Every year, the recommended childhood and adolescent vaccine schedules are reviewed, adjusted and approved by the following governing bodies: American Academy of Pediatrics (AAP), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG).

The 2017 revisions are now published for those 0 to 18 years of age with some of the recent changes listed here—see “notes” section for accessing complete information:

**Meningococcal Conjugate Vaccine**

This vaccine protects against certain strains of the bacteria *Neisseria Meningitidis* which causes a devastating infection of the meninges (aka the covering of the brain and spine) and blood. The bacterial form can be rapidly lethal when contracted—especially if appropriate medical care is delayed—or cause long-term neurological damage like hearing loss or seizures, for example. When treatment is initiated early in symptom development, patients tend to fare much better.

- The vaccine is given at ages 11-12, with a booster dose around college. The new guidelines added a column at age 16. This is likely to ensure optimal protection throughout college when the close proximity of dormitory living can enhance spread of the illness.

**Live Attenuated Influenza Vaccine (LAIV)**

Influenza is the virus that causes the “flu.” The flu vaccine is given annually because the virus mutates from year to year, so the vaccine reflects that year’s most prevalent strains. There is an
inactivated version of vaccine administered by a shot. There is a live virus vaccine version administered intranasally. The latter has age restrictions and can’t be given with certain chronic conditions.

- Reference to the LAIV vaccine has been removed from the influenza part of the schedule. There have been recent issues with poor efficacy, so it is currently not recommended in this population.

**Human Papillomavirus Vaccine (HPV)**

HPV is a sexually transmitted infection that can lead to health issues like genital warts or an array of oropharyngeal (aka oral and throat) and anogenital (aka anus, vulva, cervical, vagina, penis) cancers. Often, those infected have no symptoms so unknowingly spread disease. Though many clear the infection naturally, all do not and we are fortunate that there is a vaccine that covers the more problematic strains. It does not cover all strains that exist, so safe sexual practices are always advisable for everyone. To learn more about prevention of these types of infections, review these articles: New Study: Male Genital HPV Infection, Warts and All [3] and Gonorrhea and Chlamydia and Syphilis, Oh My! [4]

- The vaccine is traditionally recommended to be given at 11-12 years of age so that the series is completed in advance of sexual activity. Now, a blue bar has been added to the schedule to indicate it can be offered at 9-10 years of age even without high risk reasons.

**New Tables have been added…**

A new table has been added to the recommendation reference to clarify the vaccine schedule for those patients playing catch-up and advise on time intervals between doses when they missed the original targets for the varying series.

Another table was added as a guide for when to administer vaccines (and when not to) to those who are pregnant or suffering from a chronic medical condition. For example, those missing a spleen—secondary to issues like sickle cell disease or trauma—require vaccines especially for encapsulated bacteria as they are compromised to fight those infections. Certain vaccines should not be given to women who are pregnant or others who are significantly immune suppressed. Recommendations for those with HIV, kidney, heart or liver disease (and a number of other conditions) are addressed as well in this annual report. This section is also similar to a corresponding figure in the adult vaccine recommendations.

**Changes in accompanying footnotes…**

The footnotes reflect changes as well, so should be read along with the new guidelines and tables. For instance, Hepatitis B vaccine is recommended to be given within 24 hours of birth and follow-up lab testing (Hep B surface antigen and Hep B antibody testing) is now recommended for infants born to Hep B surface antigen positive mothers to be performed at 9 through 12 months (as opposed to 9 through 18 months). Wording is different for number of doses for HPV vaccination depending on age of first dose. So, there is substance within these notations.

**In Summary…** Though there are no dramatic changes in the schedule this year, it is most ideal to
review the recommendations in their entirety [here][2]. Stay tuned at ACSH as well -- a revised more extended and thorough version of our vaccine program is in progress for publication.

NOTES: For comprehensive and official new guidelines on vaccination schedules, review the following:

Centers for Disease Control and Prevention, vaccine schedule with parent-friendly versions [click here][5]. Full pdf best for clinicians, [click here][2].

*Every February the CDC publishes the updates for the adult vaccine schedule [here][6].

SOURCE:


COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

---

**Source URL:** https://www.acsh.org/news/2017/02/08/vaccine-news-updated-childhood-and-adolescent-schedule%C2%A0-%C2%A0-10844

**Links**

[1] https://www.shutterstock.com  