



AAP IMMUNIZATION INITIATIVES NEWSLETTER

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Links to AAP Resources:

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- [Member Center](#)
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The Childhood Immunization Support Program (CISP) is a cooperative agreement between the CDC and AAP. (Cooperative Agreement: U66/IP000400-02)



Updates and Alerts



- **Two-dimensional (2D) barcodes launch in pediatric offices**
These new barcodes will contain product information, lot number and expiration date. Physicians can scan the barcodes and link them to their electronic medical records to reduce errors in documentation. To learn more, see the AAP News article at: <http://aapnews.aappublications.org/content/33/1/1.1.full>
- **First US plant to make cell-based influenza vaccine dedicated**
A Vaccine manufacturing plant in Holly Spring, NC, was dedicated on December 12, 2011, as the first facility in the country to produce influenza vaccine using a faster and more flexible technology. The technology used at the plant allows for vaccine to be supplied sooner, which would be of great importance in the case of an influenza pandemic. To learn more visit: <http://www.hhs.gov/news/press/2011pres/12/20111212a.html>
- **Centers for Disease Control and Prevention (CDC) publishes recommendations for the use of HPV4 in males**
Following the recommendation by the Advisory Committee on Immunization Practices (ACIP), the CDC has released its recommendations in its Morbidity and Mortality Weekly Report on December 23, 2011. The recommendations state that males be routinely vaccinated with the 3-dose series between ages 11-12; that males ages 13-21 who have not previously received the vaccination series or who have not completed the series, be vaccinated; that the vaccination series may begin as early as age 9; and that males ages 22-26 may receive the vaccination series. To see the full recommendation, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>.
- **Coming soon from the American Academy of Pediatrics (AAP) AAP Policy on HPV for males**
The AAP policy on HPV vaccine for males will be published in the March issue of *Pediatrics*. To access the journal visit: <http://pediatrics.aappublications.org/>

New Immunization Schedules

The 2012 Immunization Schedules will be published in the February issue of *Pediatrics*. They will also be accessible at: <http://www2.aap.org/immunization/IZSchedule.html>

Upcoming Events

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

February 22-23, 2012

CDC, Building 19, Room 232, Atlanta, GA

The role of the ACIP is to provide advice that will lead to a reduction in the incidence of vaccine-preventable diseases in the United States, and an increase in the safe use of vaccines and related biological products.

For more information or to register visit:

<http://www.cdc.gov/vaccines/recs/acip/>

➤ **Clinical Vaccinology Course**

March 9-11, 2012

Hyatt Regency Chicago, Chicago, IL

This course focuses on new developments and issues related to the use of vaccines. Faculty will provide the latest information on both current and prospective vaccines, updated recommendations for vaccinations across the lifespan; and innovative and practical strategies for ensuring timely and appropriate vaccination.

<http://www.cvent.com/events/clinical-vaccinology-course/event-summary-50ff1f08425e4a30a3ae5f4b701095a1.aspx>

➤ **1st National Immunization Conference Online**

March 26-28, 2012

This is a virtual conference, which will be entirely online. No travel is required for presenters or attendees. Conference goals are to provide information that will help participants provide comprehensive immunization coverage for all age groups and explore innovative strategies for developing programs, policy, and research to promote immunization coverage for all age groups. For more information, visit:

<http://www.cdc.gov/vaccines/events/nic/default.htm>.

Resources

➤ **Immunization Action Coalition (IAC) revised parent-education brochure, “What if You Don’t Immunize Your Child?”**

This simple resource encourages parents to have their children immunized and offers resources to help them find answers to questions about immunizations. To access the resource, visit: <http://www.immunize.org/catg.d/p4017.pdf>.

➤ **“Keep Your Kids Safe”**

This IAC influenza resource for parents is now offered in Spanish, Chinese and Arabic. To access these translations visit:

- For English: <http://www.immunize.org/catg.d/p4070.pdf>
- For Spanish: <http://www.immunize.org/catg.d/p4070-01.pdf>
- For Chinese: <http://www.immunize.org/catg.d/p4070-08.pdf>
- For Arabic: <http://www.immunize.org/catg.d/p4070-20.pdf>

Red Book Online



Red Book Online Image of the Week, Updated Every Monday!

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 *Clostridium perfringens*, nocardiosis, histoplasmosis, and mumps 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 see this week’s image, visit *Red Book Online* at www.aapredbook.org.

Featured Research Findings

Financial Impact to Providers Using Pediatric Combination Vaccines

Angela Shen, MPH, ScD; Elizabeth Sobczyk, MSW, MPH; Lone Simonsen, PhD; Farid Khan, MPH; Allahna Esber, BA; and Margie C. Andreae, MD

Authors of this study sought to determine whether combination vaccines, which are recommended by the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics (AAP), are resulting in a reduction of pay to pediatricians who administer them as compared to separate vaccines. Researchers chose the combination vaccine, Pediarix, to compare equivalent component vaccines (ECVs), diphtheria, tetanus and acellular pertussis (DTaP); hepatitis B, (HepB); and inactivated polio (IPV), and studied the specific CPT code associated with each vaccine.

The data used in this study were taken from a subscription remittance billing service, SDI Health, LLC. Authors reviewed claims for children under 24 months of age that were submitted over a 26 month-period from June 2007 to July 2009. Only claims to Medicaid and commercial payers were included. The authors compared the mean charge and mean payment for using Pediarix with the mean charge and mean payment for using the ECVs. Comparing immunization administration (IA) payment was far more complicated, as vaccines other than the study vaccines were likely administered at some visits, and may have received the initial IA code, which holds a higher value than subsequent IA codes.

After reviewing 110,040 claims, 56,503 for Pediarix and 53,537 for ECVs (75% of which were paid by commercial payers, and 25% by Medicaid), researchers found that the total payment to practices for use and administration of Pediarix averaged \$23 less than the total payment received for use and administration of ECVs from commercial payers. The average difference in payment was \$13.42 less in total payment for use and administration of Pediarix rather than ECVs from Medicaid. When broken down, payment for the product of Pediarix was only \$2 less than the ECVs from commercial payers, and \$15 less from Medicaid. Authors concluded that the lower total payment for use of the combination vaccine Pediarix versus ECVs can be a barrier to physicians adopting this recommended practice. In fact, as they report, 20% of physicians reported that they do not use combination vaccines because it can result in a financial loss. Authors suggest the adoption of new component-based IA codes to correct this discrepancy, and make the practice of using combination vaccines as recommended by the CDC and AAP more desirable to physicians.

Pediatrics Vol. 128, No. 6 Pages 1087-1093.

<http://pediatrics.aappublications.org/content/128/6/1087.full?sid=6537bcc7-4ecc-4205-a249-0cb96b0b613e>

Special Section

Collaboration Between ONE and the AAP

Margaret McDonnell, Manager, Strategic Partnerships, ONE

On December 8 and 9, several of AAP's international health experts joined ONE for an advocacy day on Capitol Hill followed by a day at the White House to talk with officials about why it is important to preserve American programs that save millions of lives. This effort, which will be reported on in February's edition of AAP NEWS, is reflective of a broader national partnership between ONE and AAP to focus on improving the health of the poorest children in the world.

ONE is an international advocacy organization co-founded by the musician Bono with more than 25 million members worldwide. ONE's mission is to fight extreme poverty and preventable disease, particularly in Africa. ONE advocates on behalf of those in the world's poorest places. While the AAP primarily focuses on the health of American children, the Academy's commitment to the "HEALTH OF ALL CHILDREN" means that both the AAP and ONE are committed to preserving low-cost, high-impact programs that provide life-saving childhood vaccinations.

Toward this end, AAP President Dr. Robert Block joined ONE in April for the launch event of its vaccine campaign in advance of the Global Alliance for Vaccines and Immunizations (GAVI)'s pledging conference on June 13.

As Dr. Block explained, "In the last 50 years, we've cut childhood deaths in half with the help of vaccines and now we have the opportunity to save 4 million more children's lives in the next five years. As a pediatrician, I know the power of vaccines to protect a child for a lifetime. The AAP is proud to be a part of ONE's campaign to dramatically reduce childhood deaths and give every child a healthy start in life."

World leaders responded to the call and pledged \$4.3 billion to GAVI over three years including a \$450 million pledge from the United States. The U.S. contribution alone would immunize 250 million children, averting 4 million premature deaths. Unfortunately, this funding is now threatened as we face dramatic and dangerous cuts to the foreign assistance budget, which represents less than 1% of the entire U.S. budget. This is hardly the solution to the current budget deficit. Federal budget cuts may be inevitable; however, we cannot allow programs that cost little but save millions of lives - like funding for life-saving vaccines - to take a disproportionate cut.

This is why ONE is working with AAP members to educate members of Congress about the importance of funding for global health programs like those that provide basic childhood vaccinations. To learn more about the current budget crisis and its implications for global health programs, check out ONE's budget update. Consider joining ONE.org. Adding your voice on behalf of children too easily forgotten could help make a real difference in their lives.

* This article has been adapted from the AAP Section on International Child Health's December 2011 Newsletter

Pediatrics in Practice

Cocooning: A Cost-effective Strategy for Protecting Infants?

Recently, several publications have been released that address the relatively new concept of “cocooning” infants, which refers to immunizing parents, family, and caretakers around them to protect infants from exposure to pertussis, and other vaccine-preventable diseases, such as influenza. Of these recent publications, a Canadian study, The Number Needed to Vaccinate to Prevent Infant Pertussis Hospitalization and Death Through Parent Cocoon Immunization, reported that in the provinces of Quebec and British Columbia, a cocooning strategy with pertussis vaccine was not cost effective, since it was projected to take 1 million parental immunizations to save one infant death, 100,000 parental immunizations to prevent one infant ICU admission, and 10,000 parental immunizations to prevent one infant hospitalization. At \$20.00 a dose, the authors felt that this was an extremely expensive initiative.

Accompanying that article, an editorial written by pediatricians at Texas Children’s Hospital’s Center for Vaccine Awareness and Research, was published in *Clinical Infectious Diseases*, called Infant Pertussis: What to do Next? This piece had a somewhat more optimistic view of the cocooning strategy, claiming that as many as 75% of pertussis cases in infants are acquired from a household contact and that cocooning could reduce pertussis cases in infants less than 3 months old by as much as 70%. The authors note that cocooning could be an expensive strategy when the incidence of pertussis is low, but state that in California, the rates of pertussis are much higher than those reported from the Canadian provinces. The deaths of a number of infants in both California and Minnesota clearly outline the risks associated with pertussis in infants.

Finally, the AAP Committee on Practice and Ambulatory Medicine (COPAM) and the Committee on Infectious Diseases have just published a technical report entitled Immunizing Parents and Other Close Family Contacts in the Pediatric Office Setting, which explores the benefits and drawbacks of offering vaccines to parents and grandparents in the pediatric offices. While this report does not specifically evaluate the cocooning strategy and its effectiveness, it does mention that only 5% of adults who have contact with an infant have had a recent Tdap immunization. The idea behind the report is to empower pediatricians to consider whether to offer immunizations to adults in their practice and make their own decision based on their own circumstances.



Dr. Herschel Lessin, Committee on Practice and Ambulatory Medicine, co-Lead Author of AAP Technical Report: Immunizing Parent and Other Close Family Contacts in the Pediatric Office Setting

Pediatrics in Practice

Cocooning: A Cost-effective Strategy for Protecting Infants? (cont.)

With the publication of these three papers, Reuters distributed an article entitled Doctors Split on Vaccine Strategy to Shield Babies. Dr. Herschel Lessin, chair of the AAP COPAM and co-author of the technical report mentioned above, offered comments to the Reuters author, in support of cocooning. Lessin felt that the Canadian study (published after the AAP statement went to press) fails to discuss the significant limitations in generalizing this article to areas beyond the regions studied, as well as the total economic costs involved. The Canadian study looks at two regions experiencing at or near record-low rates of pertussis, while some parts of the US, such as California, are in the midst of an epidemic. Because incidence rates in areas in the US are much higher, the number of parents receiving Tdap would need to be much lower in order to save an infant life, or prevent ICU or hospital admission. Therefore the cost of preventing these adverse outcomes would be much lower. The article also did not take any consideration into the costs of adults' illness, both in loss of productivity in affected adults, or costs for testing and treatment, and how immunization of adults could limit these costs. Were this to be considered, once again, the cost effectiveness of cocooning would look considerably better. Clearly, this is an issue that should be studied using data and incidence rates from areas where infants are most affected, as well as the total cost to society of the economic burden of pertussis in adults.

Resources:

Skoronski, DM, Janjua, NZ, Sonfack, EP, Uuakki, M, Hoanh, L, and Serres, GD. (2011). The Number Needed to Vaccinate to Prevent Infant Pertussis Hospitalization and Death Through Parent Cocoon Immunization. *Clinical Infectious Diseases*.

Healy, CM, and Baker, CJ. (2011). Infant Pertussis: What to do Next? *Clinical Infectious Diseases*.

Lessin, HR, Edwards, KM, the Committee on Practice and Ambulatory Medicine, and Committee on Infectious Diseases. (2012). Immunizing Parents and Other Close Family Contacts in the Pediatric Office Setting. *Pediatrics*, 129, e247-53.

Seaman AM, and Joelving, F. (2011). Doctors Split on Vaccine Strategy to Shield Babies. *Reuters Health*.



Got an idea about a topic you'd like us to cover?

Contact us at cispimmunize@aap.org