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TO: California Vaccines for Children (VFC) Program Providers

FROM: John Talarico, D.O., M.P.H., Chief *Talarico, D.O.*
Immunization Branch

SUBJECT: **Recommendations of the Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization; 2011 ACIP Recommended Immunization Schedules for Persons 0-18; 2011 Reminder, CA Pertussis (Tdap) school requirements, 2011-2012**

Once again, the California VFC program would like to thank you for your dedication to protecting California. During 2010, you immunized children and adolescents at record levels, including the unprecedented workload of providing both trivalent and pandemic influenza vaccines. Additionally, your continued efforts in the prevention, recognition, and early treatment of pertussis disease help to address this widespread threat in California. You are all to be commended, and we appreciate your continued participation in the VFC program.

This VFC program letter includes information on the recently published ACIP 2011: General Recommendations on Immunization, the ACIP's 2011 Recommended Immunization Schedules for Persons Aged 0-18 Years, and a reminder of the fast approaching 2011 CA Pertussis (Tdap) school requirement.

BACKGROUND

Each year, ACIP issues [immunization recommendations](#) for children, adolescents, and adults based on data about vaccine trials of safety and efficacy, disease epidemiology, and vaccine supply. It also publishes updated recommended [routine immunization schedules](#) by age group. Schedules include the routine immunization schedule for children 0-6 years and the routine immunization schedules for persons 7-18 years of age.

In 2010, the California Department of Public Health (CDPH) developed [expanded recommendations for the use of Tdap vaccine](#) to help address the statewide increase in pertussis. Many of these expanded recommendations have since been [adopted by ACIP](#). CDPH generally endorses the ACIP immunization Schedules and

recommendations, noting that CDPH recommendations may still exceed those of the ACIP regarding pertussis and vaccine storage and handling.

ACIP General Recommendations on Immunization Practices

Every 3-5 years, the ACIP updates its [General Recommendations on Immunization](#) which cover a broad variety of immunization issues. We encourage you to review this invaluable 2011 update to assist your clinical and office management of immunization. The changes to the administration and storage and handling sections are reflected and expanded in our EZIZ lessons (http://www.eziz.org/pages/eziz_training.html). The acknowledgement of freezing as the single most damaging event for adjuvanted, inactivated vaccines reflects the work that California's VFC program has pioneered over the past five years.

ACIP 2011 Recommended Immunization Schedules

Please review and share the attached [2011 Recommended Child and Adolescent Immunization Schedules](#) with your staff, especially those who administer vaccines. Please review carefully the Schedule footnotes, which describe catch-up vaccinations, less routine situations, and guidance for using product formulations with differing licensed indications. Most of the changes for 2011 are contained in these footnotes.

A few highlights of the 2011 schedules include:

Pneumococcal Conjugate Vaccines (PCV)

- Recommendations for PCV13 have been added. This vaccine replaced PCV7 in May 2010, and has the same four-dose schedule as PCV7. As a reminder, all healthy children under 59 months (and children 60-71 months with an underlying medical condition) who received a complete series of PCV7 should receive a supplemental dose of PCV13. Any child in this age group who has not yet received a supplemental dose should be recalled. (See additional details in ACIP recommendations and footnotes.)

Meningococcal Conjugate Vaccine (MCV)

- Please carefully review new [ACIP MCV4 recommendations](#), which now include booster doses for older adolescents at 16 years of age and a two-dose primary series for certain children at high-risk for meningococcal disease.

Please review the [Schedule footnotes](#) carefully for catch-up recommendations for these vaccines, also available at the vaccine-specific [VFC letters](#) and [ACIP Recommendations](#).

Recently, the US Food and Drug Administration (FDA) approved Novartis's meningococcal vaccine, Menveo[®], for use in individuals 2 to 10 years of age. Their previous licensure began at age 11.

practices should assess how much additional MCV and PCV13 vaccine they may need and adjust vaccine orders accordingly.

Pertussis-containing vaccines

- Updated [ACIP Tdap recommendations](#) and [schedule footnotes](#) have eliminated restrictions on administration of Tdap for 7-10 year olds who are behind on the primary DTaP series. Children who previously received tetanus and diphtheria toxoids (without the pertussis component) may now receive Tdap, with no minimum interval between doses.
- Pertussis-containing vaccine should be used in all situations where a tetanus booster is indicated unless there is a known history of anaphylaxis. ACIP may issue additional expansions to its recommendations in 2011 to better combat pertussis.

Update on Selected Vaccine Supplies

Hib Vaccine

- The supplies of Hib vaccine are no longer limited, and the booster dose for this vaccine was reinstated in early 2010. Children should routinely receive their full series of Hib vaccines.

DTaP Vaccine

- Sanofi Pasteur recently notified CDC of the discontinuation in Spring 2011 of one of their two single-antigen DTaP vaccines, Tripedia[®]. This product will no longer be available for ordering through VFC effective March 30, 2011.

Interchangeability of Vaccine Brands

Whenever feasible, the same brand of vaccine should be used for all doses of a vaccination series. However, if the same brand as previously administered is not available, or if providers do not know the brand of vaccine used for a previous dose, either vaccine can be used to continue or complete the schedule.

Vaccine Ordering Reminders

Updated immunization recommendations, vaccine supply updates included in this letter, and the new School Immunization requirement should be taken into consideration when placing routine vaccine requests. Any increase in doses requested should mirror the number of estimated VFC-eligible patients to be seen during the ordering period.

Additionally, your vaccine storage units should have sufficient space to store vaccines without overcrowding the units, which would prevent proper management of inventory.

CA Pertussis (Tdap) school requirements, 2011-2012

As a reminder, Tdap immunization is now mandated for all students entering or advancing to the 7th through 12th grade this Fall. To prepare for the new law, please

- View the free CME webcast at www.uctv.tv/capertussis/.
- Recall/Remind and immunize patients with Tdap now if they haven't yet received a dose, including patients who have received Td but not Tdap.
- Provide clear documentation about Tdap for schools. Among many options are:
 - printing a patient's Blue Card in CAIR if you are a CAIR user or
 - using AAP-CA/CAFP forms at <http://www.eziz.org/pages/vfc-forms-tdap.html>.
- Ensure your clinic has adequate Tdap and other adolescent vaccine supplies and refrigerator storage
- Have parents check with their child's school about how they should provide the Tdap documentation.
- Post downloadable [electronic banners](#) on your practice's website and in electronic newsletters to help notify your patients.

For more information, see the recent [VFC program letter](#) and the [ShotsforSchool website](#).

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