AAP IMMUNIZATION INITIATIVES NEWSLETTER

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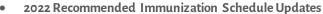
Links to AAP Resources:

- AAP Immunization Web site
- AAP COVID-19 Vaccine Resources
- Red Book Online

The Childhood Program (CISP) is a between the CDC and NU380T000282-04-00)



Updates and Alerts





- o Addition of **Dengue** vaccination to the routine schedule
 - For children age 9–16 years living in dengue endemic areas AND who have laboratory confirmation of previous dengue infection
 - 3-dose series administered at 0, 6, and 12 months
- Haemophilus influenzae type b (Hib) vaccination Text was edited to include recommendations for use of Vaxelis for routine and catch-up vaccination - Vaxelis should not be used as a booster dose for Hib.
- Hepatitis A (HepA) vaccination Language was added to clarify the routine recommendation is for a two-dose series, 6 months apart at age 12-23 months.
- Human Papillomavirus (HPV) vaccination
 - New notes stating: No additional dose recommended when any HPV vaccine series has been completed using the recommended dosing intervals.
 - The special situations section was updated to clarify that people with immunocompromising conditions (including HIV infection) should receive three doses of HPV vaccine regardless of age at initial vaccination.
- Measles, mumps and rubella (MMR) vaccination The section on routine vaccination now includes the following note: For dose 1 in children age 12-47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.
- Meningococcal serogroup A, C, W and Y vaccines (MenACWY) Text has been added that states MenACWY vaccines can be administered simultaneously with serogroup B meningococcal (MenB) vaccines but in different anatomical sites, if indicated and feasible.

For more information read the AAP News article Immunization Schedule Updated for 2022 (login required).

Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) Meeting

The ACIP met February 23-24, 2022. Their conversations relevant to childhood vaccination included the following:

- Cholera vaccine, Vaxchora (Emergent) live, oral cholera vaccine (lyophilized CVD 103-HgR) was licensed by the Food and Drug Administration (FDA) for children ages 2-17 in 2020, but production was suspended during the COVID-19 pandemic. It will be available again beginning May 1, 2022. The ACIP reviewed and voted to include children and adolescents age 2 through 17 years traveling to an area with active cholera transmission, expanding on its existing recommendation for adults. Vaccine preparation and administration are complicated; providers should carefully follow instructions in the package insert.
- **Tick-borne Encephalitis** (TBE) vaccine (Ticovac, Pfizer) was approved by the FDA last year for persons age one year and older and has been used in Europe for more than two decades. After review, the ACIP voted to recommend the vaccine for at-risk laboratory workers and those traveling or moving to a TBE-endemic area who will have extensive exposure to ticks, risk factors for a poor medical outcome and personal perception and tolerance of risk. The vaccine is administered in a primary series of 3 intramuscular (IM) injectives over a 6–12 month period. A booster dose at least 3 years later is optional.

Continued on page 2.

Updates and Alerts (continued from page 1)

- CDC ACIP Updates (continued)
 - MMR Vaccine was also discussed, as a new vaccine, Priorix, GSK, which has been available in Germany for about 25 years, is seeking FDA approval. ACIP will consider use of this vaccine at a future meeting.
- CDC Updated COVID-19 Vaccine Schedule for Some Individuals

 Interim Clinical Considerations for Use of COVID-19 Vaccines Currently

 Approved or Authorized in the United States has been updated to include considerations for an 8-week interval between the first and second doses of a primary mRNA vaccine schedule for people at high risk of myocarditis males ages 12-39 years.
- Pfizer Vaccine for children under age 5 delayed In a press release in February, Pfizer announced their plans to extend their rolling submission to the FDA seeking to amend the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 Vaccine to include children 6 months through 4 years of age. This will allow for the review of data on a three-dose regimen, on which they hope to have data available in early April.

Upcoming Meetings & Events

National Infant Immunization Week

April 25 - May 2, 2022

National Infant Immunization Week (NIIW) is approaching. Please see the Special Section for more information.

 CDC Advisory Committee on Immunization Practices (ACIP) Meeting lune 22-23

Virtual

The ACIP generally holds regular 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.

National Vaccine Advisory Committee (NVAC)

<u>lune 15-16, 2022</u>

Virtual

US Department of Health and Human Services, NVAC recommends ways to achieve optimal prevention of human infectious diseases through vaccine development and provides direction to prevent adverse reactions to vaccines. NVAC meets three times per year and cover the most recent and pressing topics affecting the vaccine enterprise.



Red Book Online

2022 Childhood and Adolescent
Immunization Schedule on RBO
The Recommended Child and Adolescent
Immunization Schedule, United States, 2022 is
now available on Red Book Online (RBO).

- Table 1 contains the recommended immunization schedule from birth to 18 years of age.
- Table 2 is the catch-up immunization schedule for persons 4 months to 18 years of age who start late or who are more than 1 month behind the recommended age for vaccine administration.
- Table 3 lists the vaccines that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions.

Find changes to individual footnotes for the following vaccines (in alphabetical order): Dengue, *Haemophilus influenzae* type b (Hib), Hepatitis A, Human papillomavirus vaccination (HPV), Measles, mumps, and rubella (MMR), and Meningococcal serogroup A, C, W, and Y vaccines (MenACWY).

To see these and other notable changes to the 2022 Immunization Schedule, visit Red Book Online.

Resources

AAP Education in Quality Improvement for Pediatric Practices (EQIPP) Course: Immunizations - Strategies for Success

This EQIPP immunization course is designed to help you identify immunization rates in your practice, uncover barriers to immunization delivery systems, and provide techniques to overcome those barriers using clear aims that reflect expert principles and proven quality improvement methods and tools.

The online course features two tracks; the 19-23 month old track and the adolescent track with data collection activities specific to each population. The course is eligible for PI CME, NAPNAP, MOC Part 2, and MOC Part 4 credits. The course is free to AAP members. Additional course information is available here.

For rural health care providers who are non-AAP members and interested in taking this immunization course, contact Sara Lolley at slolley@aap.org to have your course fee waived through the Supporting Pediatricians to Improve HPV and Pediatric Influenza Vaccination Rates Initiative. Please note the deadline to register for this course fee waiver has been extended to May 1, 2022.

Confidence in COVID-19 Vaccine

There are three new additions to the AAP's <u>COVID-19 Vaccine Campaign Toolkit!</u> Under the 'printables' section, please find the following one pagers that we encourage partners in vaccine confidence to share broadly: "COVID-19 FAQs", "Was the COVID-19 Vaccine Rushed?", and "Do children who already had COVID-19 need the vaccine?".

Featured Research Findings

Study: COVID hospitalizations lower among infants whose mothers were vaccinated during pregnancy

Reprinted with permission of AAP News, February 15, 2022

https://publications.aap.org/aapnews/news/19568 (Login Required)

Melissa Jenco, News Content Editor

Editor's note: For the latest news on COVID-19, visit http://bit.ly/AAPNewsCOVID19.

Infants whose mothers were vaccinated against COVID-19 during pregnancy were 61% less likely to be hospitalized with the virus than those whose mothers were not vaccinated while pregnant, according to a new study.

"I cannot emphasize enough how today's findings reinforce the importance of COVID-19 vaccination during pregnancy both to protect the people who are pregnant and to help protect their babies," said Dana Meaney-Delman, M.D., M.P.H., FACOG, chief of the Centers for Disease Control and Prevention's (CDC's) Infant Outcomes Monitoring Research and Prevention Branch.

Previous studies have found evidence that mothers pass SARS-CoV-2 antibodies to their babies through the placenta, but it was unclear how much protection they provided. In a new study published today in the CDC's *Morbidity and Mortality Weekly Report*, researchers gathered data from 20 pediatric hospitals from July 2021 to mid-January 2022. They looked at 176 infants under 6 months who were hospitalized with COVID-19 and compared them to 203 infants hospitalized without COVID-19. The two groups had similar prevalence of underlying conditions and prematurity, although infants with COVID-19 were more commonly Black or Hispanic than the control group.

The data showed two doses of mRNA vaccine during pregnancy was 61% effective in preventing infant hospitalization due to COVID. About 84% of infants hospitalized for COVID and 88% with COVID who were treated in the intensive care unit were born to mothers who were not vaccinated during pregnancy. One infant with COVID died after being born to an unvaccinated mother. The study did not look at women vaccinated before pregnancy.

COVID-19 vaccination during pregnancy has been shown to be safe for mothers and their babies. The CDC recommends vaccination for women who are pregnant, may become pregnant or who are breastfeeding. While vaccine efficacy in today's study was higher when vaccination occurred after 20 weeks of pregnancy, confidence intervals were wide, and the CDC is not recommending specific timing for vaccination during pregnancy.

Contracting COVID-19 during pregnancy has been linked to severe illness and death in pregnant women and preterm birth and stillbirth among their babies. At least 171,428 pregnant women have contracted COVID-19 and 273 have died, <u>CDC data show</u>.

About 42% of pregnant women were fully vaccinated before or during pregnancy as of Jan. 15, according to the CDC.

Resources

- AAP COVID vaccination resources
- CDC clinical considerations for administering COVID-19 vaccines
- AAP News story "COVID during pregnancy: Studies underscore urgency of prevention strategies"
- AAP News story "Preliminary data show no safety concerns for pregnant women receiving COVID-19 vaccines"

Pediatrics In Practice

Updated COVID-19 Vaccine Webpages

The AAP has revised the Practice Implementation Resources section of the <u>AAP COVID-19 Vaccine for Children</u> web pages on AAP.org. This section includes six web pages outlining the various phases of implementing COVID-19 vaccine in pediatric practice. Best practices have also been collected from practices who have been successfully vaccinating with COVID-19 vaccine. Below are the pages you'll find in this revised web section.

- Signing up: Listing of State Immunization Programs
 - Find a listing of state immunization programs where you can sign up to be a COVID-19 vaccine provider.
- Preparing for COVID-19 Vaccine & Training Staff
 - Prepare your practice and staff for the nuances of implementing COVID-19 vaccine.
- Storage & Expiry of COVID-19 Vaccines
 - Find specific on how to store COVID-19 vaccines and when they expire.
- COVID-19 Vaccine Implementation Workflow

You will find many considerations for implementing COVID-19 vaccine in pediatric practice on this page. Some include:

- o Schedule Patients
- o Obtain Consent
- o Screen for contraindications
- o Administer the vaccine
- o Observe for reactions
- o Schedule the next dose
- o Report doses administered
- Workflow best practices
 - Don't Miss an Opportunity to Vaccinate
 - Reminder/Recall Systems & Standing Orders
 - Large-scale Vaccine Clinics
- Administering COVID-19 Vaccine in Practice

Learn more about the specifics of administering COVID-19 vaccine to your patients. This page will provide details on:

- o Supplies
- o Vaccine Preparation
- o Preparation Best Practices
- o Documenting COVID-19 Vaccination
- Having Effective COVID-19 Vaccine Conversations

This page links to both CDC and AAP resources for talking to families about COVID-19 vaccination.

- Getting Paid/Payment Resources
 - o Find helpful guidance on getting paid for administering COVID-19 vaccine in your practice.
- <u>Practice Implementation FAO</u>

View common questions and answers related to the delivery of COVID-19 vaccine in your practice.

Time to Pre-book Next Season's Influenza Vaccine

To assist pediatric practices in pre-booking vaccines for next season, the AAP has released the influenza vaccine recommendations for the 2022-2023 season. The recommendations remain unchanged from the current season with no preference for any one product. Read the full story in AAP News (login maybe required). A new, 15-minute on-demand webinar, "Planning for the Next Influenza Season: Pre-Booking" is now available on Red Book Online. Sheri Burnett, RN, Clinical Director at Plateau Pediatrics, provides an overview of what to consider when pre-booking influenza vaccines. The webinar is free and open to everyone. Watch here. Please take a few minutes to provide feedback on this webinar here.

Additional Resources

Vaccinate with Confidence – Immunization Partnerships Promising Practices

In 2021 the Minnesota AAP Chapter (MNAAP) and the Arizona AAP Chapter (AZAAP) participated in the AAP's Immunization Partnership Grants program. They developed strategies to increase vaccine confidence in communities that are historically or culturally hesitant to vaccinate.

- Identify and use trusted, community voices to spread messaging about childhood vaccines to the targeted community. **Examples:**
 - o MNAAP identified 7 Somali-American physicians and project leaders and partners who had experience working in the targeted community of Somali-Americans in Minnesota.
 - Presentations were developed and given by the Somali health care providers, in the Somali language to better communicate with the target population.
 - They noted it was important for the physician who was giving the presentation to be convinced of their message to increase vaccine confidence.
- Continue to offer resources created during the project after the project's end date.
 - Lead pediatrician in MN created a resource folder available to all participants, including relevant literature and vaccination fact sheets. They also anticipate being able to translate and share the resources more widely throughout MN.
 - o Providers should continue efforts in order to see immunization-rate increases in the community.
- Identify where target communities receive information.
 - AZAAP leveraged social media sites to disseminate messages on partner and provider accounts. They also created a podcast and created messages for magazines.
- Use social media campaigns and strategies to engage with parents and other participants, but be prepared to act swiftly in case of negative commenting,
 - MNAAP identified a shift towards technology-based learning and communication, and they plan to
 include more social media strategies in the future when trying to engage with community
 members.
 - o AZAAP noted a need for future capacity to moderate the comments sections of their social media posts so that parents are not diverted to unreliable information.
- Consider project timing carefully. Pediatric practices schedule many well visits in the summer months and may be busier with sick visits during the winter months. Influenza shots are also given during the fall.

The AAP is also excited to announce that four chapters were awarded Immunization Partnership Grants for 2022. They include:

- California 3
- District of Columbia
- Florida
- Washington (State)



National Infant Immunization Week

National Infant Immunization Week (NIIW) is observed once per year in April to promote the importance of vaccinating children under age 2 to protect them from harmful and potentially deadly diseases. This year it will be observed April 24–30. The COVID-19 pandemic has caused many children to fall behind on immunizations, so it is important to continue making strong recommendations to families for on-time vaccination.

AAP

The AAP will be releasing several new video resources, including videos on vaccine disinformation, vaccine schedules (available in Spanish), and several videos addressing frequently asked questions (available in English and Spanish). They can be found here: Childhood and Adolescent Vaccine Education Series - YouTube

- Can Babies' Immune Systems Handle so Many Vaccines
- New Immunization videos in Spanish (available by NIIW):
 - O Childhood Immunization Schedule for Ages 0-6 years
 - o Fact Check: FAQs on Kids' Vaccines

Additionally, the Immunizations Campaign Toolkit will be updated with new tools and resources for pediatricians.

CDC

Promotional Materials

- NIIW digital media toolkit
- NIIW kev messages
- NIIW logos in English and Spanish

All staff in healthcare practices, including non-clinical staff, play important roles during NIIW. To highlight childhood immunizations this NIIW:

- Build a culture of immunization in your organization: 10 Ways to Create a Culture of Immunization Within Our Pediatric Practice
- Learn simple tips for talking with parents about childhood vaccines
- Use <u>#ivax2protect</u> on your social media posts to share why you support infant immunizations
- Access Childhood Immunization Videos for Parents