

## ACIP approves recommendations on MenB, HepA, flu vaccines

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A federal vaccine committee is recommending certain people at high risk of serogroup B meningococcal disease (MenB) get a booster dose of vaccine and that children and adolescents catch up on hepatitis A vaccination.

During a two-day meeting, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) also approved its flu policy for the 2019-'20 season, the addition of a hexavalent vaccine to the Vaccines for Children (VFC) program and expansion of HPV vaccines for adults.

If the CDC director approves ACIP's recommendations, they will be published as official recommendations in the *Morbidity and Mortality Weekly Report*. The AAP will review the guidance and make its own recommendations.

### MenB

People with certain health conditions and those in an outbreak setting are at increased risk of MenB. ACIP currently recommends people 10 and older with complement deficiency, complement inhibitor use or asplenia; microbiologists; and people exposed during an outbreak are vaccinated.

The CDC estimates about 35,000 college students are exposed during campus outbreaks each year, so people ages 16-23 also may choose to be vaccinated based on a conversation with their doctor, but vaccination isn't routine for this group.

Evidence that MenB vaccine protection wanes after a year or two prompted the discussion about booster doses for people ages 10 and older.

On Thursday, ACIP approved a booster dose for microbiologists and people with health conditions listed previously. They should receive the booster a year after the primary series and additional booster doses every two to three years while the risk remains.

In addition, the committee said people in an outbreak setting whom public health officials deem to be at risk should receive a one-time booster at least a year after the primary series. Public health officials may consider a dose interval as short as six months depending on the outbreak conditions.

In both groups, the same MenB vaccine needs to be used for all doses.

### Hepatitis A

As rates of hepatitis A continue to rise, ACIP voted Thursday to strengthen its recommendation for catch-up vaccination. It is calling for everyone ages 2-18 years to get vaccinated if they missed the recommended window at 12-23 months of age. In the past, the committee recommended catch-up simply be considered.

The decision comes as 3,365 cases of acute hepatitis A were reported in 2017 and rates were the highest since 2007. Since 2016, there have been 20,512 cases reported in 24 states, which resulted in 11,776 hospitalizations and 194 deaths, according to Noele Nelson, M.D., Ph.D., M.P.H., who leads ACIP's hepatitis vaccine work group.

CDC experts said they want to vaccinate children early, before they have risk factors for hepatitis A as adults and become less likely to be vaccinated. The vaccine provides long-term protection.

ACIP also voted to add people with HIV to a list of people with special risk factors for hepatitis A, saying everyone 1 year and older with HIV should get vaccinated.

### **Flu vaccines**

ACIP is not making significant changes to its flu vaccine recommendations for 2019-'20 and is expected to be in harmony with AAP recommendations.

Both are recommending everyone 6 months and older be vaccinated and **will not have a preference** between inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV). However, AstraZeneca, which manufactures LAIV vaccine FluMist Quadrivalent, has announced its **supply will be limited** due to manufacturing constraints.

Four IIVs are expected to be available for children ages 6 through 35 months, and the CDC's policy will include a table summarizing dose volumes as they differ for each. The CDC also is clarifying that children needing two doses of flu vaccine still should receive the second dose if they turn 9 between doses, consistent with AAP guidance.

The 2018-'19 season was moderate in severity but was longer than usual. Flu activity was above baseline for 21 weeks, the longest in a decade, due to separate waves of H1N1 and H3N2.

Across all ages, vaccines were 29% effective in preventing illness requiring outpatient medical attention. They were most effective for children ages 6 months to 8 years at 49%. However, this year's vaccine did not provide significant protection against H3N2 due to the emergence of a different virus clade, according to the CDC's preliminary data. The World Health Organization delayed choosing an H3N2 strain for next season's vaccine and ultimately changed the H3N2 component.

Throughout the season, 119 children died of flu. Across all ages, the CDC estimates as many as 42.9 million people got sick, 647,000 were hospitalized and 61,200 died. Vaccines are estimated to have prevented 40,000 to 90,000 hospitalizations.

Manufacturers plan to start distributing vaccines for the 2019-'20 season between mid-August and early September.

### **Hexavalent vaccine**

A new hexavalent vaccine would be an option under the VFC program following ACIP approval.

The vaccine protects against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b and hepatitis B and is a joint venture between Merck and Sanofi. It is given as a three-dose series at 2, 4 and 6

months.

While the individual components were already licensed, the combination vaccine was approved by the Food and Drug Administration in December 2018 and will be available in 2021.

Experts say combination vaccines are beneficial because they reduce the number of injections needed and could improve coverage rates.

### **HPV vaccine**

ACIP also voted to expand HPV catch-up vaccination for men through age 26 in line with women. In addition, the committee said people ages 27-45 who aren't fully vaccinated should discuss vaccination with their doctor.

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