



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: NU38OT000282-01-01)



Updates and Alerts



- **AAP Updates Influenza Guidance for 2019-20 – No vaccine preference**
The AAP is no longer issuing a preference for Inactivated Influenza Vaccine over Live Attenuated Influenza Vaccine. Read more on Page 4.
- **Elimination of Non-medical Vaccine Exemptions Ranked Top Priority at AAP Annual Leadership Forum**
Every year, AAP chapter, committee, council and section leaders from across the U.S. and Canada gather at the AAP Annual Leadership Forum (ALF). At this meeting, experts provide perspectives and expertise to advise the AAP Board of Directors, discuss child health priorities and vote on priorities. [Elimination of non-medical vaccine exemptions](#) was voted as the top priority. (Login required).
- **Bacteria in Whooping Cough Vaccine Mutating – Rendering Vaccine Less Effective**
Researchers at the Centers for Disease Control and Prevention (CDC) have studied bacteria samples from patients diagnosed with Pertussis (whooping cough) between 2000 and 2013 and found that the bacteria experienced genetic changes over time. These changes have made the vaccine an imperfect match. Authors hope that their research will be the impetus to finding a more effective vaccine. [Read the original article here.](#)

Vaccination according to the Recommended Immunization Schedule remains the best way to protect against Pertussis – including vaccinating pregnant women with Tdap to protect their babies.

- **Measles Outbreaks**
In October 2018, [measles outbreaks](#) began in New York and New Jersey that have continued into this year. As of April 11, 2019, there have been 555 reported cases of measles in the United States. This already exceeds the number (372) of cases reported in all of 2018.

Measles cases have been reported in 20 states. There are also currently five outbreaks (defined as more than 3 cases ongoing), in the following jurisdictions or states: [New York State \(Rockland County\)](#), [New York City](#), [Washington](#), [New Jersey](#), and [California \(Butte County\)](#).

The most cases have been reported in New York, where Public Health Law Section 2164 and New York Codes, Rules and Regulations [require every student](#) entering or attending public, private or parochial school in New York State to be immune to measles (and 9 other vaccine-preventable diseases), in accordance with Advisory Committee on Immunization Practices recommendations. The law allows for medical and religious exemptions. Many of those affected by the outbreak live in a community where religious opt-outs are common.

In response to these outbreaks, the New York City Department of Health And Mental Hygiene Health Commissioner [ordered](#) every adult and child who lives, works or resides in the neighborhood of Williamsburg, Brooklyn, New York, who has not received the measles, mumps and rubella (MMR) vaccine to be vaccinated. This order still allows for medical, but not religious exemptions. It does not apply to those with proof of immunity to measles.

For resources on measles, visit:

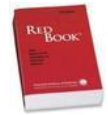
- CDC – [Measles](#)
- CDC – [Measles for Healthcare Professionals](#)
- AAP – [Vaccine Preventable Diseases and Policy](#)

Upcoming Events

- **National Infant Immunization Week**
April 27-May 4, 2019
See the Special Section (pages 8-9) and the CDC article (page 5) for more information
- **Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book) Course**
May 28-30, 2019
Centers for Disease Control and Prevention
Atlanta, GA
Faculty from the CDC's National Center for Immunization and Respiratory Diseases will present a live, comprehensive review of immunization principles, as well as vaccine-preventable diseases and the recommended vaccines to prevent them. The 2.5-day course will feature the most up-to-date immunization information from the Advisory Committee on Immunization Practices (ACIP).
The course is designed for anyone seeking the most comprehensive and current knowledge of immunization, including physicians, nurses, medical assistants, pharmacists, immunization providers, program managers, and nursing and medical students. Participants should have a basic understanding of biology and immunization. [Register online.](#)
- **Advisory Committee on Immunization Practices (ACIP)**
June 26-27, 2019
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. See [ACIP Meeting Information](#) for details. An archive of the meeting will be available under "Meetings Materials" and "Live Meetings."

Resources

- **CDC's "How Vaccines Work" Video Series Complete**
This year, the CDC has released a 3-video series, "How Vaccines Work."
 - The first video, "[How Vaccines Work: How Do Germs Make Your Baby Sick?](#)," shows parents how vaccines fight germs and provide babies long-lasting protection against 14 serious diseases.
 - The second video, "[How Vaccines Work: Vaccines and Your Baby's Immune System](#)," explains how vaccines help prevent disease.
 - The third video, "[How Vaccines Work: What to Expect When Your Child Is Vaccinated](#)," educates parents about the minor side effects their child may experience after getting a vaccine.
- **Immunization Action Coalition (IAC) – Laminated Versions of the 2019 Immunization Schedule**
 - These [laminated schedules](#) are covered with a tough coating you can wipe down; they will stand up to a year's worth of use in every area of your healthcare setting where immunizations are given. The child/adolescent schedule is eight pages (ie, four double-sided pages) and are folded to measure 8.5" x 11".



Red Book Online

The *Red Book* Represents Official AAP Policy

It is published every 3 years, but the AAP continually updates its policy to reflect current information

Spanish Red Book on Red Book Online!

Red Book Online (RBO) now includes the full text of the new Spanish 2018 *Red Book*. See the Spanish edition PDFs by going to the [Table of Contents on RBO](#).

- Sección 1: Inmunización activa y pasiva
- Sección 2: Recomendaciones para la atención de niños en circunstancias especiales
- Sección 3: Resúmenes de enfermedades infecciosas
- Sección 4: Fármacos antimicrobianos y tratamientos relacionados
- Sección 5: Profilaxis antimicrobiana
- Apéndices

Featured Research Findings

Study: MMR vaccine not linked to increased autism risk

Reprinted with permission of AAP News, March 2019

Melissa Jenco, News Content Editor

Another study has confirmed children who receive measles, mumps and rubella vaccine (MMR) are not at increased risk of autism.

The results come as 206 people in the U.S. have contracted measles this year, a number that continues to grow.

“We believe that our results offer reassurance and provide reliable data on which clinicians and health authorities can base decisions and public health policies,” authors wrote in the study “Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study” (Hviid A, et al. *Ann Intern Med.* March 4, 2019, <http://bit.ly/2EPa5eQ>).

The Centers for Disease Control and Prevention and the Academy recommend children receive MMR vaccine at 12-15 months and 4-6 years. However, some parents hesitate to follow this guidance, citing a 1998 study from *The Lancet* linking the vaccine with autism. The study was retracted and many more have found no increased risk, but hesitancy remains a problem, putting children at risk of deadly diseases.

The new study is larger than many of its predecessors. Researchers analyzed data on 657,461 children born in Denmark between 1999 and 2010 and followed through mid-2013 using national health registries. Among that cohort, 6,517 were diagnosed with autism.

When comparing children who had and had not received MMR vaccine, the fully adjusted hazard rate was 0.93, indicating there was no increased risk of developing autism.

Further analysis found the results also held true for vaccinated children with a sibling who had been diagnosed with autism. Among girls, the risk of autism was lower in those who were vaccinated. The largest risk factors for autism were having an older mother or father, low birthweight, poor Apgar score, preterm birth, large head, assisted birth and smoking in pregnancy, the team found.

In an effort to combat vaccine misinformation online, AAP President Kyle E. Yasuda, M.D., FAAP, [sent letters](#) (login required) on March 4, to the CEOs of [Google](#) (which owns YouTube), [Facebook](#) (which owns WhatsApp and Instagram) and [Pinterest](#) requesting that they partner with the Academy.

“The Internet and social media offer tremendous value as tools to help parents make informed decisions about their children’s health,” Dr. Yasuda wrote. “But we must ensure that the decisions are indeed informed, with credible, scientific information from trusted sources. The science is sound: vaccines are safe, vaccines are effective, and vaccines save lives.”

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Special Influenza Update

AAP: No flu vaccine preference for 2019-'20 season

Reprinted with permission of AAP News, March 2019

Melissa Jenco, News Content Editor

The AAP no longer will express a preference for the flu shot over nasal spray vaccine for children during the 2019-'20 flu season.

The recommendation comes after the Academy reviewed current data on vaccine coverage and effectiveness and flu season characteristics. It also considered the reformulation of the nasal spray vaccine. The guidance is expected to be similar to the recommendations from the Centers for Disease Control and Prevention (CDC).

The AAP recommends universal vaccination for everyone 6 months and older.

“Every effort should be made to ensure that all children receive their influenza vaccine every year before influenza viruses begin circulating in the community,” said Flor M. Munoz, M.D., FAAP, a member of the AAP Committee on Infectious Diseases (COID). “Any licensed influenza vaccine given as indicated for age and health status can be used to protect children against influenza in 2019-'20.”

The AAP and CDC did not recommend using the nasal spray (live attenuated influenza vaccine, LAIV) in 2016-'17 or 2017-'18 due to poor effectiveness against H1N1 strains. LAIV manufacturer AstraZeneca has since changed the formulation of the vaccine to include a new strain (A/Slovenia) that it suggested would produce better antibody responses than the previous H1N1 strain (A/Bolivia).

This season, the [Academy recommended](#) using the flu shot (inactivated influenza vaccine, IIV) as the primary vaccine choice, while saying LAIV may be used for children who would not otherwise receive a vaccine. The CDC did not express a preference.

In making a recommendation for 2019-'20, the Academy reviewed U.K. data showing that the reformulated LAIV has been effective against influenza A/H1N1 for children this season, when H1N1 has been the predominant circulating strain. While U.K. effectiveness data tend to differ somewhat from U.S. data, AAP leaders said the data were encouraging. The Academy also considered reported effectiveness of LAIV against other influenza virus strains.

“This year, we’re just feeling more comfortable with current data that (LAIV) has been effective” said COID Chair Yvonne A. Maldonado, M.D., FAAP.

U.S. data for LAIV effectiveness are not expected to be available this season due to low utilization compared to IIV. However, the CDC released [interim effectiveness data](#) for all vaccines, which showed 61% effectiveness against medically attended influenza for children and 48% for the overall population.

H1N1 viruses have been predominant for much of the season, although H3N2 viruses recently surpassed them in some US regions. The [CDC estimates](#) 23 million to 26 million people have gotten sick and as many as 31,200 have died this season.

The CDC’s Advisory Committee on Immunization Practices is expected to discuss its flu policy in June but recently said it does not anticipate major changes. In that case, the CDC and AAP policies will be similar next season. The AAP policy statement on influenza immunization in children will be published later this year in *Pediatrics*.

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CDC Spotlight on Childhood Immunizations National Center for Immunization and Respiratory Diseases, Health Communication Science Office

For NIIW, Focus on Starting Vaccine Conversations Early with Parents

April 27-May 4, 2019 is [National Infant Immunization Week \(NIIW\)](#), an annual springtime observance to highlight the importance of protecting infants from vaccine-preventable diseases. NIIW provides an opportunity to refresh how you talk with parents about their children's vaccinations. The earlier you have these conversations with parents, the better for your patients and your practice!

Research shows that many parents are making vaccination decisions early – even before or during pregnancy. By talking to parents about vaccines well before their child's first vaccine appointment at 2 months, you play an important role in helping parents choose to protect their baby by following the recommended immunization schedule. In turn, **earlier conversations may reduce the need for vaccine discussion at later appointments**. When parents start following the recommended schedule at 2 months, they usually continue getting their children vaccinated on time moving forward.

Parents consider their child's provider to be their most trusted source of information when it comes to their child's vaccines. This is true even for parents who are vaccine-hesitant or who have considered delaying one or more vaccines. Offer parents vaccination information early and in multiple formats:

- Introduce the recommended immunization schedule at baby's 1-week appointment so parents can ask questions before the 2-month well-child visit, when babies receive several vaccines.
- Include the [parent-friendly immunization schedule](#) and [frequently asked questions](#) in welcome packets for parents of new patients.
- Discuss vaccines and answer questions at meetings with expectant parents.
- Hang [vaccine-related information and resources](#) in exam rooms. By doing so, parents can get some initial questions answered before they meet with you.

As you recommend vaccines, remember these key strategies to support parents in choosing to vaccinate according to CDC's recommended schedule:

1. **Foster support for vaccination in your practice.** All staff in pediatric offices, including non-clinical staff, play a vital role in reinforcing the strong vaccine recommendations they hear from you.
2. **Talk about vaccines early.** Talking with parents during the prime decision-making period before the 2-month well-child visit may be more effective and save you and your staff time.
3. **Assume most parents will vaccinate.** When discussing vaccines for children, remember that most parents plan to accept vaccines. Rather than ask what parents want to do about vaccines, state which vaccines the child will receive.
4. **Listen to questions.** Parents consider you their most trusted source of information when it comes to vaccines. There are tips here for [talking with parents about vaccines for infants](#).

2019 marks the 25th anniversary of NIIW. It's also the 25th anniversary of the [Vaccines for Children Program](#), a federally funded program that provides vaccinations at no cost to children whose parents cannot afford to pay for them.

Pediatrics In Practice

Use Social Media to Reach Families in Your Practice

AAP Social Media Toolkit

The AAP Childhood Immunization Support Program offers an [Immunization Social Media Toolkit](#) to help pediatric offices build support for immunizations in their own practices and answer common questions outside of the visit while using their role as a trusted professional to inform families about vaccines. The toolkit offers guidance for choosing a social media platform, setting up an account, and managing your account. Pre-written tweets and posts with resources are also available for practices to copy and paste to make social media simpler.

Last year, 16 pediatric practices from 13 states participated in a pilot of this toolkit with the AAP. They were asked to post vaccine-related content to their social media accounts at least 3 times a week for 8 weeks. Results showed that after using this toolkit, 55% of parent respondents reported learning something new about immunizations from their provider's social media postings and 90% of parent respondents reported that the messages about vaccines made them feel more positively about vaccines!

Consider using the hashtag #lvax2protect!

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

Featured Provider Resources for Vaccine Conversations with Parents

Measles and the Vaccine (Shot) to Prevent It

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, [Measles and the Vaccine \(Shot\) to Prevent It](#). Use this to talk to parents about this important vaccine.

Special Section

National Infant Immunization Week

National Infant Immunization Week (NIIW) is April 27—May 4, and this year is the 25th anniversary of NIIW!

The AAP will advance the importance of vaccines to protect the most vulnerable population, infants, during NIIW. New resources aimed at social media audiences will include a new “Ask a Pediatrician” video promoting the measles vaccine and—to recognize the 25th anniversary of NIIW—the AAP will promote a new video looking back at vaccine preventable diseases. These resources will be available on the AAP [Immunization Campaigns](#) page. Additional information and resources are also available on the [AAP NIIW page](#).

In addition to outreach on Facebook, Twitter and Instagram, the AAP will reach out to traditional media to offer interviews with immunization experts, to respond to the ongoing measles outbreak and to counter the spread of misinformation about vaccines.

More activities and resources from the AAP include:

- Support of the CDC Twitter Chat. April 30, 7-9 p.m. ET
 - Use the hashtag #lvax2protect
 - Encourage your followers to share why they vaccinate on time and why they support immunization
- Participation in an active social media campaign using the hashtag #lvax2protect
- Development of [AAP Voices](#) blog posts on non-medical vaccination exemptions and CDC Childhood Immunization Champions
- Video on [Hep B Vaccines](#) featuring David Hill, MD, FAAP
- [Child Vaccination Across America map](#)

The [CDC NIIW Digital Toolkit](#) is also now available! It includes the following:

- Sample NIIW announcements
- Sample social media content
- NIIW social media graphics, sized for Facebook, Instagram, and Twitter
- Links to multimedia materials to share with parents, including animated videos, posters, and infographics
- Links to updated immunization slide decks for clinicians
- More details about the #lvax2protect Twitter Storm on April 30th and the Instagram Q&A event on May 2nd