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TO: California Vaccines for Children (VFC) Program Providers

FROM: Sarah Royce, MD, MPH, Chief 
Center for Infectious Diseases
Division of Communicable Disease Control, Immunization Branch

SUBJECT: 2020 Recommended Immunization Schedule for Persons 0 Through 18 Years



Key takeaways from this letter include:

- Download the [2020 Child and Adolescent Immunization Schedule](#). See what's new in the [MMWR](#) and on p. 2 of this letter.
- Schedules will **not** be printed this year. Print your own or download the [app](#).
- Use the presumptive approach when discussing vaccines with parents (p. 3).
- [Register](#) for the upcoming VFC 'Afternoon TEAch', March 19, 2020, 12-1 p.m.
- As always, report adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) and administration errors to the [Vaccine Errors Reporting Program \(VERP\)](#).

BACKGROUND

The [2020 Recommended Immunization Schedule for Persons 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, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives. A summary of the updates and changes to the 2020 immunization schedule was published in the [February 7, 2020 MMWR](#).

Providers are strongly encouraged to print and carefully review the 2020 immunization schedule tables and notes with all staff, especially those who order and administer vaccines. Note, the CA VFC Program will not print and distribute copies of this year's schedule.



Providers also encouraged to download the [CDC Vaccine Schedule App](#). The 2020 version of the Schedules App will be available for free download in early March 2020. The app provides immediate access within a few clicks to the child, adolescent, and adult ACIP recommendations on any smartphone or tablet.

UPDATES TO THE 2020 IMMUNIZATION SCHEDULE FOR CHILDREN AND ADOLESCENTS

The 2020 Immunization schedule is formatted like last year's version. Recommended vaccines are displayed in [Table 1 by age](#), in [Table 2 by catch-up schedule](#), and in [Table 3 by medical indication](#), including pregnancy. Changes to each table are summarized in the [MMWR](#). Review the details carefully.

Key highlights include:

Table 1 Updates (by age) include:

- **Hepatitis A:** Routine catch-up immunization for ages 2–18 years is now recommended.
- **HPV:** HPV vaccine series can be started at the clinician's discretion at ages 9 -10 years.

Table 2 Updates (by catch-up schedule) include:

- **Meningococcal rows:** The letters "ACWY" were added to clarify that catch-up intervals only apply to MenACWY (not to MenB).

Table 3 Updates (by medical indication) include:

- **Hep A:** Yellow boxes indicate routine vaccination for all patients 18 years or younger, including those with the medical indications outlined in the table.
- **MenACWY:** Yellow box shows MenACWY may be given to pregnant women, if indicated.

Notes Updates include:

- **DTaP:** Note now indicates that dose 5 is not necessary if dose 4 was administered at age 4 years or older AND at least 6 months after dose 3.
- **Hib:** Catch-up vaccination is not recommended for children 5 years and older who are not at high risk.
- **HepA:** Everyone aged 2-18 years of age who has not previously received Hep A vaccine should receive catch-up vaccination and complete a 2-dose series.
- **HepB:** A "Special situations" section was added for populations for whom revaccination might be recommended.
- **Influenza vaccine for 2019-20:** The "Routine vaccination" section was reformatted to clarify dosing recommendations and when FluMist® (LAIV) should not be used.
- **MenACWY:** Note now includes guidance regarding adolescent vaccination for children who received MenACWY before age 10 years.

- **MenB:** Booster doses are now recommended for persons aged ≥ 10 years with complement deficiency, those who use complement inhibitors, persons with asplenia, persons who are microbiologists, and persons determined by public health officials to be at increased risk during an outbreak.
- **Poliovirus vaccination:** Includes information on which oral poliovirus vaccine (OPV) doses may count toward vaccination requirements. Only trivalent OPV (tOPV) counts toward the US vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted.
- **Tdap:** Either Td or Tdap is an option for catch-up series doses in persons who have previously received Tdap. A dose of Tdap or DTaP administered at 10 years now counts as the adolescent Tdap booster.

BEST PRACTICES FOR IMMUNIZATION RECOMENDATIONS

Using a Presumptive Approach to Recommend Due Immunizations

Although patients frequently consult family members, friends, and webpages for vaccine information, parents consistently rank their child's doctor as their most trusted source for vaccine information. Pediatricians who provide a "presumptive recommendation" and inform patients that shots are due, rather than a "participatory recommendation," are more likely to see parents accept vaccines.

Here are some examples of using a presumptive approach to recommend currently due vaccines – including seasonal influenza. You can say something like:

- "Today, we will be protecting Annie against polio, hepatitis B, influenza and pneumococcal." Or
- "I see that Annie hasn't received her flu vaccine! Flu can be very dangerous for young children like Annie because it can cause pneumonia, hospitalization or worse. I'll get the shot ready now to make sure she is protected from the dangers of flu."

Immunization Quality Improvement for Providers (IQIP)

IQIP is VFC's provider-level quality improvement (QI) program. IQIP is designed to increase on-time vaccination of children and adolescents. The IQIP program utilizes a site visit, followed by phone or email check-ins over a 12-month period to review progress towards the implementation of strategies aimed at increasing vaccine uptake in adherence with ACIP's recommendations. VFC Representatives provide technical assistance to support four core quality improvement strategies:

- Schedule the next immunization visit before the patient leaves the office.
- Leverage immunization registry functionality to support immunization practice.
- Give a strong vaccine recommendation.
- Improve influenza vaccination coverage.

For more details and resources, review the [November 19, 2019 letter](#) and visit the [IQIP page](#).

VFC's 'Afternoon TEAch' Webinars

Mark your calendars for March 19, 2020, from noon to 1:00 p.m. and [register](#) to participate in the upcoming VFC 'Afternoon TEAch' webinar. This webinar will highlight important updates and key changes to the 2020 Child and Adolescent Immunization schedule, discuss evidence-based and practical strategies to ensure all of your patients are fully vaccinated, and provide immunization tools and resources

VFC's 'Afternoon TEAch' webinars are offered several times each year to enrolled VFC providers. They are designed to help staff who prepare, administer, and manage vaccines stay up to date on important immunization information. To view archived programs, visit the [Afternoon TEAch page](#).

REPORT ADVERSE EVENTS

Report vaccine adverse events to [VAERS](#) and administration errors to [VERP](#). Reporting information to these national surveillance systems helps ensure patient safety. Download the [VAERS/VERP flier](#) and review it with staff who prepare and administer vaccines.

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.