



# AAP IMMUNIZATION INITIATIVES NEWSLETTER

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*The Childhood Immunization Support Program (CISP) is a cooperative agreement grant between the CDC and AAP.*  
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## Updates and Alerts

### ➤ **The Advisory Committee on Immunization Practices (ACIP) Recommends Routine Vaccination of Boys with HPV**

For the past two years, the CDC maintained a permissive recommendation with HPV vaccine for boys age 11-26. At the October ACIP meeting, members voted to make the recommendation routine for boys ages 11-12. Boys may receive it as early as age 9, with the routine recommendation extending to age 21 for boys, and a permission recommendation to age 26. To read the CDC press brief, visit:

[http://www.cdc.gov/media/releases/2011/t1025\\_hpv\\_12yroidvaccine.html](http://www.cdc.gov/media/releases/2011/t1025_hpv_12yroidvaccine.html).

### ➤ **Food and Drug Administration (FDA) has not approved Jet Injectors for Inactivated Influenza Vaccine**

The FDA recommends that health care professionals **do not** use jet injectors to administer inactivated influenza vaccine. They should use a sterile needle and syringe instead. The FDA provides the following information:

- Currently, there is only one vaccine- measles, mumps and rubella (MMR)- that is approved and specifically labeled for administration by jet injector.
- Safety and effectiveness information that would support labeling inactivated influenza vaccines for delivery by jet injector have not been submitted to the FDA.
- At this time, there are no inactivated influenza vaccines that are approved and specifically labeled by the FDA for administration by jet injector.

For more information, visit:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm276773.htm>.

### ➤ **The Centers for Disease Control and Prevention (CDC) Publishes Updated Tdap Recommendations in Morbidity and Mortality Weekly Report.**

This guidance for Tdap vaccination of pregnant women and others who have close contact with infants is available at <http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf>.



## Learn more about the ACIP Process!

### Video series on vaccine promise, cost effectiveness, and making decisions

This summer, five experts, including physicians, an economist, and an attorney, met to explain the ACIP decision-making process for vaccine recommendations and how cost effectiveness data and a vaccine's value to society are considered.

The five panelists were:

- David Curry, Center for Vaccine Ethics and Policy
- Adel Mahmoud, MD, Princeton University
- Leslie Norwalk, JD, formerly with the US Centers for Medicare and Medicaid Services
- Mark Pauly, Wharton School, University of Pennsylvania
- William Schaffner, MD, National Foundation for Infectious Diseases and Vanderbilt University School of Medicine.

Their discussion was filmed at the American Enterprise Institute, and the videos are available at <http://www.aei.org/video/101473>.

## Upcoming Events

### ➤ Red Book Webinar - Meningococcal Conjugate Vaccine Policy Update

December 13, 2011, 1:00 pm EST

Michael T. Brady, MD, FAAP

[www.aap.org/webinars/redbook](http://www.aap.org/webinars/redbook)

### ➤ Clinical Vaccinology Course

March 9-11, 2012

Hyatt Regency Chicago, Chicago, IL

The goals of the conference are to provide information that will help participants provide comprehensive immunization coverage for all age groups and explore innovative strategies for developing programs, policy, and research to promote immunization coverage for all age groups.

<http://www.cvent.com/events/clinical-vaccinology-course/event-summary-50ff1f08425e4a30a3ae5f4b701095a1.aspx>

## Recent Meetings

### ➤ Advisory Committee to Immunizations Practices (ACIP)

October 25-26, 2011

Centers for Disease Control and Prevention, Atlanta, GA

The Advisory Committee on Immunization Practices (ACIP) met on October 25-26, 2011. Their discussions included a routine HPV recommendation for boys, the 2012 childhood and adult immunization schedules, Hepatitis B vaccine recommendations for those with diabetes, meningococcal vaccine in infants, the expanded age recommendations for Tdap, febrile seizures, measles updates, and influenza reports. To view the agenda and presentation materials, visit:

<http://www.cdc.gov/vaccines/recs/acip/meetings.htm>

## Resources

### ➤ CISP Risk Communication Video Series

This resource uses risk communication theory and Alison Singer's CASE model to help health care professionals conduct fruitful discussions with families about vaccine safety concerns. The videos introduce risk communication and the CASE model, role play two examples of the CASE model in action, and provide feedback on each of the scenarios. These can be viewed individually or as part of a larger group for discussion. To access these videos, visit:

<http://www.aap.org/immunization/pediatricians/riskcommunicationvideos.html>.

### ➤ CISP Immunization Training Guide

This training guide is designed to assist pediatric office staff in all aspects of immunizing a practice's patients. Use this guide to educate and properly train physicians, nurse practitioners, physician assistants, nurses, medical assistants, office managers, and other office staff. To access the guide, visit:

<http://www.aap.org/immunization/pediatricians/trainingguide.html>.

### ➤ Vaccine Information Statement for Meningococcal Vaccine

The CDC has released a new VIS form for meningococcal vaccine, which includes the recommendation to provide a booster dose at age 16. To access this resource, visit:

<http://www.cdc.gov/vaccines/pubs/vis/#mening>

### ➤ Prevention and Control of Influenza: Considerations for Newborns and Very Young Infants

The AAP in collaboration with the CDC has developed a Q & A to address 5 common questions regarding prevention and control of influenza in newborns and very young infants, including use of antivirals.

The Q & A can be viewed at: [http://www.aap.org/disasters/pdf/Special-Considerations-to-Treat-and-Prevent-Flu-in-Newborns\\_FINAL.pdf](http://www.aap.org/disasters/pdf/Special-Considerations-to-Treat-and-Prevent-Flu-in-Newborns_FINAL.pdf)

## Red Book Online



### Red Book Online Influenza Resource Page

Stay updated on the latest influenza information with the *Red Book Online* Influenza Resource Page at

<http://aapredbook.aappublications.org/flu/>.

This page, compiled by the American Academy of Pediatrics Committee on Infectious Diseases, contains a comprehensive list of resources on vaccine guidance, prevention, treatment, payment, policies, and news. The *Red Book Online* Influenza Resource Page is frequently updated with pertinent information related to seasonal, H1N1, avian, and pandemic influenza. Look for these and other recently added topics:

- PediaLink Hot Topics: Prevention and Control of Influenza: 2011-2012, and Egg Allergy and Influenza Vaccination
- November *AAP News* article on antiviral medications for treating influenza in children
- AAP/CDC guidance for the prevention and control of influenza for newborns and very young infants
- *Pediatrics* article about critically ill children during the 2009–2010 influenza pandemic in the United States



## PediaLink Influenza Courses: A Powerful Weapon Against Influenza

In the fight against influenza, vaccinations are the closest thing to a silver bullet that health care professionals have. But staying abreast of the latest vaccination information—information that rapidly changes along with influenza viruses—can be a major challenge for professionals.

That's where the AAP Influenza Course Series gives professionals another powerful weapon: knowledge.

The series, compiled by an expert panel of leading professionals, brings professionals up-to-date on the latest information on influenza vaccination, prevention, control, diagnostic testing, and other vital areas.

The series is available in the AAPs Online Learning Center, PediaLink—which can be accessed from a mobile device or computer.

The Influenza course series consists of the following four individual PediaLink Hot Topics courses that professionals must take separately:

- **Prevention and Control of Influenza, 2011-2012:** Presents the most recent recommendations of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases for the use of trivalent seasonal influenza vaccine and antivirals for the prevention and treatment of the flu.
- **Egg Allergy and Influenza Vaccination:** Highlights the administration of influenza vaccine in patients with egg allergy and important factors that should be taken into consideration such as history of anaphylaxis.
- **Effective Use of Rapid Influenza Diagnostic Tests:** Brings professionals up-to-date on the 2011–2012 recommendations of the American Academy of Pediatrics and Centers for Disease Control and Prevention for correct use and interpretation of Rapid Influenza Diagnostic Tests (RIDTs).
- **Influenza Immunization for All Health Care Personnel:** Helps professionals better understand the AAP's influenza recommendations and mandatory influenza vaccine policies.

To register for a course or to learn more, visit <http://bit.ly/rsLVKo>.

## *Featured Research Findings*

### **Adolescent Immunization Update**

Meera S. Beharry, MD; Mandy S. Coles, MD, MPH; and Gale R. Burstein, MD, MPH

This article gives background information on the vaccines recommended for adolescents and the diseases those vaccines prevent. Recommended adolescent vaccines include: HPV (human papillomavirus), MCV4 (meningococcal conjugate), Tdap (tetanus, diphtheria, and pertussis), and influenza. Adolescents should receive an influenza vaccine each year, regardless of their age. At age 11-12, it is now recommended that adolescents receive the MCV4, Tdap, and HPV vaccines.

Authors of this article looked at data from the National Immunization Survey (NIS), which is conducted annually by the CDC. This data showed that while adolescents are nearly to the Healthy People 2010 goals of 90% for vaccines such as MMR, Hepatitis B, Td or Tdap, and varicella, rates of immunization for more recently recommended vaccines, such as MCV4 and HPV, are improving but much lower. From 2007 to 2009, females aged 13 to 17 who had received at least one dose of HPV vaccine increased from 25% to 44%; of those recipients, the rates who have received at least 3 doses increased from 24% to 68%. Tdap vaccination rates increased from 11% to 56%, and MCV4 vaccination rates also increased from 12% to 54%.

Several factors contribute to whether or not adolescents receive all of their vaccines. The first is at the patient level, as many adolescents don't make it into the office for regular visits. This could be due to several factors, including poor insurance coverage, parents and patients not knowing that vaccines exist or are recommended, and the sense of invulnerability that some adolescents feel. Providers may also affect adolescents' participation in receiving vaccinations. Those providers who have more knowledge of vaccines and the most recent recommendations, believe the patient is truly at risk for disease, and have office hours that are accommodating to their patients are more likely to get their patients vaccinated. Finally, the other barriers to vaccination of adolescents include insurance status (particularly those who are underinsured), individuals and groups who are promoting anti-vaccine propaganda, and the availability of these vaccines.

The authors of this article offer a few strategies to increase immunization rates, as recommended by the Society for Adolescent Health and Medicine (SAHM). Providers should make every visit to their office an opportunity to offer a recommended vaccine, as it may be the only time they see an individual in the office over a long period of time. Providers should also use electronic medical records in order to remind office staff or the patient that a vaccine is due, and keep hours that are friendly for busy teens and adolescents. Dedicating some hours each week specifically for vaccine catch-up may make this more effective. Adoption of some of these practices may raise adolescent immunization rates and get closer to meeting coverage goals.

*The Pediatric Infectious Disease Journal* Vol. 30, No. 9 Pages 787-790.

[www.pidj.com](http://www.pidj.com)

# Special Section



# AAP CISP Program

## What is the AAP CISP?

The AAP Childhood Immunization Support Program (CISP) is funded through a cooperative agreement with the CDC. Since 1999, the mission of CISP has been to improve the immunization delivery system for children across the nation by developing an infrastructure within the Academy to support its members and by providing education and resources for parents and pediatricians on immunization and immunization-related issues.

## What are the goals of the AAP CISP?

- Promote quality improvement and best immunization practices in community- and office-based primary care settings and other identified medical homes.
- Enable pediatricians and pediatric health care professionals to communicate effectively with parents about vaccine benefits.
- Promote system-wide improvements in the national immunization delivery system.
- Provide accurate and up-to-date resources to parents that address their most frequent immunization concerns via the CISP website.

## What are some AAP CISP Activities?

- Maintaining a key contact network of immunization providers who are instrumental in promoting immunization delivery.
- Providing technical assistance on immunization issues to pediatricians and others to communicate with parents around vaccine safety issues and the importance of immunizing children within a medical home.
- Developing fact sheets, practice resources, and education materials that promote immunization best-practices.

# AAP CISP Program

## What are some AAP CISP resources for providers?

- **Maintaining Standards of Excellence**  
A series to provide pediatricians and other health care professionals with practical strategies and resources to fully implement each of the National Vaccine Advisory Committee (NVAC) *Standards for Child and Adolescent Immunization Practices*  
<http://www.aap.org/immunization/pediatricians/nvacstandards.html>
- **Reminder/Recall Fact Sheet**  
This fact sheet highlights the importance of Reminder/Recall systems, and suggestions for implementing them in your practice.  
<http://www.aap.org/immunization/pediatricians/pdf/ReminderRecall.pdf>
- **Strategies for Pediatricians: Addressing Common Concerns of Vaccine-Hesitant Parents**  
This resource will assist pediatricians in understanding why parents are hesitant to vaccinate, explain common concerns, and provide resources for addressing parental concerns.  
[http://www.aap.org/immunization/pediatricians/pdf/Vaccine-Hesitant%20Parent\\_Final.pdf](http://www.aap.org/immunization/pediatricians/pdf/Vaccine-Hesitant%20Parent_Final.pdf)
- **Immunization Information Systems Fact Sheet**  
This resource provides Q&A on Immunization Information Systems.  
<http://www.aap.org/immunization/pediatricians/pdf/RegistriesFactSheet.pdf>
- **Lessening the Pain of Vaccines**  
Techniques offered here can help reduce the pain of vaccines and anxiety in children (and parents!).  
[http://www.aap.org/immunization/families/Lessening\\_the\\_Pain.pdf](http://www.aap.org/immunization/families/Lessening_the_Pain.pdf)
- **Preventing the Flu in 2011-2012: Strategies for Child Care Providers**  
This includes strategies and resources for child care providers and out-of-home caregivers of children.  
[http://www.aap.org/immunization/illnesses/flu/PreventingFlu\\_ChildCareProviders.pdf](http://www.aap.org/immunization/illnesses/flu/PreventingFlu_ChildCareProviders.pdf)

# AAP CISP Program

## What are some AAP CISP resources for parents?

The AAP CISP has a collection of Frequently Asked Question (FAQ) resources that providers can share with parents to help answer some of their questions about vaccines. You may find the following helpful:

- **Allergies & Breastfeeding**  
[http://www.aap.org/immunization/families/faq/FAQ\\_Allergies&Breastfeeding.pdf](http://www.aap.org/immunization/families/faq/FAQ_Allergies&Breastfeeding.pdf)
- **Diseases aren't around anymore-why do we need vaccines?**  
[http://www.aap.org/immunization/families/faq/FAQ\\_Diseases.pdf](http://www.aap.org/immunization/families/faq/FAQ_Diseases.pdf)
- **Evaluating Internet Information**  
[http://www.aap.org/immunization/families/faq/FAQ\\_Internet.pdf](http://www.aap.org/immunization/families/faq/FAQ_Internet.pdf)
- **Human Papillomavirus (HPV)**  
<http://www.aap.org/immunization/illnesses/hpv/HPVFAQ.pdf>
- **Paying for Vaccines**  
[http://www.aap.org/immunization/families/faq/FAQ\\_PayingforVaccines.pdf](http://www.aap.org/immunization/families/faq/FAQ_PayingforVaccines.pdf)
- **Vaccine Ingredients**  
<http://www.aap.org/immunization/families/faq/Vaccineingredients.pdf>
- **Vaccine Safety**  
[http://www.aap.org/immunization/families/faq/FAQ\\_Safety.pdf](http://www.aap.org/immunization/families/faq/FAQ_Safety.pdf)
- **Why Immunize?**  
<http://www.aap.org/immunization/families/faq/whyimmunize.pdf>

Let's also list the parental concerns family pages on the website.

## What else should I know about the AAP CISP?

AAP CISP has many resources for providers and parents. You can access these by visiting the AAP CISP website (<http://www.aap.org/immunization>), and clicking on Pediatricians or Families. The AAP CISP has also created an EQIPP Module, [Give Your Immunization Rates A Shot in the Arm](#). EQIPP courses help practices identify and close gaps using practical tools. Earn CME credit and meet MOC Part 4: Performance in Practice requirements all at once. Each course requires some work online and offline. To learn more about this module visit: <http://www.eqipp.org/>.



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