



# AAP IMMUNIZATION INITIATIVES NEWSLETTER



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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

- **AAP Guidance on Providing Pediatric Well-Care During COVID-19**  
The American Academy of Pediatrics (AAP) strongly supports the continued provision of health care for children during the COVID-19 pandemic. Please see the [AAP Guidance on Providing Pediatric Well-Care During COVID-19](#).
- **Centers for Disease Control and Prevention (CDC) issues guidance for immunization services in response to dropping vaccine rates during COVID-19 pandemic**  
Immunization rates have been dropping, as parents are less likely to bring their children in for immunizations during the pandemic due to stay-at-home orders. It is more important than ever that children stay up to date on immunizations. See page 5 for more information.
- **New York Times offers Coronavirus Vaccine Tracker**  
The [New York Times Coronavirus Vaccine Tracker](#) shows how many potential coronavirus vaccines are currently being developed and in what stage of development/testing they are currently. The website also describes the various stages of vaccine testing, the different types of vaccines that are in development and which companies are working on them.
- **Parents more confident in routine childhood vaccines compared to influenza vaccine**  
A study in the July 2020 issue of *Pediatrics*, "[Parental Hesitancy about Routine Childhood and Influenza Vaccinations: A National Survey](#)" (login required) states that of 2,176 parents surveyed, nearly 26% reported being hesitant about their child receiving influenza vaccine, whereas only 6.1% of parents surveyed reported hesitancy about routine childhood vaccinations. Most parents (70%) strongly agreed that routine childhood vaccines were effective, but fewer (26%) felt the same about influenza vaccine. Authors also reported that safety concerns were the primary driver of hesitancy about routine childhood vaccination. In contrast, concerns about vaccine effectiveness drove hesitancy about influenza vaccine. The AAP and CDC recommend annual influenza vaccination and immunization according to [the Recommended Immunization Schedule](#) during childhood and adolescence.
- **Opportunity to evaluate AAP practice-change tools**  
The AAP has developed many tools to help pediatric practices make sustainable change in practice. Recent tools include those on using data to implement change and increase immunization rates in practice. Tools include:
  - [AIM Statement](#)
  - [Data Collection](#)
  - [Run Chart](#)

Please consider [evaluating these tools](#). Our survey is brief and should take less than five minutes to complete.

## Recent Meetings

### ➤ **Advisory Committee on Immunization Practices (ACIP)**

June 24, 2020

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](#).

## Events

### ➤ **National Immunization Awareness Month**

August, 2020

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. View the [AAP webpage](#) and the [Centers for Disease Control and Prevention's NIAM Toolkit](#) for resources and events.

## Resources

### ➤ **Immunization Action Coalition (IAC) - COVID-19 and Routine Vaccination Ask the Experts**

This [web page](#) answers questions about the administration of routine immunizations for children and adults during the pandemic, as well as questions about how telemedicine can assist with vaccination efforts.

### ➤ **IAC Immunization Coalitions Network - Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic**

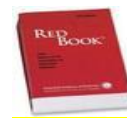
The [repository of resources](#) is intended for use by healthcare settings, state and local health departments, professional societies, immunization coalitions, advocacy groups, and communities in their efforts to maintain immunization rates during the COVID-19 pandemic. The repository includes links to international, national, and state-level policies and guidance and advocacy materials, including talking points, webinars, press releases, media articles, and social media posts, as well as telehealth resources. The materials listed can be sorted and searched by date, title, geographic area, source, type, category, or setting.

### ➤ **IAC - Science Supports Our Confidence in Vaccines: An Overview of the Scientific Evidence Favoring Routine Vaccination**

This [article](#) presents vaccine myths, science to refute the misinformation, and citations for studies that prove the myths inaccurate.

### ➤ **Vaccinate Your Family's (VYF) *Shot of Prevention* blog post: "Staying Up to Date with Vaccinations during the COVID-19 Pandemic Is Critical"**

VYF *Shot of Prevention* blog recently included [Staying Up to Date with Vaccinations during the COVID-19 Pandemic Is Critical](#). In this blog post, Mary Koslap-Petraco, DNP, a VYF board member explains why it is especially important for children to get and remain up-to-date on vaccinations during a pandemic.



## Red Book Online

The Red Book Represents Official AAP Policy.

It is published every 3 years, but continually updated to reflect current information.

### Find Supporting Resources in Every Red Book Chapter!

See what [Red Book](#) offers electronically—the same complete text, but extending beyond the print edition with fully embedded links to supporting images, tables, and in-depth drug monographs (powered by Lexicomp). When in a *Red Book* chapter, simply click a "red word" to see the supporting resource. Use it, and the rest of [Red Book Online](#), at the point-of-care, in between patients, at home, or on the go for instant access to pediatric infectious disease solutions.

## FEATURED RESEARCH FINDINGS

### Use of Standing Orders for Vaccination Among Pediatricians

<https://doi.org/10.1542/peds.2019-1855> (AAP login required)

Cataldi, J., O'Leary, S.T., Lindley, M.C., Allison, M.A., Hurley, L.P., Crane, L.A., Brtnikova, M., Beaty, B.,  
McBurney, E., & Kempe, A.

Use of standing orders is an evidence-based practice that authorizes healthcare professionals like nurses and medical assistants to administer vaccines to patients without direct order from the attending physician. Despite evidence that standing orders are cost-effective, and a strategy proven to increase vaccination rates and reduce missed opportunities to vaccinate, some pediatricians still hesitate to implement this strategy in their practice. Previous studies have examined the use of standing orders for adult immunization, however more research is needed to understand pediatricians' use of the tactic to improve vaccine uptake for adolescent and influenza vaccines. This study aimed to assess current use of standing orders for vaccination, barriers to their use, and factors that serve to facilitate their use in pediatric settings.

**Methods.** Physician members of the American Academy of Pediatrics (AAP) were the target group for participation in a survey. Quota sampling from a membership list was conducted to obtain a nationally representative sample, with researchers considering the following characteristics: demographics, regions (Northeast, South, Midwest, and West), practice locations (rural, suburban, and urban), and practice settings (private practice, hospital or clinic, and health maintenance organization). Recruitment was completed once enough physicians met the quota categories. The survey was disseminated to participants via email and mail based on participants' preferences.

The survey defined standing orders as a written or verbal policy that allows healthcare professionals like nurses and medical assistants to consent and vaccinate patients without speaking with a physician or advanced care provider. Response options for measuring use of standing orders were "yes, for all routinely recommended vaccines," "yes, for some vaccines," and "no." The responses "yes, for all routinely recommended vaccines" and "yes, for some vaccines" were identified as "using standing orders." The survey asked about barriers to use of standing orders identified in published literature and expert opinion that were then categorized as the following factors: "physician responsibility" and "concerns about office processes." State restrictions that limit the use of standing orders was also included as a factor for this study. Barriers were assessed on a 4-point scale to determine a barrier score for each factor: "not at all a barrier" (0), "minor barrier" (1), "somewhat of a barrier" (2), and "major barrier" (3).

For the analysis, responses from both internet and mail surveys were combined. Respondents and non-respondents were compared using demographic data from the AAP membership list. Bivariate and multivariable analyses were conducted between using standing orders and independent variables, including responses to barriers to using standing orders, and physician and practice characteristics. In addition, organizational factors (eg, practices independently making decisions about purchasing and handling vaccines and decisions being made at a larger system level) were examined to determine associations with physician responsibility and concerns about office processes factors.

Continued on page 4

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(continued from page 3)

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**Results.** After recruitment and data collection, there were total of 372 respondents and 99 non-respondents. Most respondents (59%) used standing orders in their offices, with 36% using the protocol for all routinely recommended vaccines and 23% using for some vaccines. Common barriers for all respondents include concern that patients may receive the wrong vaccines, concern that patients may prefer to speak with the physician about a vaccine before administration, and the belief a physician should be the person to recommend a vaccine to patients (all categorized as physician responsibility factor). The data can be found in Table 1.

**Table 1**

*Common barriers for use of standing orders among respondents*

Common barriers	Did not use standing orders (n=148; 41%)	Used standing orders (n=214; 59%)	All respondents (n=362)
Concern that patients would prefer to speak with physician about a vaccine before receiving it (major barrier or somewhat of a major barrier)	62%	24%	40%
Belief that it is important for the physician to be the person who recommends a vaccine to their patients (major barrier or somewhat of a major barrier)	57%	19%	34%
Concern that patients may mistakenly receive the wrong vaccine if the physician does not personally assess their eligibility for vaccination (major barrier or somewhat of a major barrier)	68%	20%	39%

Bivariate analyses determined several independent variables associated with use of standing orders. They include practice location, how vaccine-related decisions are made, and barriers under the physician responsibility barrier factor and concerns about office processes barrier factor. In the multivariable model, only the physician responsibility barrier factor remained associated with use of standing orders.

**Discussion.** Authors concluded that use of standing orders is not a universal strategy used among pediatricians for increasing childhood and adolescent vaccination rates. Physician responsibility concerns were shown to be statistically significant barriers to use of standing orders. Although concerns for vaccination error from the use of standing orders could be an overestimation, the use of an electronic medical record (EMR) and accompanying tools for assessing vaccination eligibility may address this barrier. This study also found physicians in practices that made independent decisions about purchasing and handling of vaccines had higher physician responsibility barriers scores than physicians at practices where decisions about vaccines were made at the larger system-level, suggesting that practices' decision-making levels and physicians' personal responsibility may influence each other and the use of standing orders, and should be further examined. Future research should also study acceptability of standing orders for child and adolescent vaccines among parents and patients, assess vaccination rates to determine whether use of standing orders was associated with higher vaccine uptake, include a detailed assessment of local legal and regulatory factors for standing orders, and include questions about practices' patients (eg, age distribution, number of patients, number of unvaccinated patients) and EMR usage.

**CDC Spotlight on Childhood Immunizations**  
**National Center for Immunization and Respiratory Diseases,**  
**Health Communication Science Office**

**Remind Parents about the Importance of Routine Vaccines**

In recent months, families have been staying at home to help stop the spread of the virus that causes COVID-19. While it has been important for families to follow stay-at-home orders, an unfortunate result has been many missed routine well-child visits and vaccinations. A [CDC report](#) released in May found a worrisome drop in routine childhood vaccinations, as well as a substantial reduction in Vaccines for Children (VFC) funded pediatric vaccine ordering.

Staying up to date on routine vaccinations is important for all newborns, infants, children, and adolescents. As communities reopen, it's important to remind parents about the need to maintain well-child visits and routine vaccinations and work with them to schedule appointments. State-based immunization information systems and electronic health records may be able to support any catch-up immunizations. Missed vaccines can put communities at risk for outbreaks of diseases like measles and pertussis. Parents need to know about measures that pediatric practices have put in place to ensure safe in-person visits, like reducing crowding in waiting rooms, and scheduling sick and well-child visits at different times of day.

CDC has developed new digital materials that pediatricians can share with parents via social media channels, practice websites, and email blasts. These include:

- A new webpage about [routine vaccination during the COVID-19 outbreak](#). It explains why well-child visits and vaccinations are essential and safety measures that many practices have put in place.
- A [feature article](#) that reminds parents that routine vaccinations are essential and explains measures that healthcare providers are taking to ensure safe well-child visits.
- [Social media content and graphics](#) about the importance of routine vaccinations for keeping children healthy.

CDC has also issued [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#) to help immunization providers in a variety of clinical settings plan for safe vaccine administration during the COVID-19 pandemic. This guidance will be updated as the COVID-19 pandemic evolves.

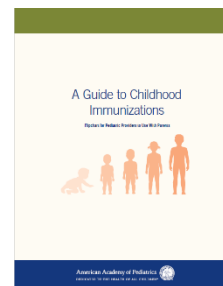
You may find that more patients are becoming eligible for the [Vaccines for Children \(VFC\) program](#) because their parents lost job-related insurance during the pandemic. However, parents may not be aware of VFC. If you are a VFC provider, let parents know about the program and how eligible children can access it.

CDC research shows that healthcare professionals are parents' most trusted source of vaccine information. Staying connected to parents and reassuring them about steps your practice is taking to ensure safe well-child visits during COVID-19 can make a difference in the health of our communities.

## Pediatrics In Practice

### AAP Childhood Immunization Flipchart – Get it for your practice

The AAP Childhood Immunization Support Program, a cooperative agreement with the Centers for Disease Control and Prevention, 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.



This flipchart was modeled after the *Guide to Adolescent Immunizations: Flip Chart for Pediatric Offices and Parents* ([Adolescent Immunization Flipchart](#)), a highly sought-after tool by primary care providers and others who vaccinate. The flipchart is currently being piloted by 18 pediatric practices, and has thus far had positive comments.

If you would like to request copies of this flipchart to use with patients, please [do so here](#). We expect to begin mailing copies in mid-late summer.

### 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.

OR

**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)

### Featured Provider Resources for Vaccine Conversations with Parents

#### Preparing for Questions Parents May Ask about Vaccines

The CDC Provider Resources for Vaccine Conversations with Parents includes a handout, [Preparing for Questions Parents May Ask about Vaccines](#). Use this to resource to aid conversations with parents about vaccines.



# Special Section

## American Academy of Pediatrics: Call Your Pediatrician! Campaign

In response to national data showing immunization rates for all ages dropping to dangerously low levels, the American Academy of Pediatrics launched a campaign urging parents to call their pediatricians to schedule check-ups and vaccines for children of all ages.

Using humor and real-world conversations, the [#CallYourPediatrician campaign](#) aims to reach parents with timely reminders that going to the pediatrician office, even during the COVID-19 pandemic, is important and safe. It also allows users to click on each campaign to find everything needed to share on your own platforms and networks. You will find:

- sample texts
- videos
- photos sized for Facebook, Instagram, Twitter, LinkedIn, Twitter, and Pinterest

The campaign webpage includes the [sample social media posts](#) that you can use to join in the **#CallYourPediatrician Campaign**. Simply cut and paste them into your favorite social media platform.

### The "COVID-19 To-Do's" Theme:

- Skipping vaccines and checkups can be dangerous. Pediatricians' offices are open and safe. **#CallYourPediatrician**.
- Don't skip vaccines or checkups, or ignore concerns about your child's health. Pediatricians are offering options like telehealth and have implemented strict safety measures. **#CallYourPediatrician**
- Don't skip your child's vaccines or checkups. Pediatricians have implemented strict safety measures and are offering video visits and other options. **#CallYourPediatrician**
- Skipping vaccines and checkups can be dangerous. Pediatricians' offices are open, and safety measures are in place. **#CallYourPediatrician**
- Skipping vaccines and checkups can be dangerous. Pediatricians' offices are open, and they want to hear from you. **#CallYourPediatrician**
- Pediatricians' offices are open, and safety measures are in place. **#CallYourPediatrician**
- Don't delay your child's vaccines or checkups. It could be the most important call you make today. **#CallYourPediatrician**

### The "20 Minutes" Theme:

Dear parents:  
We'll take 'em off your hands for 20 minutes.  
Love,  
Your pediatrician  
**#CallYourPediatrician**



### The "Moms Text" Theme:

The beauty of this impactful video (or .gif) is that it says so much all by itself!

