Dear Providers and Partners,

Getting all of the recommended vaccines is one of the most important things a parent can do to protect their child's health, especially when they are in a setting like a school or a child care center where disease outbreaks can occur. Whether it's a baby starting at a new child care facility, a toddler heading to preschool, a student going back to elementary, middle or high school – or even a college freshman – providers and partners should check children's vaccine records for up-to-date status.

When parents are preparing to send their child off to day care, school or college, it's the perfect time to assess if he or she is up to date on recommended vaccines, and offer any missing vaccine(s). You can assist parents by:

- *Not missing an opportunity to vaccinate;*
- *Reporting all vaccines administered by your practice, and all other vaccination records that pass through your practice/organization (VFC as well as privately insured patients);*
- *Making sure that your vaccine requests and reports are accurate, complete, and submitted in a timely manner;*
- *Requesting assistance (registering for an education and training session) in one of the monthly slots offered by the DC DOH Immunization Program.*

When children aren't vaccinated, they are at increased risk for disease and can spread disease to others in their classrooms and communities. This includes babies too young to be fully vaccinated and people with weakened immune systems due to cancer or other health conditions.

Thanks for your cooperation.

Jacob Mbafor
Vaccine for Children (VFC) Program Coordinator
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DOH Immunization Program

To: VFC Providers and Partners

From: Nancy Ejuma Rodriguez, Immunization Program Manager
DC Department of Health

Subject: Availability of Human Papillomarvirus (HPV9) and Serogroup B Meningococcal Vaccine in the District of Columbia VFC Program starting August 1, 2015

Date: July 30, 2015

HPV

On March 27, 2015, the Advisory Committee on Immunization Practices (ACIP) published updated human papillomavirus (HPV) vaccine recommendations (see attachment), which include the use of the 9-valent HPV vaccine (HPV9) licensed for males (9-15 years-old) and females (9-26 years-old) on December 10, 2014. HPV9 offers protection against an additional 5 high-risk HPV types, attributable to 14% and 5% of HPV-associated cancers in females and males, respectively, as compared to the quadrivalent HPV vaccine (HPV4). **Note:** The maximum eligible age in all VFC eligibility categories is 18 years (1 day before the 19th birthday).

Below is a summary of the updated HPV vaccine recommendations:

- ACIP recommends routine HPV vaccination of males and females at age 11 or 12 years; the 3-dose series can begin as early as age 9 years;
- Females who were not vaccinated previously or who have not completed the 3-dose series should be vaccinated through age 26 years;
- Males who were not vaccinated previously or who have not completed the 3-dose series should be vaccinated through age 21 years,
- Men who have sex with men (MSM) and immunocompromised males, including those with HIV infection, should be vaccinated through age 26 years if not previously vaccinated;

The ACIP has not stated an HPV vaccine preference, and the District of Columbia offers all vaccine brands. The ACIP states the following:

- Females can receive HPV9, HPV4, or HPV2 (bivalent);
- Males can receive HPV9 or HPV4 only at this time.

Please note the following:

- If an individual received a prior dose(s) of HPV vaccine, any available HPV vaccine product recommended for males and females may be used to continue or complete the series.
- Currently, there is no ACIP or manufacturer recommendation for patients who have already completed a 3-dose HPV vaccine series to receive additional doses of HPV9.

Additional information can be found at:

Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm

CDC's Supplemental information and guidance for vaccination providers regarding use of 9-valent HPV vaccine

http://www.cdc.gov/vaccines/who/teens/downloads/9vHPV-guidance.pdf

In order to prevent vaccine wastage and raise HPV coverage rate, all available HPV vaccine in your inventory must be used prior to expiration. Current inventories of HPV2 and HPV4 must be used alongside HPV9. Do not miss an opportunity to vaccinate. We recommend using a reminder/recall system to schedule all eligible patients.

Meningococcal Serogroup B

Certain persons aged ≥10 years who are at increased risk for meningococcal disease should receive MenB vaccine. These persons include:

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

MenB should be administered as either a 2-dose series of MenB-4C (Bexsero® [Novartis]) or as a 3-dose series of MenB-FHbp (Trumenba® [Pfizer]). There is no preference for one product over the other, though the same vaccine product should be used for all doses. MenB may be administered concomitantly with all other indicated vaccines, including a meningococcal serogroup ACWY vaccine.

Age Group	VFC Age Group	Vaccine	Routine Recommendation	Dosage	Dosing Schedule
10-25 years	10-18 years	MenB-4C (Bexsero®, Novartis)	High-risk only	0.5 mL intramuscular (IM) injection	Two doses, at least one month apart (0 and 1-6 month schedule)
10-25 years	10-18 years	MenB-FHbp (Trumenba®, Pfizer)	High-risk only	0.5 mL intramuscular (IM) injection	Three doses (0, 2, and 6 month schedule)

Note: Use of brands is not meant to preclude the use of meningococcal vaccines where applicable.

There is no Vaccine Information Statement (VIS) for the MenB vaccines. Until a VIS is available providers may use the manufacturer's package insert, written FAQ's, or any other document-or produce their own information materials-to inform patients about the benefits and risks of this vaccine. Once a VIS is available it should be used; but providers should not delay use because of the absence of a VIS. The law does not require that a vaccine be withheld if a VIS for it does not yet exist.

CDC's interim guidance can be found at
http://www.cdc.gov/meningococcal/downloads/interim-guidance.pdf

Package inserts can be found at: Trumenba®
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM421139.pdf

Bexsero®
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM431447.pdf

If an ACIP recommendation or notice regarding serogroup B meningococcal vaccine is published within 12 months or sooner, the relevant language above will be replaced with the language in the recommendation and incorporated by reference to the publication URL.

Both vaccines are available through the District of Columbia Vaccines for Children (VFC) Program. For education and/or assistance please contact Jacquelyn Campbell at Jacquelyn.Campbell@dc.gov or by calling 202-576-9324.

Thank you for your partnership and efforts in protecting the District of Columbia from vaccine-preventable diseases.

Sincerely,

Nancy Ejuma Rodriguez, Immunization Program Manager