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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

➢ HepB vaccine shortage extended through mid-2020
   Merck, who manufactures pediatric hepatitis B vaccine, Recombivax HB, has announced the shortage of this vaccine will continue through mid-2020. The Centers for Disease Control and Prevention (CDC) reports that GlaxoSmithKline (GSK) has an adequate supply of their hepatitis B vaccines (single-component, Engerix-B and combination vaccine, Pediarix) to make up for the shortage. The CDC offers guidance on immunizing with hepatitis B vaccine during the supply shortage. View the AAP Immunization Supply page for information about all childhood vaccine supply issues.

➢ CDC study reports number of infants hospitalized with influenza is at least double previous estimates
   The CDC has shared a summary of its September 3 article, Underdetection of Laboratory-Confirmed Influenza-Associated Hospital Admissions among Infants: A Multicentre, Prospective Study. (Login may be required). The study was published in The Lancet Child & Adolescent Health. Researchers found that in four countries, Albania, Jordan, Nicaragua, and the Philippines, the number of children younger than 1 year of age hospitalized with flu was at least double current estimates.

➢ Executive order issued to modernize flu vaccine development
   President Donald Trump signed an executive order on September 19, directing the Department of Health and Human Services (HHS) to develop a program supporting development of a universal flu vaccine and faster production of seasonal flu vaccines. The goal of this effort is to improve the nation's preparedness against seasonal flu outbreaks and a possible flu pandemic. HHS has 120 days to develop the plan and budget, according to the executive order. Read the HHS statement for more information.

➢ 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 at: https://www.surveymonkey.com/r/J5LMWZ5.

➢ U.S. likely to keep measles elimination status in spite of outbreaks
   It appears the United States will maintain its measles elimination status despite 1,250 cases and 22 outbreaks this year (through October 3, 2019). HHS announced this after the New York State Health Department declared that the measles outbreaks have ended in the state.

   As it is still possible that a new case of measles will be discovered and linked to the New York Outbreaks, the CDC will work with the Pan American Health Organization in the coming months to verify that measles continues to be eliminated in the U.S.

   The CDC Morbidity and Mortality Weekly Report noted that 89% of those infected had not been vaccinated or had unknown vaccination status. For additional details, read the AAP News article.
Recent Events

- **Advisory Committee on Immunization Practices**  
  October 23-24, 2019  
  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. More information on ACIP meetings is available [here](#).

Events

- **National Conference for Immunization Coalitions and Partnerships (NCICP)**  
  November 13-15, 2019  
  Honolulu, HI  
  The 14th NCICP, formerly known as the National Conference on Immunization and Health Coalitions, is the only conference solely dedicated to collaboration and partnership as a way to improve immunization protection, educate our communities, and prevent disease among children and their families.

- **National Foundation for Infectious Diseases Clinical Vaccinology Course**  
  November 16-17, 2019  
  Washington, DC  
  This 2-day course 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.

- **National Influenza Vaccination Week**  
  December 1-7, 2019  
  CDC established National Influenza Vaccination Week (NIVW) in 2005 to highlight the importance of continuing flu vaccination through the holiday season and beyond. Check out the [CDC's Toolkit](#) page to access the CDC NIVW Toolkit and the Digital Media Toolkit: Flu Season 2019-20.

Resources

- **CDC – Talking to Infants Parents about Infant Vaccines/Talking to Parents about HPV Vaccine**  
  Parents consider their pediatrician the most trusted source of vaccine information. Use this tip sheet to make a strong recommendation for vaccines! One side of the piece offers Q&A-style talking points to use when talking to parents of infants. The reverse side offers the same for use when talking to parents of adolescents.

- **CDC Educational and Promotional Resources for Partners**  
  The CDC National Center for Immunization and Respiratory Diseases (NCIRD) encourages partners to use their educational resources and promotional materials, including toolkits, drop-in articles, digital media tools, videos, PSAs, fact sheets, and social media messages, to help supplement vaccine conversations and outreach with parents, pregnant women, and adults, as well as healthcare professionals.

- **CDC Maternal Vaccination Tools**  
  On October 8, the CDC released its Vital Signs report: “Burden and Prevention of Influenza and Pertussis Among U.S. Pregnant Women and Infants.” This edition focuses on recent findings on rates of influenza and Tdap (whooping cough) vaccination among pregnant women. Currently, the rates for these vaccines are too low—only 1 in 3 pregnant women in the United States receives both flu and Tdap vaccines. Consider using these tools to help promote maternal vaccination.
Featured Research Findings

Study: Physicians Make Stronger HPV Vaccination Recommendations for Older Children
Reprinted with permission of AAP News, September 2019

Melissa Jenco, News Content Editor

Primary care physicians are more likely to strongly recommend HPV vaccination for teenagers than younger children, despite expert recommendations, according to a new study.

The Centers for Disease Control and Prevention (CDC) recommends vaccinating 11- and 12-year-olds but says vaccination can begin as early as age 9. The AAP recommends starting the HPV vaccine series between ages 9-12 years.

HPV vaccine protects against certain types of cancer, but vaccination rates continue to lag behind other vaccines. About 68% of teens had received at least one dose in 2018, and 51% were fully vaccinated against HPV, according to the 2018 National Immunization Survey — Teen. Girls continue to be vaccinated at a higher rate than boys.

Researchers from the University of Colorado and the National Center for Immunization and Respiratory Diseases surveyed 302 pediatricians and 228 family physicians to learn about their recommendation styles. Results are reported in “HPV Vaccine Delivery Practices by Primary Care Physicians,” (Kempe A, et al. Pediatrics. Sept. 16, 2019, https://pediatrics.aappublications.org/content/early/2019/09/12/peds.2019-1475).

About 65% of pediatricians reported always or almost always using a presumptive recommendation style compared to 42% of family physicians. In this style, they announce it is time for the vaccine instead of indicating it is merely something to consider. More physicians are using this style than five years prior, especially pediatricians, according to the study. Teenagers tended to get stronger recommendations from both physician groups compared to younger children. Among pediatricians, 99% made strong recommendations to girls ages 15 and older, while they were least likely to do so for 11- to 12-year-old males (83%). Similarly, family physicians were most likely to make strong recommendations to girls 15 and older (90%) and least likely to make a strong recommendation to 11- to 12-year-old males (66%).

Physicians said parents seeing misinformation about the vaccine online can lead to a refusal as well as parental concerns about safety, questions about whether the vaccine is necessary or religious opposition. Refusals and deferrals were more likely when patients were young or male.

When physicians did not use a strong recommendation or presumptive style or if they anticipated an uncomfortable conversation, their 11- to 12-year-old patients were more likely to refuse or defer the vaccine, according to the study. “The circular nature of provider anticipation of refusal or deferral potentially leading to a weaker recommendation style and less persistence in responding to parental hesitancy could be creating a self-perpetuating cycle within a subgroup of physicians,” authors wrote.

Physicians also reported they believe the two-dose schedule approved by the CDC's Advisory Committee on Immunization Practices in late 2016 has helped boost completion rates for the HPV vaccine series, but some also reported they aren't as knowledgeable about the new recommendations.

Authors encouraged physicians to continue to improve their communication with families regarding HPV vaccine. “Increased use of available communication training materials and applications as well as further development of evidence-based messages for parents may be helpful in improving the way HPV vaccination is introduced,” they wrote.

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Most parents are confident that vaccines are safe and effective and get their children all of the recommended vaccines. At the same time, some parents have questions and concerns, and some are hesitant to vaccinate on schedule. With the spread of myths and misinformation about vaccines, what was once clear can seem uncertain, even controversial. When misleading information circulates in small and close-knit communities, vaccination rates can fall and create an opening to diseases that were once all but eliminated.

CDC recognizes vaccine hesitancy as an urgent issue affecting pediatricians and other healthcare providers. The agency has recently launched a new strategic framework called Vaccinate Confidently. This framework will help every parent feel confident in their decision to vaccinate, with the ultimate goal of reducing vaccine hesitancy and preventing outbreaks of vaccine preventable diseases in the U.S.

Vaccinate Confidently is more than CDC’s framework. The intent is to foster collaboration between CDC, its partners, and healthcare professionals to strengthen public trust in vaccines through three key strategies:

- **Protect communities.**
  Undervaccinated communities are at unique risk for disease outbreaks. We must help states, cities, and counties find these communities and take steps to protect them before outbreaks occur. This includes making sure that vaccines are available, affordable, and easy-to-get in every community in the U.S.

- **Empower families.**
  Every parent should feel confident in the decision to vaccinate and every healthcare professional should feel comfortable answering parents’ questions about vaccines. We must provide clear and consistent messages about vaccines and equip healthcare professionals with resources to help them have effective vaccine conversations with parents.

- **Stop myths.**
  To stop false and misleading information from eroding public confidence, we must work to educate parents, policymakers, and the public with credible, accurate, digestible information about vaccines so they see vaccine myths for what they are. We must work to contain misinformation about vaccines and provide key stakeholders with the facts about vaccines and their critical role in protecting America’s children.

To learn more about how to empower families, visit [Provider Resources for Vaccine Conversations with Parents](#)—a suite of tools created by CDC, AAP and the American Academy of Family Physicians. You will find tips for talking with parents, vaccine safety fact sheets, parent handouts, and ideas for how to create a culture of immunization in your practice.

Bolstering public confidence in the life-saving protection of vaccines requires partnership with local and state immunization programs, policymakers, parents, and pediatricians like you. Together we can ensure that every parent has the facts they need to vaccinate confidently.
Choose from the AAP’s new practice-improvement tools to support your practice for influenza season.

AAP Announces New Practice-Improvement Tools
Over the past year the AAP Childhood Immunization Support Program has been working with experts to develop a set of tools to support pediatricians and other primary care physicians in testing changes to practice workflow, as well as policy and procedures that encourage the tracking of practice-level vaccination rates. This set of tools includes the following:

- **AIM Statement Worksheet**
  This tool will help pediatric offices develop an aim statement for an immunization-focused practice-change effort using practice data.

- **Collecting Your Data**
  This tool will help pediatric practices quickly identify the best way to collect data to better understand immunization rates and improve immunization coverage.

- **Run Chart**
  Using a run chart will help practices track progress.

These tools, are posted on the AAP Change Template on Strategies to Improve Immunization Rates page. For more practice-change tools, visit the AAP Practice-change and Education Tools page.

CDC National Immunization Survey Data
If you are looking for a benchmark to compare your practice’s immunization rates, consider using the CDC National Immunization Survey (NIS) data. The NIS provides current, population-based, state and local area estimates of vaccination coverage among children and teens using a standard survey methodology. Data is collected through telephone interviews with parents or guardians in all 50 states, the District of Columbia, and some U.S. territories.

The CDC release the following reports last month:

This report found that among children born in 2015 and 2016, coverage was high and stable for most vaccines. There were sociodemographic disparities in coverage, especially by health insurance status. The proportion of completely unvaccinated children remained small.

**CDC Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2018–19 School Year**
This report found that coverage was 94.7% for 2 doses of measles, mumps, and rubella vaccine (MMR), 94.9% for the state-required number of doses of diphtheria and tetanus toxoids and acellular pertussis vaccine, and 94.8% for varicella vaccine. Authors added that despite the exemption rate's slight increase to 2.5%, most states could achieve the recommended ≥95% MMR coverage if undervaccinated children without an exemption were completely vaccinated.

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.

**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](mailto:immunize@aap.org)
Why AAP recommends initiating HPV vaccination as early as age 9

Reprinted with permission of AAP News, October 2019

Sean T. O’Leary, MD, MPH, FAAP and Ann-Christine Nyquist, MD, MSPH, FPIDS, FAAP

For almost every childhood and adolescent vaccine, AAP policy mirrors the recommendation of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP). AAP representatives have worked with ACIP for decades to harmonize recommendations to prevent confusion among providers.

In rare cases, however, recommendations may differ. One notable example is a subtle difference in the wording of the AAP and ACIP recommendations regarding HPV vaccination.

ACIP’s recommendation is as follows: “ACIP recommends that routine HPV vaccination be initiated at age 11 or 12 years. The vaccination series can be started beginning at age 9 years.”

The AAP recommendation, which was introduced in the 2018-2021 Red Book, is as follows: “The American Academy of Pediatrics and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention recommend routine HPV vaccination for females and males. The AAP recommends starting the series between 9 and 12 years, at an age that the provider deems optimal for acceptance and completion of the vaccination series.”

Why the difference?

Data continue to show the vaccine is safe and effective. It prevents HPV infection, anogenital warts, respiratory papillomatosis, cervical neoplasia and cancer (although the full extent of the impact on cancer likely will not be seen for another decade or two). Data recently presented to ACIP show that vaccinating only 202 people will prevent one case of HPV-related cancer.

Despite its effectiveness, HPV vaccination remains well below national goals and other vaccines that are part of the adolescent platform. The most recent National Immunization Survey-Teen showed uptake of Tdap vaccine was 89% and the first dose of MenACWY was 87%. HPV rates remain significantly behind these vaccines, with initiation at 68% and completion at 51%.

The burden of HPV-related mortality in the U.S. far surpasses the mortality from tetanus, diphtheria, pertussis and meningococcal disease combined. In the U.S., there are roughly 4,000 deaths per year from cervical cancer, not to mention the burden from the other types of HPV-related cancer. The vast majority of these deaths are preventable with the 9-valent HPV vaccine.

Because of this, the AAP considered policy options that could increase HPV uptake and ultimately decided to recommend starting the series between 9 and 12 years.

(continued on page 7)
Why AAP recommends initiating HPV vaccination as early as age 9
(continued from page 6)

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Giving the vaccination earlier offers providers more flexibility in introducing the vaccine. In addition, initiating the vaccine at age 9 or 10 also may be preferable for parents or adolescents who do not want to receive three or four (in influenza season) concomitant vaccines at age 11 or 12. If a vaccine is delayed at the 11- or 12-year visit, it almost always is the HPV vaccine. Offering the HPV vaccine earlier also offers the opportunity to complete the series before the other vaccines in the adolescent platform are due.

Additionally, there is no known downside to earlier initiation. The immune response is robust at younger ages, and there is no evidence of significant waning protection after antibody levels plateau approximately 18 to 24 months after series completion.

Finally, some providers have reported that initiating the vaccine earlier makes it easier to disentangle the HPV recommendation from the “sex talk” they have with patients at age 11 or 12. For example, few providers likely discuss risk factors for hepatitis B virus acquisition when they administer hepatitis B vaccine in the infant series.

While no randomized trials have compared introduction at 9 or 10 years to introduction at 11 or 12 years, there is some evidence supporting earlier initiation. A retrospective study showed that adolescents who started the HPV vaccine series at age 9 or 10 were 22 times more likely to complete the two-dose series by age 15 than those who initiated the series at age 11 or 12 (St. Sauver JL, et al. Prev Med. 2016;89:327-333). In addition, there are anecdotal reports of increased uptake when providers introduce HPV vaccine at age 9-10.

A quality improvement initiative performed in the Nationwide Children’s Hospital system utilizing electronic medical record alerts showed rapid uptake of HPV vaccine prior to age 11, suggesting a willingness by parents and providers to initiate the vaccine earlier than previously recommended (Goleman M), et al. Acad Pediatr. 2018;18:769-775).

The AAP policy aims to encourage pediatricians to introduce the HPV vaccine at an earlier age to achieve higher completion rates. One strategy practices could consider is changing their electronic medical record to prompt an alert at age 9 or 10. The change could result not only in improved vaccine uptake but also fewer cancer deaths.

Drs. O’Leary and Nyquist are members of the AAP Committee on Infectious Diseases.

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https://www.aappublications.org/news/2019/10/04/hpv100419 (login required)