



# 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



- **Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) Announces Food and Drug Administration (FDA) approval of Hiberix as a 3-dose primary Hib vaccination series**  
On January 14, the FDA approved the expanded use of GlaxoSmithKline Biologicals' (Research Triangle Park, North Carolina) Hiberix (Haemophilus b Conjugate Vaccine [Tetanus Toxoid Conjugate]) for a 3-dose infant primary vaccination series at ages 2, 4, and 6 months. Hiberix had previously been licensed in the United States since August 2009 for use as a booster dose in children aged 15 months through 4 years. That licensure was obtained under the Accelerated Approval Regulations in response to a Haemophilus influenzae type b (Hib) vaccine shortage that lasted from December 2007 to July 2009. This new approval provides an additional vaccine option to other currently-licensed Hib vaccines recommended for the primary vaccination series. On April 29, the CDC reported this change in their [MMWR](#).
- **AAP Supports ACIP Recommendation for Use of Inactivated Flu Vaccine**  
On June 22, The CDC ACIP voted that, for the upcoming 2016-'17 influenza season, live attenuated influenza vaccine should not be used in the upcoming 2016-2017 season. The [American Academy of Pediatrics \(AAP\) agrees with the interim recommendation](#). In light of this recent recommendation, the [AAP offers information to help members](#) make the transition for the upcoming 2016-'17 influenza season (Log in required).
- **CDC Confirms 19 Cases of Measles in Nine States Through May 21**  
From January 2 through May 21, 19 cases of measles have been confirmed in nine states (Arizona, California, Georgia, Hawaii, Illinois, Massachusetts, Minnesota, Tennessee, and Texas) according to [CDC outbreak reporting](#). Since 2010, 2014 has had the most cases of measles, 667 (in 23 outbreaks) reported in the United States. Last year, 189 cases were reported. [Data is updated monthly](#).
- **CDC Study Shows Low Risk of Febrile Seizure in Children after Vaccine Receipt**  
Researchers at the CDC studied children, ages 6 to 23 months, and found that children who received influenza or DTaP vaccine did not have a greater risk of fever-related seizures on the day of or the day following the vaccine, compared to their risk of febrile seizure 14-21 days after vaccine (the control period). Children had only a slightly higher likelihood of febrile seizure following receipt of pneumococcal conjugate vaccine than during the control period. The study was published in [Pediatrics](#), and also showed that only up to 30 per 100,000 children given all three vaccines at once were likely to have febrile seizures.

## Featured Provider Resources for Vaccine Conversations with Parents

### Ensuring the Safety of Vaccines in the United States

The CDC's [Ensuring the Safety of Vaccines in the United States](#) explains how vaccines are tested and checked for safety before and after licensure.

## Upcoming Events

### ➤ **National Immunization Awareness Month**

Every August, [National Immunization Awareness Month](#) (NIAM) provides an opportunity to highlight the value of immunization across the lifespan. Activities focus on encouraging all people to protect their health by being vaccinated against infectious diseases.

Learn more about NIAM from the [CDC](#) and the [National Public Health Information Coalition](#).

### ➤ **CDC 47th National Immunization Conference**

September 13–15, 2016

Hilton Hotel

Atlanta, GA

The [National Immunization Conference](#) brings together a wide variety of local, state, federal, and private-sector immunization partners to explore science, policy, education, and planning issues related to immunization and vaccine-preventable disease. Major topics include:

- Childhood and Adolescent Immunization
- Adult Immunization
- Immunization Information Systems
- Programmatic Issues
- Health and Risk Communications
- Epidemiology and Surveillance

### ➤ **Advisory Committee on Immunization Practices**

October 19-20, 2016

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

### • **AAP Immunization Web pages**

The [AAP Immunization Web pages](#) are now a part of [www.aap.org](http://www.aap.org). Find resources for your practice on the following topics:

- [Communicating with families](#)
- [Financing, supply, and ordering](#)
- [Vaccine storage and handling](#)
- [Vaccine administration](#)
- [Strategies to improve immunization rates](#)
- And more!

[Information for families on immunizations](#) is available on [healthychildren.org](http://healthychildren.org).

### • **AAP Community of Immunizers**

Improve HPV vaccination rates by learning to make a strong recommendation for the HPV vaccine; hold productive, effective conversations with parents about vaccines; and protect your practice against large financial loss by safekeeping your vaccine stock with proper storage, through the [AAP Community of Immunizers](#). This is an online site that provides education, resources, practice-improvement projects, and a connection to colleagues who are passionate about immunization. All healthcare professionals are encouraged to join.

## **Red Book Online**



### **Find Supporting Resources in Every Red Book Chapter!**

You know Red Book, the American Academy of Pediatrics authoritative guide to evidence-based guidance on pediatric infections and vaccinations.

Now see what [Red Book](#) offers electronically—the same complete text, but extending beyond the print edition with fully embedded links to supporting images, tables, and in-depth drug monographs (powered by Lexicomp). When in a Red Book chapter, simply click a "red word" to see the supporting resource. Use it, and the rest of [Red Book Online](#), at the point-of-care, in between patients, at home, or on the go for instant access to pediatric infectious disease solutions.

## Featured Research Findings A Commentary

### Vaccines and autism in primate model

Paul A. Offit

*Proceedings from the National Academy of Sciences of the United States of America*, 112, 40. 2015.  
<http://www.pnas.org/cgi/doi/10.1073/pnas.1516574112>

(Login may be required)

**Reviewed by:** Jane Gould, MD, FAAP, Associate Professor of Pediatrics, Drexel University College of Medicine, Hospital Epidemiologist, Attending Physician, Section of Infectious Diseases, St. Christopher's Hospital for Children, Philadelphia, PA.

The study by Gadad, et al has added to the large body of evidence refuting a causal link between ethyl mercury in the form of the vaccine preservative thimerosal and/or receipt of MMR vaccines and autism spectrum disorder (ASD). Study investigators administered thimerosal-containing vaccines according to the recommended pediatric vaccine schedules from the 1990s (which had the highest thimerosal exposure) and from 2008 (which had the greatest number of different vaccines) to infant rhesus macaques. They followed the macaques for 18 months and examined behaviors, both social and nonsocial (as an indicator for cortical function), as well as euthanized animals for neuropathology studies from three specific brain regions previously found to be affected in post-mortem ASD brains; namely a change in neuronal size in the limbic system, decreased number of Purkinje cells in the cerebellum, cortical dysgenesis or migration disturbances and changes in GABAergic and cholinergic systems in brainstem, neocortex, amygdala and hippocampus and compared these to control animals who received saline placebos. Behavior was tested using well-established, detailed protocols by three examiners who passed periodic reliability training and who were blinded to the experimental conditions of the animals. Neuropathologic measurements were conducted by at least two different investigators who were likewise blinded to the experimental conditions of the animals. The investigators found no significant differences in negative behaviors between animals in the control or experimental groups, nor did they find any cellular or protein changes in the cerebellum, hippocampus (including no effect on neurogenesis) or amygdala following the 1990s or the 2008 vaccine schedules.

#### **Reviewer's Commentary:**

These results should put to rest any concerns that thimerosal or the number and timing of vaccines causes ASD. This evidence should be reassuring to pediatricians who must often attempt to convince vaccine-hesitant parents to vaccinate their children. Unfortunately, as Dr Offit highlights in his Commentary, this might not be the case. A 2015 Medscape survey study of pediatricians revealed that the majority of parents who chose to delay, withhold, separate or otherwise alter the spacing and timing of vaccines stated the fear of autism as their reason for doing so, in spite of overwhelming evidence from both clinical and preclinical studies that discredit any potential link between vaccines and ASD. Dr Offit rightly points out that, until science can answer what really causes ASD, many fearful parents will continue to ignore all of the scientific evidence and maintain their belief that vaccines are the cause.

## Pediatrics In Practice

### Immunization Action Coalition (IAC) – Ask the Experts

The June 2 issue of the *IAC Express* included a section entitled [Ask the Experts: CDC Experts Answer Your Questions](#). This featured vaccination questions answered by CDC National Center for Immunization and Respiratory Diseases' medical officer, Andrew T. Kroger, MD, MPH, and nurse educator, Donna Weaver, RN, MN.

Below are 3 questions and answers that this article featured.

#### DTaP

**Question:** The US immunization schedule indicates that DTaP #4 is recommended at age 15–18 months. However, the footnote says that dose #4 can be given at age 12 months as long as the minimal interval of 6 months has been met. If the minimal interval is met, is it acceptable to give DTaP #4 to a 12-month-old in order to avoid a missed opportunity to vaccinate?

**Answer:** Yes. If the minimum interval of 6 months has elapsed since DTaP #3, then DTaP #4 can be given at age 12 months or older. It is particularly important to give DTaP #4 as soon as possible if there is any doubt that the child will return at age 15–18 months.

#### MMR

**Question:** During a mumps outbreak, should a 6-month-old baby be vaccinated with MMR as we do during a measles outbreak?

**Answer:** You are correct that in some measles outbreaks, MMR is recommended for children as young as age 6 months. However, ACIP has not made this recommendation in the event of a mumps outbreak.

#### Vaccine Storage and Handling

**Question:** How long is a vaccine viable if it has been stored in the refrigerator in a syringe?

**Answer:** Disposable syringes are meant for administration of immunobiologics, not for storage. CDC recommends that vaccines that have been drawn into syringes in the work setting be discarded at the end of the clinic day. Manufacturer-filled syringes that have not been activated (i.e., have not had the needle guard removed or a needle attached) may be kept and used until their expiration date.

[Sign up to receive the IAC Express](#) every week!

These questions have been adapted with permission from <http://www.immunize.org/express/issue1249.asp> on June 9, 2016. We thank the Immunization Action Coalition.



Got an idea about a topic you'd like us to cover?

Contact us at [immunize@aap.org](mailto:immunize@aap.org)

# CDC's Spotlight on Childhood Immunizations

## Summertime is the Perfect Time for Vaccine Reminders

Your young patients may think of summertime as a few months to relax and enjoy a slower pace. However, for your practice, it's a busy time, full of camp forms, sports physicals, and back to school visits. Even though parents may be there to make sure their children have all the vaccines required for school and activities, you can take advantage of the opportunity to remind them that it's important for the whole family to be up-to-date on vaccinations – including them! Most adults aren't aware that they need vaccines too, putting themselves and their children at risk for some serious and common diseases. You may not be the primary care provider for the parents you see every day, but they still trust the health information you give them. That's why you can make a difference in their health too. By reminding them that vaccines aren't just for kids, you can ensure that the whole family stays protected against vaccine-preventable diseases.

You can start by letting them know that CDC has a [vaccine quiz](#) that can help them understand which vaccines may be recommended, and then encouraging them to check in with their doctor to determine what they need to get. There are also free [CDC resources](#) you can share with parents on adult immunization.

Then, you may want to make some specific recommendations. For example, moms planning another pregnancy will want to be sure they have gotten their MMR vaccine prior to conception. Rubella can cause a miscarriage or serious birth defects in a developing baby if a mom gets infected while she is pregnant.

Do your patients have a big family travel plans? That's another way you can work vaccines into your conversations. If families are [traveling out of the country](#), they may need some vaccines.

You may have some patients who bring in their older children to complete a camp medical form, but if they have younger kids, they may need a reminder about any vaccines that they've missed. Parents with multiple children may have trouble keeping up with all of the vaccines recommended for each child. However, a reminder from you can help keep everyone vaccinated on schedule.

Finally, what about your practice? Do you make sure your staff stays up to date with their vaccines? Healthcare workers need [vaccines](#) to protect themselves and also their patients. Talk to your staff about ways they can help encourage vaccines. Here are some ideas:

- Have them remind parents about vaccines and help educate them about vaccine-preventable diseases
- Ask them to wear stickers or pins indicating they have been vaccinated
- Hang posters or have fact sheets about vaccines readily available
- Provide continuing education opportunities for your staff on vaccines so that they are ready to answer questions.

This summer, take every opportunity to remind your patients and their parents, as well as your own staff, that vaccines are safe, proven protection against serious and common diseases. You can learn more and download [free materials](#) to assist with staff and patient education.

# Special Section

## Human Papillomavirus Vaccine

### The HPV Vaccine is Cancer Prevention

A strong recommendation is essential to HPV vaccine acceptance. The [HPV Champion Toolkit](#) has resources to help you support patients' and parents' choice to vaccinate against HPV for cancer prevention.

Key Points to HPV recommendations are:

- Don't miss your chance to prevent cancer. Recommend the HPV vaccine for all boys and girls at age 11 to 12.
  - The vaccine is most effective at 11 to 12 — it gives the highest level of protection at that age.
  - HPV associated cancers will affect 1 in 160 children.
  - Waiting is risky- an adolescent may not come back to your office again for several years, possibly after they are infected.
  - HPV infection can occur without intercourse.
- 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."
  - Recommend the HPV vaccine in the same way and at the same time as Tdap and meningococcal. Bundling is more effective.
  - Interviews show that most parents want this vaccine for their children.
  - Your recommendation matters most to parents.
  - Recommend HPV vaccine at every opportunity, including well and sick visits.
  - Parents ask questions to get your reassurance that they are making the right decision. Simple answers about cancer prevention and personal attestations work best.
- Make sure your practice has a system in place to bring back patients to complete the series.
  - Tell parents that this is a 3-dose series.
  - Schedule the patient's next visit or give them a reminder before leaving the office.
  - Recall patients using your electronic medical record, immunization registry, postcards, or phone/text messages. Ask parents how they would like to be reminded. Local health departments or registries may be able to help.
  - Standing orders are effective and efficient.

**The Toolkit has many more resources available to help you:**

- Make change in the practice
- Learn what's new with HPV Vaccine
- Earn Continuing Education credits
- Print resources for families
- And more!