



National Infant Immunization Week is April 24-30, 2022

National Infant Immunization Week (NIIW) is a yearly observance highlighting the importance of protecting children two years and younger from vaccine-preventable diseases (VPDs). This year, in particular, it's critical to ensure that families stay on track for children's routine checkups and recommended vaccinations following disruptions from COVID-19.

A [CDC report](#) released in May 2020 found a troubling drop in routine childhood vaccination as a result of families staying at home. CDC and the American Academy of Pediatrics (AAP) recommend that children stay on track with their well-child appointments and routine vaccinations. On-time vaccination is critical to provide protection against potentially life-threatening diseases.

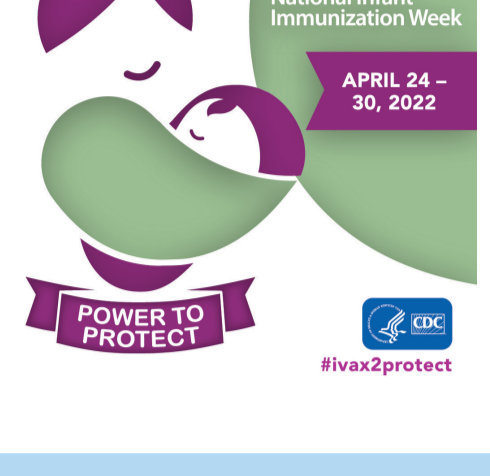
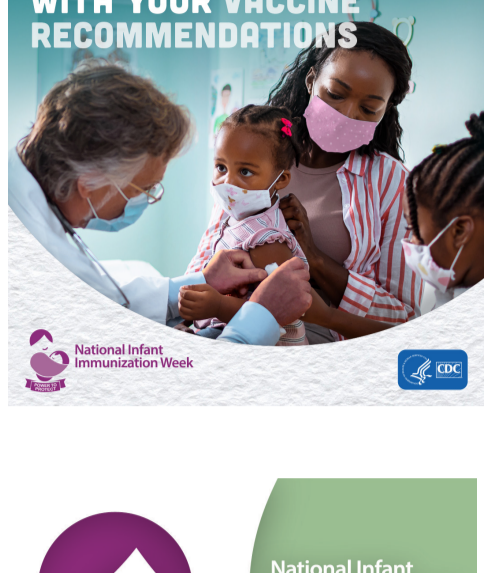
In 2017, U.S. national vaccination coverage among children aged 19-35 months was:

- 83.2% for ≥ 4 doses of Diphtheria, Tetanus, and Acellular Pertussis (DTaP) vaccine,
- 92.7% for ≥ 3 doses of poliovirus vaccine,
- 91.5% for ≥ 1 dose of Measles, Mumps, and Rubella (MMR) vaccine,
- 91.4% for ≥ 3 doses of Hepatitis B (HepB) vaccine,
- 80.7% for full series of *Haemophilus influenzae* type b conjugate vaccine (Hib),
 - (≥ 3 or ≥ 4 doses, depending on product type)
- 91.0% for ≥ 1 dose of varicella (chickenpox) vaccine, and
- 82.4% for ≥ 4 doses of pneumococcal conjugate vaccine (PPV).

Coverage with the combined vaccine series (4:3:1:3:3:1:4) (see above) was 70.4% in 2017.¹

View the [schedules for Birth to 15 mos at CDC](#).

National Infant Immunization Week



World Hepatitis Summit 2022

The World Hepatitis Summit 2022 (WHS), June 7-10, is an extraordinary opportunity to rub elbows virtually with international hepatitis prevention experts. The goal? Eliminate viral hepatitis throughout the world.

Registration is now open at this link <https://www.worldhepatitissummit.org/>

This conference is the only effort worldwide that focuses on global elimination of viral hepatitis through public health strategies.

Hawaii has taken the giant leap of creating a plan to do just that by 2030. Can we and our partners eliminate hepatitis A, B and C in Hawaii? The Hep Free Hawaii 2030 team thinks so. [Review a brief summary of the plan here.](#)

HepFree HAWAII

Hepatitis B Vaccines in Hawaii: Talk Story #2 – Wed, May 18, 2022 @ 12 – 1pm HST

Hep Free Hawai'i is collaborating with the Hawai'i Immunization Coalition, the Hawai'i Comprehensive Cancer Coalition, the UH Cancer Center, and Dynavax Technologies to host a series of Talk Story sessions on the latest hepatitis B vaccine updates, including new universal adult recommendations, two-dose options, and co-administration opportunities with other vaccines.

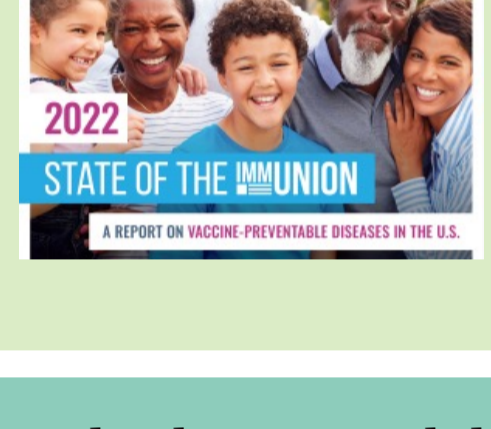
Please join our next free session on Wednesday, May 18 at 12 PM HST. We will be discussing the new CDC recommendations on hepatitis B vaccines for all adults aged 19 to 59 (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7113a1.htm>).

Register at: <https://forms.office.com/g/crbnPC9rdq>.

State of ImmUnion Report

This report examines the strength of our country's defenses against vaccine-preventable diseases and what we as health advocates and policymakers can do to make our country stronger and more resilient in the face of emerging health threats.

Please share with your partners.



View report at: <https://vaccinateyourfamily.org/join-us-in-support-of-vaccines/make-a-national-impact/state-of-the-immunion-report/>.

CDC Updates

COVID 19: On March 30, 2022 the CDC provided guidance for a second COVID 19 booster, allowing the following groups to receive an mRNA vaccine 4 months after their first booster:

- 1) Those aged 12 and older who are moderately or severely immunocompromised
- 2) All adults aged 50 and older
- 3) Those aged 18-49 who received the Janssen vaccine as the primary and booster dose

HEPATITIS B: On April 1, 2022, the CDC recommended universal Hepatitis B vaccination to all adults aged 18-59 without the requirement for risk factor screening

Updated Recommended Vaccine Schedules for Adults and Children

The CDC published the [updated recommended vaccine](#) schedules for adults and children in February 2022. There are now appendices for contraindications and precautions for each vaccine type.

Table 1. Recommended Child and Adolescent Immunization Schedule for ages 19 years or younger, United States, 2022

Vaccine	19-23 mos	24-35 mos	36-59 mos	6-11 yrs	12-17 yrs
Diphtheria, tetanus, and acellular pertussis (DTaP)	3, 4, 5	15-18	4-6	11-12	16
Poliovirus (IPV)	2, 4, 6	15-18	4-6	11-12	16
Measles, mumps, and rubella (MMR)	12-15, 18-24	3-5	11-12	16	18
Hepatitis B (HepB)	1-2, 4-6	15-18	4-6	11-12	16
Haemophilus influenzae type b (Hib)	2, 4, 6	15-18	4-6	11-12	16
Varicella (VAC)	12-15, 18-24	3-5	11-12	16	18
Pneumococcal conjugate (PCV)	2, 4, 6	15-18	4-6	11-12	16
Typhoid (TYP)	12-15, 18-24	3-5	11-12	16	18
Shingles (SHING)	12-15, 18-24	3-5	11-12	16	18

For child and adolescent immunizations, here is a summary of the updates:

- Dengue fever was added for endemic areas with pre-vaccination testing
- Vaxelis was added as an option for routine childhood immunizations
- Hepatitis A: Clarified recommended dosing at ages 12-23 months for series completion
- Hepatitis B: Post-vaccination serology testing and revaccination (if indicated) for infants born to HBSAg+ mothers, hemodialysis patients, and immunocompromised
- HPV: Doses for immunocompromised should be the 3-dose series for those between the aged 9-14
- Meningococcal: MenACWY and Men B can be administered at the same time, but preferably in different arms
- MMR and Varicella: Recommend separate dosing of MMR and Varicella for dose 1 in ages 12-47 months versus MMRV.
- New catch-up printable guides were published for PCV, Hib, IPV, DTap and Tdap

For adult immunizations, here is a summary of the updates:

- Pneumococcal: PCV13 was removed and PCV15 and PCV20 were added. Those aged 65 and older, or 19-64 at high risk, who have not received a PCV vaccine should get 1 dose of PCV15 followed by PPSV23 or 1 dose of PCV20. Dosing intervals are **updated** for those who previously received PPSV23 or PCV13 in the past.
- Hepatitis B vaccine: The vaccine is now universally recommended for all adults aged 19-59 years, with the 2-, 3-, or 4-dose regimens listed. The risk-based recommendations for adults 60 years of age and older are listed, but those who do not meet the risk-based recommendations are also allowed to get the vaccine.
- Influenza recommendations were clarified to include ages 19 and older (versus 18).
- Meningococcal vaccine: same as above for children/adolescents
- MMR and varicella can be given to those with HIV if CD4 percentage is ≥15% or CD4 count > 200 cells/mm³
- Herpes Zoster: Now includes use in those aged 19 and older who are immunocompromised or immunodeficient. Recommend delaying vaccination until after pregnancy.

National Conference for Immunization Coalitions and Partnerships

September 12-15, 2022, in Bloomington, Minnesota

After a highly successful 2019 NCICP conference co-hosted in Honolulu by [Hawaii Immunization Coalition \(HIC\)](#) and [Hawaii Public Health Institute \(HIPHI\)](#) where more than 200 coalition partners from 15 states/counties and six countries were represented, consider attending NCICP 2022 for the exciting networking and learning opportunities.

[Immunize.org](#) and [Voices for Vaccines](#) are co-sponsoring the 2022 15th National Conference for Immunization Coalitions and Partnerships (NCICP), which will be held in-person at the [Radisson Blu Mall of America](#) in Minneapolis/St. Paul on September 13-15, 2022.

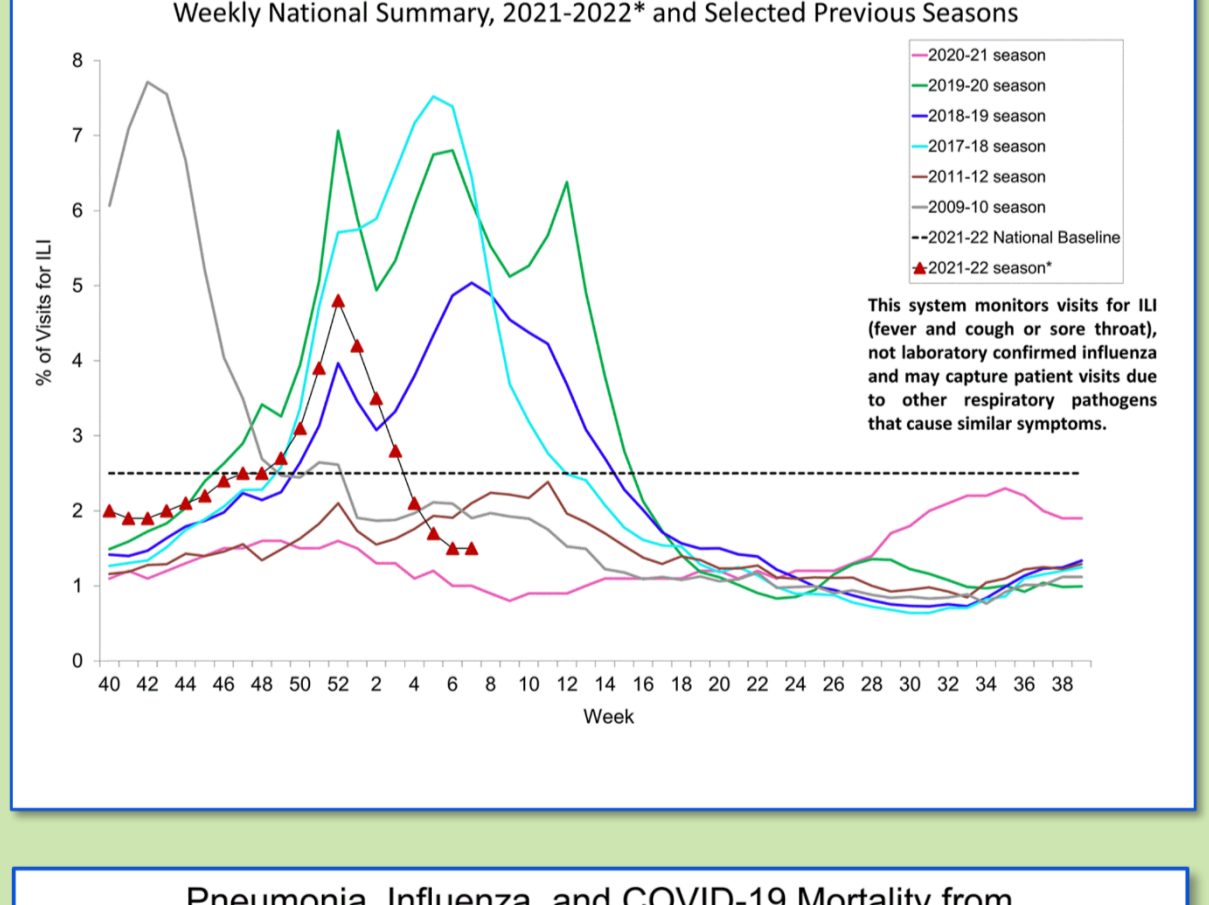
The NCICP is the only conference dedicated solely to collaboration and partnership to educate communities and improve immunization uptake to prevent the spread of disease. Conference speakers and attendees share successful strategies that strengthen our coalitions and other public health issues. [Register Here](#) and book your hotel room at this link.



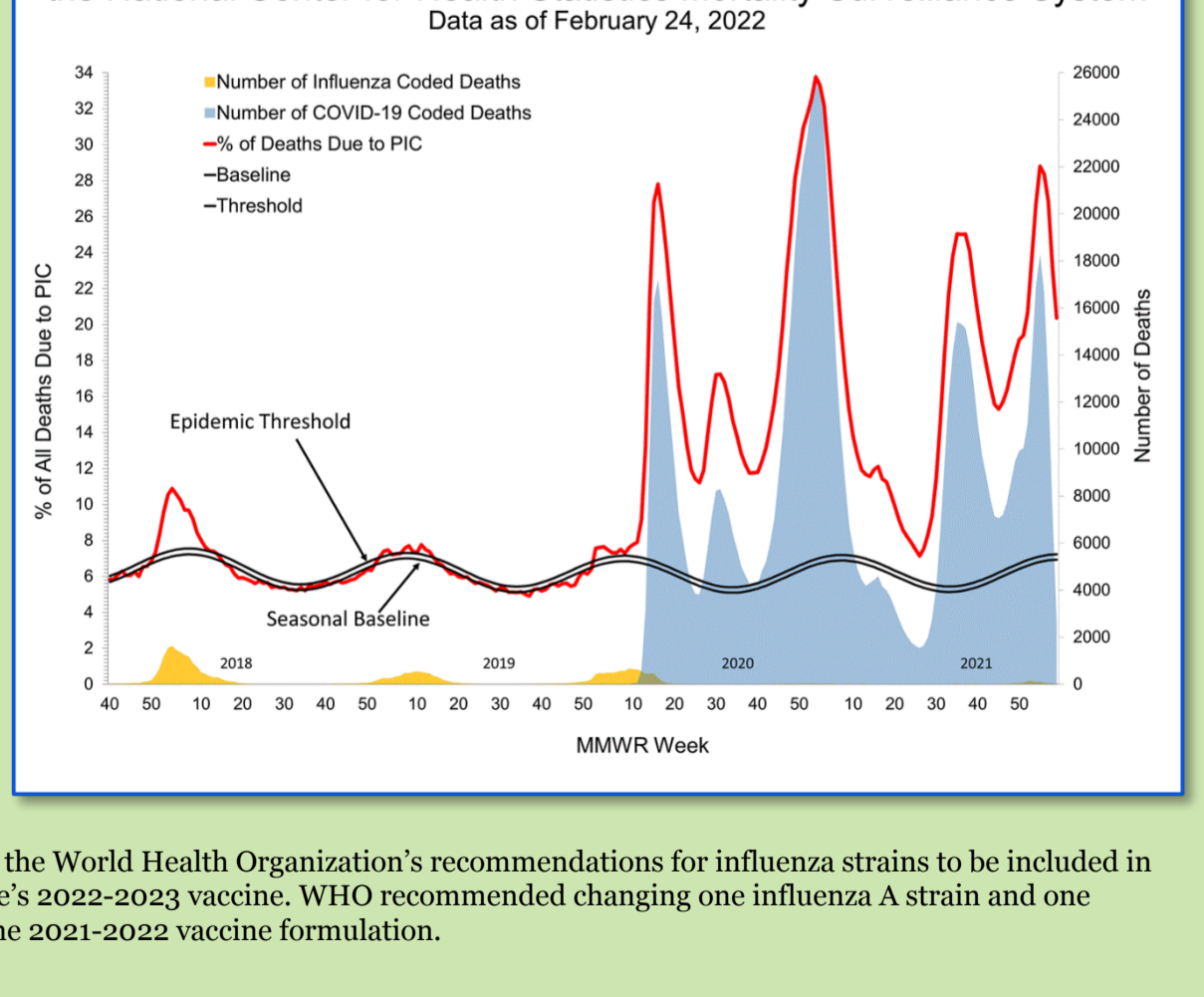
Please feel free to share the [prospectus](#) with potential sponsors. If you have any questions or if you know anyone who would be interested in sponsoring this event, please email julie@immunize.org.

Influenza in the Time of Coronavirus

On March 3, the Food and Drug Administration (FDA), Vaccines and Related Biological Products Advisory Committee (VRBPAC) met to discuss preliminary data from the 2021-2022 flu season and to approve strains to be included in vaccines for the next flu season. After falling dramatically last year – likely due in part to increased handwashing, mask-wearing, and physical distancing during the COVID-19 pandemic – the number of influenza cases in the United States rebounded during the most recent season though still overall lower than the pre-pandemic baseline. Flu-related deaths remained greatly outnumbered by COVID-19-related deaths.



The historical number of influenza-related deaths (yellow peaks) appear negligible in comparison to the number of COVID-19-related deaths (blue peaks) during the pandemic (CDC presentation at FDA VRBPAC meeting on March 3, 2022).



The committee approved the World Health Organization's recommendations for influenza strains to be included in the Northern Hemisphere's 2022-2023 vaccine. WHO recommended changing one influenza A strain and one influenza B strain from the 2021-2022 vaccine formulation.

- Egg-based vaccines**
- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
 - an A/Darwin/9/2021 (H3N2)-like virus;
 - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
 - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.
- Cell culture- or recombinant-based vaccines**
- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
 - an A/Darwin/6/2021 (H3N2)-like virus;
 - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
 - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

At its regular June meeting, the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP) is expected to make recommendations for administration of influenza vaccines for the 2022-2023 flu season. Some infectious disease experts foresee annual COVID-19 vaccine boosters becoming a feature of seasonal vaccination schedules as the SARS-CoV-2 virus that causes COVID-19 disease becomes endemic.