



# AAP IMMUNIZATION INITIATIVES NEWSLETTER



## Inside this issue:

Updates & Alerts	1
Events & Resources	2
Red Book Online	2
Pediatric Vaccine Q & A	3
Pediatrics In Practice: COVID-19 Vaccine Confidence Resources	5
Additional Resources: AAP Influenza Resources	6
Special Section: Immunization Partnership Grants Evaluations	7

## Links to AAP Resources:

- [AAP Immunization Web site](#)
- [AAP COVID-19 Vaccine Resources](#)
- [Red Book Online](#)

The Childhood Immunization Support Program (CISP) is a cooperative agreement between the CDC and AAP. (Cooperative Agreement: 5 NU38OT000282-04-00)



## Updates and Alerts

### • CDC Recommends COVID-19 vaccine booster for 16-17-year-olds

In early December, federal health officials at the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) [authorized a COVID-19 vaccine booster](#), with the Pfizer-BioNTech COVID-19 vaccine, for 16- and 17-year-olds. It is especially important to provide boosters as the omicron and other variants spread within the United States. The booster dose should be given at least six months after the primary vaccination series. Study results indicated that a booster can confer 95% protection, similar to the initial two-dose series against the virus' original strain.

Resources:

- [AAP resources on becoming a vaccinator, preparing a pediatric practice for COVID-19 vaccination and getting paid](#)
  - [CDC Interim Clinical Considerations for Administering COVID-19 Vaccines](#)
  - [Information from the FDA about the Pfizer-BioNTech COVID-19 vaccine](#)
  - [CDC Booster webpage](#) for the public
- ### • Pediatricians should continue to recommend Pediatric COVID-19 Vaccine for Children ages 5-11 – As pediatric COVID-19 vaccination rates in the United States are declining
- An [analysis](#) conducted by the Kaiser Family Foundation, using the [CDC's COVID Data Tracker](#) shows a significant slow down in uptake of pediatric COVID-19 vaccination throughout the United States, after an initial rise following the CDC recommending the vaccine for children ages 5 to 11. The analysis found more than a 40-percentage point difference between the state (Vermont) with the highest rate (45%) of children who had received just one dose of COVID-19 vaccine and the state (West Virginia) with the lowest rate (3.6%).
- ### • Vaccinated children contracting mumps
- A recent [study in Pediatrics](#) found that most of the children infected with mumps from 2015-19, occurred in children who were up-to-date with measles, mumps and rubella vaccine (MMR). In the United States, mumps vaccination is only available along with protection from measles and rubella. Despite mumps cases dropping significantly from 152,209 in 1968 to 231 in 2003, outbreaks of several thousand cases have caused cases to rise in recent years. It is important for providers to consider testing for mumps, even in vaccinated patients. It is always important for providers to make a strong recommendation that children receive on-time vaccination according to the [Recommended Immunization Schedule](#).
- ### • States now required to cover counseling about COVID-19 vaccine for eligible children
- The [AAP applauds](#) the Centers for Medicare and Medicaid Services announcement that it will [require states to cover COVID-19 vaccine counseling](#) visits, through Medicaid and the Children's Health Insurance Program, in which healthcare providers discuss the importance of vaccination with families. In order to receive the 100% federal-match for COVID-19 vaccine counseling-only visits, counseling must be provided for people younger than age 21 years as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment benefit. The AAP will keep members updated on any new developments related to the coverage of vaccine counseling. Learn more about [getting paid](#) for COVID-19 vaccination and [vaccine counseling](#).

## Upcoming Meetings & Events

- **CDC Advisory Committee on Immunization Practices (ACIP) Meeting**  
February 23-24  
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](#).
- **Vaccines Summit Boston 2022**  
March 28-30, 2022  
Biogen Scientific Center  
Boston, MA  
The Vaccines Summit in Boston provides an iconic platform where science, and business converge. It brings together leading biotech and pharma industry experts, academicians, and decision makers who are passionate about addressing major global issues by turning ideas into solutions.
- **National Infant Immunization Week**  
April 25 – May 2, 2022  
National Infant Immunization Week (NIIW) is approaching. Remember to check the [AAP Immunization Campaigns page](#) and the [CDC NIIW page](#) for more information as NIIW approaches.

## Resources

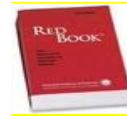
### **Reminder and Recall Strategies**

Immunization rates since the start of the pandemic remain lower than usual. View the AAP [page on Reminder and Recall Strategies](#) to learn how using proven reminder and recall systems in your practice can effectively help your office reach families to deliver on-time or catch-up vaccinations and to find sample messages to share with families. Strategies include using:

- **Phone calls** placed by office staff tend to be more effective than auto-dialer calls, but often cost more in staff time.
- **Auto-dialers**, which automatically dial phone numbers and either play a recorded message or connect the call to a live person. Such systems also can be used for appointment reminders.
- **Mail reminder cards or letters** ("snail mail"), which may be printed and provided to you by your immunization information system or you can pull a list from your EHR. Another approach is to have families fill out a reminder card for the next visit (eg, dose 2 or 3 of HPV vaccine) when in your office.
- **Text messages**, which can be sent to remind parents or adolescents about vaccinations; however, they will need to "opt in". Obtaining this permission might be easiest during a visit.
- **Patient Portals**, which are a common feature in most EHR systems. Practices can use this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.

### **CDC - Interactive COVID-19 Vaccine Conversations Module for Healthcare Professionals**

Use [these tools](#) to build confidence in COVID-19 vaccination among your patients. Confidence in vaccines is critical to setting expectations, ensuring vaccine uptake, and helping protect our communities



### **Red Book Online**

#### **Red Book Online on New Unified Site**

All your trusted AAP resources, including *Red Book Online* (RBO), are now on one unified site, [AAP Publications](#), offering unparalleled innovation with quick access to essential pediatric titles all in one place.

Newly streamlined for ease of use and quick-answer finding, RBO now has a new fresh look, including a redesigned home page where you will find pertinent features and key content at a glance, including the *Red Book*, COVID-19 Resources, Outbreaks, Influenza Resources, the Visual Library, and more.

Visit [RBO today](#) and discover newly enhanced layouts and functionality, such as split-screen viewing—view *Red Book* chapter text on the left and figures, images, tables, references, and related content and articles on the right.

Learn more at [www.aap.org/pubscentral](http://www.aap.org/pubscentral).

#### **New resource:**

Please see page 6 for additional flu resources, including the [New Red Book Webinar on Increasing Influenza Vaccination Rates During the COVID-19 Pandemic](#).

## Pediatric Vaccine Q & A

### Answers to lingering questions about vaccinating 5- to 11-year-olds

Reprinted with permission of AAP News, November 5, 2021

<https://publications.aap.org/aapnews/news/15461/Answers-to-lingering-questions-about-vaccinating-5?searchresult=1> (Login Required)

Carla Kemp, Senior Editor

Incredible. Heartening. Exciting. These are a few of the words pediatricians have used to describe approval of Pfizer-BioNTech's COVID-19 vaccine for children ages 5-11.

"What an incredible week this has been," AAP President Lee Savio Beers, M.D., FAAP, said at an AAP [town hall](#), days after the director of the Centers for Disease Control and Prevention (CDC) signed off on using the vaccine in young children. "I think we've all been eagerly anticipating the availability of a COVID vaccine for our 5- to 11-year-olds, and it's been so special and heartening to see all the messages and notes from all of you who are working hard to get your patients vaccinated."

Since the vaccine only recently became available to 5- to 11-year-olds, pediatricians may have questions about when, how and to whom they can administer it. Following are answers to frequently asked questions based on the [CDC's interim clinical considerations for use of the vaccine](#).

**Q: Which dose should children get if they are 11 years old on the day they receive their first dose but are 12 when they receive the second dose?**

A: They should receive 10 micrograms for the first dose and 30 micrograms for the second dose. However, if they mistakenly get a 10-microgram dose for the second shot, they are considered fully vaccinated and do not need to receive a 30-microgram dose, under the Food and Drug Administration's (FDA's) emergency use authorization.

**Q: What dose should children get if their weight is comparable to a teen's or adult's?**

A: Children should receive the age-appropriate vaccine formulation regardless of their size or weight.

**Q: Are young children at risk for myocarditis after vaccination?**

A: No cases of myocarditis were reported in the 3,082 children ages 5-11 who participated in clinical trials with at least seven days of follow-up after dose 2. However, the study was not powered to assess the risk for myocarditis. "It's a rare enough event that you wouldn't expect any cases in that size of a trial," said Sean T. O'Leary, M.D., M.P.H., FAAP, vice chair of AAP Committee on Infectious Diseases. "And in fact, you couldn't really design a trial large enough. It's just not feasible to do a clinical trial of any medicine, vaccine or otherwise to detect a vaccine adverse event that's as rare as (myocarditis)."

**Q: Should a child who develops myocarditis or pericarditis after the first dose receive a second dose of vaccine?**

A: Safety data are not available on administering a subsequent dose of COVID-19 vaccine to people who had myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine. Until safety data are available, they should not receive a subsequent dose of any COVID-19 vaccine. However, administration of a subsequent dose can be considered in certain circumstances, including if people have underlying conditions or based on community transmission of COVID and personal risk of infection.

Continued on page 4

## Pediatric Q&A

### Answers to lingering questions about vaccinating 5- to 11-year-olds (continued from page 4)

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<https://publications.aap.org/aapnews/news/15461/Answers-to-lingering-questions-about-vaccinating-5?searchresult=1> (Login Required)

Carla Kemp, Senior Editor

**Q: Should those with a history of multisystem inflammatory syndrome in children (MIS-C) receive the vaccine?**

A: The benefits of COVID-19 vaccination for children with a history of MIS-C are likely to outweigh a theoretical risk of an MIS-like illness or the known risks of COVID-19 vaccination for people who meet all of the following criteria:

- Clinical recovery has been achieved, including return to normal cardiac function.
- It has been at least 90 days since MIS-C was diagnosed.
- They are in an area of high or substantial community transmission of SARS-CoV-2 or otherwise have an increased risk for SARS-CoV-2 exposure and transmission.
- Onset of MIS-C occurred before any COVID-19 vaccination.

**Q: What are the contraindications to receiving the COVID-19 vaccine?**

A: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or known diagnosed allergy to a component of the COVID-19 vaccine.

**Q: Can COVID vaccine be co-administered with other vaccines?**

A: Yes. If more than two vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of greater muscle mass.

**Q: What adverse events after vaccination should be reported and where?**

A: The FDA requires vaccination providers to report vaccine administration errors, serious adverse events, cases of multisystem inflammatory syndrome and cases of COVID-19 that result in hospitalization or death to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov> or by calling 800-822-7967.

In addition, the CDC developed a voluntary smartphone-based tool called v-safe that vaccine recipients/parents can use to report adverse events. Find details at <https://bit.ly/3BOuLOm>.

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### Practice Resources

- [About the COVID-19 Vaccine: Frequently Asked Questions](#)
- [COVID-19 Vaccine Implementation in Pediatric Practices](#)
- [Considerations for COVID-19 Vaccination Clinics through Pediatric Practices](#)

Please see page 5 for additional COVID-19 Vaccine Confidence Resources

# Pediatrics In Practice

## COVID-19 Vaccine Confidence Resources

The FDA has approved the Pfizer-BioNTech vaccine in teens 16 and older and granted emergency use authorization for the Pfizer-BioNTech vaccine for children 5 to 15. Clinical trials are underway in children as young as six months old. Below are relevant resources.

### AAP COVID-19 Policy Statement

The AAP Committee on Infectious Diseases' policy statement can be access here: [COVID-19 vaccines in children and adolescents](#). Through this statement, the AAP recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a COVID-19 vaccine authorized for use in their age group.

### Building COVID-19 Vaccine Confidence

The AAP has launched a [COVID-19 Vaccine Campaign Toolkit](#) containing customizable messages, videos, and graphics to help reassure parents and caregivers about the COVID-19 vaccine for children, teens, and young adults. The contents of this toolkit are designed to reach parents who have not yet vaccinated their eligible children and encourage them to talk to a trusted voice: their pediatricians.

The campaign toolkit contains:

- Television and radio PSAs in [English](#) and [Spanish](#)
- Animated science explainers that cover [how mRNA vaccines work](#) and [how they are developed](#) (Spanish versions coming soon)
- [Social media campaign posts](#), customizable templates, and animated GIFs.
- Pediatrician testimonials that answer [frequently asked questions](#) and address hot topics pertaining to the COVID-19 vaccine
- [HealthyChildren.org](#) articles

Additional videos available on the AAP YouTube Channel include:

- [Five Things to Know About the COVID-19 Vaccine for 5–11-year-olds](#)
- [Big Bird Video](#) 60 seconds
- [Big Bird Video](#) 30 seconds

### Five-module course “Effective COVID-19 Vaccine Conversations”

This course aims to improve knowledge and competency among pediatricians and non-physicians to have effective COVID-19 vaccine conversations with patients and families, including the sharing of credible COVID-19 vaccination information and responding to misinformation.

### Continuing Medical Education-bearing course “Motivational Interviewing: A Roadmap to Building COVID-19 Vaccine Confidence”

On-demand enduring material can be accessed [here](#). This activity aims to improve knowledge and competency among pediatricians and non-physicians to have effective COVID-19 vaccine conversations with patients and families, including the use of motivational interviewing techniques.

### Other COVID-19 Vaccine Resources

- [AAP COVID-19 Vaccine for Children](#)
- [AAP Why COVID-19 Vaccines are Important for Children](#)
- [CDC COVID-19 Vaccination for Children 5 through 11 Years Old – Clinical Resources for Vaccine Providers](#)

## Additional Resources

### AAP Influenza Resources

#### Free Influenza Course at the American Academy of Pediatrics



Reduced population immunity due to lack of flu virus activity since March 2020 could potentially result in a severe flu season. Co-circulation of flu, SARS-CoV-2 (the virus that causes COVID-19), and other respiratory viruses like RSV could place a renewed high burden on the health care system. A four-part module series, "Influenza During the COVID-19 Pandemic", provides key information about the 2021-2022 flu season. This free PediaLink course aims to educate pediatric health care professionals on the current AAP policy recommendations for routine use of seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in infants, children, and adolescents. Find the course [here](#).

#### **Clinician Outreach and Communication Activity (COCA): 2021-2022 Recommendations for Influenza Prevention and Treatment**

Influenza remains a serious threat to children due to its potential to cause severe morbidity and mortality. Immunization remains the most effective way to prevent influenza illness, its complications, and death. A CDC COCA presentation, 2021-2022 Recommendations for Influenza Prevention and Treatment in Children, is available to watch online and learn more. Listen to speakers Dr Flor Munoz, MD, MSc, FAAP, and Dr David Shay, MD, speak on AAP and CDC recommendations for the current influenza season. Click [here](#) to watch this COCA presentation.

#### **Influenza Prevention in Early Education and Child Care Settings Webinar**

The American Academy of Pediatrics webinar on "Influenza Prevention and Control Strategies in Early Education and Child Care Settings" for the 2021-2022 flu season is now available. The webinar covers influenza mitigation strategies, importance of influenza immunization in early education and child care settings, and how to be prepared for the flu during the COVID-19 pandemic. To learn more, view this [webinar](#).

For more information and resources, please contact [Narjis Sayeed](#).

#### **New Red Book Webinar on Increasing Influenza Vaccination Rates During the COVID-19 Pandemic**

A new webinar on Increasing Influenza Vaccination Rates During the COVID-19 Pandemic is now available on *Red Book Online*. In this 10-minute webinar, Dr Annika Mai Hofstetter covers current influenza vaccination rates in children, common barriers to influenza vaccination, and strategies to improve timely influenza vaccination. Watch the webinar [here](#).



# Special Section

## AAP Vaccinate with Confidence Immunization Partnership Grants Evaluation Report – Executive Summary

The American Academy of Pediatrics (AAP) partnered with the Centers for Disease Control and Prevention (CDC) to fund two AAP chapters to work with a community pediatrician and a local health organization to implement culturally effective vaccine confidence strategies with populations historically or culturally hesitant to vaccinate. The projects were funded from March through July 2021.

- The Arizona Chapter (AzAAP) targeted Yavapai County, a part of the state with particularly low rates of childhood vaccination. They adopted a strategy of messages tailored to address the local area primarily delivered via social media. AzAAP was able to document 25,000 views and 1285 comments on the Facebook pages it was tracking for response.
- The Minnesota Chapter (MNAAP) targeted Somali Americans in Minneapolis, also an under-vaccinated population, and employed local Somali health care providers as trusted messengers to deliver vaccine information. Twenty-nine parents participated directly in community forums presented by MNAAP, and another 3,381 individuals viewed the forums on the Facebook page of Somali National TV – Minnesota.
- Both projects were highly successful at recruiting local providers to be involved in their projects and in developing materials to share accurate vaccine information with parents in their target populations.
- Parents who provided feedback indicated that they had learned new information and that this information was likely to impact their decisions about vaccinating their children.
  - MNAAP found that 96% of respondents reported learning something and parents overwhelmingly agreed that childhood vaccines are important (96%) and effective (100%).
  - AzAAP found that 4 of 10 parent respondents reported that they were more likely to have their children vaccinated after viewing the interventional messages.
- Providers with both projects found the materials helpful and reported that they intend to continue to use the materials after the end of the formal project.
- Both chapters as well as their partners intend to continue dissemination of project materials within the community and their states.
- The most significant challenges encountered by the projects, aside from the prevalence of vaccine misinformation that they were designed to address, were the short timeframe within which they were working and the constraints imposed by the COVID-19 pandemic.

Prepared by Holly S. Ruch-Ross, ScD  
2021

Consider reaching out to your [Chapter Immunization Representative](#) if you have ideas about how to help communities in your chapter increase immunization rates. If you'd like to learn more about the materials created through these projects, please contact [Katie Milewski](#).