Updates and Alerts

➢ Hepatitis A Outbreaks

Utah
The [Utah Department of Health has released information](https://www.utah.gov/content/lib/content/health/health-topics/health-topics-list/hepatitis-a) about an ongoing hepatitis A outbreak in the state. Since January 1, 2017, 163 cases of hepatitis A have been reported. Of those, 146 cases are related to a recent outbreak.

Kentucky
The [Kentucky Department for Public Health (KDPH) has declared a hepatitis A outbreak](https://www.kdphe.org/health-topics/disease-outbreaks/hpv) with cases in multiple counties in Kentucky. In total, 31 cases of acute (rapid onset with symptoms of illness) hepatitis A were reported throughout Kentucky in 2017, a 50 percent increase above the average of 20 cases per year reported over the past 10 years.

San Diego
San Diego has also been experiencing a hepatitis A outbreak, and declared a local public health emergency in September 2017. As of January 10, 2018, the [San Diego Country Health & Human Services Agency](https://www.sandiego.gov/) reported 576 cases and 20 deaths.

Education
A webinar titled [Hepatitis A 2017 Outbreak Response—Lessons from Big Cities](https://www.naccho.org/events/hcp-health-outbreak-response-lessons-big-cities), hosted and recorded by the National Association of County and City Health Officials (NACCHO) on November 3, 2017, is now available online. In the webinar, county health officials from California and Michigan describe the outbreak, lessons learned, and ways other health departments can prepare against hepatitis A outbreaks.

➢ AAP funds 16 chapter projects to increase HPV vaccination rates

Through the AAP Hub and Spoke Initiative Focused on Improving HPV Rates, 16 AAP Chapters will receive funding in 2017-18 to implement projects aimed at increasing HPV vaccination rates. Chapters were chosen through a very competitive application process. Chapter projects will range from implementation of an AAP-supported Maintenance of Certification Part IV project, piloting the AAP HPV ECHO model and implementation of unique projects developed by the chapter itself. Congratulations to the following awardees: Alaska, Arizona, California 2, Florida, Illinois, Indiana, Kansas, Missouri, New Jersey, New York 1, Oregon, Texas, Utah, Washington, Wisconsin and Wyoming! For more information, contact [hpv@aap.org](mailto:hpv@aap.org).

➢ CDC Childhood Immunization Champion Award

The Centers for Disease Control and Prevention (CDC) and the CDC Foundation have announced the availability of nomination materials for the 2018 CDC Childhood Immunization Champion Award. The CDC Childhood Immunization Champion Award is an annual award that recognizes individuals who make a significant contribution toward improving public health through their work in childhood immunization. Each year, the CDC Childhood Immunization Champion honors up to one person from each of the 50 U.S. states, 8 U.S. Territories and Freely Associated States, and the District of Columbia.

Information about the nomination process can be found on the award website at [https://www.cdc.gov/vaccines/champions](https://www.cdc.gov/vaccines/champions). Nominations should be submitted to the Immunization Program Manager in the state or territory where the nominee resides by February 2, 2018. Program Managers will review all nominations received and select one for submission to CDC by February 23, 2018. CDC will review nominations for each state and announce awardees during National Infant Immunization Week (NIIW), April 21-28, 2018.
Upcoming Events

➢ Advisory Committee on Immunization Practices (ACIP)
  February 21-22, 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.

➢ Children’s Hospital of Philadelphia Vaccine Education Center: Current Issues in Vaccines
  March 28, 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.

➢ 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.

Resources

➢ New Children’s Hospital of Philadelphia Vaccine Education Center (VEC) develops new resources for families
  The VEC provides complete, up-to-date and reliable information about vaccines to parents and healthcare professionals. Children’s Hospital of Philadelphia has developed the following two new resources for patients and parents.
  - When Individual Doctors Make Their Own Immunization Schedules discusses schedules developed and/or implemented by providers to delay or space out vaccines compared with the recommended schedule.
  - "Measles: What you need to know" discusses measles and vaccination. This piece is available in English and Spanish.

➢ CME opportunity on HPV vaccine as cancer prevention
  The AAP worked with Boston University to make CME credit available for a Webinar called HPV Vaccination is Cancer Prevention. This activity is a one hour recording of a webinar given by Rebecca B. Perkins, MD, MSc; Sharon Humiston, MD, MPH, FAAP; Kristin Oliver, MD, FAAP; Michael Moore, MD, and Sean O’Leary, MD, MPH, FAAP discussing the diseases and cancers caused by HPV, the safety and effectiveness of currently available HPV vaccinations, as well as evidence-based recommendations for improving HPV vaccination rates. Learn more and access the course here.

➢ Webinar Recording: Getting Parents to Yes! Vaccine Conversations That Work for Providers & Parents
  This webinar was recorded during National Immunization Awareness Month on August 25, 2017. Sharon Humiston, MD, MPH, FAAP of the Academic Pediatric Association hosts a talk show-style webinar with special guests, pediatrician Nathan Boonstra, MD, FAAP and family physician Dr. Margot Savoy, MD, MPH, FAAFP. The physicians share their best practices for effective vaccine recommendations and how to educate parents about infant and HPV vaccines. They also give tips for what to do when parents decline or delay and highlight some useful resources.
Featured Research Findings

Web-based Social Media Intervention to Increase Vaccine Acceptance: A Randomized Controlled Trial

JM Glanz, PhD; NM Wagner, MPH; KJ Narwaney, MPH, PhD; CR Kraus, MSPH; JA Shoup, MSW, MS, PhD; S Xu, PhD; ST O’Leary, MPH, MD; SB Omer, MBBS, MPH, PhD; KS Gleason, PhD; MF Daley, MD

Authors used a 3-arm randomized controlled trial approach to determine if a Web-based, social media intervention increased immunization during infancy. From September 2013 to July 2016, 888 pregnant women and their infants were studied. Women were recruited from the Kaiser Permanente Colorado Health plan and had due dates in 6-13 weeks from the time they were recruited. Participants were administered a validated screening tool, the Parent Attitudes and Childhood Vaccines (PACV), that assesses vaccine hesitancy on a scale of 0 to 100. To be consistent with previous studies, those who scored ≥50 were considered “vaccine hesitant,” whereas participants who scored less than 50 were considered “nonhesitant.” Authors randomized participants independently across these 2 categories into 3 study groups, to ensure balance in each group. Group 1 received Web site with vaccine information and interactive social media components (VSM); Group 2 received Web site with vaccine information (VI); and Group 3 received usual care only (UC). Authors also used a randomized allocation ratio of 3:2:1 across the VSM/VI/UC arms, as few Web users actively engage in social media activities.

Participants placed in the VSM and VI arms were provided access to the same base vaccine content. Participants in the VSM arm had additional access to social media components, including a blog, discussion forum, chat room, and “Ask a Question” portal through which participants could directly ask experts vaccine questions. They also were encouraged to participate in online chat sessions, allowing for realtime conversations with experts, and submit questions privately through e-mail.

Infants of participants were followed for 200 days from birth. They were offered regular routine well-care at 2 weeks, 2 months, 4 months, 6 months and 12 months of age. At these visits, immunizations were offered per the Recommended Schedule. Authors pulled immunization data for these infants from the electronic health record. The following 6 vaccines recommended by the Advisory Committee on Immunization Practices were assessed: hepatitis B; rotavirus; diphtheria-tetanus-acellular pertussis; Haemophilus influenzae type b; pneumococcal conjugate vaccine; and polio.

Results

The primary outcome measured was days undervaccinated which determined differences between the time when vaccine doses were actually administered, and when the doses should have been administered according to the Recommended Schedule. Results show that the VSM group had the most infants up-to-date on vaccines, and when compared to the UC group, had an odds ratio of 1.92 for being up-to-date. This was the only comparison that yielded a statistically significant result.

<table>
<thead>
<tr>
<th>Study Groups</th>
<th>% of infants up-to-date</th>
<th>Comparison groups</th>
<th>Odds Ratio</th>
<th>P-value</th>
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<tbody>
<tr>
<td>VSM</td>
<td>92.5</td>
<td>VSM vs. UC</td>
<td>1.92</td>
<td>.03</td>
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<tr>
<td>VI</td>
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<td>VI vs. UC</td>
<td>1.62</td>
<td>.13</td>
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<tr>
<td>UC</td>
<td>86.6</td>
<td>VSM vs. VI</td>
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<td>.52</td>
</tr>
</tbody>
</table>

Conclusion

Authors commented that when Web-based vaccine information with social media is presented to parents before their children are born and as a complement to routine well-child care, it can influence parental vaccine decisions, positively.

*Pediatrics, 140, 6. 2017.*

[http://pediatrics.aappublications.org/content/early/2017/11/02/peds.2017-1117](http://pediatrics.aappublications.org/content/early/2017/11/02/peds.2017-1117) (Login required)
Peer-to-Peer Resources Promote Effective HPV Vaccine Recommendations

When it comes to immunizations, parents trust your opinion more than anyone else’s. CDC research supports this – when clinicians provide clear and consistent recommendations for vaccines, they have higher vaccination rates.

Recent numbers reflect that most adolescents are getting the first dose of the human papillomavirus (HPV) vaccine. In 2016, 60 percent of teens aged 13-17 years received one or more doses of the HPV vaccine, an increase of 4 percentage points from 2015. However, although most children are getting their first dose, only 43 percent of teens are up-to-date for the rest of the recommended doses of the HPV vaccine.

How can you successfully recommend the HPV vaccine and increase vaccination rates? The CDC provides multiple resources for clinicians regarding HPV vaccination and how to discuss the vaccine with parents. These tools are designed to provide straightforward examples of how to educate and empower parents to choose to vaccinate their children.

The #HowIRecommend video series is a resource to help clinicians develop their communication skills or learn new tactics to recommend and discuss the HPV vaccine. The peer-to-peer videos feature physicians like you giving real-life examples of HPV vaccine conversations, offer possible scenarios clinicians may face, and show how practices work as a team to assist in vaccine follow-up. Topics in these videos cover a wide range of questions and concerns, including:

- Making Effective Recommendations to Increase Vaccination Rates
- Helping Parents Understand the Importance of HPV Vaccine
- Addressing Parents’ Questions about HPV Vaccine Safety

CDC also has a new screening infographic highlighting how HPV vaccination is not only beneficial for preventing cervical cancer, but for cancers such as oropharyngeal, as well. For more information, download Cervical Cancer: Just the Tip of the Iceberg.

The HPV vaccine is most effective when adolescents complete the vaccination series, and a clear recommendation from you plays a crucial part of this process. CDC resources offer practical techniques for you and your practice to educate parents about the importance of HPV vaccine.

Featured Provider Resources for Vaccine Conversations with Parents

Hepatitis A and the Vaccine to Prevent It

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, Hepatitis A and the Vaccine to Prevent It. Use this to talk to parents about this important vaccine.
Is Your Practice Getting the Most Out of Administering Vaccines?

Vaccines are important to children, families and pediatricians because of their tremendous value. They reduce illness, save lives, and save on health care costs. In order to help pediatric practices obtain vaccines at the best price, manage costs of storing and administering vaccines, and support optimal payment, the AAP offers information and resources in Ordering, Financing and Maintaining Supply Section of the AAP Immunization Web site.

These Web pages have been recently updated and offer information on:

- **Knowing Costs**
  - Vaccine purchase cost
  - Vaccine Product-Related Expenses (costs for storage, ordering, insurance, etc)
  - Immunization Administration Expenses
  - Vaccine Administration of State-supplied Vaccine
- **Managing Costs**
  - Purchasing Vaccine
  - Vaccine Administration
  - Deciding on a Group
  - A list of some available Physician Buying Groups and Group Purchasing Organizations
- **Payment Coding and Billing**
  - Payment for Vaccine Product
  - Payment for Vaccine Administration
  - Coding Resources
  - Negotiating for Payment
  - Coding 99211
  - Average Sales Price and Average Wholesale Price
  - CDC Vaccine Price List
- **Ordering**
  - Ordering Vaccines
  - Ordering Vaccine For Children Program Vaccines
  - Ordering Influenza Vaccines
- **Supply & Shortage**
  - Current vaccine shortages or supply issues

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](mailto:immunize@aap.org)
The HPV Vaccine is Cancer Prevention

Every year in the United States, 31,000 women and men are diagnosed with a cancer caused by HPV infection. Most of these cancers could be prevented by HPV vaccination.

Key points to remember about HPV vaccine recommendations include the following:

- Don’t miss your chance to prevent cancer. Recommend the HPV vaccine for all boys and girls at age 11 to 12.
- Recommend the vaccine for all boys and girls at 11 to 12 years by saying, “Your child needs 3 vaccines today - Tdap, HPV and meningococcal,” or “Today, your child should have 3 vaccines. They’re designed to protect him from meningitis, cancers caused by HPV, and tetanus, diphtheria, & pertussis.”
- Make sure your practice has a system in place to bring back patients to complete the HPV vaccination series.

The following are helpful resources on HPV vaccination:

The AAP HPV Champion Toolkit has resources to help you support patients’ and parents’ choice to vaccinate against HPV for cancer prevention.

The Toolkit also has resources available to help you:

- Make change in your practice to increase HPV vaccination rates
- Learn what’s new with HPV Vaccine
- Earn Continuing Education credits
- Print resources for families
- And more!

**CDC’s #PreteenVaxScene Webinar Series** features important updates and resources on a variety of topics related to increasing uptake of the vaccines routinely recommended for preteens and teens. There are multiple archived webinars that focus on the HPV vaccine. The webinars include:

- Getting Parents to Yes! Vaccine Conversations That Work for Providers & Parents
- Partner Resource Showcase
- HPV Vaccination Partner Toolkit
- HPV Vaccine Schedule Change Update
- NEW!: An Interprofessional Approach to HPV and Oral Cancer Prevention Education on Monday, January 8th

**The National Association of County and City Health Officials (NACCHO)** is comprised of nearly 3,000 local health departments across the United States. Together, they form an organization focused on being a leader, partner, catalyst, and voice for change for local health departments around the nation. NACCHO recently updated its HPV resource guide for local health departments. Find it [here](#).