SAMPLE COMMUNICATION TO VFC PROVIDERS INFORMING THEM OF 16-YEAR-OLD PLATFORM

Subject: Implementing the 16-year-old immunization platform: Ensuring adherence with the recommendations for MenACWY, MenB and other adolescent vaccines.

Background: This letter serves as an introduction to the new 16-year-old immunization platform. The _____Vaccines for Children Program complies with all Advisory Committee for Immunization Practices (ACIP) guidance and recommendations, including the 16-year-old immunization platform to ensure adherence to recommendations for MenACWY, MenB and other adolescent vaccines.

As of January 1, 2017, a new column was created in the Children and Adolescent Immunization Schedule separating 16-year-olds to highlight the need for a meningococcal conjugate vaccine booster dose (Men ACWY), and consideration (category B recommendation) of the meningococcal serogroup B vaccine series for heathy adolescents beginning at age 16 years. In addition to the Men ACWY and Men B vaccines, adolescents without record of vaccination or series completion for **Tdap**, **HPV vaccines, annual influenza dose or other vaccines** should receive them during this specialized age visit.

The under vaccination of teens against vaccine-preventable diseases, particularly those that require multiple doses, remains a continuing challenge. CDC's 2015 NIS-Teen data finds coverage among 13- through 17-year-olds for the first dose of MenACWY vaccine to be 81%, while only 33% received the second dose. HPV rates remain below targeted goals: 63% of girls and 50% of boys received at least one dose of HPV vaccine, with an even lower rate for a completed HPV series and only 46.8% of adolescents received their influenza dose during the 2015-2016 Flu Season.

The _____ Immunization Branch implores all VFC providers to utilize this platform to address the disparity in adolescent vaccines by encouraging patients to schedule and attend their 16-year-old visit. All in all, this platform grants an opportunity to review the adolescents' vaccination status, complete any other needed vaccination and/or vaccination series and address other aspects of preventive care. Please find resources and administration recommendations below for your convenience.

Resources:

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2017. Retrieved from https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Centers for Disease Control and Prevention. (2016). National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2015. Retrieved from http://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm?s_cid=mm6533a4_e.

Centers for Disease Control and Prevention. (2016). Flu Vaccination Coverage, United States, 2015-16 Influenza Season. Retrieved from http://www.cdc.gov/flu/fluvaxview/coverage-1516estimates.htm##key-findings.

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2017. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6605e1.pdf

Administration Recommendations:

- The MenACWY schedule is routinely given at 11-12 years of age with a second dose at the age of 16 years. If the first dose is given at 13 through 15 years of age a second dose is recommended at 16 through 18 years of age. The minimum interval between the first and second dose is 8 weeks. If the first dose is given at 16 through 18 years a second dose is not recommended for healthy people. Menactra® and Menveo® are currently available for use in the United States, both may be used for the recommended schedule, however, ACIP recommends off-label use of Menveo® for the second dose if it's the brand of choice.

- The preferable vaccine administration age of MenB is 16 through 18 years of age. The ACIP recommends that decisions to vaccinate adolescents and young adults aged 16 through 23 years of age against serogroup B meningococcal disease should be made at the discretion of the administrating provider. Bexsero® and Trumenba® are currently available for use in the United States, and should not be used interchangeably for their respective dose schedules. Trumenba® (MenB-FHbp) should be administered as a two-dose series separated by six months. The series should be completed with the same brand of MenB vaccine. Do not substitute Bexsero®. Bexsero® (MenB-4C) should be administered as a two-dose series at least one month apart. The series should be completed with the same brand of MenB vaccine. Do not use Trumenba® to complete the series.

- ACIP recommendations for influenza vaccination during the 2017-2018 season are currently unavailable. ACIP influenza vaccine recommendations, excluding LAIV, should be published in August 2017.

- Tdap is recommended as a single dose at 11 or 12 years of age, with a catch-up dose for 13 through 18-year olds that have not been previously vaccinated. Boostrix® and Adacel® are currently available for use in the United States. ACIP provides an off-label recommendation for healthcare providers to administer a dose of Tdap vaccine during each pregnancy regardless of the woman's prior history of receiving Tdap. To maximize passive transfer of antibody to the fetus the optimal timing of Tdap is between 27 and 36 weeks gestation. If a pregnant woman receives a dose of Tdap earlier than 27 weeks gestation it is not necessary to repeat the dose during that pregnancy.

- An HPV 2-dose schedule is recommended for all persons beginning the HPV series before 15 years of age. The recommended interval between dose one and dose two is 6-12 months. For persons initiating vaccination at age 15 years or older, the recommended immunization schedule is 3 doses of HPV vaccine at 0, 1–2, 6 months. 9-valent HPV vaccine – Gardasil 9- is the only HPV vaccine available in the United States and can be used to finish a series started with a different vaccine.