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Expanded Use of State-Supplied Tetanus/Diphtheria/acellular Pertussis (Tdap) and Meningococcal Conjugate (MCV4) Vaccines

In October 2010, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) expanded recommendations for the use of tetanus/diphtheria/acellular pertussis (Tdap) and meningococcal conjugate (MCV4) vaccines.^{1,2} These recommendations are intended to remove identified barriers and programmatic gaps that contribute to suboptimal vaccination coverage.

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS (Tdap)

Two Tdap vaccines are licensed for use in the United States; *Boostrix*® (GlaxoSmithKline) for persons aged 10–64 years, and *Adacel*® (sanofi pasteur) for persons aged 11–64 years. Both Tdap products are licensed for use at an interval of at least 5 years between tetanus and diphtheria toxoids (Td) and Tdap.

In light of the recent increase in pertussis in the United States, the ACIP reviewed available information and issued expanded recommendations to facilitate the use of Tdap to reduce the burden of pertussis and the risk for transmission to infants. These recommendations differ from the FDA-approved package insert indications. However, ACIP recommendations represent the standard of care for vaccination practice in the United States.

Box: Summary of ACIP Recommendations for Use of Tetanus/Diphtheria/acellular Pertussis Vaccine³

(Note: ACIP *expanded* recommendations are *italicized*.)

- *Tdap can be given regardless of the interval since the last Td was given. There is no need to wait 2–5 years to administer Tdap following a dose of Td.*
- Tdap is recommended only for a single dose across all age groups. After receipt of Tdap, persons should continue to receive Td for routine booster immunization against tetanus and diphtheria, according to previously published guidelines.²

Children/adolescents aged 7–18 years

- *Children aged 7–10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their seventh birthday) should receive a one-time dose of Tdap.*
- Adolescents should receive a one-time dose of Tdap (instead of Td) at their 11–12 year-old visit.
- Adolescents who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible.

Adults

(Note: *State-supplied Tdap may not be used for adults.*⁴)

- Adults younger than age 65 years who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible.
- *Adults aged 65 years and older who have not previously received a dose of Tdap, and who have or anticipate having close contact with children younger than age 12 months (e.g., grandparents, other relatives, child care providers) should receive a one-time dose to protect infants.*
- *Other adults aged 65 years and older who are not in contact with an infant, and who have not previously received a dose of Tdap, may receive a single dose of Tdap in place of a dose of Td.*
- All health care workers, *regardless of their age*, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since the last dose of Td.

MENINGOCOCCAL CONJUGATE VACCINE (MCV4)

Two meningococcal conjugate vaccines are licensed for use in the United States; *Menactra*® (sanofi pasteur) and *Menveo*® (Novartis). Both vaccines contain antigen for serogroups A, C, Y and W-135 and are approved for persons aged 2–54 years. **State-supplied vaccine is available only for children age 2–18 years who are eligible for the Vaccines for Children (VFC) Program.**⁵

Because the peak in disease among persons aged 18 years has persisted even after routine vaccination was recommended in 2005, ACIP has approved the following additional recommendations for use of MCV4:

- routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years;
- a 2-dose primary series administered 2 months apart for persons aged 2–54 years with persistent complement component deficiency (e.g., C5–C9, properidin, factor H, or factor D) or with functional or anatomic asplenia; and adolescents with human immunodeficiency virus (HIV) infection.⁴

Table: Recommended Schedule for MCV4 Vaccination

Age at 1 st Dose	Primary MCV4 series*	MCV4 booster dose*
11 or 12 years [¶]	1 dose	1 dose at age 16 years
13–15 years [¶]	1 dose	1 dose at age 16–18 years
16 years or older [¶]	1 dose	—
2–54 years With persistent complement component deficiencies (e.g. C5–C9, properidin, factor H, or factor D) or functional or anatomic asplenia.	2 doses	1 dose every 5 years
2–54 years With prolonged increase risk of exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i> and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic).	2 doses	—

* Doses should be given at least 8 weeks apart.

[¶] HIV-infected persons in this age group should receive a 2 dose primary series at least 8 weeks apart, followed by a booster dose as indicated for the age group.

References

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