



HepB vaccine shortage ending; CDC updates vaccine guidance

by Trisha Koriath, Staff Writer

The pediatric monovalent hepatitis B vaccine shortage ended March 9 for the private sector, a bit of good news from the Feb. 26-27 meeting of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP).

Merck planned to begin distributing pediatric monovalent hepB vaccine in the private sector on March 9. The vaccine supply is projected to be sufficient to meet historical demand in the private and public sectors. For updates on shortages, visit <https://www.cdc.gov/vaccines/hcp/clinical-resources/shortages.html>.

Other infectious disease topics discussed were the novel coronavirus (COVID-19), polio eradication, dengue virus, Ebola virus and influenza.

COVID-19

Nancy Messonnier, M.D., director of the CDC's National Center for Immunization and Respiratory Diseases, emphasized the importance of readiness.

"Prepare for something serious," she said. "Many of you have been planning for a pandemic for your whole careers. That planning is exactly what we're depending on here."

Dr. Messonnier said first responders, health care providers and health care systems should do the following to prepare:

- establish plans to understand use and potential surges,
- develop guidance on infection control, hospital preparedness assessments, personal protective equipment supply planning and clinical evaluation and management,
- reinforce infection control principles,
- leverage telehealth tools and
- engage with supply chain partners to understand use and needs.

At the state and local levels, she urged readiness preparedness that includes monitoring health of travelers from China, assessing readiness to implement community mitigation measures, identifying and mitigating gaps in readiness, and linking public health agencies and health care systems to identify and mitigate stressors.

Polio eradication

Polio eradication efforts made some progress in 2019 but encountered "serious challenges," including circulation of wild poliovirus and outbreaks of community vaccine-derived poliovirus 2. A more genetically stable novel oral polio vaccine type 2 has been developed, according to Stephen L. Cochi, M.D., FAAP, senior adviser to the director, CDC Global Immunization Division. The vaccine is being evaluated for approval under the World Health Organization (WHO) Emergency Use Listing and would replace monovalent type 2 oral polio vaccine. About 4 million to 8 million doses could be available for pilot use in mid-2020 and an estimated 200 million more by year's end.

Dengue vaccine

Despite low mortality rate, dengue is a public health priority and one of the top 10 threats in 2019, according to the WHO.



In May 2019, the Food and Drug Administration (FDA) approved Dengvaxia for 9- to 16-year-olds who live in an area where dengue is common and have laboratory-confirmed prior dengue virus infection. Ines Esquilin, M.D., of the University of Puerto Rico Department of Pediatrics, shared focus group study results on pediatrician and parent attitudes about the vaccine in Puerto Rico.

The island's segmented system requires patients to make separate visits to the pediatrician, the laboratory for testing and the clinic for immunizations. Testing is required before receiving the dengue vaccine, because people who receive the vaccine and have not been infected with a dengue virus may be at risk of developing severe dengue.

The committee agreed to revisit a possible recommendation if a laboratory test with acceptable specificity were available to document prior dengue infection. Other necessary steps would include lab test and vaccine insurance coverage and parent and physician education about the importance of the vaccine.

Ebola vaccine

The ACIP voted to recommend use of rVSV-ZEBOV (Ervebo), a single-dose vaccine against the *Zaire ebolavirus* species of ebolavirus. The vaccine was approved by the FDA in December for use in individuals 18 years and older.

The ACIP voted to recommend the vaccine for those responding to an outbreak of Ebola virus disease, health care personnel at a federally designated Ebola Treatment Center in the U.S., and laboratorians and staff at biosafety level 4 facilities in the U.S. who are at potential risk for occupational exposure.

If the CDC director approves ACIP's recommendations, they will be published as official recommendations in the *Morbidity and Mortality Weekly Report*. The AAP will review pediatric-relevant guidance and make its own recommendations.

Influenza 2020-'21

Recommended strains for the 2020-'21 season's northern hemisphere influenza vaccines were not available from the WHO until after the ACIP meeting.

Practice guidelines

Pediatricians with practice-related questions that are not directly addressed in vaccine recommendations can access the *General Best Practice Guidelines for Immunization* at <http://bit.ly/CDCbestpracticeiz>. Three sections have been updated:

- **Timing and Spacing:** Two-dose series of HPV was added to the interval table; HIV was added as an indication for which PCV13 and Menactra must be spaced by an interval; and there is no need for interval between recombinant zoster vaccine and anti-herpes antivirals.
- **Contraindications and Precautions:** Yeast is acknowledged as a component of PCV13, and pregnancy is listed as a reason not to administer HPV vaccine.
- **Storage and Handling:** Information was added about when to repeat doses that were later found to be expired.

ACIP membership

The ACIP is seeking membership applications for a four-year term beginning July 1, 2021. Candidates must



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have a broad range of expertise and interest in vaccines and immunizations and meet criteria listed in the online application. Apply by July 1, 2020, at <http://bit.ly/ACIPmembers2021>. The committee's next meeting is June 24-25.