

ACIP Makes Recommendations for Changes to 2018 Immunization Schedules

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In 2 unanimous votes, the Advisory Committee on Immunization Practices (ACIP) agreed to recommended revisions in the 2018 adult and child/adolescent immunization schedules.

“The big change is with the zoster vaccine,” said David Kim, MD, of the Immunization Services Division, National Center for Immunization and Respiratory Diseases of the CDC. These updates come just after the ACIP’s recent recommendation on the [herpes zoster subunit vaccine](#).

Another update reflects the committee’s recommendation of a third dose of mumps-containing vaccine in mumps outbreak settings, as determined by public health authorities, according to Kim.

The meningococcal polysaccharide vaccine was removed from the 2018 schedule because it is no longer on the market, according to Kim. The indication bar has been revised from “1 or more doses, depending on indication” to “1 or 2 doses, depending on the indication and then a booster every 5 years if risk remains” to more accurately reflect ACIP recommendations.

“Lastly, the order of Td and Tdap has been reversed to emphasize Tdap in adult immunization,” Kim said. The schedule will reflect the ACIP policy guideline that states all individuals require a single dose of Tdap. Only pregnant women require an additional Tdap dose.

Proposed Format Changes

Overall, there are several format changes for the adult immunization schedule, according to Kim.

The cover page of the adult schedule will now include additional information on special populations, such as pregnant women, adults with functional and anatomical asplenia, and immunocompromising conditions. The abbreviations for vaccines have also been revised, Kim said.

The footnotes are now presented as bullets instead of paragraphs. “The work group worked very hard to consolidate information, remove outdated or less information and to keep the footnotes brief and concise,” Kim said. “Overall, the length of the footnotes for 2018 decreased by about 25%, and there’s a lot more white space compared to the 2017 version.”

The footnote language for the measles, mumps, rubella vaccine in outbreak settings was modified to indicate that during a mumps outbreak, adults identified by public health to be at increased risk for the disease should receive an additional dose of MMR.

In the 2018 footnotes for meningococcal vaccination MenACWY and MenB have been presented separately.

“Doing so allowed the content to be shortened [and made it] easier to follow,” Kim said.

Child/adolescent Schedule Revisions

There were no substantive changes to the 2018 routine child/adolescent immunization schedule; however, there were many changes regarding formatting and footnotes.

A table of vaccine types, abbreviations, and brand names for respective vaccines has been added to the 2018 schedule cover page, according to Candice Robinson, a CDC medical officer.

The maximum age for the first administration of the first dose of a rotavirus vaccine has been added to the catch-up table, as well as the maximum age for the final dose in the rotavirus series, according to Robinson.

The catch-up vaccinations with inactivated polio virus vaccine for children age 4 and older were clarified. The minimum interval between doses is 4 weeks if the current age is less than 4 years and 6 months as a final dose, if the current age is 4 years or older.

For catching up polio vaccinations in children 7-18 years, the minimum interval between dose 2 and 3 is six months. A fourth dose is not necessary if the third dose was administered at 4 years of age or older and at least 6 months after the previous dose, according to Robinson.

In figure 3 of the schedule, an asterisk was added to the HIV infection column, which was designed to direct providers to additional information about which laboratory values to consider when providing live vaccines to HIV-infected children.

This work group also simplified the footnote format. “The goal was to remove unnecessary text while preserving all pertinent information and maintaining clarity,” Robinson said. “This was accomplished by a transition from complete sentences to bullets, removal of unnecessary or redundant language and formatting changes.”

In the hepatitis B footnote, the birth dose administration has been refined: If the mother is hepatitis B surface antigen negative, providers should administer one dose of hepatitis B vaccine within 24 hours of birth for medically stable infants who weight at least 2000 grams, Robinson said.

The group will continue to clarify the language regarding the use of mumps-containing vaccines in an outbreak setting, according to Robinson.

The ACIP recommendations will now be presented to the CDC for approval.