Background:
In September 2011, the IHS National Pharmacy and Therapeutics Committee (NPTC) reviewed the Advisory Committee for Immunization Practices (ACIP) recommended vaccines. The NPTC added all ACIP recommended vaccines for routine use in accordance with ACIP guidelines to the IHS National Core Formulary (NCF).

Discussion:
ACIP is an advisory committee made up of 15 non-government immunization experts and 8 ex officio federal members. The IHS serves in an ex officio capacity. ACIP provides advice and guidance to the HHS Secretary, the Assistant Secretary for Health and the CDC on the control of vaccine-preventable diseases. They also develop national written recommendations for the routine administration of vaccines to children and adults in the civilian population. In addition to the recommendations by ACIP, HHS has developed a national vaccine plan. Goal four of this plan seeks to “ensure a stable supply of, access to, and better use of recommended vaccines in the United States.” Inclusion of vaccines onto the IHS NCF is an important step in increasing access to and provision of adult vaccines in I/T/U facilities and remaining aligned with HHS and IHS goals.

The IHS Immunization Program manager served as the subject matter expert and provided a clinical overview of the ACIP recommendations with regard to influenza, tetanus-diptheria-acellular pertussis (Tdap), tetanus-diptheria (Td), human papillomavirus (HPV), zoster, pneumococcal polysaccharide, hepatitis A, hepatitis B, varicella measles-mumps-rubella (MMR), and meningococcal, vaccines. Prior to this discussion, Tdap was the only vaccine on the IHS National Core Formulary (NCF). Recommendations for all vaccines can be found at: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. A brief summary of vaccines recommended for use in adults is included below. The adult schedule and detailed information on the recommendations can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6004a10.htm?s_cid=mm6004a10_e

- Influenza – recommended annually for all patients 6 months and older.
- Tdap – one time dose recommended for all adults, regardless of interval since Td.
- Td – booster dose every 10 years.
- HPV - routinely recommended for females 11-12 years of age with catch-up for age 13-26 years. HPV4 (Gardasil®) may be administered to males 9-26 years to reduce likelihood of genital warts.
- Zoster - recommended for all adults > 60 years unless contraindicated.
- Pneumococcal Polysaccharide – all adults 65+ years or adults with a high risk medical condition.
- Hepatitis A – recommended for all high risk adults (risk factors include behavioral, occupational, medical, and travel related risks.)
- Hepatitis B – recommended for all high risk adults (risk factors include behavioral, medical, occupational, and household-contact related risks.)
- Varicella – recommended for all adults without evidence of varicella immunity.
- MMR – recommended for all adults born after 1957 without evidence of vaccination or laboratory evidence of immunity.
- Meningococcal – recommended for adults with certain medical conditions or those with other risk factors (e.g. laboratory workers, dormitory living, etc.)

Findings:
Immunizations are core to the practice of public health as they are for preventable diseases. Vaccine use is strongly supported in the literature as standard of care and is backed by the recommendations from the CDC.

Note: Information within this document is current as of this writing and should not replace clinical judgment.
ACIP and HHS. As such, the IHS NPTC added all ACIP recommended vaccines for routine use in accordance with ACIP guidelines to the IHS NCF. Therefore, these vaccines should be made available for patients without restriction.

If you have any questions regarding this document, please contact the NPTC at nptc1@ihs.gov.

References: