

National Black HIV/AIDS Awareness Day — February 7, 2015

February 7 is National Black HIV/AIDS Awareness Day, an observance intended to raise awareness of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and encourage action, such as HIV testing, to reduce the disproportionate impact of HIV/AIDS on blacks or African Americans in the United States. Two of the three goals of the National HIV/AIDS Strategy are to reduce new HIV infections and HIV disparities (1).

Compared with other races and ethnicities, blacks had the highest HIV incidence in 2010, with an estimated rate of 68.9 per 100,000 population, which was nearly eight times the estimated rate of 8.7 among whites (2). By the end of 2011, an estimated 491,100 of the estimated 1.2 million persons living with HIV in the United States were blacks, accounting for the highest percentage (41%) of persons living with HIV, followed by whites (34%) and Hispanics/Latinos (20%) (3). Among blacks living with HIV in 2011, 85% had their infection diagnosed, 40% were engaged in care, 36% were prescribed antiretroviral therapy, and 28% were virally suppressed (4).

Information about National Black HIV/AIDS Awareness Day is available at <http://www.cdc.gov/features/blackhivaidsawareness>. Information about blacks and HIV/AIDS is available at <http://www.cdc.gov/hiv/risk/raciaethnic/aa/index.html>.

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Mortality Among Blacks or African Americans with HIV Infection — United States, 2008–2012

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A primary goal of the National HIV/AIDS Strategy is to reduce HIV-related health disparities, including HIV-related mortality in communities at high risk for human immunodeficiency virus (HIV) infection (1). As a group, persons who self-identify as blacks or African Americans (referred to as blacks in this report), have been affected by HIV more than any

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Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2015

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In October 2014, the Advisory Committee on Immunization Practices (ACIP) approved the *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2015*. This schedule provides a summary of ACIP recommendations for the use of vaccines routinely recommended for adults aged 19 years or older in two figures, footnotes for each vaccine, and a table that describes primary contraindications and precautions for commonly used vaccines for adults. Changes in the 2015 adult immunization schedule from the 2014 schedule included the August 2014 recommendation for routine administration of the 13-valent pneumococcal conjugate vaccine (PCV13) in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for all adults aged 65 years or older (1), the August 2014 revision on contraindications and precautions for the live attenuated influenza vaccine (LAIV) (2), and the October 2014 approval by the Food and Drug Administration to expand the approved age for use of recombinant influenza vaccine (RIV) (3). These revisions were also reviewed and approved by the American College of Physicians, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American College of Nurse-Midwives.

Recommendations for routine use of vaccines in children, adolescents, and adults are developed by the Advisory Committee on Immunization Practices (ACIP). ACIP is chartered as a federal advisory committee to provide expert external advice and guidance to the Director of the Centers for Disease Control and Prevention (CDC) on use of vaccines and related agents for the control of vaccine-preventable diseases in the civilian population of the United States. Recommendations for routine use of vaccines in children and adolescents are harmonized to the greatest extent possible with recommendations made by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). Recommendations for routine use of vaccines in adults are harmonized with recommendations of AAFP, ACOG, and the American College of Physicians (ACP). ACIP recommendations adopted by the CDC Director become agency guidelines on the date published in the Morbidity and Mortality Weekly Report (MMWR). Additional information regarding ACIP is available at <http://www.cdc.gov/vaccines/acip>.

The 2015 adult immunization schedule contains the following changes from the 2014 schedule:

- Figure 1, the recommended adult immunization schedule by vaccine and age group, has been revised to designate PCV13 for adults aged 65 years or older as “recommended” (from the previous “recommended if some other risk is present”). Figure 2, showing vaccines that might be indicated for adults on the basis of medical and other indications, is unchanged.
- The footnotes for pneumococcal vaccination have been revised to provide algorithmic, patient-based guidance for the health care provider to arrive at appropriate vaccination decisions for individual patients.
- The footnote for influenza vaccination has been updated to indicate that adults aged 18 years or older (changed from adults aged 18 through 49 years) can receive RIV. (The upper age limit for LAIV remains 49 years.) A list of currently available influenza vaccines is available at <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>.
- Table 1, showing contraindications and precautions to commonly used vaccines in adults, has been revised to update the section on LAIV to reflect the changes in the ACIP recommendations for the 2014–15 influenza season. These changes include moving “influenza antiviral use within the last 48 hours” from the precautions column to the contraindications column, and moving asthma and chronic lung diseases; cardiovascular, renal, and hepatic diseases; and diabetes and other conditions from the contraindications column to the precautions column. Immune suppression, egg allergy, and pregnancy remain contraindications for LAIV.

Details on these updates and information on other vaccines recommended for adults are available under *Adult Immunization Schedule, United States, 2015* at <http://www.cdc.gov/vaccines/schedules> and in the *Annals of Internal Medicine* (4). The full ACIP recommendations for each vaccine are not included in the schedule because of space limitations but are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

* Current and past ACIP member rosters are available at <http://www.cdc.gov/vaccines/acip/committee/members-archive.html>.

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Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2015

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Each year, the Advisory Committee on Immunization Practices (ACIP) reviews the recommended immunization schedules for persons aged 0 through 18 years to ensure that the schedules reflect current recommendations for Food and Drug Administration–licensed vaccines. In October 2014, ACIP approved the recommended immunization schedules for persons aged 0 through 18 years for 2015, which include several changes from the 2014 immunization schedules. For 2015, the figures, footnotes, and tables are being published on the CDC immunization schedule website (<http://www.cdc.gov/vaccines/schedules/index.html>). This provides readers electronic access to the most current version of the schedules and footnotes on the CDC website. Health care providers are advised to use figures, tables, and the combined footnotes together. Printable versions of the 2015 immunization schedules for persons aged 0 through 18 years also are available at the website in several formats, including portrait, landscape, and pocket-sized versions. Ordering instructions for laminated versions and “parent-friendly” schedules also are available at the immunization schedule website.

For further guidance on use of each vaccine included in the schedules, including contraindications and precautions when

using a vaccine, health care providers are referred to the respective ACIP vaccine recommendations at <http://www.cdc.gov/vaccines/hcp/acip-recs>. In addition, changes in recommendations for specific vaccines can occur between annual updates to the childhood/adolescent immunization schedules.

These immunization schedules are approved by ACIP (<http://www.cdc.gov/vaccines/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

The most current immunization schedules can be found on the Vaccines and Immunizations pages of CDC’s website (<http://www.cdc.gov/vaccines/schedules>). If errors or omissions are discovered, CDC posts revised versions on these web pages. CDC encourages organizations that previously have relied on copying the schedules on their websites to instead use syndication to consistently display schedules that are current. This is a more reliable and accurate method and ensures that the most current and accurate immunization schedules are on each organization’s website.

Use of content syndication requires a one-time step that ensures that an organization’s website displays current schedules as soon as they are published or revised. Instructions for the syndication code are available at <http://www.cdc.gov/vaccines/schedules/syndicate.html>. CDC offers technical assistance for implementing this form of content syndication. Assistance from a website staff member is available via e-mail at ncirdwebteam@cdc.gov.

Changes to the previous schedules[†] include the following:

- Figure 1, “Recommended Immunization Schedule for Persons Aged 0 through 18 Years” was modified to highlight the recommendations for influenza vaccination for children 1) for live attenuated influenza vaccine, which may only be administered beginning at age 2 years, and 2) for children aged 6 months through 8 years, who need 2 doses of influenza vaccine in the first year vaccinated, and in subsequent years only require 1 dose of vaccine.

* Current and past Advisory Committee on Immunization Practices member rosters are available at <http://www.cdc.gov/vaccines/acip/committee/members-archive.html>.

[†] Past immunization schedules are available at <http://www.cdc.gov/vaccines/schedules/past.html>.

Recommendations for routine use of vaccines in children, adolescents, and adults are developed by the Advisory Committee on Immunization Practices (ACIP). ACIP is chartered as a federal advisory committee to provide expert external advice and guidance to the Director of the Centers for Disease Control and Prevention (CDC) on use of vaccines and related agents for the control of vaccine-preventable diseases in the civilian population of the United States. Recommendations for routine use of vaccines in children and adolescents are harmonized to the greatest extent possible with recommendations made by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetrics and Gynecology (ACOG). Recommendations for routine use of vaccines in adults are harmonized with recommendations of AAFP, ACOG, the American College of Physicians (ACP), and the American College of Nurse-Midwives (ACNM). ACIP recommendations adopted by the CDC Director become agency guidelines on the date published in the Morbidity and Mortality Weekly Report (MMWR). Additional information regarding ACIP is available at <http://www.cdc.gov/vaccines/acip>.

Therefore, the gold bar for live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) 1 or 2 doses extends from 2 through 8 years (midpoint of column for 7–10 years) and a new gold bar (1 dose) extends from 9 to 18 years to reflect these changes.

- A purple bar was added for measles-mumps-rubella (MMR) vaccine for children aged 6–11 months, denoting the recommendation to vaccinate such children if they will travel or live abroad.
- Pages 4 through 6 contain combined footnotes for each vaccine related to routine vaccination, catch-up vaccination,[§] and vaccination of persons with high-risk medical conditions or special circumstances.
- Standardized formatting is used for footnotes for each vaccine to reflect the number of vaccine doses in a particular series.
- The diphtheria/tetanus/acellular pertussis (DTaP) vaccine footnote has language added stating if the fourth dose DTaP vaccine was administered 4 months or more after the third dose, at an appropriate age, it can be counted as a valid dose, and need not be repeated after the recommended 6-month interval between doses 3 and 4.
- The meningococcal conjugate vaccine footnote was revised to more clearly present recommendations for use of MenACWY-CRM, MenACWY-D, and Hib-MenCY-TT in children aged 2 months and older with anatomic or functional asplenia, or with persistent complement deficiencies.
- The influenza vaccine footnote was updated to reflect revised contraindications for LAIV: LAIV should not be administered to some persons, including 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children aged 2 through 17 years receiving aspirin or aspirin-containing

products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children aged 2 through 4 years with asthma or who had wheezing in the past 12 months; and 7) persons who have taken influenza antiviral medications in the previous 48 hours. All other contraindications and precautions to use of LAIV are available at <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.

- The pneumococcal vaccine footnote was updated to provide clearer guidance for vaccination of persons with high-risk conditions:
 - Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) was received previously.
 - Administer 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) was received previously.
- Figure 2, Catch-Up Immunization Schedule: *Haemophilus influenzae* type b (Hib) conjugate vaccine, pneumococcal conjugate vaccine, and tetanus, diphtheria, acellular pertussis (Tdap), and varicella vaccine catch-up schedules were updated to provide more clarity. Minimum ages were noted as “not-applicable” for children aged 7 years and older for hepatitis A and B, polio, meningococcal, MMR, and varicella vaccines.

In addition to the updated schedule figures and footnotes, CDC has developed “job-aids” with detailed scenarios by age group and previous doses of vaccine received for DTaP, Hib, and pneumococcal conjugate vaccines. These materials should assist health care providers in interpreting Figure 2, the Childhood/Adolescent Immunization catch-up schedule. The job-aids are available at <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.

[§] For persons aged 4 months through 18 years who start late or who are more than 1 month behind in receiving recommended vaccinations.

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