



AAP IMMUNIZATION INITIATIVES NEWSLETTER



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Links to AAP Resources:

- [AAP Immunization Web site](#)
- [AAP Bookstore](#)
- [Red Book Online](#)

The Childhood Immunization Support Program (CISP) is a cooperative agreement between the CDC and AAP. (Cooperative Agreement: 5U38OT000167)



Updates and Alerts

AAP and CDC Release Policies for the 2017-2018 Influenza Season

The American Academy of Pediatrics (AAP) released their policy statement: [Recommendations for Prevention and Control of Influenza in Children, 2017-2018](#), which recommends that pediatricians offer influenza vaccine to all children 6 months of age and older. The vaccine should be offered as soon as the vaccine becomes available, to complete vaccination and provide protection before the flu season starts.

The AAP also offers [Influenza Implementation Guidance](#). This guidance is designed to help practitioners and pediatric office staff prevent influenza by delivering influenza vaccine according to the AAP Policy Statement. It includes information for physicians, nurse practitioners, physician assistants, nurses, medical assistants, office managers, and other office staff.

The Centers for Disease Control and Prevention (CDC) published their updated policy, [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2017–18 Influenza Season](#) in the Morbidity and Mortality Weekly Report. This guidance updates their 2016-2017 Recommendations.

CDC makes changes to ACIP's "Best Practice Guidelines for Immunization"

On April 20, CDC published [General Best Practice Guidelines for Immunization Best Practices: Guidance of the Advisory Committee on Immunization Practices](#) (also available in [PDF format](#)), replacing ACIP's [General Recommendations on Immunization](#), published in 2011. Posting this online allows CDC to update the document more quickly. CDC recently announced that the following changes were made to the guidelines in July:

Table 3-1. Recommended and minimum ages and intervals between vaccine doses (Footnote)

New language: "The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3. This is a special grace period of 2 months which can be used if evaluating records retrospectively. An additional 4 days cannot be added to this grace period prospectively, but can be added retrospectively."

TABLE 4-1. Contraindications and precautions to commonly used vaccines

Added to Live attenuated influenza vaccine (LAIV) contraindications: "LAIV4 should not be administered to persons who have taken influenza antiviral medications within the previous 48 hours."

Reminder: The use of LAIV is not recommended by the AAP or the CDC for the 2017-2018 influenza season. It was also not recommended for the 2016-2017 season.

Serogroup B meningococcal vaccine has been added to the table.

Added to MMR and Varicella contraindications: "Family history of altered immunocompetence."

Added to Varicella and Zoster precautions: "Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)."

Updates

[Provide your email address in the "Get Email Updates"](#) box in the right column to be informed whenever this guidance is updated.

Upcoming Events

- **Advisory Committee on Immunization Practices (ACIP)**
October 19-20, 2017
Tom Harkin Global Communications Center (Building 19)
Room 232, Kent "Oz" Nelson Auditorium
Atlanta, GA
The ACIP holds three meetings each year at the CDC to review scientific data and vote on vaccine recommendations. Meetings are open to the public and available online via live webcast. More information on ACIP meetings is available [here](#).
- **[National Foundation for Infectious Diseases Clinical Vaccinology Course](#)**
November 3-4, 2017
Bethesda Marriott
Bethesda, MD
Expert faculty provide the latest information on vaccines, including updated recommendations for vaccinations across the lifespan, and innovative and practical strategies for ensuring timely and appropriate immunization. Some topics covered include:
 - Latest ACIP Updates
 - Childhood, Adolescent, and Adult Immunization Strategies and Challenge
 - Special Populations: Immunocompromised, Maternal Immunization, and Travel Vaccines
 - Strategies to Increase Immunization Rate
 - Vaccines in Action
- **Children's Hospital of Philadelphia Vaccine Education Center: Current Issues in Vaccines**
November 15, 2017
12:00pm ET
Each Webinar in this series presents topics being addressed by the ACIP, covered by the media, or asked about by parents. Specific topics will be available on the [vaccine series page](#) approximately one to two weeks before each event. Continuing Education Credits are available.

Resources

- **New AAP Practice-Change Education and Tools Now Available**
Pediatricians and other pediatric healthcare providers are encouraged to check out new [practice-change tools](#) from the American Academy of Pediatrics, including tools related to the strategy of standing orders to improve immunization rates, contraindications, and use of Vaccine Information Statements. Please use the hyperlinks below to access sample project charters and sample Plan-Do-Study-Act cycles:
 - [Practice-change tools on use of standing orders tools](#)
 - [Practice-change tools on contraindications](#)
 - [Practice-improvement tools on use of Vaccine Information Statements](#)
- **AAP Community of Immunizers Listserv**
The Community of Immunizers Listserv currently consists of >175 immunizers including physicians, physician assistants, nurse practitioners, nurses, medical assistants, and other office staff. It allows users to communicate with fellow immunizers, ask questions, and share ideas, resources, and successes! Email immunize@aap.org to request to be added to the IZCommunity Listserv.



Red Book Online

The Red Book Represents Official AAP Policy

Updates to Red Book Online

How does new AAP policy affect *Red Book*? Find out by visiting the Updates feature on *Red Book Online* at <https://redbook.solutions.aap.org/updates.aspx#tab1> or by utilizing the top navigation bar on the [home page](#).

Every update summarizes the key points in each policy statement or clinical report and provides the *Red Book* chapter to which it pertains. Recent updates include:

- Infectious Diseases Associated with Organized Sports and Outbreak Control
- Recommendations for Prevention and Control of Influenza in Children, 2017-2018
- AAP Policy Statement on Elimination of Perinatal Hepatitis B

Use this resource, and the rest of *Red Book Online* (<http://redbook.solutions.aap.org/redbook.aspx>), at the point-of-care, in between patients, at home, or on the go for instant access to pediatric infectious disease solutions.

Featured Research Findings

The Effect of Vaccination Against Human Papillomavirus on Fecundability

KA McInerney, EE Hatch, AK Wesselink, EM Mikkelsen, KJ Rothman, RB Perkins, LA Wise

Authors studied whether receipt of the HPV Vaccine affected fecundity (the ability to produce offspring). Studied were 3483 women aged 21-45 years. They were recruited from the Pregnancy Study Online (PRESTO), a prospective cohort study of pregnancy planners in the U.S. and Canada, between June 2013 and May 2017. Eligible women were aged 21-45 years, not using contraception or fertility treatments, in a stable relationship with a male partner, and not currently pregnant. Male partners ≥ 21 years were included based on an optional invitation from their female partners; 1022 males were included in the study. Participants were studied for 1 year or until a pregnancy was achieved.

At the start of the study, participants gave details on current behaviors and medical history, including if, and at what age, they had received the HPV vaccine. Then researchers reviewed associations between HPV vaccination status (vaccinated or never vaccinated) and the age of vaccination (<18 years or ≥ 18 years) and fecundability, which was calculated by the total number of pregnancies/the total number of cycles. This was calculated separately for men and women. Fecundability ratios (FR) were calculated and represented the average per-cycle probability of conception comparing vaccination status in participants.

Results

Overall, authors found little association between HPV vaccination receipt and fecundability. In women who had a history of previous sexually transmitted infections (STI)/pelvic inflammatory disease (PID) or abnormal pap smears, the FR increased, as fecundity rates were lower in those groups.

Vaccination Status

Participant Sex	Vaccination Status	
	Ever Vaccinated	If Vaccinated, received before age 18
Women	33.9%	22.3%
Men	5.2%	22.6%

Effect of Vaccination on Participants

Participant Group	FR
All Women	.98*
Men	1.07*
Women with a history of STI/PID	1.35*
Women with a history of abnormal pap	1.38*

*Confidence Interval included 1

Comments

Authors commented that their study was limited by many factors, including low receipt of the HPV vaccine and history of STI/PID before receipt of the vaccine. They did note that their findings were consistent with animal studies demonstrating no adverse effects of HPV vaccination on fecundability in rats and with human literature finding adverse effects of HPV infection on fertility.

Paediatric and Perinatal Epidemiology, 10, 1111. 2017.

<https://www.ncbi.nlm.nih.gov/pubmed/28881394>

(Login required)

CDC Spotlight on Childhood Immunizations

National Center for Immunization and Respiratory Diseases, Health Communication Science Office

You Are the Key to Fighting Flu This Season

Influenza (flu) is more dangerous than the common cold for children. Each year, millions of children get sick with seasonal influenza; thousands of children are hospitalized and some children die from flu. According to the CDC, more than 100 flu-associated deaths in children were [reported](#) during the 2016-2017 flu season. In the past, between 80 and 85 percent of reported pediatric flu deaths have occurred among children who were not vaccinated. However, [evidence](#) shows flu vaccination can save children's lives. Between 2010 and 2014, flu vaccination reduced the risk of flu-associated death by 51% among children with [high-risk medical conditions](#) and 65% among healthy children.

CDC and the American Academy of Pediatrics recommend that everyone six months and older receive a flu vaccine each season. Flu vaccination is the most important step in protecting your patients and their families from influenza. As a pediatric health care professional, you are a trusted and valuable source of health information. Patients look to you as their primary or preferred source of care. This relationship gives you the opportunity to assess your patients' vaccination status, encourage vaccination, and possibly administer the appropriate vaccines.

This season, CDC recommends use of flu shots (injectable influenza vaccines, either inactivated or recombinant). The nasal spray live attenuated influenza vaccine (LAIV), again is NOT recommended for the 2017-2018 season because of concerns about its effectiveness. However, there are many approved and recommended injectable flu vaccine [options](#) on the U.S. market this season, and the 2017-2018 U.S. flu vaccines have been updated to better match circulating viruses. CDC does not have a preference for one injectable vaccine over another. Remember that some [children](#) may need two doses of flu vaccine to be protected.

As a trusted health care professional, research shows that your recommendation for yearly flu vaccination is vital. Remember, flu vaccination is the first and best way to protect your patients. To learn more about flu and flu vaccination, please visit: <http://www.cdc.gov/flu/>.

Featured Provider Resources for Vaccine Conversations with Parents

Flu (Influenza) and the Vaccine to Prevent It

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, [Flu \(Influenza\) and the Vaccine to Prevent It](#). Use this to talk to parents about this important vaccine.

Pediatrics In Practice

CDC Launches Campaign on Proper Influenza Vaccine Administration Techniques

Immunization administration errors are very common. Shoulder injuries like bursitis and tendinitis resulting from improper injection technique are errors that can easily be avoided. Preliminary data from both the Vaccine Adverse Event Reporting System (VAERS) and the National Vaccine Injury Compensation Program (VICP) indicate reports of shoulder injury related to vaccine administration (SIRVA) have increased in the last several years. These reports occur more commonly among adults than children.

Recently, H. Cody Meissner, MD, FAAP, from the AAP Committee on Infectious Diseases wrote [Shoulder Injury Related to Vaccine Administration Reported More Frequently](#) for AAP News.

The CDC has launched a campaign to educate and remind providers about proper influenza vaccine administration technique to help avoid shoulder injuries and other adverse events. It is imperative that health care personnel always follow safe injection practices. New materials include links to comprehensive [vaccine administration information](#) and a [short video](#) on the correct technique for intramuscular injection, as well as a link to the CDC's new [vaccine administration e-Learn](#).

The following job aids are also available:

- Immunization Action Coalition (IAC) [Skills Checklist for Immunization](#)
A self-assessment tool for health care personnel who administer vaccines.
- IAC [Suggestions to Improve Your Immunization Services](#)
Tips for improving a clinic's efficiency in administering vaccines and improving immunization rates and a checklist to help implement and reinforce these suggestions.
- At-A-Glance Resource Guide: [Vaccine Administration and Storage and Handling](#)
- Vaccine [Manufacturer/Distributor Contact Information](#) (Updated June 2016)

If you have questions or would like more information, please contact nipinfo@cdc.gov.

Share with CISP!

Success Stories: Have you implemented a system in your practice to improve efficiency or increase immunization rates? The Childhood Immunization Support Program would love to hear and share your success story!

Visit [Share Your Success](#) for some direction on how to share your story.

OR

Topics: Got an idea about a topic you would like to see covered in the AAP Immunization Initiatives Newsletter?

Contact us at immunize@aap.org

Special Section

Standing Orders Protocols Can Improve Your Vaccination Rates

Acquired from <http://www.immunize.org/express/issue1327.asp#IACX4> on September 26, 2017. We thank the Immunization Action Coalition (IAC).

Published August 2017

Standing orders for vaccine administration are written protocols approved by a physician or other authorized practitioner that allow qualified healthcare professionals (who are eligible to do so under state law) to assess the need for and administer vaccine to patients. The qualified healthcare professionals also must be eligible by state law to administer certain medications, such as epinephrine, under standing orders (should a medical emergency occur and a clinician not be available).

Having standing orders in place streamlines your practice workflow by eliminating the need to obtain an individual clinician's order to vaccinate each patient. The use of standing orders is recommended by [CDC's Advisory Committee on Immunization Practices](#) and by the [Community Preventive Services Task Force](#).

Standing orders protocols will:

- Facilitate efficient assessment for and administration of vaccines in your practice
- Improve vaccination rates in your patients
- Protect more of your patients from vaccine-preventable diseases
- Empower nurses and/or other eligible staff to provide a valuable and potentially life-saving preventive service to patients
- Decrease opportunities for disease transmission, such as influenza, in your healthcare setting

The [IAC](#) has many free downloadable materials available on its website that can help you implement standing orders in your office.

Resources from IAC

There are many IAC resources available on the immunize.org website:

- [Standing Orders Templates for Administering Routinely Recommended Vaccines to Children, Teens, and Adults](#), including DTaP, HepA, HepB, Hib, HPV, IIV, IPV, MMR, MenACWY, MenB, PCV, PPSV, RV, Td, Tdap, Var, and Zos. All templates have been reviewed by CDC for technical accuracy. You can use any of the templates "as is," or modify them to suit your practice's needs.
- [10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting](#)
- [Using Standing Orders for Administering Vaccines: What You Should Know](#)
- [Medical Management of Vaccine Reactions in Children and Teens](#)
- [Medical Management of Vaccine Reactions in Adults](#)

You can access the current and past issues of Technically Speaking from a box in the middle of the [Immunize.org home page](#), from the "Guide to immunize.org" at the bottom of every web page, or by going directly to www.immunize.org/technically-speaking.

The column was featured in The Children's Hospital of Philadelphia Vaccine Education Center's (VEC's) monthly e-newsletter for healthcare professionals. Check out the [August 2017 issue of VEC's Vaccine Update for Healthcare Providers](#). The VEC e-newsletter keeps providers up to date on vaccine-related issues and includes reviews of recently published journal articles, media recaps, announcements about new resources, and a regularly updated calendar of events.