



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

To: Healthcare Providers, Pharmacies, and Local Health Departments
From: New York State Department of Health, Bureau of Immunization
Date: March 26, 2015
Re: New Advisory Committee on Immunization Practices (ACIP) Recommendations – Serogroup B Meningococcal, 9-valent Human Papillomavirus, Influenza, and Yellow Fever Vaccines

On February 26, 2015, the ACIP voted on new recommendations regarding use of serogroup B meningococcal vaccine, 9-valent human papillomavirus vaccine, influenza vaccine recommendations for the 2015-16 season, and yellow fever vaccine for international travelers. This informational message will briefly summarize the new recommendations; more detailed summaries will be issued after the recommendations are published later this year.

Serogroup B Meningococcal (MenB) vaccines

Serogroup B meningococcal bacteria circulates in the United States and has been the cause of some recent outbreaks. However, until recently, there were no MenB vaccines licensed for use in the United States. The Food and Drug Administration (FDA) recently licensed two MenB vaccines for use in people 10 – 25 years of age: Trumenba® (Pfizer, Inc.) is available as a 3-dose series; Bexsero® (Novartis Vaccines) is available as a 2-dose series.

The ACIP voted that either MenB vaccine series be administered to persons 10 years of age and older who are at increased risk of meningococcal disease. Risk groups include:

- Persons with persistent complement component deficiencies including inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or taking eculizumab (Soliris®)
- Persons with anatomic or functional asplenia, including sickle cell disease
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*
- Persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak

Recommendations for vaccination of first-year college students, routine adolescent vaccination, and additional recommendations will be discussed at the next ACIP meeting, scheduled for June 24 – 25, 2015.

9-valent human papillomavirus (9vHPV) vaccine

In December 2014, the FDA licensed Gardasil® 9 (Merck Sharp & Dohme Corp), a 9-valent HPV vaccine. 9vHPV vaccine covers five additional cancer-causing HPV types not included in the current HPV vaccines, and has the potential to prevent approximately 90 percent of HPV-attributable cases of cervical, vulvar, vaginal, and anal cancers.

The ACIP voted that a 3-dose series 9vHPV vaccine be administered to both girls and boys at 11-12 years of age. Vaccination can be started as young as 9 years of age, and may be administered as catch-up vaccination up to 26 years of age for females and high-risk males or up to 21 years of age for average-risk males who have not completed the 3-dose series. The ACIP did not state a preference for a specific vaccine or formulation, but stated that any HPV vaccine product may be used to complete an incomplete series for females, and either 4vHPV or 9vHPV may be used for males. Discussion of whether to recommend 9vHPV vaccination of persons who have already completed the 3-dose HPV vaccine series will take place at the June 2015 ACIP meeting.

Influenza vaccine

The ACIP voted on its annual influenza vaccine recommendations for the 2015-16 season. The ACIP did not renew the 2014-15 preference for using the nasal spray live attenuated influenza vaccine (LAIV) in healthy children 2 through 8 years of age. The ACIP now recommends that all persons 6 months of age and older get an annual influenza vaccine with no preference stated for either LAIV or inactivated influenza vaccine (IIV).

Yellow fever vaccine

The ACIP voted to revise existing yellow fever vaccine recommendations for international travelers. A single lifetime dose of yellow fever vaccine is adequate for most travelers. However, additional doses of yellow fever vaccine may be indicated for certain populations:

- Women who were pregnant when they received their initial dose of yellow fever vaccine should receive one additional dose prior to their next travel that puts them at risk for yellow fever virus infection.
- Individuals who received a hematopoietic stem cell transplant after receiving a dose of yellow fever vaccine and who are sufficiently immunocompetent to be safely vaccinated should be revaccinated prior to their next travel that puts them at risk for yellow fever virus infection.
- Individuals who were HIV-infected when they received their last dose of yellow fever vaccine should receive a dose every ten years if they continue to travel that puts them at risk for yellow fever infection.

Additionally, a booster dose of yellow fever vaccine may be considered for travelers who received their last dose of yellow fever vaccine at least 10 years previously and will be in a higher-risk setting based on season, location, activities, and duration of travel. This would include travelers who plan to spend a prolonged period of time in endemic areas or those traveling to highly endemic areas such as rural West Africa during peak transmission season or areas with ongoing outbreaks.

Additional information

- More detailed guidance will be issued on each of these recommendations after they are published later this year.
- ACIP meeting information is available online at www.cdc.gov/vaccines/acip/meetings/meetings-info.html. Meeting slides are typically posted on the website within 1 month of the meeting, and meeting minutes are posted within 90 days of the meeting.
- Additional information on yellow fever is available on the CDC website at wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/yellow-fever. Travel vaccine information, including destination-specific information, is available on the CDC website at <http://wwwnc.cdc.gov/travel>.
- For additional questions or comments, please contact the New York State Department of Health Bureau of Immunization at 518-473-4437 or email immunize@health.ny.gov.