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IMMUNIZATION BULLETIN

CHANGES IN 2010 CHILD AND ADOLESCENT RECOMMENDED SCHEDULES

Background

ACIP's annual review of the Recommended Immunization Schedules for 0 – 18 year olds yielded the following changes for 2010. The full text of these recommendations can be found in the Morbidity and Mortality Weekly Report (MMWR) for January 8, 2010.

ACIP Recommendations

- The statement concerning use of combination vaccines in the introductory paragraph has been changed.
- The last dose in the Inactivated Poliovirus Vaccine series is now recommended to be administered on or after the fourth birthday and at least 6 months after the previous dose. In addition, if 4 doses are administered before age 4 years, an additional (5th) dose should be administered at age 4 through 6 years.
- The Hepatitis A footnote has been revised to allow vaccination of children older than 23 months for whom immunity against Hepatitis A is desired.
- Revaccination with Meningococcal Conjugate Vaccine is now recommended for children who remain at increased risk for Meningococcal Disease after 3 years (if the first dose was administered at age 2 through 6 years), or after 5 years (if the first dose was administered at age 7 years or older).
- Footnotes for Human Papilloma Virus (HPV) vaccine have been modified to include 1) the availability of and recommendations for bivalent HPV vaccine, and 2) a permissive recommendation for administration of quadrivalent HPV vaccine to males aged 9 through 26 years for protection against genital warts.

Practical Application for Clinics

- The ACIP's statement favors using combination vaccines where possible over individual components. This will reduce patient discomfort by reducing the number of injections the patient receives in one visit. Combination vaccines could also reduce costs by reducing the number of individual vaccines being purchased by practices.
- The additional dose of Polio puts the dosage for this vaccine on a more comparable schedule with DTaP and will help reduce missed opportunities and increase coverage with Polio vaccine.
- The Hepatitis A recommendation allows for more flexibility in the administration of the Hepatitis A vaccine.
- Re-vaccination with Meningococcal will help protect children who did not receive all doses during the MCV vaccine shortage.
- There are now two options for HPV vaccine for female patients 9 – 26 years: HPV2 for protection against certain cancers and HPV4 for protection against certain cancers and genital warts.
- There is now a permissive recommendation to administer quadrivalent HPV vaccine to males 9 through 26. Routine vaccination is not recommended, but providers and parents should discuss appropriateness of vaccination for boys.

Additional Information

New Schedules at: <http://www.sdiz.org/HealthcarePros/izreqs.html#>

Comprehensive Schedule Information from CDC: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>

HPV Vaccine Q & A: <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>

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