

## Adolescent-Young Adult Medicine

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### IMMUNIZATION NEWS 2017

The past decade has witnessed important new developments and recommendations for protecting adolescents and young adults from serious illnesses through the use of vaccines. The most current recommendations from the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) are summarized below; also on websites: [www.CDC.gov](http://www.CDC.gov) or [www.AAP.org](http://www.AAP.org). **We want to highlight two relatively new vaccines of particular interest to our patients, Meningitis B (Bexsero and Trumenba) and Gardasil,** and in particular, changes to their dosing schedules that may be of interest.

We review the immunization status of our patients at their initial and annual check-up visits and up-date their coverage, as needed. In addition, we administer all travel immunizations at our office. **For patients under age 18, we must receive parental consent for any immunization and ask parents to please sign the attached consent form and mail, email or fax it back to us as soon as possible and prior to the annual check-up visit.**

**Gardasil 9-HPV Vaccine:** Human papilloma virus (HPV) is by far the most common sexually transmitted infection in the United States. The inactivated vaccine now protects against *seven* types of HPV (16, 18, 31, 33, 45, 52, 58) which cause **90%** of cervical cancers (*as well as other types of oral, anal and genital cancers in males and females*) and two types (6, 11) which cause 90% of genital warts. We recommend this vaccine for our **female and male patients** at ages 9-14 years, to achieve an **optimal immune response** and generally **well before sexual activity begins**; recommended also for older adolescents and young adults if not already immunized. **The CDC is now recommending that 9-14 year olds receive only two doses of HPV9 at least 6 months (up to 12 months) apart. Teens and young adults 15-26 years will need three doses, administered at 0, 2 and 6 months.** Many of our patients have already received the Gardasil-4 vaccine, and the CDC has NOT recommended that these individuals be re-immunized with Gardasil-9; however, it is safe to re-immunize with Gardasil-9 if clinically indicated in certain situations and/or if a patient requests re-immunization.

**Meningitis B (Bexsero or Trumenba):** Recent epidemics of meningitis, notably on college campuses, have been caused predominantly by meningitis serogroup B, since this serotype is not present in **Menactra** or Menveo, both in wide use in recent years, and required by most colleges. In accordance with CDC guidelines, we recommend either of the Men B vaccines for our patients ages 16-23 years who are soon to attend or currently attend college or boarding school. Since meningitis B can occur at **any age**, we suggest our patients preferably receive the Men B vaccine at age 16-17, administered around the same time as the second Menactra. Younger patients, at least age 10, who are medically at high risk of acquiring meningitis B, may also receive this vaccine. Either vaccine can now be administered in a **two-dose series**, Bexsero at least **one month apart** and Trumenba at least **6 months apart**. These two vaccines are comparably effective, and which one is chosen may depend on its availability or the patient's schedule.

**Menactra:** Strongly recommended at age 11-12 years (or catch-up later in adolescence) to protect against the devastating infection of meningococcal meningitis. A second booster dose is recommended at age 16 or 5 years after the first dose. Menactra protects against meningitis serogroups A, C, W and Y. In New York State, Menactra (or Menveo) is required for entry into 7<sup>th</sup> grade and a booster dose after age 16 for entry into 12<sup>th</sup> grade.

**Tdap:** This vaccine protects against Tetanus, diphtheria, and pertussis (whooping cough) and is recommended as a one-time booster at age 11-12 years or at any time in adolescence or adulthood if not already received. A booster shot of Td (or Tdap) is recommended every 10 years thereafter. Booster doses of Tdap are also recommended for pregnant women and adults in close contact with infants.

**Hepatitis A Vaccine:** Hepatitis A virus is transmitted via contaminated food or water or among close contacts, causing an illness with an abrupt onset of fever, nausea, abdominal pain and jaundice. The inactivated vaccine, in use since 1995, has recently been recommended to include *all children in the United States between 1-2 years of age*. The vaccine is administered as a two-dose series 6-12 months apart. We recommend this vaccine for our patients who have not already received it.

**Varicella (Chickenpox) Vaccine:** A second dose is recommended for individuals who previously received only one dose. Anyone who had chickenpox disease does not need to be immunized.

**Pneumococcal Vaccine:** *Streptococcus pneumoniae* (pneumococcus) causes pneumonia, meningitis, middle ear and blood infections. In **November 2009** the CDC expanded its recommendation for use of the pneumococcal vaccine Pneumovax-23 to include individuals 19 years and older with asthma or who smoke. Children, adolescents and young adults with chronic illnesses including diabetes and liver disease should also receive Pneumovax-23. Children, adolescents and young adults with immuno-compromising conditions or on immunosuppressive medications, or lacking a functional spleen, should be immunized with both Prevnar-13 and Pneumovax-23, in sequence. The ideal schedule is to use Prevnar-13 followed at least 8 weeks later with Pneumovax-23. For those who already received only Pneumovax-23 (an older vaccine), Prevnar-13 is administered at least 8 weeks later in children and 12 months later in individuals who have turned 19.

**Influenza Vaccine:** A “flu shot” against influenza is recommended for all Americans. Egg allergy is **NO LONGER** a contraindication to receiving this vaccine. The attenuated live virus nasal Flu-Mist vaccine is **NOT** being offered this year (2016-2017) due to its lower effectiveness. We recommend that **all** our patients receive a flu vaccine each fall, and in particular those with asthma or other chronic respiratory or other medical conditions; smokers or those exposed to tobacco smoke.

**Travel Shots** are available at our office for those lucky adolescents and young adults who will be traveling to work, study or sightsee in countries where specific vaccines are recommended to decrease risk of acquiring serious infectious diseases. We are delighted to be included in these adventures by providing the needed immunizations, malaria prevention medication, and other travel advice. We administer all travel shots in our office (including **Yellow Fever**); most commonly **Hepatitis A**, **Typhoid** (or we will provide an oral Typhoid vaccine prescription), **Hepatitis B**; boosters of **Polio**, **Tetanus**, **Diphtheria**, **MMR** (measles, mumps, rubella); even, in certain situations, **Rabies** and **Japanese encephalitis vaccines**.

**We suggest the following:**

1. First consult the CDC website [www.CDC.gov](http://www.CDC.gov) for information regarding your specific destination, including suggested immunizations and malaria prophylaxis.
2. Call us, if possible, at least **six weeks** in advance of the trip, so we may schedule a **Travel Visit** at the optimal time, and order any vaccines for you that we do not routinely stock.
3. If malaria medication is indicated, let us know the **total number of days** you will be in the at-risk location; the CDC website provides very detailed information regarding your specific itinerary.

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**Parent consent form on next page!**

**PARENT CONSENT FORM FOR IMMUNIZATIONS**

**Please return this form to us well in advance of the check-up visit** by mail, email or fax. If you have any questions after reading our materials and consulting the recommended websites, please call us *at least several days* prior to the visit. We would prefer to devote all of the check-up time to your child's visit and not to lengthy discussion about these immunizations. Thank you so much!

I give consent for my child(ren) \_\_\_\_\_  
to receive the following immunizations at their up-coming visit ***if they are due to receive them.***

Start the two-dose series of **Hepatitis A vaccine.** Signed \_\_\_\_\_  
Date \_\_\_\_\_

Start the three-dose series of the **HPV vaccine, Gardasil.** Signed \_\_\_\_\_  
(Specify which child or children) Date \_\_\_\_\_

Give the second booster dose of **varicella (chickenpox)** vaccine. Signed \_\_\_\_\_  
Date \_\_\_\_\_

Give the **Tdap** vaccine if not already received. Signed \_\_\_\_\_  
Date \_\_\_\_\_

Give the **Menactra** vaccine if not already received,  
or booster after 5 years. Signed \_\_\_\_\_  
Date \_\_\_\_\_

Give **Bexsero** (Meningitis B vaccine), if indicated Signed \_\_\_\_\_  
Date \_\_\_\_\_

Give the **Pneumococcal** vaccine, if indicated. Signed \_\_\_\_\_  
Date \_\_\_\_\_

Give injectable **Flu vaccine** (in the fall.) Signed \_\_\_\_\_  
(you may request Flu-Mist, if you prefer) Date \_\_\_\_\_

Give the following **travel shots** for the destination of \_\_\_\_\_  
Specify shots: \_\_\_\_\_ Signed \_\_\_\_\_