Updates and Alerts

AAP, CDC Release 2018-2019 Influenza Policies and Implementation Guidance

AAP Recommendations

On September 3, the American Academy of Pediatrics (AAP) released Recommendations for Prevention and Control of Influenza in Children, 2018–2019. In this statement, the AAP recommends the following:

- Annual influenza vaccination is recommended for everyone 6 months of age and older.
- For the 2018-19 season, the AAP recommends inactivated influenza vaccine (IIV) – trivalent or quadrivalent – as the primary choice for all children because the effectiveness of Live Attenuated Influenza Vaccine (LAIV4) was inferior against A/H1N1 during past seasons and is unknown against A/H1N1 for this upcoming season.
- LAIV4 may be offered for children who would not otherwise receive an influenza vaccine and for whom it is appropriate by age (2 years of age and older) and health status (healthy, with no underlying medical conditions that contraindicate the use of LAIV4).
- Some children 6 months to 8 years of age will need 2 doses of seasonal influenza vaccine.
- All children with egg allergy of any severity can receive an influenza vaccine without additional precautions, beyond those recommended for all vaccines.
- As always, families should receive counseling on these revised recommendations for the 2018-19 season.

CDC Recommendations

On August 24, the Centers for Disease Control and Prevention (CDC) released Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2018–19 Influenza Season. Notable points include:

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- A licensed, recommended, and age-appropriate vaccine should be used. These include
  - Inactivated influenza vaccines (IIVs),
  - recombinant influenza vaccine (RIV4), and
  - live attenuated influenza vaccine (LAIV)
- CDC recommends the use of LAIV, following two seasons (2016–17 and 2017–18) during which the Advisory Committee on Immunization Practices (ACIP) recommended that LAIV4 not be used. For the 2018–19 season, vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV, or LAIV4). LAIV4 is an option for those for whom it is appropriate. (Note this is different from the AAP recommendation, which allows LAIV, but prefers IIV for children).
- Persons with a history of egg allergy of any severity may receive any licensed, recommended, and age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). Additional recommendations concerning vaccination of egg-allergic persons are discussed.
- Viruses included in the 2018–19 U.S. trivalent influenza vaccines will be:
  - an A/Michigan/45/2015 (H1N1)pdm09–like virus,
  - an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus, and
  - a B/Colorado/06/2017–like virus (Victoria lineage).
- Quadrivalent influenza vaccines will contain these three viruses and
  - an additional influenza B virus vaccine, a B/Phuket/3073/2013–like virus (Yamagata lineage).

AAP Influenza Implementation Guidance

The AAP updated its Influenza Implementation Guidance, which is designed to help physicians, nurse practitioners, physician assistants, nurses, medical assistants, office managers, and other office staff prevent influenza by delivering influenza vaccine according to AAP Policy.
Upcoming Events

- **Advisory Committee on Immunization Practices (ACIP)***
  October 24-25, 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](#). An archive of the meeting will be available under “Live Meetings.”

- **Children’s Hospital of Philadelphia Vaccine Education Center Webinar**
  November 14, 2018
  12:00pm ET
  The topics for this [Webinar](#) include:
  - Influenza Vaccine: Latest Updates
  - Impact of PCV13 Vaccine
  - HPV Vaccine: Possible Expanded Recommendation
  Continuing Education Credits are available.

- **National Foundation for Infectious Diseases Clinical Vaccinology Course**
  November 9-10, 2018
  Hyatt Regency Bethesda
  Bethesda, MD
  This 2-day course focuses on new developments and issues related to the use of vaccines. 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.

- **National Influenza Vaccination Week**
  December 2-8, 2018
  CDC established National Influenza Vaccination Week (NIVWW) in 2005 to highlight the importance of continuing flu vaccination through the holiday season and beyond. Check the [CDC NIVWW page](#) for more information.

Resources

- **CDC New Educational Video for Families: The Journey of Your Child’s Vaccine**
  This 5-minute video for parents describes the journey of a vaccine from development through post-licensure monitoring. Learn about the three phases of clinical trials, vaccine licensing and manufacturing, how a vaccine is added to the U.S. Recommended Immunization Schedule, and how the Food and Drug Administration and CDC monitor vaccine safety after the public begins using the vaccine.

- **CDC e-Learn Vaccine Administration**
  This e-Learn is a self-paced vaccine administration course that provides comprehensive training using videos, job aids, and other resources. It educates healthcare professionals about proper vaccine administration technique to help avoid shoulder injuries and other adverse events. Healthcare professionals can earn free continuing education by completing the [CDC Vaccine Administration e-Learn](#).

- **The Immunization Action Coalition Influenza Vaccine Products for the 2018–2019 Influenza Season**
  The IAC updated its table of available influenza vaccine products for the current influenza season.
Despite the dramatic impact of routine vaccination in the United States, pertussis is a common and increasing health threat today. Pertussis is particularly serious for infants younger than one year of age. That is why it is important to consider pertussis in the differential diagnosis for infants with respiratory symptoms.

Half of infants younger than 1 year of age who get pertussis need treatment in the hospital. The risk is even higher for the youngest infants. Over the past decade, about 1,000 infants were hospitalized for pertussis each year in the United States and an average of 5 to 15 infants died from pertussis annually. Secondary pneumonia is the most common complication for infants and causes most pertussis-related deaths.

Given the resurgence in pertussis and the risk and severity of illness in young infants, CDC recommends that pediatric clinicians have a high index of suspicion for infants younger than one year old, especially among those:
- Who are too young to have received the first 3 doses of DTaP
- Who aren’t up to date with their DTaP series
- Whose mother didn’t receive Tdap during pregnancy

While pertussis may typically evoke an image of paroxysms of cough and the classic “whoop” sound, the characteristic cough may be minimal or absent in infants. Atypical presentation is common in infants and apnea may be the only symptom present. Infants may also sneeze, gag, choke, or vomit. Because pertussis has an insidious onset with symptoms that may look similar to other less serious respiratory tract infections, it isn’t surprising that clinicians don’t always recognize the disease in infants.

Whenever possible, you should obtain a nasopharyngeal swab or aspirate from all patients with suspected pertussis. If you suspect pertussis, strongly consider treating prior to obtaining test results. Early empiric treatment of pertussis is very important for infants since the disease can progress rapidly. A reasonable guideline is to treat infants younger than one year of age who are within six weeks of cough onset.

Thanks in large part to pediatric clinicians like you, childhood DTaP coverage is high. However, nearly half of infants born in the United States today don’t have passive immunity to pertussis that only their mother can provide by getting Tdap during pregnancy. Maternal Tdap vaccination during pregnancy is effective at protecting infants in the early months of life prior to starting the childhood DTaP series. Parents trust their pediatric clinicians when it comes to vaccine recommendations. Start protecting your pediatric patients before they are even born by recommending Tdap to pregnant women you see in your practice.

The resurgence in pertussis in the United States is real. While we might not be able to prevent every case of disease, no infant should die of pertussis. To accomplish this, early diagnosis, early empiric treatment, and prevention through maternal and early childhood vaccination are key. Learn more: cdc.gov/pertussis.
As a pediatrician, season after season, you help ensure children in your practice and community are protected against flu by making sure they receive their flu vaccines. This season, your role in this effort continues to be critical. Flu takes a considerable toll on children and their families each year, causing millions of people to get sick, hundreds of thousands of hospitalizations, and thousands to tens of thousands of deaths.

The 2017-2018 influenza season was a high severity season with record-breaking levels of influenza-like illness, flu hospitalization rates, and flu-related pediatric deaths. However, childhood flu vaccine coverage has stagnated in recent years, hovering just below 60%. That means more than 40% of children remain unvaccinated, leaving 30 million kids unprotected from flu each year.

Below are some simple facts to share with parents and colleagues about the importance of childhood flu vaccination:

**Most children who die from flu were unvaccinated:**
- The 2017-2018 flu season took a terrible toll on children. As of the end of August, there were at least 180 influenza-associated pediatric deaths reported during the 2017-2018 season.
- This number exceeds the previously highest number of flu-associated deaths in children reported during a regular flu season (171 during the 2012-2013 season).
- Approximately 80% of the pediatric deaths this past season occurred in children who had not received a flu vaccination.

**Getting a flu vaccine each year remains the single best and most important step in protecting children:**
- The flu vaccine offers the best defense against getting the flu and spreading it to others.
- This year flu vaccines have been updated to match circulating viruses.
- *Getting vaccinated can reduce flu illnesses, doctor’s visits, missed school days, and prevent flu-related hospitalizations and deaths in children.*
- Even though the vaccine isn’t going to protect every child against the flu, we do know that getting vaccinated will save the lives of many children.
- It’s important to talk to parents or caregivers about any concerns they may have about vaccine safety.
  - Flu vaccines have a good safety record.
  - Flu vaccines have been used in the United States for more than 50 years. During that time, hundreds of millions of Americans have safely received seasonal flu vaccines.
  - Vaccines, like any medicine, can have side effects, but, most people who get a flu vaccine have no side effects or mild side effects that go away on their own within a few days.
- Children with chronic medical conditions need to receive the seasonal flu vaccine as soon as it’s available and these children should be evaluated early if they ever develop flu-like illness.

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Flu vaccination has many benefits for children:

- A 2017 study in the journal *Pediatrics* indicates flu vaccination significantly reduced a child’s risk of dying from influenza.
- A 2014 study showed that flu vaccine reduced children’s risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012.
- Some children are at especially high risk of serious flu-related complications.
- Children aged 6 months up to their 5th birthday—even those that are healthy—are at high risk of developing serious flu complications simply because of their age.

Who should get a flu vaccine?

- CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine every year.
- *Children 6 months through 8 years need 2 doses of flu vaccine (4 weeks apart) the first time they receive it to reach full immunity.*
  - For children who will need two doses of flu vaccine, the first dose should be given as early in the season as possible to allow time for immunity to kick in before flu starts to spread in your community.
  - For other children, it is good practice to get them vaccinated by the end of October.
- The recommendations for people with egg allergies are the same as last season.

Make sure expecting mothers and family members get vaccinated, too:

- Children younger than 6 months old are too young to be vaccinated so the best way to protect an infant from flu is for the expecting mom to get vaccinated during her pregnancy. Antibodies are passed on to a developing baby and help protect them for several months after birth.
- Remind pregnant moms to talk to their prenatal care providers about flu vaccine, and let them know you want to protect your future patient.
- Recommend other family members talk to their healthcare providers about getting vaccinated, too.


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

**Vaccines When Your Child is Sick**

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, [Vaccines When Your Child is Sick](https://www.cdc.gov/flu/parents/index.htm). Use this to talk to parents about this important vaccine.
The AAP Childhood Immunization Support Program (CISP) has developed new practice-improvement tools to support pediatricians and other primary care physicians in testing changes to practice workflow, policy and procedures. These tools include sample Project Charters and sample Plan-Do-Study-Act (PDSA) cycles and have been posted on the aap.org/immunization site. New tools include:

**Tools on Using Recall to Increase Immunization Rates:**
- Sample Recall Project Charter
- Sample Recall PDSA Cycle 1
- Sample Recall PDSA Cycle 2

**Tools on Vaccine Monitoring**
- Sample Vaccine Monitoring Project Charter
- Sample Vaccine Monitoring PDSA Cycle 1
- Sample Vaccine Monitoring PDSA Cycle 2

**Tools on Vaccine Recommendations**
- Sample Vaccine Recommendations Project Charter
- Sample Vaccine Recommendations PDSA Cycle 1
- Sample Vaccine Recommendations PDSA Cycle 2

The AAP Practice Change Education and Tools Web page links to more practice change tools, educational opportunities (often Webinars that offer continuing medical education), and other tools and resources. Additional topics available from this page include:
- Standing orders
- Contraindications
- Using the VIS

**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.

**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
Technical Assistance from AAP

The AAP, through CISP, offers technical assistance to pediatricians and pediatric offices. Ask questions about AAP policy, the recommended immunization schedule, vaccine management, vaccine administration, Vaccine Information Statements, vaccine financing, supply, ordering and more. CISP staff can provide you with resources, tools, policy, and/or connect you with other experts who may help.

Please email immunize@aap.org with your immunization questions!

AAP Public Service Announcement

AMERICAN ACADEMY OF PEDIATRICS OFFERS NEW PUBLIC SERVICE ANNOUNCEMENT ON FLU VACCINE

In a new public service announcement for September 2018, in time for the flu season, the American Academy of Pediatrics offers advice on annual influenza immunization. In the 30-second PSA, pediatrician Dr. Ilan Shapiro urges parents to get the flu vaccine for all children ages 6 months and older. The PSA, "Flu Vaccine," can be accessed in English.

Use this embed code <iframe width="560" height="315" src="https://www.youtube.com/embed/YfjiqfXbUGs" frameborder="0" allow="autoplay; encrypted-media" allowfullscreen></iframe> to add it to your website, or share it from our Facebook pages at @AmerAcadPeds and @HealthyChildren.

The PSA is part of a monthly series of PSAs produced and distributed by the AAP. To see the entire series of PSAs, see the list on our YouTube channel.