Centers for Disease Control and Prevention (CDC) Immunization Safety Office (ISO) Update

Advisory Commission on Childhood Vaccines (ACCV) meeting

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COVID-19 vaccines

COVID-19 ACIP Vaccine Recommendations

- The Advisory Committee on Immunization Practices (ACIP) currently has recommendations for the use of three different COVID-19 vaccines
  - Pfizer-BioNTech COVID-19 Vaccine
  - Moderna COVID-19 Vaccine
  - Janssen COVID-19 Vaccine
- Recommendations available at:

  https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html

COVID-19 Vaccinations in the United States

- As of August 25, 2021
- Vaccine doses administered: 364,842,701
- People vaccinated with at least one dose: 202,500,853
- Percent of population ≥ 12 years of age with at least one dose: 71.3%

Source: CDC COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#vaccinations

ACIP held additional meetings to discuss topics related to COVID-19 vaccines

- June 23, 2021
- July 22, 2021
- August 13, 2021
- August 30, 2021

Update on myocarditis/pericarditis following mRNA COVID-19 vaccines

- An elevated risk for myocarditis among mRNA COVID-19 vaccinees has been observed, particularly in males aged 12–29 years.
- On June 23, 2021, the Advisory Committee on Immunization Practices concluded that the benefits of COVID-19 vaccination to individual persons and at the population level clearly outweighed the risks of myocarditis after vaccination.
- Continued use of mRNA COVID-19 vaccines in all recommended age groups will prevent morbidity and mortality from COVID-19 that far exceed the number of cases of myocarditis expected. Information regarding the risk for myocarditis with mRNA COVID-19 vaccines should be disseminated to providers to share with vaccine recipients.

Source: https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm

Guillain-Barré Syndrome (GBS) after J&J/Janssen COVID-19 vaccine

- CDC and FDA are monitoring reports of GBS in people who have received the J&J/Janssen COVID-19 Vaccine.
- GBS is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people fully recover from GBS, but some have permanent nerve damage.
- After more than 14 million J&J/Janssen COVID-19 Vaccine doses administered, there have been around 167 preliminary reports of GBS identified in VAERS as of August 18, 2021. These cases have largely been reported about 2 weeks after vaccination and mostly in men, many 50 years and older.
- CDC will continue to monitor for and evaluate reports of GBS occurring after COVID-19 vaccination and will share more information as it becomes available.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

Additional doses of mRNA COVID-19 vaccines as part of a primary series in immunocompromised people

- People who are moderately to severely immunocompromised are especially vulnerable to COVID-19 because they are more at risk of serious, prolonged illness.
- People with moderately to severely compromised immune systems may not build the same level of immunity to 2-dose vaccine series compared to people who are not immunocompromised.
- CDC recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Considerations for booster doses of COVID-19 vaccines

- The goal is for people to start receiving a COVID-19 booster shot beginning in the fall, with individuals being eligible starting 8 months after they received their second dose of an mRNA vaccine (either Pfizer-BioNTech or Moderna).
- This is subject to authorization by the U.S. Food and Drug Administration and recommendation by CDC's Advisory Committee on Immunization Practices (ACIP).
- FDA is conducting an independent evaluation to determine the safety and effectiveness of a booster dose of the mRNA vaccines.
- ACIP will decide whether to issue a booster dose recommendation based on a thorough review of the evidence.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

COVID-19 vaccine safety publications

- Use of COVID-19 Vaccines After Reports of Adverse Events Among Adult Recipients of Janssen (Johnson & Johnson) and mRNA COVID-19 Vaccines (Pfizer-BioNTech and Moderna): Update from the Advisory Committee on Immunization Practices — United States, July 2021. *MMWR Morb Mortal Wkly Rep.* 2021 Aug 10.
- COVID-19 Vaccine Safety in Adolescents—United States, December 14, 2020—July 16, 2021. *MMWR Morb Mortal Wkly Rep.* 2021 Jul 30.
- Myocarditis After Immunization with mRNA-Based COVID-19 Vaccines. *JAMA Cardiol.* Published online June 29, 2021.

Available at: https://www.cdc.gov/vaccinesafety/research/publications/index.html

Advisory Committee on Immunization Practices (ACIP)

June 24-25, 2021 meeting topics

Dengue Vaccine

- ACIP voted to recommend 3-doses of Dengvaxia administered 6 months apart at month 0, 6, and 12, in persons 9-16 years of age with a laboratory confirmation of previous dengue infection and living in endemic areas.
- Endemic areas include Puerto Rico, American Samoa, and the US Virgin Islands.

Influenza Vaccine

- ACIP voted to affirm the updated statement on the prevention and control of seasonal influenza with vaccines for the 2021-2022 influenza season.
- Core recommendation (unchanged): Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.
- ▪ Updates:
  - Influenza vaccines expected to be available for the 2021-22 season
  - U.S. influenza vaccine viral composition for the 2021-22 season
  - Change in age indication for Flucelvax Quadrivalent from ≥4 years to ≥2 years
  - Several changes to Timing of Vaccination language
  - Co-administration of influenza and COVID-19 vaccines
  - Contraindications and precautions concerning persons with previous severe allergic reaction to influenza vaccines or their components

Rabies Vaccine

- ACIP voted for the following updated recommendations:
- ACIP recommends a 2-dose [0, 7 days] intramuscular rabies vaccine series in immunocompetent persons <18 years of age for whom rabies vaccine pre-exposure prophylaxis (PrEP) is indicated
- ACIP recommends an intramuscular booster dose of rabies vaccine, as an alternative to a titer check, for immunocompetent persons <18 years of age who have sustained and elevated risk for only recognized rabies exposures (i.e., those in risk category #3 of rabies PrEP recommendations table*). The booster dose should be administered no sooner than day 21 but no later than 3 years after the 2-dose PrEP series

Zoster Vaccine

- Risk of herpes zoster (HZ), severe disease, and complications generally higher in immunocompromised (IC) populations
- Information was presented to address the following policy question: “Should vaccination with recombinant zoster vaccine be recommended for immunocompromised adults 19 years of age and older?”
- More discussion will take place at future ACIP meetings

Pneumococcal Vaccines

- Information was presented on two new vaccines for use in adults, PCV15 and PCV20
- Overarching Policy Questions Under Consideration by the ACIP Work Group
  - Should PCV15 be routinely recommended in adults aged ≥50 or ≥65 years?
  - Should PCV15 be recommended in younger adults with underlying medical conditions?
  - Should PCV20 be routinely recommended in adults aged ≥50 or ≥65 years?
  - Should PCV20 be recommended in younger adults with underlying medical conditions?
  - Should recommendations be made for PCV15 and PCV20 alone or in series with PPSV23?
- More discussion will take place at future ACIP meetings

Thank You

For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov