ATLANTA — The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommended a bivalent human papillomavirus vaccine as an alternative to the quadrivalent vaccine for the prevention of cervical cancer and related precancerous conditions in women and girls aged 9-26 years. ACIP made the recommendation at its annual fall meeting.

The bivalent human papillomavirus (HPV) vaccine (GlaxoSmithKline’s Cervarix) was recently approved by the Food and Drug Administration. The vaccine provides clinicians with another option to vaccinate adolescent girls and young women against diseases caused by HPV types 16 and 18. But unlike the quadrivalent vaccine, the bivalent vaccine is not designed to protect against genital warts, noted Dr. Lauri Markowitz of the CDC.

PCV13 Replacing PCV7 Doses

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children who have completed the PCV7 schedule, and immunocompromised children or children with chronic illness.

For unvaccinated infants and children, the recommendations are the same as for PCV7, with PCV13 replacing PCV7 for all doses, said Dr. Nuorti. The draft recommendations also state that children who began their vaccination series with PCV7 can complete the series with PCV13 at any point in the schedule, and children who have completed the primary infant series with PCV7 should receive a single PCV13 dose during the second year of life to provide protection against the six additional serotypes.

In addition, the draft recommendations propose a fifth “catch-up” dose for all children aged 12 through 59 months who have received all four PCV7 doses. The catch-up dose will provide protection against the six additional serotypes, Dr. Nuorti said.

Dr. Nuorti added that the proposed recommendations for the 23-valent pneumococcal polysaccharide vaccine (PPSV23) after PCV13 for individuals aged 2 years and older with underlying medical conditions are the same as those currently recommended for the use of PPSV23 after PCV7, although no safety and immunogenicity data are yet available for this vaccine sequence.

Dr. Paradise of Wyeth reviewed safety and immunogenicity data presented at an ACIP meeting earlier this year, including comparison data from a study including 127 children aged 13 months to 2 years, and 182 children aged 2-5 years.

The studies suggest that the safety profiles and immune responses were similar to those seen with PCV7.

ACIP Working Group Suggests Waiting on Infant Vaccination

ATLANTA — The meningococcal working group of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices believes that “ACIP should consider not adding meningococcal conjugate vaccines to the routine infant vaccine schedule at this time,” said working group member Dr. Amanda Cohn.

At its fall meeting, ACIP discussed safety and epidemiology data on meningococcal vaccines in development for infants. These products have not yet been licensed.

The low burden of meningococcal disease in infants raises the question of whether every vaccine that is shown to be safe and effective should be recommended if the burden of disease is low, said Dr. H. Cody Meissner, chair of the working group. The last ACIP recommendations for meningococcal vaccines were published in May 2005, and an update is planned for 2010, he noted. ACIP heard information about three potential meningococcal vaccines in development that would involve either a two-dose or four-dose series.

Early data showed that the vaccine is highly immunogenic, but concerns persist about the already crowded infant vaccination schedule and catch-up recommendations, and the need for boosters to maintain protection until adolescence, Dr. Cohn commented.

ACIP will hear data about cost-effectiveness and vaccine acceptability at its February 2010 meeting, she noted.