

## ACIP: Immunize Ages 11-18

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nate their teen patients whenever the opportunity arises.

"Overall, it simplifies the approach to immunizing adolescents," said Dr. Joseph Bocchini Jr., the American Academy of Pediatrics' liaison to ACIP and chairman of pediatrics at Louisiana State University in Shreveport.

"This is a natural progression of the previous recommendations, which were originally made on the basis of supply and trying to get to those at highest risk," he said in an interview. "But now with increased supply we have the opportunity to make broader recommendations to include all adolescents."

"We like the idea of a broad target," said Dr. Jonathan Temte, the American Academy of Family Physicians' liaison to

along with other routine adolescent vaccinations.

"The ACIP goal is routine vaccination of all adolescents beginning at age 11 years," said Dr. Cohn. She quoted from the draft of the recommendations to add that the ACIP and partner organizations, including the AAP, AAFP, and American Medical Association, recommend a health care visit for all 11- to 12-year-olds to receive recommended immunizations and other preventive medicine services.

Supply problems with the MCV4 vaccine in 2006 prompted ACIP to recommend a deferral of vaccinating 11- to 12-year-olds in favor of older adolescents (starting high school) who were deemed at greater risk for meningococcal disease.



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**"The ACIP goal is routine vaccination of all adolescents beginning at age 11 years" at their recommended health care visit, said Dr. Amanda Cohn.**

ACIP who is a family physician at the University of Wisconsin, Madison. "The AAFP would be very much in favor of a broader condition like this," he said during the open discussion period at the meeting.

The opportunity to vaccinate against meningococcal disease as part of any adolescent care visit speaks to the value of a medical home, where a teen's records would show whether he or she had received the MCV4 vaccine, he added in an interview. "The take-home message is to have a medical home and continuity."

Some members of the ACIP expressed concern over the increased risk of Guillain-Barré syndrome (GBS) that has been reported in adolescents who received the MCV4 vaccine, but they agreed that the opportunity to prevent meningococcal disease in more teens trumps the limited data that suggest an association between MCV4 and GBS.

But individuals with a history of GBS may be at increased risk and should discuss their risk of meningococcal disease with their doctors, Dr. Cohn said in her presentation.

The revised recommendations continue to emphasize that 11- to 12-year-olds should receive the MCV4 vaccination at the 11- to 12-year-old preventive care visit,

But representatives from Menactra manufacturer Sanofi Pasteur assured the committee that the company's total vaccine supply from January 2007 to September 2007 is on track to exceed 6 million doses resulting from surplus carried over from 2006 when the vaccine was deferred in the younger adolescents.

The company representatives projected a supply of at least 9 million doses (including the previous year's surplus) to be available for the remainder of 2007 and into 2008 to meet and exceed demand.

Real demand for new vaccines is unpredictable, noted Dr. Gregory Wallace, chief of the CDC's vaccine supply and insurance branch. Adolescents in the public sector are difficult to reach after age 11-12 years, and demand for MCV4 has yet to pick up after the deferral for 11- to 12-year-olds was lifted, he said in a presentation at the meeting.

But the ACIP working group anticipates that the expanded recommendations will improve adolescent coverage by simplifying health care providers' decisions to vaccinate, said Dr. Cohn.

Menactra was first licensed in January 2005; it is indicated for use in persons aged 11-55 years to prevent invasive meningococcal disease caused by several *Neisseria meningitidis* serogroups including A, C, and Y. ■

## ACIP Endorses Hep A Vaccine For Postexposure Prevention

BY HEIDI SPLETE  
Senior Writer

ATLANTA — The hepatitis A vaccine should now be the first choice for postexposure prevention of hepatitis A infection in otherwise healthy people aged 12 months to 40 years.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) reached that conclusion based on postexposure data from a study that included 4,524 people. The hepatitis A vaccine was as effective as immunoglobulin in preventing hepatitis A in children and adults aged 12 months to 40 years who had been exposed to the viral infection.

ACIP's hepatitis A working group therefore recommended use of the hepatitis A vaccine for postexposure prophylaxis for anyone aged 12 months to 40 years, said ACIP member Dr. Tracy Lieu.

The postexposure study did not include persons older than 40 years, so immunoglobulin is preferred for individuals older than age 40, but the hepatitis A vaccine can be used if immunoglobulin is not available, Dr. Lieu said. Only immunoglobulin should be used in special cases, such as in persons who are immunocompromised or in children younger than 12 months.

"These recommendations are pretty solid, and they are straightforward and simple for practitioners to follow," said Dr. Lieu, who introduced the revised hepatitis A recommendations during ACIP's meeting. The panel voted to accept the recommendations.

Ryan Novak, Ph.D., a CDC epidemiologist, noted that the potential benefits of using hepatitis A instead of immunoglobulin include long-term protection, easier administration, and lower cost.

He presented results from a postexposure study that compared the effectiveness of the hepatitis A vaccine and of immunoglobulin for disease prevention after exposure to hepatitis A. In a randomized noninferiority study conducted in Almaty, a large city in Kazakhstan, the investigators enrolled 4,524 individuals aged 2-40 years with no history of hepatitis A, chronic liver disease, or allergy to the vaccine or to immunoglobulin. Ultimately, 1,414 individuals or their household or day care contacts were exposed to hepatitis A; 740 received the hepatitis A vaccine and 674 received immunoglobulin.

Overall, the hepatitis A vaccine was similar in effectiveness to immunoglobulin. The risk of developing hepatitis A was 4.7% in the vaccine group and 4.0% in the immunoglobulin group. "Putting this in context, the risk of hepatitis A among vaccine recipients was nev-

er more than 1.5% greater than among [immunoglobulin] recipients," Dr. Novak said.

Most of the cases occurred in children, but the risk of developing hepatitis A was similar for adults in both groups. Of the 35 suspected cases of hepatitis A in the vaccine group, 28 occurred in children and 7 occurred in adults aged 19-40 years. Of the 27 suspected cases in the immunoglobulin group, 20 occurred in children and 7 occurred in adults.

Questions remain about who can receive the hepatitis A vaccine for postexposure disease prevention, Dr. Novak acknowledged during the committee's discussion prior to voting.

For people older than 40 years, immunoglobulin is preferred because of a lack of data regarding vaccine performance, he emphasized.

Also, children aged 12-24 months were not included in the study. Current preexposure recommendations for hepatitis A vaccination do include 12- to 24-month-olds, but the committee agreed to leave the current immunoglobulin recommendations in place for children younger than 12 months.

Based on the new postexposure data, the panel also recommended these adjustments to the current CDC hepatitis A travel vaccination recommendations:

- The first dose of hepatitis A vaccine that is given at any time before travel should protect most healthy persons.

- In addition to the hepatitis A vaccine, anyone at increased risk of infection who will travel to places where hepatitis A is more common should receive immunoglobulin within 2 weeks before traveling.

- Infants younger than 12 months should receive immunoglobulin for preexposure protection from hepatitis A if they are traveling to a high-risk area.

The committee also voted to include the new hepatitis A recommendations for prophylaxis and for travel in the CDC's Vaccines for Children program. ■

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