American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Ohio Chapter

Whale's Tales

A newsletter for the MOBI and TIES Trainer

Program Team:

Rebecca Brady, MD, FAAP – MOBI Medical Director
Robert Frenck, Jr., MD, FAAP – TIES Medical Director
Lory Sheeran Winland, MPA – Director of Immunization Programs
Beth Barker BSN, RN – Nurse Educator

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Welcome to Whale's Tales, a periodic newsletter written for MOBI and TIES trainers. Whale's Tales reports the pertinent information about statewide training activities, trainer experiences, challenges and immunization information that impacts the trainer and course participant.

From the Medical Directors:

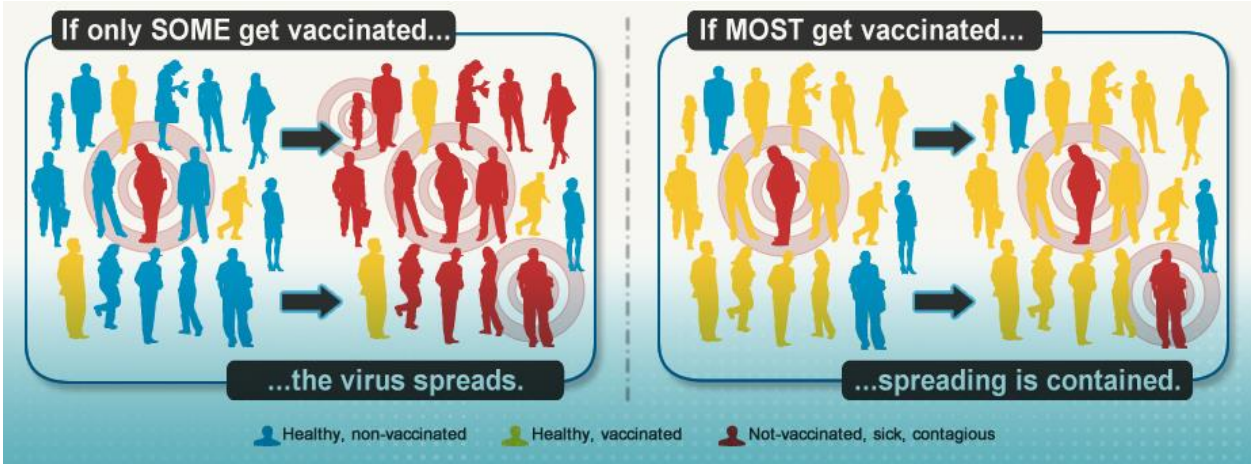
Herd Immunity

With the increase in measles cases, the term "herd immunity" has been in the news. Measles is caused by a virus that is very contagious and spreads directly from person to person. Before the licensure of the measles vaccine in the 1960s, most people acquired measles as children. Children with measles are contagious for about 4 days before the appearance of the rash so they often attended school before they realized that they had measles. Each one of these children was estimated to infect about 10-15 other children who had not yet had measles. Some of these children with measles developed pneumonia, and eye problems and about 1 in 1000 died. In this school setting, herd immunity was NOT GOOD. Most of the children in the group or "herd" were not immune and therefore, developed illness.

The promise of the measles vaccine was to protect most children early in life before they came in contact with the measles virus. In a school setting where 90% or more of children are immunized against measles and one child attends school with measles, the majority of the child's contacts will be protected and not become ill. This is GOOD herd immunity. Unfortunately, this promise has not been fulfilled because parents are refusing measles vaccines for their children. Therefore, even if only one child with

measles attends a school with a low vaccination rate, the virus has a chance to spread and infect more children, leading to illness.

We all (even the anti-Vaxers) have a goal to keep children healthy and prevent disease. So as health care providers we need to dispel the myths about measles vaccine. It is NOT associated with autism. The Catholic church says that it is acceptable and morally responsible for parents to immunize their children against measles. The side effects of the vaccine are much less than the natural disease. We need better herd immunity to protect the growing population of immunocompromised people who cannot receive measles vaccine and are at a high risk of complications if they acquire measles. A higher vaccination rate = better herd immunity.



Thank You,
Dr. Rebecca Brady

HPV Update

Since licensure of the human papilloma virus (HPV) vaccine by the Food and Drug Administration (FDA) in 2006, the Advisory Committee for Immunization Practices (ACIP), along with the American Academy of Pediatrics (AAP) and other medical bodies have recommended routine use of the vaccine. Initially, protection against cervical cancer was the key driver so vaccine administration was targeted for females 11-12 years of age with catch-up vaccination recommended for females through 26 years of age. In 2009, HPV vaccine was approved for use in males and in 2011 the ACIP and AAP recommended routine use in males up to 21 years of age and up to 26 years of age among men who have sex with men (MSM). The reason for the expanded recommendation was twofold; to further protect women as the percentage of women receiving HPV vaccine was low and the realization that HPV disease in men can be significant including genital warts as well as oral, anal and penile cancers.

Initially the vaccine was approved as a 3-dose series (0, 2 and 6 months) but subsequent research demonstrated the effectiveness of a 2-dose series (0 and 6 months) which has led to an amended recommendation of a 2-dose series if the first dose of vaccine was received before the person's 15th birthday. The effect of the amended recommendation has been substantial with significantly more people completing the vaccine series and being protected against HPV.

In October 2018, using results from clinical trials in women aged 24 through 45 years who received the 4-valent HPV vaccine, and bridging immunogenicity and safety data in women and men, the Food and Drug Administration expanded the approved age range for the 9-valent HPV vaccine use from 9 through 26 years to 9 through 45 years in both women and men.

Based on the amended approval status, in June 2019, ACIP updated HPV vaccine recommendations to include catch-up vaccination for all persons through age 26 years. The ACIP did not

recommend catch-up vaccination for all adults aged 27 through 45 years, however, they did note that if a person is not adequately vaccinated against HPV and has new sexual partners, they might be at risk for new HPV infection and might benefit from vaccination. Therefore, the ACIP did recommend shared clinical decision-making between the care provider and patient regarding potential HPV vaccination if the patient is 27-45 years of age.

A summary of the June 2019 ACIP recommendation for vaccination against HPV is:

1. **Children and adults aged 9 through 26 years**. HPV vaccination is routinely recommended at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination is recommended for all persons through age 26 years who are not adequately vaccinated.
2. **Adults aged >26 years.** Catch-up HPV vaccination is not recommended for all adults aged >26 years. Instead, shared clinical decision-making regarding HPV vaccination is recommended for some adults aged 27 through 45 years who are not adequately vaccinated. HPV vaccines are not licensed for use in adults aged >45 years.
3. **For persons who are pregnant**, HPV vaccination should be delayed until after pregnancy; however, pregnancy testing is not needed before vaccination. Persons who are breastfeeding or lactating can receive HPV vaccine.

With these updates, we will be able to protect even more people against HPV and with a renewed effort, we can reach the goal of 80% of patients being properly vaccinated against this infection.

Thank You,
Dr. Robert Frenck, Jr.

ACIP Recommendations – Flu Season 2019-20

CDC has released Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2019–20 Influenza Season in the August 23 *MMWR Recommendations and Reports*.

This report updates the 2018–19 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States (MMWR Recomm Rep 2018;67[No. RR-3]). Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2019–20 season. Standard-dose, unadjuvanted, inactivated influenza vaccines will be available in quadrivalent formulations (IIV4s). High-dose (HD-IIV3) and adjuvanted (aIIV3) inactivated influenza vaccines will be available in trivalent formulations. Recombinant (RIV4) and live attenuated influenza vaccine (LAIV4) will be available in quadrivalent formulations.

Updates to the recommendations described in this report reflect discussions during public meetings of ACIP held on October 25, 2018; February 27, 2019; and June 27, 2019. Primary updates in this report include the following two items. First, 2019–20 U.S. trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/Brisbane/02/2018 (H1N1)pdm09–like virus, an A/Kansas/14/2017 (H3N2)–like virus, and a B/Colorado/06/2017–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain HA derived from these three viruses, and a B/Phuket/3073/2013–like virus (Yamagata lineage). Second, recent labeling changes for two IIV4s, Afluria Quadrivalent and Fluzone Quadrivalent, are discussed. The age

indication for Afluria Quadrivalent has been expanded from ≥5 years to ≥6 months. The dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for all persons aged ≥36 months (≥3 years). The dose volume for Fluzone Quadrivalent for children aged 6 through 35 months, which was previously 0.25 mL, is now either 0.25 mL or 0.5 mL. The dose volume for Fluzone Quadrivalent is 0.5 mL for all persons aged ≥36 months (≥3 years).

This report focuses on the recommendations for use of vaccines for the prevention and control of influenza during the 2019–20 season in the United States. A brief summary of these recommendations and a Background Document containing additional information are available at *https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html*. These recommendations apply to U.S.-licensed influenza vaccines used within Food and Drug Administration–licensed indications. Updates and other information are available from CDC's influenza website (*https://www.cdc.gov/flu*). Vaccination and health care providers should check this site periodically for additional information.

From Lory:

Train-the-Trainer

If you are a new trainer or if you were unable to attend our Annual MOBI/TIES Train-the-Trainer on July 23, please plan to attend our upcoming make-up **Train-the-Trainer** on **Wednesday, October 9, 2019**. *Please register no later than Friday, October 4.*

The training will be held at the Ohio AAP office (94-A Northwoods Blvd, Columbus 43235). Registration will begin at 9:30am and the training will end at approximately 4:00pm. Lunch is NOT

provided, however there are several restaurants in close proximity. More details to come.

Attendance at a Train-the-Trainer is required. An additional make-up training will be held in March for those who cannot attend in October. Please feel free to contact me with any questions.

Link to registration: http://ohioaap.org/TTT

Ohio Teens Advocating for Vaccines (TA4V)

As you recall, we discussed TA4V information being added to the TIES resources. Starting with September TIES trainings, we will be including a flyer for each training attendee along with prescription pads for the offices to hand out to adolescent patients. If you have any questions about these resources, please let me know.

Important Reminders

As you continue to schedule and conduct your MOBI/TIES trainings, please keep these in mind:

1. Please give Ohio AAP as much notice as possible when scheduling a training and requesting materials. We understand that last-minute trainings get scheduled periodically, but we ideally need a minimum of two weeks' notice.

2. When scheduling a training, one practice at a time, per event is the best method to follow. MOBI & TIES are designed to work most effectively as one-on-one education sessions. When trainers adhere to the single practice, single session format (whether performing MOBI and TIES together, separately, or one or the other) trainers will more likely be able to provide one-on-one education, guidance, and expertise at a digestible level for the practice.

   If a training session needs to be combined because the practice leadership wants it that way, then adjustments can be made with the required materials. Be sure to have participants complete feedback forms and PDSA forms that indicate each individual practice – not the entire larger group. Remember that the goal is to provide quality MOBI and TIES education and to promote individual practice behavior change to improve timely immunizations.
3. Once your scheduled program is completed, you need to complete a Trainer Feedback/Program Completion form. This information is sent to ODH monthly and is used to verify program completion. If a form is not completed for each and every MOBI and/or TIES, you may risk not being reimbursed. Please see the Trainer Instruction for Online Forms for more detailed information at: MOBI TIES Presentation Forms.

From Beth:

HPV Persona Project – Validation Survey

The Ohio AAP would like to thank you for your continued support and partnership as we pursue our mission of promoting the health, safety, and wellbeing of children and adolescents. At this time, we are seeking individuals to complete the online HPV persona validation survey (link

below). We are currently in the second phase of the HPV Persona project - data validation. The first phase of the HPV persona project was face-to-face, de-identified paper surveys collected from parents/caregivers and youth/young adults at events/locations across Ohio. The survey examined people's knowledge, attitudes, and beliefs about the HPV vaccine.

Since you partnered with us either by allowing us to come to your event/location for this project or have perhaps partnered with us on another project, we need your assistance by requesting your membership and/or contacts complete the HPV persona project validation survey. The data and personas must be validated in order to meet our larger goal, which is to develop and implement a quality improvement and/or continuing education program for providers that is evidence based to improve the administration of the HPV vaccination.

Please share the link below with anyone you feel could help us including membership, and professional or personal contacts. No identifiable information is collected, so all submissions are anonymous. The survey should take no longer than 10 minutes to complete. *The survey will close on Thursday, September 12*.

Should you have any questions or concerns, please contact Lory Sheeran Winland at lwinland@ohioaap.org. Thank you for your help and support!

LINK: https://ucpsychology.ca1.qualtrics.com/jfe/form/SV_8oIok9NTSRBM7mR