



## Health Advisory:

# CDC Immunization Schedule Updates, Hepatitis B and C Screening of Adults, and FDA Update to Janssen COVID-19 Vaccine Authorization

May 9, 2022

### Situation

[AB789, a new California law](#) as of January 1, 2022 requires primary care providers in California to offer screening tests to adult patients meeting US Preventative Services Task Force (USPSTF) risk criteria for [Hepatitis B](#) and [Hepatitis C](#).

In February, 2022, CDC published its [2022 Recommended Adult Immunization Schedule](#) including key updates to recommendations for **Hepatitis B**, **Pneumococcal**, and **Shingles** vaccination of persons ages 19 years and above.

On May 5, 2022, [FDA narrowed its authorization for Janssen](#) (Johnson & Johnson; J&J) COVID-19 vaccine and updated its Fact Sheets for [Providers](#) and [Recipients](#) to include a more prominent warning regarding thrombosis with thrombocytopenia syndrome following vaccination.

On May 6, 2022, CDC published an updated [Pre-exposure Prophylaxis Vaccination Schedule to Prevent Human Rabies](#).

### Update: Adult HBV Vaccination

Rationale, details, and additional guidance were [recently published by CDC](#).

- Hepatitis B (HepB) vaccination is now **a universal recommendation for all adults ages 19-59 years**, regardless of risk factors for HepB.
- HepB vaccination is still **recommended for adults ages 60 years and older with risk factors for HepB** and optional for those who lack risk factors but wish to be protected.

Persons who have previously completed a HepB vaccination series at any point (or who have a history of HepB infection) need not receive additional HepB vaccination, except in [specific circumstances where CDC recommends post-vaccination serologic testing](#) due for example to higher possibility of vaccine non-response.



In addition to vaccination, the practice of routinely assessing [risk factors for HepB](#) and **offering HepB screening to persons with HepB risk** can improve outcomes and is supported by CDC and strongly recommended by SFPDH. Risk factors include being born in a [country with moderate or higher prevalence of HepB](#) (including much of Africa, Asia and the Pacific Islands), chronic liver disease, HIV infection, sexual exposure risk, injection drug use, incarceration, and/or percutaneous or mucosal risk for exposure to blood.

In patients with risk factors for HepB, **pre-vaccination HepB screening may be performed concomitantly with administration of the first dose of vaccine**. This practice will identify persons currently infected who will not benefit from further HepB vaccination and instead require referral for care, as well as persons who are already immune and do not need additional HepB vaccine doses. The [CDC hepatitis B serology guide](#) has information about testing and interpretation.

HepB vaccination requires 2-4 doses administered in series, and [several licensed formulations are available for US adults](#). CDC expresses no preference for vaccine brand. The Heplisav-B vaccine requires just 2 doses given 1 month apart and is the fastest route to series completion, while the Twinrix vaccine offers combined protection against Hepatitis A and B.

### **Required Adult HepB and HepC Screening in Primary Care**

Please refer to this [CDPH letter from 3/22/22](#) for more detailed information about AB789 and the new adult HepB/HepC screening requirement for California primary care providers.

Screening recommendations are summarized in the [CDPH Hepatitis Screening Toolkit](#).

### **Update: Adult Pneumococcal Vaccination**

Licensure of [2 new pneumococcal conjugate vaccines](#) has led to simpler schedules and eligibility for pneumococcal vaccination of adults. Pneumovax23 (**PPSV23**) remains available as the sole pneumococcal polysaccharide vaccine.

- Prevnar20 (**PCV20**) replaces Prevnar13 (PCV13) and protects against 20 serotypes (1,3,4,5,6A,6B,7F,8,9V,10A,11A,12F,14,15B,18C,19A,19F,22F,23F,33F)
- Vaxneuvance (**PCV15**) is a new vaccine that protects against 15 serotypes (1,2,4,5,6A,6B,7F,9V,14,18C,19A,19F,22F,23F,33F)

Pneumococcal vaccination is recommended for all persons age  $\geq 65$  years, and for adults 18-64 years of age with certain [medical conditions or risk factors](#).



- **No prior history of pneumococcal vaccine or with unknown vaccination history:**
  - PCV20 – or – PCV15 followed by PPSV23 at least 1 year later. Those with a history of [immunocompromising conditions](#), cerebrospinal fluid leak, or cochlear implant may benefit from an 8 week interval between doses.
- **Prior receipt of PPSV23 more than 1 year ago:**
  - PCV20 – or – PCV15
- **Prior receipt of PCV13 more than 1 year ago:**
  - PPSV23 – or – PCV20 (if PPSV23 unavailable)
- **Previously completed PCV13 and PPSV23 series in any order**
  - No additional doses needed

This [CDPH Infographic](#) is helpful in summarizing the new pneumococcal vaccine schedule.

### **Update: Adult Shingles Vaccination**

Recombinant zoster vaccine (RZV, Shingrix) continues to be routinely recommended for prevention of herpes zoster in adults **age  $\geq 50$  years** and is now also routinely recommended for **adults age  $\geq 19$  years who are or will be immunodeficient due to disease or therapy**.

Shingrix is a series of 2 doses given 2-6 months apart, however for persons who are or who will be immunodeficient or immunosuppressed who would benefit from earlier completion of the series, the second dose can be given 1-2 months after the first.

### **Update: Rabies Pre-Exposure Vaccination**

The pre-exposure (PrEP) vaccination series for children and adults has been **reduced from 3 doses to 2 doses of rabies vaccine, given on days 0 and 7**. No changes were made to the rabies post-exposure (PEP) regimen. For persons with elevated risk for recognized or unrecognized rabies exposures (e.g., bat or wildlife handlers, rabies laboratory workers, certain international travelers), CDC has updated its recommendations for PrEP and periodic immunity testing and/or boosting.

### **Update: J&J COVID-19 Vaccine Authorization**

Based on updated J&J COVID-19 vaccine data showing a thrombosis with thrombocytopenia syndrome (TTS) case rate of 3.3 per million doses administered, FDA revised its risk-benefit



assessment for the J&J vaccine, added a more prominent warning to its Fact Sheets, and narrowed the scope of its emergency authorization.

J&J COVID-19 vaccine is now authorized in the US only for persons aged 18 years and older for whom another brand of vaccine is unavailable or not clinically appropriate, or who would elect not to receive any COVID-19 vaccine if they could not receive the J&J vaccine.

## Resources

- [2022 ACIP Adult Immunization Schedule](#) (CDC)
- [MMWR: Updated Hepatitis B Vaccine Recommendations](#) (CDC)
- [MMWR: Updated Pneumococcal Vaccine Recommendations](#) (CDC)
- [MMWR: Updated Recombinant Zoster Vaccine Recommendations](#) (CDC)
- [MMWR: Updated Rabies Preexposure Prophylaxis Recommendations](#) (CDC)
- [CA Providers: Are you screening your patients for Hepatitis B?](#) (CDPH)
- [Pneumococcal Vaccine Timing](#) (CDPH)
- [Janssen COVID-19 Vaccine](#) (FDA)

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