

ACIP approves 2016 adult immunization schedule

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polysaccharide vaccine (PPSV23) was changed from "six to 12 months" to "at least one year." Immunocompromised adults, and those with anatomical or functional asplenia, cerebrospinal fluid leak, or cochlear implant, aged 19 years or older, should receive PPSV23 at least eight weeks after PCV13. All persons aged 10 years and older who are at increased risk for serogroup B meningococcal disease should have the [MenB vaccine](#) series.

"Only 29 percent of general internists and 32 percent of family physicians assess their patients' vaccination status at every visit," the authors write. "The [health care provider](#) is clearly the central figure in promoting vaccination among adults with high-risk conditions and adults in general."

More information: [Full Text](#)

(HealthDay)—The Advisory Committee on Immunization Practices (ACIP) has approved the recommended adult immunization schedule for 2016. The recommendations are published as a clinical guideline in the Feb. 2 issue of the *Annals of Internal Medicine*.

David K. Kim, M.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues present changes to the 2016 adult immunization schedule from the 2015 schedule, based on new ACIP recommendations.

The researchers note that the major changes to the schedule relate to human papillomavirus (HPV), pneumococcal, and serogroup B meningococcal (MenB) vaccines. The nine-valent HPV vaccine was added to the [schedule](#), and can be used for routine vaccination against HPV for males and females. For immunocompetent [adults](#) aged 65 years and older, the vaccine interval for 13-valent [pneumococcal conjugate vaccine](#) (PCV13) followed by 23-valent pneumococcal

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