

Advisory Committee on Immunization Practices (ACIP) – Recommended Immunization Schedule for Adults Aged 19 Years or Older, 2017

- On February 7, 2017, the *Annals of Internal Medicine* and the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* published the ACIP's *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2017*.
- **Main updates from previous recommendations:**
 - Influenza vaccination:
 - Live attenuated influenza vaccine should not be used during the 2016 to 2017 influenza season.
 - Adults with a history of egg allergy who only have hives should receive age-appropriate inactivated influenza vaccine (IIV) or recombinant vaccine (RIV).
 - Adults with a history of egg allergy with symptoms other than hives (eg, angioedema, respiratory distress, lightheadedness, or recurrent emesis, or have received epinephrine or another emergency intervention) may receive age-appropriate IIV or RIV and should be vaccinated in an inpatient or outpatient medical setting and supervised by a healthcare provider who is able to recognize and manage severe allergic reactions.
 - Human papillomavirus (HPV) vaccination:
 - Adults and adolescents who did not start their HPV vaccination series before age 15 years should receive 3 doses.
 - Women and men through 26 years who have not received any HPV should receive 3 doses at 0, 1 – 2, and 6 months.
 - Women and men through 26 years who initiated HPV before 15 years and received 2 doses at least 5 months apart are considered adequately vaccinated and do not need an additional dose of HPV.
 - Women and men through 26 years who initiated HPV before 15 years and received only 1 dose, or 2 doses less than 5 months apart, are not considered adequately vaccinated and should receive 1 additional dose of HPV.
 - Hepatitis B (HepB) vaccination:
 - Adults with chronic liver disease, including, but not limited to, hepatitis C virus infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase or aspartate aminotransferase level greater than twice the upper limit of normal should receive a HepB series.
 - Meningococcal vaccination:
 - Adults with anatomical or functional asplenia or persistent complement component deficiencies should receive a 2-dose primary series of serogroups A, C, W, and Y meningococcal conjugate vaccine (MenACWY) at least 2 months apart, and revaccinated every 5 years. They should also receive a series of serogroup B meningococcal vaccine (MenB) with either a 2-dose series of MenB-4C ([Bexsero[®]](#)) at least 1 month apart or a 3-dose series of MenB-FHbp ([Trumenba[®]](#)) at 0, 1 – 2, and 6 months.

- Adults with HIV infection who have not been previously vaccinated should receive a 2-dose primary series of MenACWY at least 2 months apart, and revaccinated every 5 years. For those who previously received 1 dose of MenACWY, a second dose should be given at least 2 months after the first dose.
- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis* should receive 1 dose of MenACWY and revaccinate every 5 years if the risk of infection remains, and receive either a 2-dose series of MenB-4C at least 1 month apart or a 3-dose series of MenB-FHbp at 0, 1 – 2, and 6 months.
- Adults at risk because of a meningococcal disease outbreak should receive 1 dose of MenACWY if the outbreak is attributable to serogroups A, C, W, or Y or either a 2-dose series of MenB-4C at least 1 month apart or a 3-dose series of MenB-FHbp at 0, 1 – 2, and 6 months if the outbreak is attributable to serogroup B.
- Young adults aged 16 – 23 years (preferred age range is 16 – 18 years) who are healthy and not at increased risk of serogroup B meningococcal disease may receive either a 2-dose series of MenB-4C at least 1 month apart or a 3-dose series of MenB-FHbp at 0, 1 - 2, and 6 months for short-term protection against most strains of serogroup B meningococcal disease



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