The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts that meets 3 times yearly to develop recommendations for the Centers for Disease Control and Prevention (CDC) on how to use vaccines to control infectious diseases in the United States. Members of ACIP include persons with expertise in vaccines, public health, and various aspects of medicine and preventive medicine. Members of the Pediatric Infectious Diseases Society frequently serve on this committee, and our society serves as one of 30 ex officio organizations who participate as nonvoting representatives. These recommendations dramatically shape the administration of vaccines, leading to a reduction of diseases and the safe use of these products. The American Academy of Pediatrics (AAP) Committee on Infectious Diseases works closely with the ACIP to maximize harmonization between the CDC and the AAP. The ACIP last met at the CDC on February 20–21, 2013. To provide a concise yet thorough review of their meeting, we present a summary of topics discussed at the ACIP in February 2013.

Pneumococcal Vaccine Recommendations for Individuals 6 Years Through 17 Years

On January 25, 2013, the US Food and Drug Administration approved 13-valent pneumococcal conjugate vaccine (PCV13) for use in individuals aged 6 years through 17 years. Before this meeting, ACIP routinely recommended PCV13 for high-risk children aged 6 weeks through 71 months. The pneumococcal working group concluded that there is an extremely high burden of disease among immunocompromised children aged 6 through 18 years. Immunogenicity trials demonstrate that immunoglobulin G (IgG) geometric mean concentrations postimmunization are noninferior in children aged 5 to 9 years compared with toddlers, and aged 10 to 17 years compared with 5 to 9 year olds. The ACIP recommended that children aged 6 through 18 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks or cochlear implants, and who have not previously received PCV13, receive a single dose of PCV13, regardless of whether they have previously received 7-valent pneumococcal conjugate vaccine (PCV7) or 23-valent pneumococcal polysaccharide vaccine (PPSV23).

Haemophilus influenzae Type B Recommendations in Special Populations

The last routine Haemophilus influenzae type B (Hib) recommendations statement was published in 1993, and this statement did not provide guidance on special populations. These special populations include Alaskan Natives and American Indians, children less than 24 months of age with invasive Hib, preterm infants, and high-risk groups (eg, functional or anatomic asplenia, human immunodeficiency virus, IgG deficiency, and hematopoetic stem cell transplant and chemotherapy recipients). Recommendations in the new statement are summarized in Table 1.

HibMenCY Recommendations

HibMenCY is a new vaccine licensed in June 2012 as a 4-dose primary series that protects against Hib and serogroup...
C and Y meningococcal disease. HibMenCY will be covered under Vaccines for Children (VFC) for use as a Hib vaccine, but there will be links in the VFC footnotes to existing ACIP recommendations for meningococcal vaccination and for Hib vaccination. This vaccine is only recommended for routine use as a meningococcal vaccine in infants who are at increased risk for meningococcal disease, including infants with recognized persistent complement pathway deficiencies and infants who have anatomic or functional asplenia, including sickle cell disease.

Live Vaccine Rule and Grace Period Rule

The grace period rule applies to sequential doses of the same vaccine in a single series for 1 patient, and the live vaccine rule states that a minimum of 28 days should exist between administration of 2 live vaccines. The General Recommendations working group decided that the live vaccine rule trumps the grace period rule, such that live virus vaccines can never be administered less than 28 days apart. Even if the grace period rule suggests that fewer days between doses are needed, the live vaccine rule of 28 days stands.

Vaccines and Anesthesia

There has been some concern that vaccines should be withheld before elective surgery, based upon the concern that anesthesia may have a negative impact on vaccine efficacy. There is not a recommended or specific interval between vaccination and anesthesia, and so administration of vaccine in relation to anesthesia is left to the discretion of the provider. Conclusions from the 20 articles reviewed by the working group were not suggestive of any harm in vaccinating before a surgery. However, the working group currently believes that it is preferable to vaccinate after anesthesia and surgery when possible, as opposed to before.

Guillain-Barré Syndrome After Immunization

The ACIP agrees that meningococcal vaccine should no longer be mentioned as a risk factor for recurrent Guillain-Barré Syndrome (GBS). For tetanus or influenza immunization, there is little evidence to support a problem with GBS recurrence, but it cannot be ruled out. Precautions for people with a history of GBS only apply if the GBS occurred within the preceding 6 weeks of influenza or tetanus-containing vaccine administration. The working group decided that no precaution for any other vaccine is warranted for patients with a history of GBS.

Measles and Rubella Initiative

The Measles and Rubella Initiative was introduced in 2001, and measles mortality was reduced by 74% between 2000 and 2010. Because of this success, the feasibility of global eradication was being discussed by 2010. In 2011, the World Health Organization (WHO) released a rubella vaccine position paper that recommended the introduction of rubella-containing vaccines to take advantage of the success with measles immunization. By the end of 2015, the initiative is predicted to reduce global measles mortality by at least 95% compared with 2000 estimates, and to achieve regional measles and rubella elimination goals. Several challenges remain, including a leveling off of coverage, incidence, and deaths; weak immunization systems; conflict and emergency settings; and the overall sociopolitical will.

### Table 1. New Hib Recommendations in Special Populations

<table>
<thead>
<tr>
<th>High-Risk Group</th>
<th>Hib Vaccine Guidelines</th>
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<tr>
<td>Patient &lt;12 months of age</td>
<td>Follow routine Hib vaccination recommendations</td>
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| Patients 12 through 59 months | If unimmunized or received 0 or 1 dose before age 12 months: 2 doses 2 months apart  
If received 2 or more doses before age 12 months: 1 dose  
If completed a primary series and received a booster dose at age 12 months or older: no additional doses |
| Patients undergoing chemotherapy or radiation therapy, age <59 months | If routine Hib doses given 14 or more days before starting therapy: revaccination not required  
If dose given within 14 days of starting therapy or during therapy: repeat doses starting at least 3 months after therapy completion |
| Patients undergoing elective splenectomy, age ≥15 months | If unimmunized: 1 dose before procedure |
| Asplenic patients >59 months of age and adults | If unimmunized: 1 dose |
| HIV-infected children >59 months of age | If unimmunized: 1 dose |
| HIV-infected adults | Hib vaccination is not recommended |
| Recipients of hematopoietic stem cell transplant, all ages | Regardless of Hib vaccination history: 3 doses (at least 1 month apart) beginning 6–12 months after transplant |

Abbreviations: Hib, *Haemophilus influenzae* type B; HIV, human immunodeficiency virus.

*Table provided as a courtesy by Dr David Kimberlin (Advisory Committee on Immunization Practices).*
Global Polio Eradication Initiative

The Global Polio Eradication Initiative (GPEI) was launched in 2008 to eradicate polio worldwide. The GPEI is a public-private partnership led by national governments and directed by the WHO, Rotary International, the CDC, and the United Nations Children’s Fund. An independent monitoring board report from October 2011 looked at the overall progress being made and noted that the program is not on track for its end-2012 goal. Cases still persist in Pakistan, Afghanistan, and Nigeria, and all 3 of these countries have weak infrastructure and poor management for immunization programs. The current timeline proposed in the GPEI 2013-2018 Strategic Plan establishes the following goals: (1) end wild poliovirus transmission by the end of 2014; (2) include at least 1 dose of inactivated polio vaccine in the routine immunization schedule by the end of 2015; (3) switch to bivalent oral polio vaccine (OPV) by dropping OPV2, and keeping OPV1 and OPV3, by the end of 2016; and (4) end all OPV use by the end of 2019.

Further information about the ACIP and its recommendations can be found online at http://www.cdc.gov/vaccines/acip. The next ACIP meeting is scheduled for June 19–20, 2013, and the website includes information about registration and the meeting webcast.

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