Inside this issue:

Updates & Alerts 1
Events & Resources 2
Red Book Online 2
Featured Research Findings 3
CDC's Spotlight on Childhood Immunizations 5
Pediatrics In Practice: Upcoming Influenza Season 7
Special Section Measles Outbreak 8

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

➢ Measles Outbreaks
In October 2018, measles outbreaks began in New York and New Jersey that have continued into this year. As of July 25, 2019, there have been 1164 reported cases of measles in the United States. This is already the highest number of cases in a single year since 1992. Measles was declared eliminated in the United States in 2000.

Please see the Special Section on page 8 for more information about Measles.

➢ Trust In Vaccines Is Highest In Poorer Countries But Weaker In Wealthier Ones, Study Indicates
A study from London has found that vaccines are more trusted in poorer countries, but wealthier countries have higher levels of skepticism. This has resulted in lower vaccine acceptance and allowed outbreaks of disease, such as measles, to persist. Authors find that Europe seems to be the most vaccine-skeptic area, and that France was the country with the lowest levels of trust in vaccines. Read more.

➢ June ACIP Meeting
The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) met on June 26-27, 2019. Below are some highlights from their many discussions.

Hexavalent Vaxelis
The group unanimously voted to add the new hexavalent vaccine, Vaxelis – which protects against diphtheria, tetanus, pertussis, polio, hepatitis B and Haemophilus influenzae type B and was licensed by the Food and Drug Administration (FDA) late last year – to the Vaccines for Children (VFC) program. This vote allows the hexavalent vaccine to be included in the infant series at ages 2, 4 and 6 months through the VFC program, which provides immunizations at no cost to children whose families who do not have health insurance or who cannot afford vaccination.

HPV
The ACIP voted to increase the recommended catch-up age for HPV vaccination in males to age 26, which aligns with the schedule for females. In addition, the Committee voted that people ages 27-45 who aren’t fully vaccinated should discuss vaccination with their doctor, as the HPV vaccine is now licensed for those ages 9-45 years, by the FDA.

MenB
The ACIP recommends that those 10 years of age and older with complement deficiency, complement inhibitor use or asplenia; microbiologists; and people exposed during an outbreak be vaccinated. While vaccination is not routinely recommended for other groups, people ages 16-23 also may choose – after discussion with their doctor – to be vaccinated. An estimated 35,000 college students are exposed during campus outbreaks each year.

The ACIP also reviewed evidence indicating that protection from MenB vaccine wanes after a year or two and approved recommending a booster dose for microbiologists and people with the health issues listed above. The booster dose should be administered a year after the primary series and additional booster doses should be administered every two to three years while the risk remains. For those in an outbreak setting, whom public health officials deem to be at risk, the Committee recommends receipt of a one-time booster at least a year after the primary series is appropriate. Public health officials may consider a dose interval as short as six months depending on the outbreak conditions. In both groups, the same MenB vaccine needs to be used for all doses.
Events
➢ CDC Pink Book Webinar Series
Weekly
Register for CDC’s live CE-accredited series of 1-hour webinars designed to provide a chapter-by-chapter overview of the 13th edition of Epidemiology and Prevention of Vaccine-Preventable Diseases (also known as ‘The Pink Book’). Upcoming topics include:
- August 7, 2019 – Meningococcal Vaccines
- August 14, 2019 – Measles, Mumps, Rubella
All sessions begin at 12:00 p.m. (ET). This series began on June 5 and will run through September 25, 2019.

➢ National Immunization Awareness Month
August 2019
The AAP is continuing its partnership with the CDC to promote National Immunization Awareness Month (NIAM) in August, boasting vaccination’s “Power to Protect” against diseases. The CDC is promoting messaging and toolkits to help physicians and other health care providers and staff discuss vaccination with families. And as always, the NIAM campaign will strive to address the questions that parents have about immunizations and encourage them to look for answers from their local pediatrician.

➢ American Immunization Registry Association (AIRA) National Meeting
August 13-15, 2019
Indianapolis, IN
The AIRA National Meeting provides an annual opportunity to bring peers and partners together to educate on the latest immunization information systems (IIS) best practices and bring IIS discussion to a national stage. Through formal presentations and informal discussions, attendees have an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training and learn from one another. Register and learn more.

➢ Northwest Immunization Conference
August 13-15, 2019
Sentinel Hotel
Portland, OR
Join Immunize Oregon and over 400 colleagues at the Northwest Immunization Conference, a three-day event providing an opportunity to learn the latest information on immunizations and vaccine issues impacting health care practices. Conference curriculum is designed for immunization providers, public health professionals, epidemiologists, students of nursing and medical professions and program managers seeking a comprehensive knowledge of immunizations. Register and learn more.

Resources
➢ AAP Immunization Information Technology: A Guide for Pediatricians on Immunization Information Systems and Two-Dimensional Barcoding
Pediatricians play an important role in communicating with state and local public health entities and electronic health record (EHR) vendors about the functionality needed to help pediatric practices and patients receive the full benefits of use of immunization information systems (IISs) and two-dimensional (2D) barcode scanning and their interaction with EHRs. New from the American Academy of Pediatrics, Immunization Information Technology: A Guide for Pediatricians on Immunization Information Systems and Two-Dimensional Barcoding outlines optimal features of IISs and EHRs, key questions to ask an EHR vendor about 2D barcode scanning and a sample workflow of 2D barcode scanning use in practice.
Featured Research Findings

Study: Children vaccinated against varicella less likely to get herpes zoster
Reprinted with permission of AAP News, June 2019
Melissa Jenco, News Content Editor

Children’s rates of herpes zoster (shingles) were 78% lower when they had been vaccinated against varicella (chickenpox), according to a new study.

Varicella vaccine was licensed for use in the U.S. in 1995. The Centers for Disease Control and Prevention and AAP recommend children routinely receive doses at 12 to 15 months and 4 to 6 years. However, children who receive the vaccine as well as those who contract varicella may experience a re-emergence of the virus, causing herpes zoster.


Results showed vaccinated children experienced herpes zoster at a rate of 38 per 100,000 person-years compared to 170 per 100,000 for unvaccinated children, a 78% difference.

After dividing the children into age groups, researchers found the trend of lower herpes zoster rates among vaccinated children held true for all but the youngest children. Children age 1 year had a 140% higher herpes zoster risk when they were vaccinated.

Infection rates were higher in girls than boys and immunosuppressed children compared to non-immunosuppressed children. They also were higher for those who received one dose of varicella vaccine compared to those who received two.

“That the varicella vaccine prevents not only varicella but zoster as well is an exciting dual benefit from the varicella vaccine, further improving the health of children by immunization, Anne Gershon, M.D., wrote in a related commentary.

She called for additional study into how the vaccine protects against both diseases and for how long.

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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 about and share your success story!

Visit Share Your Success for directions 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
Children who are vaccinated against pertussis are at lower risk of contracting the disease, but that protection wanes over time, likely contributing to recent outbreaks, researchers found.

A team from Kaiser Permanente Northern California (KPNC) set out to look at effectiveness of diphtheria, tetanus and acellular pertussis (DTaP) vaccine, which is given in five doses beginning at 2 months of age.


While there were more pertussis cases among fully vaccinated children than those who were unvaccinated and undervaccinated, these children still had significantly lower risk of pertussis than their peers. The risk was 13 times higher for those who were not vaccinated and twice as high for those who were undervaccinated. Children who received all five doses plus an extra dose were protected even more.

However, as the time since the last dose increased, so did the risk of pertussis. Among vaccinated children ages 19 months to under 7 years, the adjusted risk of pertussis three or more years after vaccination was five times higher than the risk less than a year after vaccination, according to the study.

Among children ages 7-11 years, the adjusted risk of pertussis six or more years after vaccination was twice as high as the risk less than three years after vaccination.

“While the pertussis vaccines don’t last as long as we would like, they do work and they are effective, so both families and providers need to understand it continues to be very important to make sure all infants and children are vaccinated with all doses of the pertussis vaccine and on the recommended schedule,” co-author Nicola P. Klein, M.D., Ph.D., FAAP, director of the Vaccine Study Center at KPNC, said in a video abstract.

In a related commentary, Kathryn Edwards, M.D., FAAP, highlighted the need to improve pertussis vaccines to address waning immunity. She noted experts from around the world are looking into several options, including a live attenuated pertussis vaccine, alone or in combination with DTaP, and adding other antigens or adjuvants to the current vaccines.
Make an Effective Vaccine Recommendations during Back-to-School Appointments

With the end of summer approaching and a new school year on the horizon, it's critical to take advantage of back-to-school appointments to ensure your patients are up to date on recommended vaccines. The recent measles outbreaks we have been seeing emphasize why it's so important to maintain high vaccination rates. In addition to signifying the start of the school year in many states, August is also National Immunization Awareness Month (NIAM). NIAM is a key opportunity to educate parents about the importance of vaccines for protecting their child.

As a pediatrician, you have the power to protect your patients against vaccine-preventable diseases. You are parents' most trusted source of information when it comes to vaccines. Most parents will accept vaccines for their child when you make an effective recommendation.

This year during NIAM, CDC and partners are focusing on four key messages to help educate parents on why it's so important to get recommended vaccines and to provide clinicians with guidance on how to effectively communicate with parents about vaccines for their child. These messages include:

- You have the power to protect against vaccine-preventable diseases.
- Vaccines are safe and effective at protecting against serious diseases.
- Vaccinate on time. Getting vaccines at the right time is the best way to protect against serious diseases.
- Vaccine-preventable diseases are still a threat. Vaccination is the best protection.

A digital communication toolkit highlighting these messages, including messages tailored to your role as a healthcare professional, is available now on the CDC website. The toolkit also includes graphics to help you show your practice's support for vaccination during the observance.

Continued on page 6.

Newsletter Feedback

The AAP Childhood Immunization Support Program would like your feedback on this quarterly Newsletter. Please consider taking 5 minutes to tell us what you like and what you would improve. Access our brief survey here.
Make an Effective Vaccine Recommendations during Back-to-School Appointments
(Continued)

Featured NIAM Resource: #HowIRecommend Videos
CDC will also be featuring the #HowIRecommend video series during the month of August to provide guidance on how healthcare professionals can effectively communicate with parents about vaccines. This series of short videos featuring practicing healthcare professionals, including pediatricians, who share their tips for how they achieve high vaccination rates and effectively address vaccination questions in their practice. Pediatricians from across the country address topics such as:

- Making effective vaccine recommendations
- Addressing parents’ questions about vaccine safety
- Educating parents about the importance of getting all recommended vaccines
- Getting the whole office on board to make effective vaccine recommendations

Visit CDC’s #HowIRecommend website to see how your peers effectively communicate with parents and their office staff about the importance of recommended vaccines.

Looking for CE Credit?
Get CE credit and learn effective techniques for communicating with parents about vaccines. CDC has developed CME activities on Medscape to address how healthcare professionals, including office staff, can have successful conversations with parents about vaccines. Access these CME activities at the links below:

- Making the Case: Championing for HPV Cancer Prevention in Your Practice:
  https://www.medscape.org/viewarticle/898084
- Pediatric Immunization: Navigating Difficult Conversations with Parents:
Pediatrics In Practice

Prepare Your Practice for Influenza Season

The 2019-2020 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 2019)
- **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 considering reviewing proper vaccine administration techniques with members of your practice team.

Featured Provider Resources for Vaccine Conversations with Parents

**Influenza and the Vaccine to Prevent It**

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, Influenza and the Vaccine to Prevent It. Use this to talk to parents about this important vaccine.
Measles Outbreak

Measles cases have been reported in 28 states. There are also currently 4 outbreaks (defined as more than 3 cases ongoing), in the following jurisdictions or states: New York State (Rockland County), New York City, California (LA County), Washington, and Texas (El Paso). These outbreaks are linked to travelers who brought measles back from other countries such as Israel, Ukraine and the Philippines, where large measles outbreaks are occurring.

Earlier this year, 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. More recently, New York Governor Andrew Cuomo signed legislation passed by the NY State legislature to remove non-medical exemptions from school vaccination requirements for children. The law will take effect immediately but will allow students up to 30 days to document required vaccinations.

The CDC has shared the following MMR vaccination recommendations for international travelers and persons living in or traveling domestically to areas with ongoing measles outbreaks and community-wide transmission.

INTERNATIONAL TRAVEL
Infants under 12 months old
- Get an early dose at 6–11 months
- Follow the recommended schedule and get another dose at 12–15 months and a final dose at 4–6 years

Children over 12 months old
- Get first dose immediately
- Get second dose 28 days after first dose

Teens and adults with no evidence of immunity*
- Get first dose immediately
- Get second dose 28 days after first dose

Patients who need MMR vaccine should be fully vaccinated at least 2 weeks before departure. If the trip is less than 2 weeks away, and the patient is not protected against measles, give him/her a dose of MMR vaccine.

DOMESTIC TRAVEL TO OUTBREAK AREAS
CDC's MMR vaccination recommendations for persons residing in or visiting domestic measles outbreak areas within the U.S. have not changed. People who live in and are traveling to areas in the U.S. where there is ongoing, community-wide transmission of measles should be up to date on MMR vaccine. To decide whether to vaccinate an infant visitor less than 12 months of age, follow local health department guidance for the affected area (eg, if no recommendation was made to vaccinate infant residents, do not vaccinate infant visitors).

Certain areas of New York (state and city) are experiencing large ongoing outbreaks, and they have issued guidance for individuals who will spend time in certain communities.
- See guidance for Rockland County
- See guidance for New York City

For resources on measles, visit:
- CDC – Measles
- CDC – Measles for Healthcare Professionals
- AAP – Vaccine Preventable Diseases and Policy
- AAP News – Collection of AAP News stories on measles outbreaks