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

Advisory Commission on Childhood Vaccines (ACCV) meeting
September 2, 2021

Jonathan Duffy, MD, MPH
Immunization Safety Office
Centers for Disease Control and Prevention
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.

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.

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.

COVID-19 vaccine safety publications

- 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
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.