Updates and Alerts

- **AAP and CDC Update Policies for 20-21 Influenza Season**
  - **American Academy of Pediatrics (AAP)**
    - The AAP has released *Recommendations for Prevention and Control of Influenza in Children, 2020-2021*. See updates for the current influenza season on page 7.
    - The AAP has also updated its *Influenza Implementation Guidance*. Read more about this resource on page 6.
  - **Centers for Disease Control and Prevention (CDC)**
    - The CDC has released *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season*. Updates for the current influenza season include:
      - The composition of 2020-21 US Influenza vaccines, as described on page 7 of this newsletter.
      - Recent licences of two new influenza vaccines for persons aged ≥65 years:
        - Fluzone High-Dose Quadrivalent
        - Fluad Quadrivalent
      - Additional changes include updated discussion of contraindications and precautions to influenza vaccination and the accompanying Table, updated discussion concerning use of LAIV4 within weeks of antiviral medication use, and updated recommendations concerning vaccination of persons with egg allergy who receive either cell culture–based IIV4 (cclIV4) or RIV4.
      - The CDC also offers a *four-page summary*.

- **Use Reminder and Recall Systems!**
  - Now is more important than ever to use reminder and recall systems to help get children and adolescents caught up on immunizations they may have missed earlier this year. Using these strategies can also help get children in for flu shots, which are especially critical this year.

- **Register Your Practice on VaccineFinder This Flu Season**
  - VaccineFinder allows your community to get the most up-to-date information on your practice’s vaccine services. Throughout the 2020-2021 flu season, your practice can share the amount of vaccine you have available. Register today to put your practice on the map.

**AAP Childhood Immunization Support Program Flipchart — Get it for your practice!**

The AAP Childhood Immunization Support Program has developed a Childhood Immunization Flipchart. The flipchart is designed for use by pediatricians and other primary care providers during clinical encounters with patients and families to aid them in conducting efficient, productive conversations about childhood vaccination and giving a strong recommendation for childhood vaccines. It focuses on vaccines routinely provided to children from birth through age 6 years and contains family-friendly infographics and detailed speaking points that providers can use, for each of the 10 vaccines recommended in childhood.

If you would like to request copies of this flipchart to use with patients/families, please do so here. We are currently mailing copies. The flipchart user guide will include suggestions for limiting germ spread, while using the flipchart during the COVID-19 pandemic.
Upcoming Meetings & Events

- **Advisory Committee on Immunization Practices (ACIP)**
  October 28-29, 2020
  Held Virtually
  The ACIP generally holds three meetings each year at the CDC to review scientific data and vote on vaccine recommendations. Meetings are available online via live webcast. More information on ACIP meetings is available [here](#).

- **2020 Clinical Vaccinology Course**
  November 15-17, 2020
  Held Virtually
  The National Foundation for Infectious Diseases Clinical Vaccinology is a comprehensive course that focuses on new developments and issues related to the use of vaccines. Expert faculty provide the latest information on vaccines, including updated recommendations for vaccinations across the lifespan, and innovative and practical strategies for ensuring timely and appropriate immunization. Course topics for 2020 include:
  - Advisory Committee on Immunization Practices (ACIP) Updates
  - Addressing Vaccine Hesitancy
  - COVID-19 Vaccine Development and Implementation/Deployment Considerations
  - Preventing Outbreaks
  - Strategies to Increase Immunization Rates
  - Vaccine Safety and Monitoring

Resources

- **AAP Preparing for Flu Season webpage**
  Pediatrists, pediatric medical subspecialists, and pediatric surgical specialists all play a role in ensuring that children receive influenza vaccine. This is particularly important during the COVID-19 pandemic, given the overlapping symptoms between COVID-19 and influenza. Every visit is an opportunity to administer and/or promote influenza vaccination, and to strengthen relationships with patients and families in order to encourage vaccine confidence. This page contains resources to help you maximize influenza vaccination rates while keeping patients, families, and practice teams safe during the pandemic. It also links to the AAP Preparing Your Practice for the 2020-21 Influenza Season: A Virtual Townhall recording.

- **Immunization Action Coalition (IAC) Mass Vaccination Resources: Resources for Developing Mass Vaccination Clinics**
  The IAC has launched this new website to assist providers in finding a wide range of ideas and resources for executing a mass vaccination clinic. Mass influenza vaccination efforts are crucial this year to help reduce the burden of disease when flu season aligns with the ongoing COVID-19 pandemic and will be necessary once COVID-19 vaccines are approved for use in large groups of people.

  The database contains guidance documents, toolkits, publications, and other helpful resources that can be adapted to meet the needs of mass vaccination programs you may be considering for your community or individual healthcare setting. The website offers a searchable listing of resources for the following venues:
  - curbside, drive-through, and walk-through clinics
  - mobile medical vans
  - pharmacies and schools

- **IAC Vaccination and COVID-19**
  IAC has assembled key resources and links to support safe, effective vaccination at all ages in routine and non-traditional vaccination settings to accommodate additional challenges of vaccination during the COVID-19 pandemic. This page also links to key COVID-19 resource pages from clinical and public health partners. To view additional helpful materials, be sure to visit the COVID-19 Resource Repository.
Influenza disease is dangerous for young children as it may result in severe complications and hospitalization but can be prevented with the seasonal influenza vaccine. The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) recommends that all children aged 6 months and older be vaccinated annually with influenza vaccine (when no true contraindications are present). Furthermore, ACIP recommends that children aged 2 to 8 years who have received fewer than 2 doses of influenza vaccine in their lifetime should receive 2 doses (the priming and booster doses) of the vaccine to better protect against influenza. Because there is limited data on the effectiveness of the receipt of 2 doses, this study further evaluates current ACIP influenza vaccination recommendations for children. Specifically, researchers identified the various vaccination patterns among US children who sought outpatient medical care for acute respiratory tract infection with cough, compared vaccine effectiveness (VE) between children fully and partially vaccinated, and determined whether VE is affected by the number of doses administered during the first season of vaccination for children aged 6 months to 2 years.

Methods. This study examined four flu seasons from 2014-2015 to 2017-2018. Children in Michigan, Pennsylvania, Texas, Washington, and Wisconsin aged 6 months to 8 years with an acute respiratory tract illness with cough and seeking outpatient care, including emergency rooms, were recruited. Non-eligible participants included children younger than 6 months when they received their first dose, children vaccinated 0-13 days before illness onset, those who received priming and booster doses of the influenza vaccine less than 4 weeks apart during the current influenza season (ie, the enrollment season for this study), and children who received live, attenuated influenza vaccine (LAIV) in the current season. Parents of the participants provided informed consent for their children to participate in the study and demographic information and general health of the participants. Influenza vaccination histories, including from the current influenza season, of each participant were retrieved from electronic medical records and immunization information systems.

Participants’ nasal and oropharyngeal swab specimens were tested for influenza with real-time, reverse transcriptase polymerase chain reaction (rRT-PCR). A test-negative design allowed researchers to determine VE of inactivated influenza vaccine against any influenza by comparing the odds of testing positive for influenza between vaccinated, partially, and unvaccinated participants. VE was calculated as such: (1-odds ratio) x 100%. Additionally, logistic regression models were conducted to further examine the odds with factors such as study site, age at enrollment, calendar time, and presence of high-risk medical condition(s). Full vaccination was defined as follows:

- Received ≤ 1 dose before the current season and received 2 doses (at least 4 weeks a part) during the current influenza season
- Received 2 or more doses prior to the current influenza season and 1 or more dose during the current influenza season.

Vaccinated children with other vaccination sequences for influenza were considered partially vaccinated. To examine the effectiveness of 2 doses of influenza vaccine, researchers determined the VE of 1 inactivated influenza vaccine dose versus 2 doses in the current season among previously unvaccinated children aged 2 years or younger.

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Results. After excluding 806 children (usually for receipt of LAIV) authors analyzed 7,533 children who presented at outpatient facilities with a cough of less than 8 days’ duration. Common demographic characteristics of the participants included female, non-Hispanic white, and younger than 5 years older. Of the participants, 68% were first vaccinated prior to the enrollment season, 12% of participants received their first vaccine during the current season, and 20% were never vaccinated.

A majority of the sample (52%) were unvaccinated in the current season, while only 39% of the sample (n=2,924) received the recommended number of doses in the current season and were fully vaccinated, and 9% were partially vaccinated. This study determined that VE against medically attended influenza was higher in fully vaccinated children (51%) versus partially vaccinated (received 1 dose during the current season and any number of doses previously) children (41%). Additional analyses are available in the chart below.

Table 1

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Proportion of sample (n=7,533) (%)</th>
<th>Adjusted Vaccine Effectiveness (VE) against flu (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully vaccinated children that had prior influenza vaccination and received the recommended number of doses in the current season</td>
<td>39</td>
<td>51</td>
</tr>
<tr>
<td>Partially vaccinated children that received 1 dose in the current season and any number of doses (including none) in a previous season</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Partially vaccinated children with 1 prior dose and 1 current-season dose</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Children aged 2 years or younger who were first vaccinated during the current season</td>
<td>10.5</td>
<td>38</td>
</tr>
<tr>
<td>Received 2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received 1 dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion. Overall, this study supported ACIP’s current recommendation for influenza vaccination among young children as the analyses demonstrated that vaccine effectiveness in children under the age of 9 who receive 2 doses of influenza vaccine during an influenza season if they have not yet had 2 doses in their lifetime is higher compared to partial vaccination. Results from this study were consistent with prior research. Researchers found that children who received their first influenza vaccine at age 5 to 8 years old are less likely to receive the recommended two doses before they turn 9, which should be addressed to improve child health. Researchers could not find reasons for incomplete vaccinations for children with 1 previous dose and 1 current-season dose. Some of the limitations in this study included that not all influenza vaccines may be recorded, researchers were unable to examine the differences in vaccines administered to children, such as half-dose products given to children 3 years old and younger during the 2018-2019 influenza season and live, attenuated influenza vaccines, as well as not finding any confounding factors that may influence VE.
All aspects of health care have been impacted by COVID-19, including well child visits and routine vaccines. While pediatric vaccination rates are starting to climb again, there's still a need to catch up with routine adolescent vaccines like HPV. In addition, flu vaccination will be particularly important this fall.

According to results of the 2019 National Immunization Survey-Teen (NIS-Teen), 54% of adolescents aged 13-17 years had completed the HPV vaccination series, compared with 51% in 2018\(^1\). In addition, more teens began HPV vaccination on time (by age 13 years) in 2019, suggesting that more parents are making the decision to protect their teens against HPV-associated cancers.

Among adolescents living at or above the poverty level, however, those living outside a metropolitan statistical area (MSA) had lower coverage with HPV and meningococcal vaccines than did those living in MSA principal cities. In addition, the COVID-19 pandemic has the potential to reverse gains made in HPV vaccination coverage and offset historically high vaccination coverage with Tdap and MenACWY vaccines. Orders for adolescent vaccines have decreased among Vaccines For Children (VFC) program providers during the pandemic and a recent survey by Orlando Health\(^1\) showed that two-thirds of parents are still nervous about taking their children to pediatric offices.

As a provider, you can help address these issues by following CDC's guidance on safely providing vaccinations during the COVID-19 pandemic and inform parents who have lost employer-funded insurance benefits about the VFC program. You can also work to build vaccine confidence among parents in your practice. These CDC resources can help:

- **Presentation:** You are the Key to HPV Cancer Prevention. Use this to educate your staff about HPV and HPV vaccine. Email [preteenvaccines@cdc.gov](mailto:preteenvaccines@cdc.gov) to obtain the slide deck.
- **Infographic:** HPV vaccination is the best protection against 6 types of cancer. Post in your exam rooms as a conversation starter.
- **Fact sheet:** Talking to Parents about Infant Vaccines and HPV Vaccine. Share these common questions and answers with your staff.
- **Fact sheet:** Did You Know Your Child Can Get Free Vaccines? Vaccines For Children Can Help. Post in your waiting room or exam rooms. Available in [English](#) and [Spanish](#).
- **Videos:** Share these short #HowIRecommend videos with your staff to show them how other providers recommend HPV vaccines.

Influenza viruses and SARS-CoV-2 will likely be co-circulating this fall and winter, making flu vaccination more important this year than ever. Check out these updated flu resources from CDC:

- **Webpage:** Information for Health Care Professionals 2020-2021 Flu Season
- **Webpage:** Similarities and Differences Between Flu and COVID-19
- **Toolkit:** The Fight Flu Toolkit contains fact sheets, patient education materials, and a slide deck about preparing your practice for flu season.
- **Videos:** Share these short #HowIRecommend videos with your staff to show them how other providers recommend flu vaccine.

Even in these challenging times, you and your staff can help prevent flu and cancers caused by HPV. Together we can build vaccine confidence, empower families, and protect our communities.


AAP Influenza Implementation Guidance 2020-21

Influenza vaccination this year is particularly important to reduce the burden of respiratory illnesses and hospitalizations among children and youth and to prevent overwhelming the capacity of the US health care system during the COVID-19 pandemic.

The AAP Influenza Implementation Guidance is designed to help practitioners and pediatric office staff prevent influenza by delivering influenza vaccine according to the AAP Policy Statement: Recommendations for Prevention and Control of Influenza in Children, 2020-21. The implementation guidance includes information on practice polices, practice management support, and communicating effectively with youth and families about influenza vaccine and about diagnosis and treatment of influenza. Listed below is information and resources found in the guidance.

Annual AAP Influenza Policy
Any licensed, age-appropriate influenza vaccine is acceptable, and everyone 6 months of age and older should be vaccinated. See the AAP News article, "AAP: No Flu Vaccine Preference for 2020-'21 Season." (login required).

Scheduling
This section includes information and tips to set up an efficient flu vaccination clinic that works for your office, including using phone (call or text) or email blasts to let patients know when it’s time to make an appointment, offering flu vaccine visits on Saturdays and after hours, and information for setting up alternative vaccination sites (eg, drive-through clinics, parking lot clinics, etc.).

Administration
For administration of inactivated influenza vaccine, a surgical face mask should always be worn as well as eye protection. For administration of live attenuated influenza vaccine (LAIV), gloves are recommended in addition to use of a surgical face mask and eye protection. Refer to AAP Interim Guidance on the Use of Personal Protective Equipment (PPE) for Pediatric Care in Ambulatory Care Settings During the SARS-CoV-2 Pandemic and CDC Vaccination Guidance During a Pandemic for more information.

Community Partnerships
As a health care provider, you can serve as a resource for community vaccination programs, such as after-hours flu vaccination clinics, curbside/drive thru flu vaccination options, school-based or school-located vaccination clinics, and/or mobile flu clinics.

Additional AAP resources:
- COVID-19 Clinical Guidance
- Influenza Immunization for All Health Care Personnel: Keep it Mandatory
- Pediatric Practice Management Tips During the COVID-19 Pandemic

Featured Provider Resources for Vaccine Conversations with Parents

Vaccine for Flu (Influenza)

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, Vaccine for Flu (Influenza). Use this to resource to aid conversations with parents about vaccines.
Flor M Muñoz, MD, MSc, FAAP

This season, influenza vaccination — recommended for everyone 6 months and older without medical contraindications — is vital to help protect vulnerable populations and reduce the burden of respiratory illnesses and hospitalizations during the SARS-CoV-2 pandemic, according to a new AAP influenza policy statement.

Reducing the risk among children, who have the highest rates of influenza infection, decreases the burden and transmission of virus to household and community contacts of all ages. It also can help preserve the capacity of the health care infrastructure during the ongoing COVID-19 pandemic.

The policy Recommendations for Prevention and Control of Influenza in Children, 2020-2021, from the Committee on Infectious Diseases, is available at https://doi.org/10.1542/peds.2020-024588 and will be published in the October issue of Pediatrics.

Like the last two years, any licensed, recommended, age-appropriate influenza vaccine available can be administered, and there is no preference for a product or formulation. Both inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV) are options. Similarly, treatment with any licensed, recommended, age-appropriate influenza antiviral medication can be used.

Antivirals are recommended for children with suspected or confirmed influenza who are hospitalized, have severe or progressive disease, or have underlying conditions that increase their risk of complications. Recent observational studies suggest antivirals can reduce the risk of certain flu complications, including hospitalization and death.

Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk for influenza who 1) is confirmed or suspected of having flu, or 2) is a child whose siblings or household contacts are younger than 6 months or have a high-risk condition predisposing them to influenza complications, and 3) treatment can be started within 48 hours of illness onset.

Updates for 2020-'21

- **Composition:** All pediatric vaccines are quadrivalent (no trivalents are available for children) and include four viral strain components: influenza A(H1N1)pdm09, A(H3N2), B/Victoria and B/Yamagata. All except the B/Yamagata component are new this season.

- **Vaccine formulations:** Various formulations available for children 6 through 35 months of age have been updated as follows:
  - Afluria Quadrivalent will be the only vaccine for children 6 through 35 months with a dosing volume of 0.25 mL.
  - Fluzone Quadrivalent, licensed in a 0.25-mL and a 0.5mL dosing volume, likely will be available only in 0.5-mL volume for this age group this season.
  - Fluarix Quadrivalent and FluLaval Quadrivalent have a dosing volume of 0.5mL for this age group.

Any of these formulations can be used; there is no preference.

- **Dosages, timing:** All influenza immunizations should be completed by the end of October, if possible. Children 6 months through 8 years who are receiving influenza for the first time, who have received only one dose ever prior to July 1, 2020, or whose vaccination status is unknown, should be vaccinated as soon as vaccines become available so they can receive both doses by the end of October (four weeks apart).

- **Contraindications for LAIV:** Children with immunodeficiencies, anatomic or functional asplenia, cochlear implants or active cerebrospinal fluid leaks should not receive LAIV because it is a live attenuated product. For more information on individuals who should not receive LAIV, consult the policy.

Q What do we know about influenza circulating with SARS-CoV-2?

While the impact of the anticipated co-circulation of SARS-CoV-2 with influenza this season is unknown, there were elevated rates of influenza-like illness hospitalization toward the end of the 2019-'20 season when the COVID-19 pandemic began. The possibility of comorbidity makes it critical to receive timely flu vaccination this season.
**Q Can children with confirmed or suspected COVID-19 receive influenza vaccination?**
Children confirmed to have COVID-19 can receive flu vaccine when their acute illness has resolved. Children with nasal congestion that would impede delivery into the nasopharyngeal mucosa should have LAIV deferred until resolution.

**Q Are special precautions recommended for vaccine administration during COVID-19?**
Yes; infection protection measures should be in place for all patient encounters. Those administering vaccines should wear a surgical face mask (not N95 or respiratory mask) and eye protection if the level of community spread is moderate or elevated. Gloves should be worn during LAIV administration and changed with every patient. Gowns are not required.

**Q What did we learn from the 2019-’20 influenza season?**
Last season saw the highest hospitalization rates in children (68.2 per 100,000 population overall). There were 188 laboratory-confirmed flu-related pediatric deaths. Among 168 children with available medical histories, most (57%) had no known underlying medical conditions. Of the 141 children who were 6 months or older when they became ill (meaning eligible for having had flu vaccination), most (74%) were not vaccinated. Children who died ranged from age 2 months to 17 years (median, 6 years). Among 63 of the children who died and had been previously tested, 46% had a bacterial coinfection.

**Q Is it safe to offer IIV with other vaccines such as 13-valent pneumococcal conjugate vaccine (PCV13)?**
Yes, simultaneous administration of IIV with PCV13 and/or other vaccines continues to be recommended for the 2020-’21 influenza season when these vaccines are indicated.

**Q Can pregnant and/or women who are breastfeeding get the flu vaccine?**
IIV is recommended at any time during pregnancy (LAIV is contraindicated). This will help provide protection to infants during their first six months of life when they are too young to receive the vaccine themselves. Vaccination during breastfeeding is safe for mothers and infants.

**Q What about potential allergies to influenza vaccines?**
Anaphylactic reactions to any vaccine are considered a contraindication to vaccination. Children with a previous allergic reaction after a dose of influenza vaccine should be evaluated by an allergist to determine whether future receipt of the vaccine is appropriate. Those with egg allergies can receive flu vaccination without any additional precautions beyond those recommended for all vaccines. Dr. Muñoz, a lead author of the policy statement, is a member of the AAP Committee on Infectious Diseases.

**Resources**
- AAP influenza vaccine implementation guidance
- CDC flu page
- CDC information on flu supply
- CDC guidance for planning vaccination clinics
- Red Book Online influenza resource page
- Information for parents from HealthyChildren.org
- Related Parent Plus article “See your pediatrician for influenza vaccine during COVID-19 pandemic”