Updates and Alerts

- **February ACIP Meeting Vote on LAIV**
The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), which is responsible for recommending licensed new vaccines to be incorporated into the routine immunization schedule, recommending vaccine formulations, and reviewing older vaccines to consider revising its recommendations, met on February 21-22nd and voted on the following:

**LAIV**
This Spring, members of the CDC ACIP voted to include the quadrivalent live attenuated influenza vaccine (LAIV4, FluMist) as an option for the 2018-'19 season after recommending against using it for the past two influenza seasons due to poor effectiveness in providing protection against H1N1 during the 2013-14 and 2014-15 seasons. However, the CDC director still needs to approve ACIP’s recommendation in order for it to be adopted as CDC policy. The AAP Committee on Infectious Diseases (COID) will propose recommendations at its spring meeting based on how the committee views the evidence on LAIV effectiveness and support of best practice. Please read the complete AAP News article *Academy reviewing possible return of nasal spray flu vaccine* (login required). Slides from the ACIP meeting are also available. An annual policy statement on influenza prevention and treatment for the 2018-2019 season is expected in early September from the AAP.

- **New Hepatitis B Vaccine**
The ACIP voted that a new vaccine Heplisav-B (Dynavax), a recombinant hepatitis B vaccine, be added to the list of recommended vaccines to use for prevention of hepatitis B virus infection. The vaccine received FDA approval for use in adults 18 years and older in November 2017.

- **HepA**
ACIP voted on 2 issues related to hepatitis A vaccine:

  - ACIP voted to approve hepatitis A vaccine for post-exposure prophylaxis in all persons ≥12 months. This is a change from recommending immune globulin (IG) for those exposed. In addition to hepatitis A vaccine, immune globulin may be administered to person aged >40 years depending on the provider’s risk assessment.

  - ACIP also voted to approve using hepatitis A vaccine in infants 6-11 months of age for travel outside of the United States, where protection against hepatitis A is recommended. Previously, IG was recommended, but this can interfere with MMR vaccine when given simultaneously.

- **Influenza**
  - **Influenza Activity**
The CDC is reporting a decline in influenza activity as of the week of April 7. The 2017-18 influenza season has resulted in 151 pediatric deaths, through April 6th. While activity is declining, the week end April 6th resulted in 9 additional pediatric deaths. Vaccination against influenza infection is recommended for everyone 6 months of age and older. For more information, visit the *CDC Flu Activity and Surveillance page*.

  - **Influenza Implementation Guidance**
The AAP has recently integrated its *Influenza Implementation Guidance* into the Immunization Web pages on aap.org. This implementation guidance is designed to help practitioners and pediatric office staff prevent influenza by delivering influenza vaccine according to the *AAP Policy Statement: Recommendations for Prevention and Control of Influenza in Children, 2017-18*. The guidance includes practice-level information for physicians, nurse practitioners, physician assistants, nurses, medical assistants, office managers, and other office staff.
Upcoming Events

- **National Foundation for Infectious Diseases (NFID) 2018 Annual Conference on Vaccinology Research (ACVR)**
  April 23-25, 2018
  Hyatt Regency Bethesda
  Bethesda, MD
  Sponsored by the NFID since 1998, the ACVR is a well-established forum for the exchange of the latest scientific and clinical knowledge in vaccinology. ACVR brings together global researchers, healthcare professionals, government officials, and industry representatives from the many disciplines involved in vaccinology.
  The conference features invited presentations, panel discussions, peer-reviewed submitted oral abstracts and posters, Meet-the-Expert sessions, awards, and lectures by world-renowned vaccinology experts. Conference topics include immunology, product development, clinical testing, regulation, and other aspects of vaccine research, development, and administration.

- **National Infant Immunization Week**
  April 21-28, 2018
  See the Special Section for more information (pages 8-9)

- **National Immunization Conference**
  May 15-18, 2018
  Hilton Hotel Atlanta
  Atlanta, GA
  The NIC brings together more than 1,500 local, state, federal, and private-sector immunization stakeholders and partners to explore science, policy, education, and planning issues related to immunization and vaccine-preventable diseases.
  The NIC mission is to offer information that will help participants provide comprehensive immunization services for all age groups. The conference also offers participants an opportunity to learn innovative strategies for developing programs and policies, and advancing science to promote immunization among all ages today for a healthy tomorrow. View more information and register online.

- **Advisory Committee on Immunization Practices (ACIP)**
  June 20-21, 2018
  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.

Resources (please see page 4)

**Red Book Online**
The Red Book Represents Official AAP Policy

**New Feature—Narrative Directly Updated within Chapter Text!**

*Red Book Online* is excited to introduce a valuable new feature—updating narrative directly within chapter text. Changes will be made to chapter text to reflect new recommendations. The edited text appears in blue font with an option appearing underneath it, so the reader can view the original chapter text and source details for the changes.


This update reflects the latest recommendation changes from the recent policy statement, "Elimination of Perinatal Hepatitis B: Providing the First Vaccine Dose Within 24 Hours of Birth."

Use this new feature, and the rest of *Red Book Online* ([http://redbook.solutions.aap.org/redbook.aspx](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.
A study published today in the *Journal of the American Medical Association (JAMA)* offers more reassuring evidence for the safety of the childhood immunization schedule.

Glanz and colleagues from the Vaccine Safety Datalink (VSD) conducted a nested case-control study of nearly half a million children to determine if exposure to multiple vaccines in early childhood was associated with an increased risk for infections that weren’t targeted by the vaccines (nontargeted infections). The VSD, funded by the Centers for Disease Control and Prevention, conducts large epidemiological studies of vaccine safety using electronic health record databases.

Investigators identified about 50,000 nontargeted infections treated in emergency departments and inpatient settings from 2003-’13 in the study population. Then, they selected a random sample of 385 children who had nontargeted infections from ages 2-4 years. Upon chart review, 193 were confirmed as cases of nontargeted infections. Each case was matched with four control children having the same mean age, sex and distribution of chronic diseases.

Investigators calculated the total number of proteins and polysaccharides in each vaccine received by cases and controls from birth through age 23 months, which they termed the “mean cumulative antigen exposure.” Then, they calculated the risk of nontargeted infections between 2 and 4 years old. Results showed no statistically significant difference in the cumulative antigen exposure of cases and controls (240.6 for cases and 242.9 for controls).

“In an integrated health plan setting, cumulative vaccine antigen exposure through the first 23 months of life was not associated with an increased risk of emergency department and inpatient visits for infectious diseases not targeted by vaccines over the next 24 months,” the authors concluded.

The background for this study goes back to 2002, when the Institute of Medicine (now the National Academy of Medicine) called for studies examining whether vaccines could have an effect on nontargeted infections. There are some data, primarily from the developing world, for this possibility.

Continued on page 4

Please see information on the original research article, about which this summary was written:

**Association Between Estimated Cumulative Vaccine Antigen Exposure Through the First 23 Months of Life and Non–Vaccine-Targeted Infections From 24 Through 47 Months of Age**

JM Glanz, PhD; SR Newcomer, MPH; MF Daley, MD; F DeStefano, MD, MPH; HC Groom, MPH; ML Jackson, PhD; BJ Lewin, MD; NL McCarthy, MPH; DL McClure, PhD; KJ Narwaney, MPH, PhD; JD Nordin, MD, MPH; O Zerbo, PhD

Several studies have shown that children who receive a measles-containing vaccine are significantly less likely to die from infections other than measles than children who had not received the vaccine, suggesting the vaccine has a positive impact on the immune system. A few studies, however, show that whole cell pertussis vaccine — which has not been used in the U.S. since the 1990s — could increase mortality from diseases other than pertussis if given after Bacillus Calmette-Guérin vaccine, although this has yet to be confirmed.

In addition, a 2012 Institute of Medicine report called for more research into the safety of the childhood vaccination schedule in general. While the safety of individual vaccines and vaccines given in specific combinations had been studied in great detail through pre- and post-licensure studies, few studies had examined the schedule as a whole. The overall childhood immunization schedule also had evolved from eight routine vaccinations in 1994 to 14 in 2010. Furthermore, some parents were concerned that the increasing number of vaccines weakened children’s immune systems, although the biologic plausibility for this premise is weak.

Thus, VSD investigators embarked on this study to answer the question of nontargeted infections. It is difficult to overstate the value of the VSD to the U.S. immunization program. Since its creation in 1990, its purpose has been to study vaccine safety and strengthen public confidence in vaccines. The present study is yet another example of how the VSD successfully monitors vaccine safety. However, studies continuing to demonstrate the safety of childhood vaccines have not translated into increased public confidence. Indeed, despite the work of the VSD, rates of vaccine refusal and vaccine delay have increased over time. It is clear that providing factual information to parents is not enough. Engaging health care providers and public health messaging regarding vaccine effectiveness and safety also are paramount in promoting the positive impact of vaccines on child health.

Dr. O’Leary is a member of the AAP Committee on Infectious Diseases (COID), and Dr. Maldonado is vice chair of COID. They co-authored an editorial related to the study in JAMA, https://jamanetwork.com/journals/jama/fullarticle/2673951.

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New Resource

**Immunization App: HPV Vaccine: Same Way, Same Day™**
Communication between providers and parents is key to improving HPV vaccination. *HPV Vaccine: Same Way, Same Day™* is a brief, interactive role-play simulation designed to enhance healthcare providers’ ability to introduce the HPV vaccine and address HPV vaccine hesitant parents’ concerns. The complimentary versions are available for mobile devices:

- [Download from the Google Play Store](#), or
- [Download from the Apple iTunes Store](#)
April 21-28, 2018 is National Infant Immunization Week (NIIW) and pediatricians, the Centers for Disease Control and Prevention (CDC), local health departments, and other immunization partners will come together to champion the importance of infant immunization. But what do parents hear about vaccines when they come to your pediatric practice? NIIW is the perfect time to build a positive culture of immunization in your office. Help parents hear the same message from both clinical and non-clinical staff in the practice: on time vaccination is safe, effective, and protects their children from potentially serious diseases.

A culture of immunization starts at the front desk and extends to the waiting room, into the exam room, and finally to the check-out desk. All staff in pediatric practices, including non-clinical staff, play an important role in reinforcing the strong vaccine recommendation they are hearing from you. This is because healthcare professionals are parents most trusted source of vaccine information.

During NIIW, use CDC’s new customizable slide deck, “10 Ways to Create a Culture of Immunization Within Our Pediatric Practice,” at a staff meeting or lunch-and-learn presentation at your practice. You may customize this slide deck with your own slide template, logo and practice-specific information.

This presentation allows you to share how a culture of immunization is important in the practice, the roles that everyone plays, and your practice’s current rates of patient immunization. It also discusses 10 specific ways pediatric practices like yours can foster a culture of immunization:

1. **Make parents aware of your immunization philosophy and policy.** Share your policy in as many places a possible – in new parent packets, on your website, by telling parents at their first visit, and by posting it in your waiting room.

2. **Keep up to date on current CDC vaccine recommendations.** Familiarize staff with the current schedule, make copies available to all staff members, and inform staff when there are any changes to the schedule throughout the year.

3. **Make clinical resources readily available to staff.** In addition to immunization schedules, ensure staff has access to clinical guidelines, vaccine storage, vaccine administration information that help them properly give vaccines and answer parent questions with correct information. Find these resources and more on the CDC website.

4. **Assess a child’s immunization status at every visit.** To reduce missed opportunities and to reinforce the importance of vaccines, review the status of a child’s vaccines at well visits, sick visits, and follow-up visits.

5. **Give strong recommendations for immunization.** Because an effective recommendation from a healthcare professional is the main reason parents decide to vaccinate, encourage office staff to reinforce recommendations given by doctors and nurses.
6. **Help parents feel supported by welcoming questions and knowing how to answer them.**
   Assure all staff know how to answer [common questions](#) as this helps increase parents’ confidence in vaccine recommendations.

7. **Give Vaccine Information Statements (VIS) and handouts to answer specific questions.**
   Give the VIS before administering any vaccines and provide handouts from credible sources to answer parent vaccine questions. Remember, federal law requires VIS be given with each vaccine.

8. **Make immunization resources easy for parents to find.** Help answer parents’ questions by ensuring immunization resources are easy to find – in new patient packets, on display in the waiting room, or posted in exam rooms.

9. **Schedule follow-up immunization appointments before the child leaves the office.**
   Schedule the next appointment before the family leaves the office, making sure it falls within the recommended timeframe of the CDC’s schedule. If a parent defers scheduling the appointment, offer to call them a few days later.

10. **Remind parents about upcoming immunization appointments before the child leaves the office.**
    Use multiple forms of reminders including text, phone, postcard, or verbal reminders at sick visits. It can be helpful to tell parents why you are being so diligent about reminders and follow-up; because their children are not fully protected until they receive all doses of a vaccine.

When clinical and non-clinical staff give strong and consistent messages about vaccines, parents will hear that on time vaccination is safe, effective, and protects their child from potentially serious diseases. Use these steps and [additional resources](#) to build a positive culture of immunization in your practice this NIIW.

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**Featured Provider Resources for Vaccine Conversations with Parents**

**Talking with Parents about Vaccines for Infants**

*Strategies for Health Care Professionals*

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, [Talking with Parents about Vaccines for Infants: Strategies for Health Care Professionals](#). Use this to talk to parents about these important vaccines.
AAP Launches New Communication Aides Page

To create informative, valuable content, new updates launched this Spring at aap.org/immunization to
We’ve added a Communication Aides page under the Communicating with Families subsection. This page
allows users to access a form to request a digital copy of A Guide to Adolescent Immunizations: Flip Chart
for Pediatric Offices and Parents and to view the CISP Risk Communication Videos.

A Guide to Adolescent Immunizations: Flip Chart for Pediatric Offices and Parents

This resource from the American Academy of Pediatrics aimed at helping pediatric health care clinicians
discuss adolescent immunizations with their patients and families. The flip chart provides information
and answers to parents’ questions on adolescent vaccines with family-friendly infographics on one side
and talking points for health care clinicians on the other. It is now available as an electronic resource on
the Communication Aides page.

CISP Risk Communication Videos

Understanding tools such as the CASE* model encourages fruitful discussions with families about their
vaccine safety concerns, and time management. This video series:
  • introduces risk communication and the CASE model,
  • provides two examples of the CASE model in action, and
  • provides feedback on each of the scenarios.

The five components are each 5-10 minutes in length, can be watched one at a time or all at once, and
may be viewed individually or with a larger group for discussion. A moderator’s guide is available for
those who wish to view the videos in a group setting.

*The CASE model was developed by Alison Signer at the Autism Science Foundation

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
National Infant Immunization Week
April 21-28, 2018

What is NIIW?
National Infant Immunization Week (NIIW) is April 21 - April 28, 2018. NIIW celebrates the successes of immunization programs around the country and highlights the importance of immunizing. Since 1994, NIIW has served as a call to action for parents, caregivers, and healthcare providers to ensure infants are fully immunized against 14 vaccine-preventable diseases, including influenza.

The AAP will have an active campaign for NIIW. We are partnering with the CDC for NIIW with the theme, “Power to Protect.”

AAP NIIW Campaign Resources
The AAP offers additional resources on immunizations that are perfect for sharing during NIIW.

Infographic:
• Child Vaccination Across America

Videos:
• Dr. David Hill on Hepatitis B Vaccine
• Dr. Anita Chandra PSA on the Importance of Vaccines
• Dr. Wendy Sue Swanson Talks About the Safety of Vaccines
• Dr. Wendy Sue Swanson on Safety and Efficacy of the MMR Vaccine
• Dr. Wendy Sue Swanson Talks About Chickenpox Vaccination
• Dr. Wendy Sue Swanson Talks About Alternative Vaccine Schedules

HealthyChildren.org articles:
• Vaccine Safety: Examine the Evidence
• Vaccine Protection: How Healthy is Your Community
• Hepatitis B Vaccine: What Parents Need to Know
• Why I Vaccinate: Parent Testimonials
• Recommended Immunization Schedules
• 14 Diseases You Almost Forgot About Thanks to Vaccines
Social Media
AAP & CDC Twitter Storm
#ivax2protect Twitter Storm
Tuesday April 24th 8:00-10:00am ET

- Share why you vaccinate during the #ivax2protect Twitter Storm on Tuesday, April 24 from 8:00-10:00am ET!
- Use the #ivax2protect hashtag and make a statement that tells why you support childhood vaccinations.
- In addition to a direct statement, you can also include a call to action in your tweets, encouraging your followers to share why they vaccinated on time, why they support immunization, etc.
- Continue to post using the #ivax2protect hashtag throughout the week and ask your followers to also share their own motivations behind vaccination using the #ivax2protect hashtag.
- Share #ivax2protect graphics with your followers and use them with your posts during the event.

AAP and CDC will also be sharing immunization messages. Please follow both the AAP and CDC on social media to share posts. Also consider using the AAP Immunization Social Media Toolkit for posts, memes and videos to share.

- AAP Facebook
- AAP Twitter
- CDC Facebook
- CDC Twitter

Webinar
Wendy Sue Swanson, MD, MBE, FAAP will participate in a Virtual Immunization Communication (VIC)Network Webinar on Thursday April 26 called “Using digital media to engage Parents around childhood vaccines.” The panel will also include: Angela Minicuci, Communications Director, Michigan Department of Health and Human Services and Maureen Marshall, MS, Health Communication Specialist, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. The goal is to empower attendees to be able to:

- Identify digital tactics for engaging parents around the topic of infant immunization
- Explain how social media can be used to amplify digital media efforts
- Describe CDC’s approaches for determining responses to social media comments
- Describe two programs that have successfully used digital tactics to engage parents

Speak to Expectant Parents
Consider speaking to pregnant mothers about vaccine—85 percent of expectant mothers made a decision about vaccines by their second trimester and reported that internet searches were the top source of information during pregnancy. Only 63 percent of mothers said physicians discussed vaccines with them during pregnancy. The Hep B vaccine is part of this effort, because it is the first vaccine decision a young mother will have to make.

While pediatricians don’t have access to every expectant mother, you may see some in your practice, when caring for their older child(ren), or think about partnering with prenatal care clinicians. Consider using AAP materials to speak to parents about vaccines. The AAP Communicating with Families page can help.