Updates and Alerts

➢ CDC ACIP Meeting Summary

Influenza
The influenza discussion was robust and resulted in the meeting’s only vote. Highlights include:

- **Influenza 2016–2017 Season.** The season saw moderate flu activity, peaking mid-February. Influenza A(H3N2) viruses were predominat, but influenza B has been reported more frequently since late March.
- **Vaccine Effectiveness Update.** Preliminary data indicate the outpatient influenza visits for influenza A and B viruses were reduced 42% and influenza A(H3N2) viruses by 34% by the 2016–2017 vaccine. Comparable effectiveness has been seen in previous seasons when vaccine was similar to circulating viruses.
- **2017–2018 Influenza Vaccine Recommendations & Vote:**
  - ACIP voted to maintain its core recommendations that annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.
  - Trivalent vaccines will include:
    - A/Michigan/45/2015 (H1N1)pdm09-like virus
    - A/Hong Kong/4801/2014 (H3N2)-like virus
    - B/Brisbane/60/2008-like (B Victoria lineage).
  - Quadrivalent vaccines will contain those in the trivalent vaccine, along with B/Phuket/3073/2013-like (BYamagata lineage) virus.
  - Flulaval Quadrivalent (GSK) is now licensed for children ≥6 months of age. It was previously licensed for those ≥3 years of age.
  - ACIP now recommends use of Afluria (Seqirus) for persons ≥5 years of age, in line with the vaccine’s FDA licensure.
  - They continued the recommendation that live attenuated influenza virus vaccine (LAIV, Flumist, MedImmune) not be used during the 2017–2018 season. More data is anticipated on this topic in October.
  - Finally, the ACIP voted that pregnant women or women who may be pregnant during the upcoming influenza season, may receive “any licensed, recommended, and age-appropriate, trivalent or quadrivalent inactivated influenza vaccine (IIV) or recombinant influenza vaccine.” The previous recommendation specified use of IIV in this group.

➢ Mumps Outbreaks
As of June 17, 2017, 3,562 mumps infections were reported to the CDC in 44 states and the District of Columbia. In 2016, there were the highest number of reported Mumps cases in a decade. Some state or local public health departments may call for a 3rd dose of the measles, mumps, and rubella (MMR) vaccine in times of outbreaks. Always check patients’ vaccination records and keep their vaccinations up-to-date. View the CDC’s Mumps: Outbreak-Related Questions and Answers for Patients for more information.
Upcoming Events

➢ National Immunization Awareness Month
   August 2017
   See more in the Special Section (page 7)

➢ AAP National Conference and Exhibition
   September 16-19, 2017
   McCormick Place West Building
   Chicago, IL
   Experience over 350 educational sessions including practical hands-on learning and networking in addition to the largest pediatric technical exhibit of its kind. Visit the AAP Vaccine Storage and Handling Booth inside the AAP Resource Center to receive information on vaccine storage and handling. Drs Graham Barden and Robin Warner will be available to answer your storage and handling questions.

➢ 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 Advisory Committee on Immunization Practices (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

Resources

➢ AAP Community of Immunizers Listserv
   The Community of Immunizers Listserv currently consists of >125 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.

➢ Reorganized Immunization Pages on AAP.ORG
   The AAP recently reorganized its Immunization Web pages at www.aap.org/immunization. Now, users will see fewer, broader navigational categories. They include, Policy and Advocacy; Practice Management, Improvement and Communication; Communicating with Families; HPV; State Information; and About Us.

➢ CDC Vaccine Administration e-Learn
   The CDC has released a new Vaccine Administration e-Learn that is a free, interactive, online educational program that serves as a useful introductory course or a great refresher on vaccine administration.
   • Access information about the course and continuation credits
   • Access the course (Adobe Flash Player may be needed)
**Featured Research Findings**

**Effectiveness of Vaccination During Pregnancy to Prevent Infant Pertussis**
R Baxter, MD; J Bartlett, MPH, MPP; B Fireman, MA; E Lewis, MPH; NP Klein, MD, PhD

Authors studied whether infants, whose mothers were vaccinated with Tdap in late pregnancy, were better protected against pertussis (whooping cough) than infants whose mothers were not vaccinated with Tdap or who were vaccinated with Tdap shortly after the infant was born. They also studied whether maternal vaccination receipt affected immune response once infants were immunized with DTaP vaccine.

The authors used data from 148,981 infants born at ≥37 weeks gestation (full term) in the Kaiser Permanente of Northern California database, between 2010 and 2015. To be included in the study, infants had to be enrolled into the Kaiser health plan by age 4 months, have mothers who were continuously enrolled in Kaiser during pregnancy to verify their Tdap status and have mothers born before 1996, to ensure their mothers had received wholecell pertussis vaccine. Infants were followed for 2 overlapping study periods, including birth to 2 months of age and birth to 12 months of age. Each study period began on the day of the birth and ended when the infant tested positive for pertussis (for either study period); reached 2 months of age (for the first study period) or 12 months of age (for the second study period); or on March 31, 2016 (the end of the study). Infants who disenrolled from the Kaiser health plan before their first birthday were no longer followed.

Infants were categorized and studied in 3 groups based on the mother’s vaccination status during their pregnancy. Group 1 had mothers vaccinated with Tdap during pregnancy (at least 8 days before birth); Group 2 had mothers who were vaccinated too close to birth to boost maternal antibody transfer (Tdap vaccination 1–7 days before birth); and the mothers of infants in Group 3 were not vaccinated during pregnancy. Authors compared the number of pertussis cases in each group to determine the hazard ratio, which was used to calculate the vaccine effectiveness (VE).

### Results

After tracking the cases of pertussis (confirmed by PCR test) in the study groups, authors calculated the VE for the following:

<table>
<thead>
<tr>
<th>Mother’s Vaccination Status</th>
<th>VE in infants aged up to 2 months</th>
<th>VE in infants aged up to 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Tdap vaccination during pregnancy (≥8 days before birth)</td>
<td>91.4%</td>
<td>69%</td>
</tr>
<tr>
<td>Maternal Tdap vaccination before pregnancy</td>
<td>68.6%*</td>
<td>55.9%</td>
</tr>
<tr>
<td>Maternal Tdap vaccination after pregnancy</td>
<td>45.7%*</td>
<td>24.4%*</td>
</tr>
</tbody>
</table>

Authors calculated VE of maternal Tdap vaccine at intervals associated with infants’ DTaP receipt. Results showed the VE rates as follows:

<table>
<thead>
<tr>
<th>Maternal Tdap vaccination during pregnancy (≥8 days before birth)</th>
<th>VE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant protected by 0 DTaP doses</td>
<td>87.9%</td>
</tr>
<tr>
<td>Infant protected by 1 DTaP dose</td>
<td>81.4%</td>
</tr>
<tr>
<td>Infant protected by 1 DTaP dose</td>
<td>6.4%*</td>
</tr>
<tr>
<td>Infant protected by 1 DTaP dose</td>
<td>65.9%</td>
</tr>
<tr>
<td>Maternal Tdap vaccination before pregnancy</td>
<td>55.6%</td>
</tr>
<tr>
<td>Maternal Tdap vaccination after pregnancy</td>
<td>24.1%*</td>
</tr>
</tbody>
</table>

*P-value was higher than .1

### Conclusions

Authors concluded that receipt of maternal Tdap vaccination during pregnancy is effective at protecting infants from pertussis before they can receive their first dose of DTaP and through their first birthday. They did not find evidence that postpartum maternal receipt of Tdap was effective. Authors believe their findings support the current recommendation to vaccinate with Tdap during pregnancy and that good uptake of this recommendation can result in significant decreases in pertussis cases among infants.

*Pediatrics, 139, 5. 2017.*

[http://pediatrics.aappublications.org/content/early/2017/03/30/peds.2016-4091](http://pediatrics.aappublications.org/content/early/2017/03/30/peds.2016-4091)

(Login may be required)
You already know that vaccination is one of the safest and most effective ways to protect your patients from potentially harmful diseases. However, your youngest patients (between birth and 2 months old), can’t get vaccines to protect them from many vaccine-preventable diseases, including influenza and pertussis. These diseases can be very serious, may require hospitalization, or even be deadly — especially in infants under 2 months old. Since they are too young to get vaccinated, the best way to help protect them is by encouraging their pregnant mothers and babies’ siblings to get vaccinated. We encourage you, as the pediatrician for a family’s newest addition, to make a strong recommendation that pregnant mothers receive seasonal flu vaccinations each flu season and Tdap vaccine during the third trimester of each pregnancy. Also, ensure that siblings are up to date on their flu and DTaP shots.

When pregnant mothers receive Tdap and flu vaccines, they pass antibodies to their developing babies which provide some disease protection for the first few months after birth, before babies can get their own flu and DTaP vaccines. To add more protection for babies, make sure their siblings are also current with their vaccinations. When a family is expecting a new baby, check to see the last time their siblings got DTaP vaccine, and if they are not on schedule, work with the parents to get them caught up.

Babies are at risk for several complications from flu and pertussis. For example, flu can cause them to develop fast or trouble breathing and dehydration. Babies with pertussis can develop a rapid cough and apnea. With both diseases, babies are at the highest risk of severe illness, including hospitalization and death. In fact, a new CDC study published in April 2017 found that between 2010 and 2014, there were 358 flu-associated child deaths reported to CDC. Of the reported pediatric deaths with known vaccination status (291), only one in four children (approximately 26 percent) had been vaccinated. Pertussis can also be deadly to young children. CDC reports that from 2000 through 2014, there were 277 deaths from pertussis reported in the United States. Almost all of the deaths were babies younger than 3 months of age.

Remind moms-to-be that getting vaccinated while they are pregnant is the best way to help protect their babies against these serious disease consequences. If you get questions about getting vaccinated postpartum and relying on breastmilk to pass protection on to their babies, let them know that it takes time (weeks) after they get vaccinated to build up the antibodies in their system to pass to their babies. That still leaves their newborns vulnerable for a period of time. You can reassure them that CDC supports the safety of both vaccines in pregnant women and their babies and that vaccination during pregnancy is the best method of protection for the both of them and helps provide babies protection starting at birth.

Mothers trust you to provide quality medical care to their children and provide helpful information regarding their family’s health. Your strong recommendations may ultimately be what most influences whether your young patients are protected from influenza and pertussis. As the health care provider for a family’s newest member, you can start protecting your youngest patients before birth, giving them the first step towards a healthy life.
Pediatrics In Practice

Using Vaccine Information Statements in the Pediatric Office

In 2013 the AAP conducted a Periodic Survey of Fellows that showed that nearly 20% of pediatricians have little or no understanding of the National Childhood Vaccine Injury Act (NCVIA). The NCVIA requires all vaccinators to provide a Vaccine Information Statement (VIS) to the patient or parents/legal guardian prior to every dose of each vaccine administered regardless of the recipient’s age. The Childhood Immunization Support Program has put together a new page to help your practice learn more about the requirements of the NCVIA and implement changes needed to fulfill them.

The law allows providers to present a laminated office copy or electronic version of the VIS, if an office does not wish to distribute paper copies to everyone. A paper copy should be available if the patient or parent wishes to take one away with him/her.

Providing a VIS is required for each of the following vaccines:
- diphtheria, tetanus and pertussis-containing vaccines (DTaP, DT, Td, Tdap),
- Haemophilus influenza type b,
- hepatitis A,
- hepatitis B,
- human papillomavirus,
- influenza,
- measles-mumps-rubella,
- measles-mumps-rubella-varicella,
- pneumococcal conjugate (PCV-13),
- polio,
- rotavirus and
- varicella.

The NCVIA also requires that immunizers document the following in the patient’s medical record:
- the edition date of the Vaccine Information Statement,
- the date the statement is provided,
- the office address where the vaccine is administered,
- the name and title of the person administering the vaccine,
- the date the vaccine is administered,
- the vaccine manufacturer, and
- the vaccine lot number.

Featured Provider Resources for Vaccine Conversations with Parents

Whooping Cough and the Vaccine (Shot) to Prevent It

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, Whooping Cough and the Vaccine (Shot) to Prevent It. Use this to talk to parents about this important vaccine.
Pediatrics In Practice

Using Vaccine Information Statements in the Pediatric Office

Visit the Using Vaccine Information Statements page to access the following resources.

VIS Resources
- CDC — Current VISs
- IAC — VIS Translations

VIS Education
- AAP News – Survey: Many pediatricians unfamiliar with requirement to give parents Vaccine Information Statements (login required)
- CDC — Instructions for Using VISs
- CDC – Facts about VISs
- CDC – VIS Frequently Asked Questions
- IAC — It’s Federal Law! You must give your patients current Vaccine Information Statements

Practice-improvement Tools
- Sample VIS Project Charter
- Sample VIS Plan-Do-Study-Act Cycle 1
- Sample VIS Plan-Do-Study-Act Cycle 2
- Blank Project Charter
- Blank PDSA Cycle

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 Immunization Awareness Month
August 2017

What is NIAM?
National Immunization Awareness Month (NIAM) is a campaign held each August to highlight the importance of vaccination for people of all ages. Use NIAM to raise awareness in your practice, about why vaccines are important and how they prevent serious, sometimes deadly, diseases.

Social Media
The AAP will have an active social media campaign. Use the hashtags #NIAM17 #VaccinesWork when you share vaccine information on your social media accounts. View the AAP Immunization Social Media Toolkit for access to guidance and sample posts, tweets, memes, and videos.

AAP Interactive Immunization Map
AAP also continues to promote its interactive immunization map, Child Vaccination Across America. This map highlights vaccination rates in each state for recommended childhood vaccines, including vaccines that protect against measles, mumps, pertussis, polio, and influenza.

NIAM Themes
Babies and young children (July 31-August 6)
A healthy start begins with on-time vaccination
Pregnant women (August 7-13)
Protect yourself and pass protection on to your baby.
Adults (August 14-20)
Vaccines are not just for kids.
Preteen/Teen (August 21-27)
Ensure a healthy future with vaccines

NIAM Toolkit
View the toolkit, developed by the and the CDC’s National Center for Immunization and Respiratory Diseases and the National Public Health Information Coalition.

Additional Resources
For more resources to share during NIAM, please see the CDC Recognizing National Immunization Awareness Month (NIAM) page.