 3.1
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
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 component 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 (7)). 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 (8).

### 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
  o 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
  o No need for an interval for an interval between Recombinant Zoster Vaccine and anti-herpes antivirals
  o Yeast acknowledged as a component of PCV13
  o 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