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TO: Vaccines for Children (VFC) Providers

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

SUBJECT: 2018 Recommended Immunization Schedule for Persons 0 through 18 Years

## BACKGROUND

This communication highlights changes in the 2018 Recommended Immunization Schedule for Children and Adolescents.

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 [2018 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 2018 immunization schedule was published in the [MMWR](#) on February 9, 2018, 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 ACIP for vaccines offered to patient populations served. Providers should follow the [recommended 2018 ACIP immunization schedule](#). We encourage providers to review the 2018 immunization schedule, complete footnotes, and catch-up schedule together with all staff, especially those who order and administer vaccines. We recommend that the 2018 schedules, including footnotes, be posted for reference in the office. Copies of the 2018 ACIP Immunization Schedule are expected to be available to VFC providers through VFC's Material Store in April 2018. A notification will be e-mailed to providers.



## UPDATES TO 2018 IMMUNIZATION SCHEDULE FOR CHILDREN AND ADOLESCENTS

### General Changes

- A table has been added outlining vaccine type, abbreviation, and brand names for vaccines discussed in the child/adolescent immunization schedule.
- The schedule footnotes are presented in a new simplified format. The goal was to remove unnecessary text while preserving all pertinent information and maintaining clarity. This was accomplished by a transition from complete sentences to bullets, removal of unnecessary or redundant language, and formatting changes.
- Manufacturing of MenHibrix (Hib-MenCy) vaccine has been discontinued in the United States and all available doses have expired. Therefore, mention of the vaccine has been removed from the schedule.

### Medical Indications

Changes to Figure 3 on medical indications include:

- The HIV column includes a reference providing additional information regarding HIV laboratory parameters and use of live vaccines.
- Within the pneumococcal row, stippling was added to heart disease/chronic lung disease, chronic liver disease, and diabetes columns to clarify that in some situations children with these conditions may be recommended to receive an additional dose of vaccine.

### Vaccine-Specific Updates to Footnotes

- Hepatitis B vaccine
  - The Hepatitis B vaccine footnote was revised to include information regarding vaccination of <2,000 gram infants born to HBsAg-negative mother: administer 1 dose at chronological age 1 month or hospital discharge.
- Influenza vaccine during the 2017–2018 influenza season
  - The influenza vaccine footnote was updated to indicate that LAIV should not be used during the 2017–2018 influenza season. A reference link to the 2017-2018 season influenza recommendations has been added. **IMPORTANT:** Note that this updated footnote was added to the schedule prior to ACIP's 2/21/2018 meeting. On this date, ACIP voted to include LAIV as part of the 2018-2019 influenza season. The final recommendation for use of LAIV during this year upcoming influenza will be published in via CDC's Morbidity and Mortality Weekly Report.
- Measles, mumps, and rubella (MMR) vaccine
  - The measles, mumps, and rubella (MMR) footnote was updated to include guidance regarding the use of a 3rd dose of mumps-containing vaccine during a mumps outbreak: Persons  $\geq 12$  months of age who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.
- Meningococcal vaccine
  - The meningococcal vaccine footnote has been edited to create separate footnotes for MenACWY and MenB vaccines.

- Polio vaccine
  - The inactivated poliovirus row of the catch-up schedule has been edited to clarify that the interval between dose 2 and dose 3 is 6 months, as a final dose, for children 4 years of age and older.
  - The poliovirus vaccine footnote was revised to include updated guidance for persons who received oral polio vaccine (OPV) as part of their vaccination series. The total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
- Rotavirus vaccine
  - The maximum ages for the first (14 weeks, 6 days) and last (8 months, 0 days) doses of the rotavirus series have been added to the rotavirus vaccine row of the catch-up schedule.

### **ACIP RECOMMENDED VACCINES AND VFC**

The VFC Program entitles children to the following vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Polio, Rotavirus, Tdap/Td, and Varicella. Therefore, participating providers are required to ensure that VFC-eligible children have access to routine and non-routine vaccines as needed by:

- Offering all ROUTINE ACIP-recommended vaccines for VFC patients based on the Provider Agreement and Profile submitted during VFC Recertification.
- Making all NON-ROUTINE ACIP-recommended vaccines accessible for those VFC patients who meet the criteria for receiving them.

### **VACCINE ADMINISTRATION, DOCUMENTATION AND VAERS REMINDERS**

#### **VIS**

Providers must distribute the current Vaccine Information Statements (VIS), in either paper or electronic formats, for each vaccine at every immunization visit. Please make sure to use the most up-to-date [Vaccine Information Statement \(VIS\)](http://www.eziz.org). The most current VIS may be downloaded at <http://www.eziz.org>. Alternatively, providers may subscribe for email notification when a VIS is updated or a new one becomes available at <http://www.cdc.gov/vaccines/hcp/vis/>.

#### **Documentation**

Vaccine administration records must be maintained in the patient's permanent medical record (electronic or paper) in accordance with the National Childhood Vaccine Injury Act (NCVIA), and include ALL of the following federally required elements:

- (1) Name of vaccine administered;
- (2) Date vaccine was administered;
- (3) Date VIS was given;
- (4) Publication date of VIS;
- (5) Name of vaccine manufacturer;
- (6) Lot number;
- (7) Name and title of person who administer the vaccine;
- (8) Address of clinic where vaccine was administered.

Vaccine type, dose, site, and route of administration are also recommended to be documented.

### **Training, Adverse Events, and Administration Error Reporting**

Providers should ensure that all staff that administer and handle vaccines has completed the recommended [EZIZ training](#) modules on vaccine administration (Preparing and Administering Vaccines) as part of comprehensive staff development and competency assessment.

Also as part of the National Childhood Vaccine Injury Act (NCVIA), please report clinically significant adverse events after vaccination to the Vaccine Adverse Event Reporting System (VAERS) at 800-822-7967 (toll-free) or <http://vaers.hhs.gov>.

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/> in addition to VAERS. Patient safety information submitted to ISMP will be subject to the highest standards of confidentiality and also afforded federal legal protection.

### **ADDITIONAL RESOURCES**

CDPH has various educational materials for parents and job aids for providers at [eziz.org](http://eziz.org), including:

- Meningococcal Timing: [Routine](#) | [High-risk](#)
- Serogroup B Meningococcal Vaccines: Information for [Parents](#) | [Providers](#)
- HPV Vaccine- 2 or 3 Dose?: [Providers](#)

### **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).

### **REFERENCE**

[AAP Policy Statement- Recommended Childhood and Adolescent Immunization Schedule—United States, 2018](#)

### **ENCLOSURES**

2018 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger  
Meningococcal Vaccines-Routine Risk, IMM-1217  
Meningococcal Vaccines-High-risk Populations, IMM-1218  
HPV Vaccine-2 or 3 doses?, IMM-1254