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February 17, 2017

IZB-FY16-17-09

TO: Vaccines for Children (VFC) Providers

FROM: Sarah Royce, M.D., M.P.H., Chief   
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SUBJECT: 2017 Recommended Immunization Schedule for Persons 0 Through 18 Years

## BACKGROUND

Each year the VFC Program relays important information, including a summary of VFC Program Requirements and the current ACIP immunization schedules, to enrolled providers. This communication highlights changes in the 2017 Recommended Immunization Schedule for Children and Adolescents and other immunization resources.

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

## NEW IMMUNIZATION SCHEDULE UPDATES

The [2017 Recommended Immunization Schedule for Persons Aged 0 Through 18 Years](#) has been approved by the Advisory Committee on Immunization Practices (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 2017 immunization schedule was published in the [MMWR](#) on February 10, 2017, 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. Additional guidance on use of each vaccine may be found in the respective [ACIP vaccine recommendations](#) publications.

In keeping with your VFC provider agreement, VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for vaccines offered to patient populations served. Providers should follow the [recommended 2017 ACIP immunization schedule](#). We encourage providers to review the 2017 immunization schedule, complete footnotes, and



catch-up schedule together with all staff, especially those who order and administer vaccines. We recommend that the 2017 schedules, including footnotes, be posted for reference in the office. Copies of the 2017 ACIP Immunization Schedule are expected to be available to VFC providers through VFC's Material Store in April 2017. A notification will be e-mailed to providers.

## **UPDATES TO 2017 IMMUNIZATION SCHEDULE FOR CHILDREN AND ADOLESCENTS**

### **New Formatting and New Figure for Children with Certain Medical Contraindications**

- Formatting: Figure 1.
  - The 16-year age column has been separated from the 17-18 year age column to highlight the need for the meningococcal conjugate vaccine (MenACWY/MCV4) booster at age 16 years.
  - A blue bar was added for human papillomavirus (HPV) vaccine for children 9-10 years, indicating that children in this age group may be vaccinated (even those without high-risk indications).
  - Live Attenuated Influenza Vaccine (LAIV) was removed from the influenza row to indicate that it should not be used during 2016-17 influenza season.
- Figure 3. A new figure for children with medical indications for vaccines (including booster doses), contraindications, and precautions to vaccination was added. This figure demonstrates that most children with medical conditions should follow the routine immunization schedule.

### **Vaccine-Specific Updates to Footnotes**

- HPV vaccine
  - New two-dose schedule for persons that start the HPV vaccine series before age 15 years was added (0, 6-12 month schedule). Three doses are recommended for those who started the series on or after the 15<sup>th</sup> birthday or for persons with certain immunocompromising conditions. Please see [December 16, 2016 MMWR](#) for further details.
  - The bivalent HPV has been removed from the schedule because it has been removed from the U.S. market.
- Hepatitis B vaccine
  - Statement added that the birth dose of a monovalent hepatitis B vaccine should be administered within 24 hours of birth.
  - Wording was revised to indicate that infants born to hepatitis B surface antigen (HBsAg) positive mothers should be tested for HBsAg and antibody to HBsAg at 9 through 12 months (rather than 9 through 18 months).

- Haemophilus influenzae type B (Hib)
  - Hiberix<sup>®</sup> was added to this list of Hib vaccines that can be used for the primary series. See [VFC resolution](#) and [MMWR](#) for additional information.
  - Comvax<sup>®</sup> was removed because it is no longer commercially available.
- Pneumococcal Conjugate Vaccine (PCV)
  - References to PCV7 have been removed since all healthy children who might have received PCV7 as part of a primary series have aged out of the routine recommendation for PCV.
- Meningococcal Conjugate Vaccine (MenACWY/MCV4)
  - Recommendation added for meningococcal (MenACWY) conjugate vaccine primary series and ongoing boosters for persons with HIV infection. Please see [November 4, 2016 MMWR](#) for additional details.
  - Note that CDC uses the abbreviation MenACWY-D for Menactra<sup>®</sup> and MenACWY-CRM for Menveo<sup>®</sup>.
- Meningococcal B
  - Information on use of a two-dose Trumenba<sup>®</sup> (meningococcal B vaccine) schedule for adolescents NOT at increased risk of meningococcal disease was included in the footnotes. An MMWR article regarding this schedule is expected to be published in 2017. See the [meningococcal VFC resolution](#) for additional information.
- Diphtheria and tetanus toxoids and acellular pertussis
  - Tdap – The wording for the recommendation was updated to reflect a preference for vaccination earlier during the 27-36 week gestational period for pregnant women to maximize passive antibody transfer to the infant.
  - Wording was changed to indicate that for children aged 7 through 10 years who receive Tdap as part of a catch-up series, an adolescent Tdap dose may be administered at 11 through 12 years (Td may also be administered).

## 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 [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.

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 adverse reactions after vaccination to the Vaccine Adverse Events Reporting System (VAERS) at 800-822-7967 (toll-free) or <http://vaers.hhs.gov>.

CDPH has various educational materials for parents and job aids for providers. The following are newer CDPH resources that are available:

- Meningococcal Timing: [Routine](#) | [High-risk](#)
- Serogroup B Meningococcal Vaccines: Information for [Parents](#) | [Providers](#)

Please see [www.eziz.org](http://www.eziz.org) for additional resources.

## 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).

## REFERENCES

[AAP Policy Statement- Recommended Childhood and Adolescent Immunization Schedule—United States, 2017](#)

## Enclosures

2017 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger