



KAREN L. SMITH, MD, MPH  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health




EDMUND G. BROWN JR.  
Governor

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TO: Vaccines for Children (VFC) Providers

FROM: Sarah Royce, M.D., M.P.H., Chief   
Division of Communicable Disease Control, Immunization Branch

SUBJECT: 2016 Recommended Immunization Schedule for Persons 0 Through 18 Years

## BACKGROUND

This communication highlights changes in the 2016 immunization schedules approved by the Advisory Committee on Immunization Practices (ACIP), and provides reminders about adolescent immunizations and other resources.

We encourage providers to review these resources with all staff that order, manage, prepare and administer vaccines. Please make sure to recycle older versions of the materials included in this mailing.

## NEW IMMUNIZATION SCHEDULES AND FOOTNOTES

The [2016 Recommended Immunization Schedule for Persons Aged 0 Through 18 Years](#) has been approved by ACIP, Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. A summary of the updates to the 2016 immunization schedule was published in the [MMWR](#) on February 5, 2016, and the figures, footnotes, and tables are posted [on the CDC website](#). For each vaccine, the footnotes summarize the current recommendations for routine and catch-up immunizations and recommendations for high-risk persons.

In keeping with your VFC provider agreement, providers should follow the [recommended 2016 ACIP immunization schedule](#). We encourage providers to review the 2016 immunization schedule, complete footnotes, and catch-up schedule together with all staff, especially those who order and administer vaccines. We recommend that the 2016 schedules, including footnotes, be posted for reference in the office. VFC providers may order print copies of the 2016 ACIP Immunization Schedule through [VFC's Material Store](#).



## UPDATES TO THE 2016 SCHEDULE

### Meningococcal serogroup B (MenB) vaccine

VFC Providers should order supplies of MenB vaccine to meet updated ACIP recommendations, as now indicated in the schedule figure for the following groups:

- Certain persons aged 10 years and older who are at increased risk for meningococcal disease should receive MenB vaccine. These include:
  - Persons with persistent complement component deficiencies
  - Persons with anatomic or functional asplenia
  - Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.
    - This recommendation is represented in the schedule with a purple bar.
- All VFC-eligible persons 16 through 18 years of age (not only those at high risk) may be vaccinated with VFC supplies of MenB vaccine to provide short-term protection against most strains of MenB disease. Recent outbreaks in California and other states reflect the ongoing, unpredictable risk of MenB disease to adolescents and young adults, including college students. Please discuss MenB disease and vaccine with your patients and their families.
  - This recommendation is represented in the schedule with the blue bar.
- Patients being immunized should receive either a 2-dose series of Bexsero<sup>®</sup> or a 3-dose series of Trumenba<sup>®</sup>. The same vaccine product must be used to complete the series; the two MenB vaccines are not interchangeable.
- For more information, please see the [ACIP recommendations for MenB vaccines](#).

### 9-valent HPV vaccine

- The HPV footnote has been updated to reflect the 9-valent HPV vaccine (9vHPV).
- A purple bar was added for HPV vaccine starting at age 9 years for children with a history of sexual abuse, and guidance was added in the footnote for children with this risk factor, in recognition of their increased risk of HPV infection.
- All adolescents aged 11 through 12 years are recommended to receive a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months. The HPV vaccine series may be started at age 9 years.
- 9vHPV vaccine may be used to complete the 3-dose vaccine series started with 2vHPV or 4vHPV vaccine.
- For more information, please see the [ACIP recommendations for HPV vaccines](#). The recommendations for the 9vHPV vaccine were published in the [MMWR in March 2015](#). Additional guidance on the 9vHPV vaccine may be found on the [CDC website](#).

In addition, other clarifications on the 2016 Immunization Schedule were included for Hib, polio, and Tdap/Td vaccines, as well as hepatitis B vaccine (timing for post vaccination serologic testing) and DTaP (guidance in the event of inadvertent early 4<sup>th</sup> dose). The order of the vaccines was updated to group vaccines by recommended age of administration.

## REMINDER: ADOLESCENT IMMUNIZATIONS

With the new adolescent immunizations (MenB and 9vHPV vaccines), we would like to highlight the routine adolescent immunization schedule.

Age	Recommended Vaccines			
	<b>HPV series</b> (3 doses: 0, 1-2, 6 months)	<b>MenACWY (MCV4)</b>	<b>Tdap</b>	<b>Men B series<sup>§</sup></b> Bexsero <sup>®</sup> (2 doses: 0, 1 month) OR Trumenba <sup>®</sup> (3 doses: 0, 2, 6 months)
<b>11-12 years</b>	HPV series*	MenACWY <sup>†</sup>	Tdap	High Risk <sup>‡§</sup>
<b>16 years</b>	Catch-up as needed	MenACWY booster <sup>‡</sup>	Catch-up as needed	May be given <sup>‡§  </sup>
<b>Any age</b>	<b>Annual influenza vaccine before or during each flu season</b>			

\*May be started at age 9 years.

<sup>†</sup>Persons with HIV infection (as well as those with asplenia, sickle cell, or persistent complement component deficiency if haven't yet received MenACWY) should receive a 2-dose primary series of MenACWY at least 8 weeks apart. See complete [ACIP meningococcal vaccine recommendations](#) for details on high-risk recommendations and boosters.

<sup>‡</sup>MenACWY and MenB vaccines protect against different meningococcal serogroups. Providers may give the both MenACWY and MenB vaccines at the same visit.

<sup>§</sup>The two MenB vaccines are not interchangeable; complete the series with the same product.

<sup>||</sup>A MenB vaccine series may be given to young adults ages 16 through 23 years (preferred age is 16 through 18 years) for short term protection against most strains of serogroup B meningococcal disease. Recent outbreaks in California and other states reflect the ongoing, unpredictable risk of MenB disease to adolescents and young adults, including college students.

### Routine Catch-up Immunization

- VFC vaccine may be used through the age of 18 years for catch-up vaccination with MenACWY, Tdap or to complete the full 3 dose HPV vaccine series, as well as for other catch-up vaccines per the [VFC resolutions](#).
- If the first dose of MenACWY is given at age 16 years or older, an additional routine MenACWY booster is not needed.
- Make sure all adolescents have also received a total of 2 doses of varicella vaccine, 2 doses of MMR vaccine, and 3 doses of hepatitis B vaccine. Anyone wishing hepatitis A immunity should receive a total of 2 doses.
- Use all opportunities to administer missed immunizations, not only the preteen and 16 year visit. Catch-up any missed immunizations at visits for sports physicals, sick appointments, etc.

### Don't Delay Administering the HPV Vaccine Series

- HPV vaccine should be given along with Tdap and meningococcal conjugate vaccines at the preteen health visit. Do NOT defer until later in adolescence.
- The immune response to HPV vaccination is more robust during the preteen years. Don't wait to administer HPV vaccine later in adolescence.
- HPV vaccination is most effective if given PRIOR to onset of sexual activity. The fact that a child is not sexually active is NOT a reason to delay HPV vaccination.
- Providers should utilize reminders and recall patients for their 2<sup>nd</sup> and 3<sup>rd</sup> doses to complete the HPV series by 13 years of age.
- Recommend the HPV vaccine in the same way and during the same visit as the other adolescent vaccines.

CDC has HPV vaccine resources and tips for clinicians:

- [CDC HPV portal for clinicians](#)

#### **REMINDER FOR PREGNANT ADOLESCENTS:**

- [Tdap is recommended during EACH pregnancy](#), preferably during 27 through 36 weeks gestation, regardless of time since previous Tdap vaccination. The goal of this recommendation is to decrease pertussis and its serious complications in young infants.

#### **REMINDERS AND ADDITIONAL RESOURCES**

Please make sure to use the most up-to-date [Vaccine Information Statement \(VIS\)](#) for each vaccine at every immunization visit. The most current VIS may be downloaded at <http://www.eziz.org>.

Providers should ensure that all staff who administer and handle vaccines have completed the [EZIZ training](#) modules as part of comprehensive staff development and competency assessment.

Download and review [Vaccine Fact Sheets](#), one-page reference sheets for staff who prepare and administer immunizations. Each Fact Sheet provides information about routine schedules, minimum intervals, approved for use age ranges, administration routes, billing codes, storage, and more.

If a vaccine administration error occurs related to this or any other immunization, please report the error to the Institute for Safe Medication Practices (ISMP), National Vaccine Error Reporting Program at <http://verp.ismp.org/>. Patient safety information submitted to ISMP will be subject to the highest standards of confidentiality and also afforded federal legal protection.

Providers should report suspected reactions to any vaccine to the Vaccine Adverse Events Reporting System (VAERS) at 800-822-7967 (toll-free) or <http://vaers.hhs.gov>.

#### **CHDP UPDATE**

Effective for dates of service on or after October 1, 2015, the two MenB vaccines, Bexsero<sup>®</sup> and Trumenba<sup>®</sup>, are now benefits for the Child Health and Disability Prevention (CHDP) program.

Providers are encouraged to bill retroactively if they provided these services on or after October 1, 2015.

Please see the [CHDP website](#) or await the CHDP program letter and Provider Information Notice for further details on CHDP coding for MenB vaccines. Please also refer to the interim guidance of the February 26, 2016 [Medi-Cal News Flash on "New CHDP Benefits: Meningococcal B vaccines,"](#) until the CHDP Program Letter and Provider Information Notice are released. CHDP providers with additional questions are advised to contact their [County CHDP Program](#).

#### **QUESTIONS?**

If you have any questions, please call your VFC Field Representative or the VFC Program at 877-243-8832 (877-2GET-VFC) or visit [www.EZIZ.org](http://www.EZIZ.org).