



Updates from the June 2021 ACIP Meeting

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<https://www.cdc.gov/vaccines/acip/meetings/index.html>

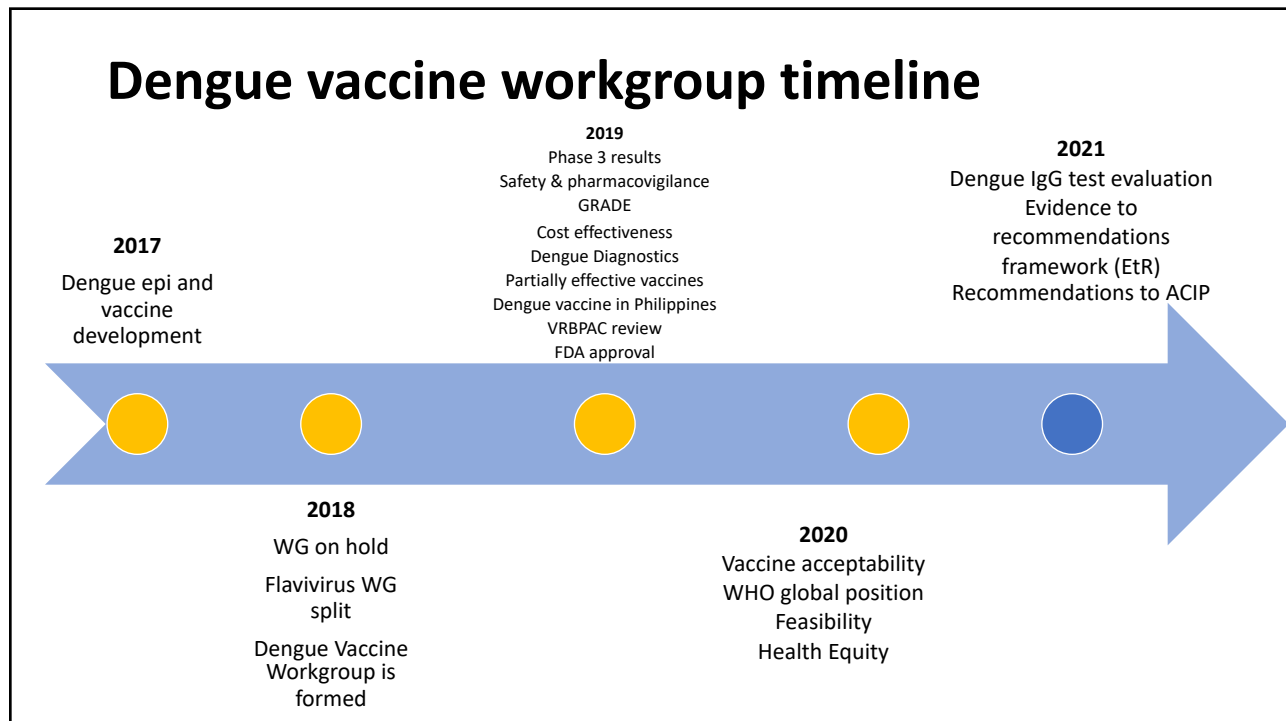
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June 2021 ACIP Meeting Agenda

- Dengue Vaccine (Vote)
- Influenza Vaccines (Vote)
- Rabies Vaccines (Vote)
- Pneumococcal Vaccines
- Zoster Vaccines

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Recommendation

- ACIP recommends 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.

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Influenza Vaccines

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FLUCELVAX QUADRIVALENT (ccIIV4) Phase III Immunogenicity & Safety in 6 through 47 months

- **SUMMARY**
 - **ccIIV4 met all of the predefined non-inferiority criteria for immunogenicity as compared to IIV4**
 - **Immunogenicity data consistent against all four strains**
 - **ccIIV4 was well tolerated, with similar rates of solicited and unsolicited adverse events between the two vaccination groups, consistent with previously reported data in older children**

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2021–22 ACIP Influenza Statement

- 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

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Rabies Vaccines

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Proposed recommendations for June ACIP vote

- 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

*Risk category table in previous slide

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Post-exposure prophylaxis (PEP) for persons who have not previously received PEP or PrEP

Human Rabies
Immunoglobulin
(RIG)



Rabies Vaccine

Rabies Vaccines

Day 0

Days 3, 7, 14

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Pneumococcal Vaccines

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Current and New Pneumococcal Vaccines

- Current
 - 23-valent pneumococcal polysaccharide vaccine (PPSV23), Merck
 - 13-valent pneumococcal conjugate vaccine (PCV13), Pfizer
- New
 - **20-valent pneumococcal conjugate vaccine (PCV20), Pfizer**
 - Licensed for use in adults aged ≥ 18 years on June 8th¹
 - **15-valent pneumococcal conjugate vaccine (PCV15), Merck**
 - BLA filed to FDA, licensure anticipated in July 2021²

1. <https://www.pfizer.com/news/press-release/press-release-detail/us-fda-approves-prevnar-20tm-pfizers-pneumococcal-20-valent>
2. <https://www.merck.com/news/u-s-fda-accepts-for-priority-review-the-biologics-license-application-for-v114-mercks-investigational-15-valent-pneumococcal-conjugate-vaccine-for-use-in-adults-18-years-of-age-and-older/>

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Overarching Policy Questions Under Consideration by the 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?

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Proposed Timeline of ACIP Presentations



Presentation on:

- **Cost-effectiveness analysis and public health impact**
- **GRADE/EtR for use of PCV15/20 in older adults**

Presentation on:

- Comparison of cost-effectiveness analyses
- GRADE/EtR for use of PCV15/20 in adults with underlying conditions

Vote on recommendations for all newly licensed vaccines

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Next Steps

- Additional **cost-effective analyses** underway
- GRADE and EtR for **risk-based recommendation** for younger adults not targeted by the age-based recommendation
 - To be presented at the **September ACIP meeting**

- Refine policy options on **age- and risk- based recommendations** on PCV15 and PCV20 use in adults for a vote at the **October ACIP meeting**
 - PCV15 and PCV20 will be reviewed separately

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Zoster Vaccines

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Current ACIP Recommendations

- **ACIP recommended recombinant zoster vaccine (RZV, Shingrix) in Oct 2017 for use in immunocompetent adults age ≥ 50 years**
- **ACIP recommendations include use of RZV in persons**
 - Taking low-dose immunosuppressive therapy
 - Anticipating immunosuppression or who have recovered from an immunocompromising illness

Dooling et al. Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines. MMWR Morb Mortal Wkly Rep 2018;67:103–108. DOI: <http://dx.doi.org/10.15585/mmwr.mm6703a5>.

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IC Populations under Consideration

1. Hematopoietic stem cell transplant (HCT) recipients
2. Patients with hematologic malignancies (HM)
3. Renal or other solid organ transplant (SOT) recipients
4. Patients with solid tumor malignancies (STM)
5. People living with HIV
6. **IC populations at increased risk of HZ not covered in groups 1 through 5** (i.e., patients with primary immunodeficiencies, patients with autoimmune conditions, patients taking immunosuppressive medications)

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Policy question: “Should vaccination with RZV be recommended for immunocompromised adults 19 years of age and older?”

- **Population:** IC adults ≥19 years of age; split into two parts (19–49 years, ≥50 years)
- **Intervention:** RZV, 2 doses at least 4 weeks apart
- **Comparison:** No vaccine
- **Outcomes**

	Benefits	Harms
Critical	Prevent HZ	Serious adverse events
Important	Prevent PHN Prevent HZ-related hospitalization	Immune-mediated disease Reactogenicity (Grade 3) Graft versus host disease (HCT) Graft rejection (SOT)

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