

Philadelphia Immunization Program

SPECIAL DELIVERY

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- **Gardasil Now Recommended For Males**
- **Additional Contraindication For Rotavirus**
- **MCV4 Broadened Recommendations for Children**
- **Tdap Now Recommended For Pregnant Women**
- **New VIS Statements Available**

Gardasil now Recommended for Males 11-12 Years Old

CDC's Advisory Committee on Immunization Practices (ACIP) voted on October 25, 2011 to **recommend the routine vaccination of males 11-12 years of age** with three doses of quadrivalent human papillomavirus vaccine (HPV4) (Gardasil, Merck). As with females, vaccination of males can begin as early as 9 years of age for those at risk. Vaccination of males may also provide indirect protection of females by reducing transmission of HPV. Catch-up vaccination is recommended through 21 years of age for males (through 26 years for females). The use of Gardasil was previously *FDA-approved* for males 9 through 26 years of age, but is now *routinely recommended by ACIP* to protect males against HPV types 6 and 11, which can cause genital warts, and to protect against HPV types 16 and 18, which can cause penile, anal, and throat cancers. The 3-dose Gardasil recommended vaccination schedule for males is the same as for females, with the exception of the differing upper age limit for catch-up vaccination.

To read the press briefing transcript visit:

http://www.cdc.gov/media/releases/2011/t1025_hpv_12yroldvaccine.html

History of Intussusception Now a Contraindication for Rotavirus Vaccination

CDC has updated its contraindications for both rotavirus vaccines (RV) currently licensed in the U.S., RV1 (GlaxoSmithKline) and RV5 (Merck). History of intussusception, an intestinal disorder where one portion of the bowel telescopes into another, which can result in severe obstruction and subsequent bowel ischemia, is now **considered by the FDA to be a contraindication** to rotavirus vaccination. Previously, intussusception had been a precaution to RV vaccination, but not a contraindication.

Rotavirus vaccination is now contraindicated for:

- Infants with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of rotavirus vaccine or exposure to a vaccine component
- Infants diagnosed with severe combined immunodeficiency (SCID)
- Infants with a history of intussusception.

To read the full article visit: <http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf>

Broadened Recommendations for Meningococcal Conjugate Vaccine (MCV4) for Children

In order to better protect those at risk for meningococcal disease, the Advisory Committee on Immunization Practices (ACIP) voted on June 22, 2011 to change the recommendations for the use of MCV4. The broadened ACIP recommendations for MCV4 are to include at-risk children ages 9 months through 23 months, and to update the intervals for booster doses.

Indications:

- Administer two primary doses of MCV4, at least three months apart, to children ages 9 months through 23 months who are at increased risk for meningococcal disease, including:
 - children who have complement deficiencies (e.g., C5-C9, properdin, factor H, or factor D)
 - children with HIV infection
 - travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic
 - children who are part of an outbreak of a vaccine-preventable serogroup

Administer booster dose(s) to these children at interval(s) listed in the chart below.

- Administer two primary doses of MCV4, at least 2 months apart, to children ages 2 through 18 years who have any of the indications listed above for the at-risk 9-23 month old subgroup (except that children 2-18 years of age traveling to endemic areas or involved in an outbreak involving a vaccine serotype require only 1 primary dose), or who have anatomic or functional asplenia.

Administer booster dose(s) to these children at interval(s) listed in the chart below.

- Administer a primary dose of MCV4 to all non-high risk children ages 11 through 18 years, followed by a booster dose administered at the interval listed in the chart below.

Recommended Vaccination Schedule and Intervals for MCV4 Vaccine For Children

Age	Subgroup	Primary Vaccination	Booster Dose
9 through 23 months of age, with high risk conditions	Children with complement deficiencies;	Two doses of MCV4, three months apart	If first dose received at age 9 months through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 three years after primary vaccination. Boosters should be repeated every five years thereafter.
	Children with HIV, if another indication for vaccination exists	Two doses of MCV4, three months apart	
	All others in this age group recommended for vaccination (travelers to the Meningitis Belt, ect)	Two doses of MCV4 , three months apart (infants receiving the vaccine prior to travel can receive the doses as early as two months apart)	
2 through 18 years of age, with high risk conditions	Children with complement deficiencies; functional or anatomic asplenia;	Two doses of MCV4 , two months apart	If first dose received at age 7 years or older and remain at increased risk for meningococcal disease, should receive an additional dose of MCV4 five years after primary vaccination. Boosters should be repeated every five years thereafter.
	Children with HIV, if another indication for vaccination exists	Two doses of MCV4 , two months apart	
	All others in this age group recommended for vaccination (travelers to the Meningitis Belt, etc)	Single dose of MCV4	
All other children 11-18 years of age		Routine vaccination with MCV4 at ages 11 through 12 years	If vaccinated at age 11 through 12 years, should receive a one-time booster dose at age 16 years
			If vaccinated at age 13 through 15 years, should receive a one-time booster dose at age 16 through 18 years

There are currently two licensed MCV4 products. One product, Menactra®, is manufactured by sanofi pasteur and is licensed for use in persons aged 9 months through 55 years of age. The other product, Menveo®, is manufactured by Novartis Vaccines and Diagnostics, Inc. and is licensed for use in persons aged 2 through 55 years of age. A meningococcal polysaccharide vaccine (Menomune, sanofi pasteur) is also available. This product is licensed for use in persons 2 years of age and older and may be used when meningococcal conjugate vaccine is unavailable or contraindicated.

To read the full article visit: <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>

Tdap Recommended for Pregnant Women

Pertussis (whooping cough) is a highly contagious disease that can cause serious illness, especially in infants. The majority of pertussis cases, hospitalizations, and deaths occur in infants under 2 months old, who are too young to be vaccinated. Since 2004, an

average of 3,055 infant pertussis cases and 19 deaths have been reported each year. In order to best protect those at highest risk, ACIP now recommends the following:

- Pregnant women who previously have not received Tdap should receive a single dose of Tdap, preferably during the third or late second trimester (after 20 weeks' gestation)
- If not administered before pregnancy or during pregnancy, Tdap should be administered immediately postpartum
- If a pregnant woman is due for a tetanus booster or is in need of a tetanus shot for wound management, Tdap should be given if she has not previously received Tdap
- If a pregnant woman has an unknown or incomplete tetanus vaccination, she should receive three vaccinations containing tetanus and reduced diphtheria toxoids
 - The recommended schedule is 0, 4 weeks, and 6 to 12 months
 - Tdap should replace 1 dose of Td, preferably during the third or late second trimester (after 20 weeks' gestation) of pregnancy

To read the full article visit: <http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf>

New Vaccine Information Statements (VIS) Available

Meningococcal, 10/14/11: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>

Polio, 11/08/11: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ipv.pdf>

Hepatitis A, 10/25/11: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hep-a.pdf>