



November 15, 2021

Dear Colleague:

The Advisory Committee on Immunization Practices (ACIP) meets throughout the year to develop recommendations on the use of vaccines in the U.S. In their October 20, 2021, and November 3, 2021, meetings, ACIP members voted unanimously to update the recommendations for the use in adults of recombinant zoster, pneumococcal, and Hep B vaccines.

Regarding recombinant zoster (RZV; Shingrix® [GSK]), ACIP voted to recommend two doses for the prevention of herpes zoster and its complications in adults aged ≥ 19 years of age who are or will be immunodeficient or immunosuppressed due to disease or therapy. Examples of “immunodeficient or immunosuppressed” include but is not limited to: 1) hematopoietic stem cell transplant recipients; 2) patients with hematologic malignancies; 3) renal or other solid organ transplant recipients; 4) patients with solid tumor malignancies; 5) people living with HIV; and 6) patients with primary immunodeficiencies, autoimmune and inflammatory conditions, and taking immunosuppressive medications/therapies.

Regarding pneumococcal vaccines, ACIP held two votes on recommendations for the use of the recently licensed PCV15 (Vaxneuvance™ [Merck]) and PCV20 (Prevnar20™ [Pfizer]) vaccines, as well as for the use of the PPSV23 (Pneumovax® [Merck]) vaccine. For adults ≥ 65 years of age who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown, the recommendation is that they should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23.

The second ACIP vote on pneumococcal vaccines was to recommend that adults 19-64 years of age with certain underlying medical conditions or other risk factors—which are the same indications that have been in place for PCV13—who have not previously received a pneumococcal conjugate vaccine, or whose previous vaccination history is unknown, should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23.

ACIP considered use of PCV20 and PCV15 separately, and did not state a preference of one vaccine over another.

Regarding Hep B vaccine, ACIP voted to recommend that adults 19-59 years of age and adults ≥ 60 years of age with risk factors for hepatitis B should receive the vaccine, if not previously vaccinated. The rationale behind moving away from risk-based recommendations was that they created unnecessary barriers and only one-third of acute hepatitis B cases in 2019 had an identified risk factor. ACIP also recommended that adults ≥ 60 years of age without known risk factors for hepatitis B infection **may** receive Hep B vaccine. The rationale behind this vote was that for older adults, this vaccine was not cost-effective and not indicated for many people in this age group, but did provide flexibility for the health care provider if vaccination was indicated.

Updated guidance and recommendations will be available at [ACIP Vaccine Recommendations and Schedules | CDC](#) and will be reflected in the 2022 immunization schedules. For questions on the new indications for zoster, pneumococcal and Hep B vaccines, or any other immunization issue, please call (347) 396-2400 or email nycimmunize@health.nyc.gov. We thank you for your continuing efforts at protecting NYC residents from vaccine-preventable diseases.

Sincerely,

A handwritten signature in black ink that reads "Jane R. Zucker".

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization