



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 Prefers IIV over LAIV4 for Influenza Vaccine**

For the past two influenza seasons, both the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and the [AAP](#) have recommended [against the use of Live Attenuated Influenza Vaccine \(LAIV4\) for influenza vaccination](#) (login may be required). This February, the ACIP voted to include LAIV in its recommendations for the 2018-2019 influenza season. The AAP Committee on Infectious Diseases met in April to determine recommendations for the upcoming influenza season. Both ACIP and AAP continue to recommend that all children 6 months and older receive influenza vaccine as the best available preventive measure and support the use of LAIV. In order to support optimal vaccination coverage and protection in children of all ages, AAP recommends the following:

- Annual influenza vaccination is recommended for everyone 6 months and older
- For the 2018-19 season, the AAP recommends inactivated influenza vaccine (IIV3/4) as the primary choice for all children because the effectiveness of 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 and health status)
- As always, families should receive counseling on these revised recommendations for the 2018-'19 season

To learn more, please view these resources:

[ACIP Meeting Slides](#)

[AAP influenza immunization recommendations revised for 2018-'19 season](#)

➤ **CDC: 172 pediatric deaths in 2017–18 flu season makes it the highest on record, excluding pandemic seasons**

On June 8, [CDC reported](#) that pediatrics deaths from the 2017-18 influenza season totaled 172. Excluding pandemics, this is the highest number total of deaths.

See the Pediatrics in Practice section on page 5 to learn more about how your practice can prepare for the 2018-19 influenza season.

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.

Recent Events

- **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](#). An archive of the meeting will be available "Live Meetings".

Upcoming Events

- **National Immunization Awareness Month**
August
National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. NIAM was established to encourage people of all ages to make sure they are up to date on the vaccines recommended for them.
NIAM is sponsored by the [National Public Health Information Coalition](#) (NPHIC). You can get more information from the [AAP](#) and [CDC pages](#).
- **Children's Hospital of Philadelphia Vaccine Education Center Webinar**
September 5, 2018
November 14, 2018
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

- **AAP HPV Champion Toolkit Recently Updated**
The AAP HPV Toolkit has recently been updated. New resources include tools for pediatricians and dental providers that discuss HPV vaccine and oropharyngeal cancer. Find these tools in the printable resources section or at:
 - [5 Key Points that Dental Professionals Need to Know about Oropharyngeal Cancer and HPV Prevention](#)
 - [5 Key Points that Pediatricians Need to Know about Oropharyngeal Cancer and HPV Prevention](#)
 - [Answering Questions About HPV Vaccine: A Guide for Dental Professionals](#)
- **The Immunization Action Coalition (IAC) PowerPoint Collection**
The IAC has a [PowerPoint Slide Sets Web page](#) that offers slide sets on immunization issues and vaccine-preventable diseases. Topics include:
 - Common Immunization Myths and Misconceptions
 - How to Implement Standing Orders in Your Practice
 - The Importance of Minimum Ages and Intervals in the Vaccine Schedule



Red Book Online

The Red Book Represents Official AAP Policy

New 2018 Edition of Red Book on Red Book Online!

The newly revised and updated *Red Book: 2018–2021 Report of the Committee on Infectious Diseases*, 31st Edition is now available on *Red Book Online*—the go-to resource for the most current information on infectious diseases.

To view the new edition of *Red Book*, click the "Table of Contents" button on the home page of *Red Book Online* at <https://redbook.solutions.aap.org/> or go directly to the Table of Contents at <https://redbook.solutions.aap.org/book.aspx?bookid=2205>.

Start using the new edition of *Red Book* on *Red Book Online* today! And, refer to the Summary of Major Changes (<https://redbook.solutions.aap.org/chapter.aspx?sectionid=189639927&bookid=2205>) to quickly see all the new and updated content in *Red Book* 2018.

Featured Research Findings

Study confirms safety of DTaP

Reprinted with permission of AAP News, June 4, 2018

Melissa Jenco

New research from federal authorities confirms the safety of diphtheria, tetanus and acellular pertussis (DTaP) vaccines.

The Academy and Centers for Disease Control and Prevention (CDC) recommend children receive five doses of DTaP starting at 2 months of age.

DTaP vaccines won federal approval in 1991 and eventually replaced a whole cell pertussis-containing vaccine that had been linked to severe local reactions and febrile seizures, according to the study “Safety Surveillance of Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccines” (Moro PL, et al. *Pediatrics*. June 4, 2018, <https://doi.org/10.1542/peds.2017-4171>).

Researchers from the CDC and the Food and Drug Administration used data from the Vaccine Adverse Event Reporting System to look at safety from the 1991 licensure of the vaccine through 2016.

During that time, there were 50,157 reports, of which about 88% occurred in people getting other vaccines at the same time. Authors noted the data could not prove a vaccination caused the adverse reactions reported.

The most common issues reported were injection site erythema (25%), pyrexia (20%) and injection site swelling (15%), consistent with pre-licensure studies.

About 11% of the reports were classified as serious events/deaths and most commonly reported pyrexia, vomiting or irritability. Seizures/convulsions, which had been a concern when using the previous vaccine, were fourth on the list, making up about 17% of serious reports.

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Deaths, which made up 1.7% of the total reports, largely were attributed to sudden infant death syndrome (SIDS), but the authors noted the “large body of evidence showing that vaccination is not causally associated with SIDS.”

“It would not be uncommon to observe a coincidental close temporal relationship between vaccination and SIDS as this condition peaks at a time when children receive a relatively large number of recommended vaccinations,” authors wrote.

They noted that overall, they “did not identify any new or unexpected safety issue” and would continue to monitor the vaccine.

For a related commentary, visit <https://doi.org/10.1542/peds.2018-1036>.

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

Safety Surveillance of Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccines

Pedro L. Moro, MD, MPH; Silvia Perez-Vilar, PharmD, PhD; Paige Lewis, MSPH; Marthe Bryant-Genevier, MD, MPH, MHS; Hajime Kamiya, MD, MPH; Maria Cano, MD, MPH

Pediatrics, 142, 1. 2018. <http://pediatrics.aappublications.org/content/early/2018/05/31/peds.2017-4171> (Login required)

CDC Spotlight on Childhood Immunizations

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

Protecting Mother and Baby from Flu and Pertussis

You know the importance of vaccination for your pediatric patients, but many pregnant women are not getting vaccinated from potentially harmful diseases like flu and pertussis. As a pediatrician, you are on the front lines in helping moms and babies stay healthy, and can educate parents on the importance of vaccines. We encourage you to strongly recommend that pregnant women receive a flu shot during any trimester if they have not already been vaccinated that flu season, and Tdap vaccine during the third trimester of their pregnancies. It's also important that siblings are up to date on their flu and DTaP vaccinations.

Pregnancy changes women's immune, heart, and lung functions, making them more likely to get seriously ill from the flu. Catching the flu may also increase the chances for serious problems for their developing babies, including a premature labor and delivery. Children younger than 6 months of age are at high risk for serious flu complications, but are too young to get a flu vaccine. These children are at the highest risk for being hospitalized from flu compared to children of other ages. This past flu season was high severity. There were 169 flu-associated pediatric deaths reported by CDC through May 19th*. It is important to emphasize that getting a flu vaccine for each flu season while pregnant is the best way for moms to not only to protect themselves but also their babies through the first 6 months of life.

Pertussis can be life-threatening, especially in babies. Since 2010, up to 20 babies die each year in the United States from this disease. Almost all of the deaths were infants younger than 3 months of age. Babies with pertussis can develop a rapid cough and apnea, but remember that many babies with this disease don't cough at all. Instead, it can cause them to stop breathing and turn blue. Emphasize to your patients the importance of getting vaccinated against pertussis in the third trimester of each pregnancy. Remind your patients that by getting the pertussis (Tdap) and flu vaccines while pregnant, their bodies will create protective antibodies that can be passed along to their babies before birth.

If you get questions from pregnant mothers about getting vaccinated postpartum, and relying on breastmilk to pass protection on to their babies, let them know that it takes weeks after they get vaccinated to build up the antibodies in their system to pass along to their babies. That still leaves newborns vulnerable for a period of time. Again, vaccinating your patients while pregnant is best!

Talk with you patients about concerns they may have about vaccine safety. You can reassure them that CDC supports the safety of flu and pertussis vaccines in pregnant women and their babies. These vaccines have been given to millions of pregnant women over many years with a good safety record. There is ample evidence indicating these vaccines protect the baby after birth.

Unfortunately, millions of women and their babies remain unprotected from flu and pertussis. You are in a unique role to help educate your patients about vaccines. Studies show that pregnant women who receive a vaccine recommendation from a healthcare provider are more likely to be vaccinated than those who do not receive a recommendation. Your influence may determine whether newborns, and their mothers, are protected from flu and pertussis. You will also be able to emphasize the importance of vaccines for all stages of life.

* Latest reported figure at time of publication.

Pediatrics In Practice

Prepare Your Practice for Influenza Season

The 2018-2019 Influenza season is rapidly approaching. The AAP offers Influenza Implementation Guidance to help practices successfully vaccinate with influenza vaccine each year. The policy information within the guidance will be updated in September of this year. Other sections are updated as new information becomes available.

The [Guidance is available online](#) and offers the following topics:

- [Annual AAP Influenza Policy](#) (look for update in September 2018)
- [Practice Management Issues](#)
 - [Supply](#)
 - [Storage and Handling](#)
 - [Scheduling](#)
 - [Prebooking](#)
 - [Administration](#)
 - [Payment and Coding](#)
- [Practice Policies](#)
 - [Liability and Risk Management](#)
 - [Healthcare Worker Vaccination](#)
- [Patient, Family & Community](#)
 - [Patient Education and Vaccine Hesitancy](#)
 - [Diagnosis & Treatment](#)
 - [Community Partnerships](#)

Summer is the time to start planning for the next season. Make sure you have enough storage space to maintain influenza vaccine when it starts arriving, plan your influenza immunization schedule for when vaccines arrive, and make sure staff know how to properly administer vaccines.

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

Immunization Social Media Toolkit Pilot

From January to March 2018, 16 practices from 13 states (AZ, AL, CA, IL, KS, MT, NY, OH, OR, PA, TX, UT, and VA) participated in a pilot of the [AAP Immunization Social Media Toolkit](#). The practices posted vaccine-related content to their social media accounts at least 3 times a week for 8 weeks. In addition, they were asked to follow the other practices, and the social media feeds of national organizations who promote immunizations (eg, AAP, CDC, etc). Please read the results from our evaluation, and compiled lessons learned and tips.

Evaluation of Practices (15 respondents)

- 14/15 respondents reported that the Immunization Social Media Toolkit allowed them to effectively share immunization information outside of the office visit.
- 11/14 respondents reported that using the Immunization Social Media Toolkit helped them meet their goals.
- 9/11 respondents reported that they were not having shorter conversations with parents since starting to use the Immunization Social Media Toolkit
- 11/12 respondents reported that parents demonstrated an increased knowledge of vaccines during vaccine conversations.

Evaluation of Parents who follow participants' social media accounts (329 respondents):

- 94% of parent respondents report following their provider's Facebook account, while only 8.8% report following a Twitter account.
- 55% of parent respondents reported learning something new about immunizations from their provider's social media postings.
- 90% of parent respondents reported that the messages about vaccines made them feel more positively about vaccines.
- 5% of parent respondents reported that the messages about vaccines made them feel more negatively about vaccines.
- 33% of parent respondents reported that they were more likely to vaccinate their child after viewing these messages.

Lessons Learned

- Pro-vaccine posts engaged many more people than other posts (ie, more links were clicked, posts shared or liked)
- Parents who liked or responded to posts were not the parents who were expected to do so
- Parents don't engage on Twitter as much as they do on Facebook
- Responses to vaccine posts were more positive than expected
- Posts that link elsewhere get more engagement than those that do not
- Paying a few dollars to "boost" a post really increased views/engagement

Special Section

Immunization Social Media Toolkit Pilot

Tips

- Increase engagement:
 - Have office staff "like" and "share" posts: The more posts are liked and shared the more visible they are to others.
 - Post consistently: This helped increase parent engagement
 - Pay attention to Facebook insights, it can tell you what types of posts (like those with links) garner the most engagement and what time(s) users are most active
- Increase followers:
 - Add signage with QR codes in the waiting room, so families can easily access social media accounts
 - Utilize the staff at the reception desk, upon greeting families, to:
 - Solicit for "followers"
 - Ask families to "check-in" on social media
 - Have the pediatrician recruit at least one family per day (from office visits) to follow the practice on social media
- Scheduling:
 - Stagger post times – don't always post at the same time of day, because not everyone is on social media at the same time
 - Post later in the day. Some users found that posting after 5pm increased engagement; others noted that posting after 7pm was best.
 - Use tools such as Hoot Suite to schedule posts
- What to post/share:
 - Use a professional page to post, then "share it" from the professional page. This way parents see that the information shared is coming straight from a doctor.
 - Use tools and apps such as Lasergram to share individual pediatrician's post
 - Instead of developing your own posts:
 - Connect with other practices, doctors, professionals, organizations, public health officials, etc. and share what they post
 - Use already-developed [posts](#), [tweets](#), [memes](#), etc., from the [AAP toolkit](#)
- Other:
 - Use Instagram stories in addition to regular posts.
 - Consider posting things like job openings, they get a lot of shares and have the potential for more people to like or to follow your accounts.
 - Post fun things, e.g., superbowl, door decorating, etc., in addition to immunization information. These can also increase followers, or likes.