



AAP IMMUNIZATION INITIATIVES NEWSLETTER



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Updates and Alerts

- **Advisory Committee on Immunization Practices (ACIP) met June 23-24, 2010**
 The CDC’s ACIP met in June and voted to update recommendations for influenza and meningococcal vaccines. To view an article detailing these changes, visit <http://www.medscape.com/viewarticle/724177> (a free account registration may be required). To view the provisional recommendations when available, go to: <http://www.cdc.gov/vaccines/recs/provisional/default.htm>.
- **AAP Publishes Policy on PCV-13**
 With the FDA approval of the pneumococcal vaccine PCV-13, the AAP now provides guidance for healthcare practitioners to phase out administration of PCV-7 and begin administering PCV-13. To view the policy statement, visit: <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-1280v1>. Implementation guidance for practices is also available at <http://www.aap.org/immunization/illnesses/pneumococcal/pcv13implementationguidance.pdf>.
- **Rotavirus vaccine contraindicated for infants with severe combined immunodeficiency (SCID)**
 The CDC’s Morbidity and Mortality Weekly Report (MMWR) reports vaccine manufacturers Merck & Co. and GlaxoSmithKline Biologicals have revised their respective rotavirus vaccine labels. The CDC is updating the list of contraindications for rotavirus vaccine, which includes infants diagnosed with SCID, as well as the vaccine information statement. To view the report, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5922a3.htm>.

Pediatric Practice in Action!

ACIP Issues New Recommendations for Use of Combination Measles, Mumps, Rubella, Varicella (MMRV) Vaccine

In May ACIP published recommendations on the use of the MMRV vaccine. The following table reflects these recommendations:

Dose	Recommended Vaccine	Notes
Dose 1 Child age 12-47 months	MMR + V (2 separate injections) *Preferred by CDC OR MMRV (if parent prefers)	Providers who are considering administering MMRV vaccine should discuss the benefits and risks of both vaccination options with the parents. Unless the parent expresses a preference for MMRV vaccine, CDC recommends that MMR vaccine and varicella vaccine should be administered for the first dose in this age group.
Dose 2 Child aged 48+ months	MMRV	None

The guidance offers more specific recommendations for children with certain conditions, such as personal or family history of seizure. To view the complete report, visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5903a1.htm?s_cid=rr5903a1_e

Links to AAP Resources
[Practice Management Online](#)
[Member Center](#)
[The Bookstore](#)
[Red Book Online](#)

The Childhood Immunization Support Program (CISP) is a cooperative agreement grant between the CDC and the AAP. (Cooperative Agreement:



Recent Events

- **National Infant Immunization Week**
April 24-May 1, 2010
To view activities, visit:
<http://www.cdc.gov/vaccines/events/niiw/2010/10activities.htm>
- **CDC Advisory Committee on Immunization Practices (ACIP) Meeting**
June 23-24, 2010; Atlanta, GA
For more information:
<http://www.cdc.gov/vaccines/recs/acip/meetings.htm>
- **CDC's Epidemiology & Prevention of Vaccine-Preventable Diseases course**
July 12-14; Estes Park, CO
For more information visit:
www.cdc.gov/vaccines/ed/downloads/co-brochure2010.pdf

Upcoming Events

- **Vaccine Education Center Symposium**
September 25; Philadelphia, PA
For more information visit:
www.chop.edu/system/galleries/downloads/pdfs/articles/cme/vaccine-2010.pdf

Funding Opportunities

- **Bill & Melinda Gates Foundation**
The Bill & Melinda Gates Foundation is currently accepting Letters of Inquiry. Their priorities include projects that:
 - Help immunization programs vaccinate target populations quickly and efficiently,
 - Accelerate the introduction of new and underused vaccines,
 - Eradicate polio and improve efforts to control measles, or
 - Advocate for immunization programs.For more information go to:
<http://www.gatesfoundation.org/grantseeker/Pages/funding-vaccine-preventable-diseases.aspx>

Resources

- **“Hepatitis B shots are recommended for all new babies”**
Translations of this resource from the Immunization Action Coalition (IAC) are now available in Arabic, Chinese, French, Korean, Spanish, Turkish and Vietnamese. An English version is also available. They can be accessed at <http://www.immunize.org/handouts/hepatitis-b-birthdose.asp>.
- **“Do I need any Vaccines Today?”**
This updated resource from the IAC is a screening tool for patients to complete before seeing their health care provider. To access this handout, visit: www.immunize.org/catg.g/p4036.pdf.
- **Recommendations for Pneumococcal Vaccine Use in Children**
The IAC has developed a new handout that outlines recommendations for administering pneumococcal vaccine to children in various scenarios. To access this handout, visit:
www.immunize.org/catg.d/p2016.pdf.

Red Book Online



Image of the Week, Updated Weekly!

The *Red Book Online* home page features the Image of the Week, which is updated every Monday. Each image features a particular disease, such as plague, Varicella-Zoster Infections, Parainfluenza Viral Infections, and *Baylisascaris* Infections to name a few that were recently highlighted. Each image is accompanied by an explanatory caption, as well as a link to *Red Book Online* where additional information about the disease can be found. All past images can be viewed in the Image of the Week Archives at <http://aapredbook.aappublications.org/week/iotwarchives.dtl> or in the Visual Library at <http://aapredbook.aappublications.org/visual>. To view this week's image, visit *Red Book Online* at www.aapredbook.org.

Red Book Online, the online version of the authoritative guide to pediatric infectious diseases, provides important updates between print editions of the *Red Book*. Regularly updated features on *Red Book Online* include the “Spotlight Section” at <http://aapredbook.org> and the “Vaccine Status Table” at <http://aapredbook.aappublications.org/news/vaccstatus.dtl> or <http://aapredbook.aappublications.org/news/vaccstatus.pdf> (PDF).

Featured Research Findings

On-time Vaccine Receipt in the First Year Does Not Adversely Affect Neuropsychological Outcomes

Michael J. Smith, MD, MSCE and Charles R. Woods, MD, MS

Some parents worry about side effects from children receiving all of the recommended vaccinations in the timeline recommended by most experts. (The current schedule is available at: <http://www.aap.org/immunization/IZSchedule.html>.) These parents feel that this schedule requires too many shots, too soon, which overwhelms the immune system. Therefore they opt for an alternative or delayed schedule, which spaces the vaccinations out and leaves children vulnerable to infection by dangerous diseases.

Authors of this article conducted a retrospective cohort study of 1,047 children. The children were born between 1993-1997, and were studied for neurological outcomes in 2003-2004, when they were between 7-10 years of age. During the years in which the children in this study were receiving vaccines, the schedule recommended at least 3 doses of diphtheria-tetanus-pertussis (DTP), 2 doses of polio vaccine, 3 doses Haemophilus influenzae type B (Hib) vaccine and 2 doses of Hepatitis B vaccine. The researchers studied neurological outcomes in children who received all recommended vaccinations on time (defined as within 30 day of the recommended vaccination date), who were classified as “timely” and neurological outcomes in children who received a delayed vaccination (more than 30 days past the recommended vaccination date), who were classified as “untimely.”

There were 556 children classified as untimely, and 491 children classified as timely. Of these, children who were classified as timely scored better on 31 of 42 neuropsychological measures (and equal on 2), than children who were classified as untimely. Of the results that were statistically significant in this analysis, timely children scored better on 11 out of 11 measures than children were classified as untimely. Researchers also compared a group of “most timely” children (n=310) with a group of “least timely” children (n=112), and found that “most timely” children scored better on 14 of 14 measures, for which associations were found to be statistically significant.

In conclusion, researchers found no evidence that receipt of all vaccines on time during infancy is associated with any undesirable neuropsychological outcomes. They recommend that communicating the information in this study may be helpful to vaccine-hesitant parents.

The full article is available at: <http://pediatrics.aappublications.org/cgi/content/full/125/4/704>

Pertussis (Whooping Cough)

Awareness

Recently, there have been outbreaks of pertussis (also known as whooping cough) in various areas of the United States. Pertussis is particularly dangerous to young infants, who are too young to receive the pertussis vaccine. At least seven babies have died during these outbreaks. **Experts are recommending “cocooning,” a strategy that protects infants, who are too young to be immunized, by having parents, siblings, and caretakers vaccinated against this disease.**

The Disease:

Pertussis is caused by a bacteria, which can cause a violent, rapid coughing spells. These severe coughing spells can last for weeks. A child with whooping cough can have difficulty eating, drinking, or even breathing. Initial symptoms, similar to the common cold, usually develop about a week after exposure to the bacteria. Severe episodes of coughing start about 10 to 12 days later. In 2008, the U.S. reported more than 13,000 cases of pertussis, which resulted in 18 deaths. Most of these deaths occurred in babies who were too young to receive pertussis vaccine.

The Immunization:

The first pertussis vaccine was developed in the 1930s, and became widely used by the 1940s. In the early 1990s a new "acellular" pertussis vaccine was licensed, which works as well as the original vaccine but has fewer side effects.

A second pertussis vaccine, Tdap, was added to the schedule for adolescents in 2005. It is recommended that adolescents receive this vaccine instead of Td so that they continue to be protected against whooping cough.

It is also recommended that adults who will be around newborn infants receive a Tdap vaccine. Many infants who get pertussis are infected by older siblings, parents, or other caregivers who might not even know they have the disease.

To learn more about pertussis and the vaccine, please visit:

- AAP Pertussis facts: <http://www.aap.org/immunization/illnesses/dtp/pertussis.html>
- **Every Child by Two** Pertussis Fact Sheet: <http://www.vaccinateyourbaby.org/pdfs/Pertussis-Factsheet.pdf>
- **Vaccinate Your Baby** Pertussis facts: <http://www.vaccinateyourbaby.org/why/history/pertussis.cfm>
- CDC Morbidity Mortality Weekly Review: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5704a1.htm>
- CDC Pertussis :<http://www.cdc.gov/vaccines/vpd-vac/pertussis/>
- **Texas Children’s Hospital** The Cocoon Strategy: <http://www.texaschildrens.org/carecenters/vaccine/programs.aspx>

