

**Updates from February 2016 ACIP Meeting**

**Additional Questions & Answers: William Schaffner, MD, NFID Medical Director**

**Human Papillomavirus (HPV)**

**1. What are the major literature gaps in the HPV literature regarding 2 vs. 3 doses?**

The study comparing 2 and 3 doses of the 9-valent vaccine is not yet complete. After it is completed (and assuming results continue to be promising), the manufacturer will seek FDA approval for the 2-dose series.

**2. Some of local providers vaccinate patients over 26 with HPV as an off-label use. We have number of individuals over 26 requesting the vaccine. Is ACIP discussing this as a recommendation?**

The use of HPV vaccine in persons older than age 26 years will continue to be a matter of discussion between the provider and the patient. If you choose to administer the vaccine (and there often are valid reasons to do so), just note in the medical record that this is an off-label use that has been requested by the patient and discussed with them.

**3. Can one switch the vaccine doses for HPV vaccine between the 2-, 4-, and 9-valent vaccines?**

Yes, the series can be started with one vaccine and completed with another. All 3 vaccines provide protection against HPV types 16 and 18, the types most associated with cancers.

**4. What about a patient who requests HPV9 after having completed the series of HPV4. Can we give them HPV9? Do we administer the series or would one dose be enough?**

This is a very commonly asked question. The ACIP has discussed this matter, but has not yet provided a recommendation.

**Influenza**

**1. Are you aware of a greater number of Guillian-Barre cases associated with flu vaccine this year?**

The past risk of Guillian-Barre syndrome (GBS) was about 1 case per million doses of vaccine administered. I have seen no data on GBS during the current influenza vaccination season.

**2. Are there any new recommendations for elderly and medically fragile patients in regards to high-dose influenza vaccine?**

The high-dose vaccine continues to be an attractive choice for persons age 65 years and older. Studies have shown that the high-dose vaccine provides about 24% greater protection against influenza than the conventional vaccine. ACIP has not issued a preferential recommendation, however. Another consideration is that the high-dose vaccine is trivalent whereas quadrivalent conventional vaccine is available. Again, ACIP has not yet expressed a preference. Speaking personally, the physicians in our area are opting for high-dose vaccine in persons age 65 years or older. Remember, the important thing is not to let any 65+ year-old go unvaccinated! Use whatever vaccine is available.

**3. Is there any concern about quadrivalent vaccine being more of a risk for patients with allergies?**

No.

### Meningococcal Disease

- 1. What about the option of going to a Category A meningococcal B vaccine recommendation for all adolescents? Will this be further discussed by ACIP this year?**

ACIP seems comfortable with its recent Category B recommendation for serogroup B meningococcal vaccine at present.

- 2. Would you recommend meningococcal B vaccine as a mandatory requirement for residence in a college campus setting? In addition to meningococcal quadrivalent vaccine?**

The decision to require, recommend, inform, or make available meningococcal B vaccine will be made individually by each college or university.

- 3. Which brand of Meningococcal B vaccine was given during the outbreak referred to where 47,000 were vaccinated?**

The vaccine used was Bexsero, the 2-dose vaccine (Novartis).

### Miscellaneous

- 1. Why do you state that immunization registries (IIS) cannot handle adult immunizations? It isn't necessarily the IIS that is not able to handle adult immunizations; providers that serve adults may not be aware of the state IIS.**

The functionality of state immunization registries to include immunizations given to adults varies quite widely from state to state. As you say, it also is true that many adult providers are not familiar with their state immunization registry. We need to work together as a team to improve this.

- 2. I realize TB was not addressed in this presentation. But are there any new recommendations for annual TB skin testing? For healthcare personnel and healthcare students?**

No, the TB testing recommendations for healthcare providers have not been changed recently.