

Immunization Newsletter:

Winter Newsletter

January 2011

NAPNAP

Greetings from
the Chair

Immunization

Tidbits

Your Expertise
Needed

Report from Vaccinology
course

Timely
Immunizations

Officers

(year 1 of 2 year term):

Chair: Ann Linguiti Pron

Co Chair: Ann Taub

Secretary: Katie O'Keefe

Greetings From the Chair

Hello. I hope that winter finds you warm and safe. This is the first newsletter for 2011 for our SIG. I am looking forward to meeting with some of you at the 32nd annual NAPNAP conference in Baltimore. Our SIG annual meeting is **Friday March 25 at 8 AM** (Room TBA). Please feel free to bring your friends/colleagues to our meeting. Light refreshments will be served. If you cannot attend the conference and have immunization information about your practice or meetings you have attended, send via the NAPNAP community e-groups or email alpst20@mail.rmu.edu so it can be shared with those at the meeting and included in the minutes.

Thank you for all you do for NAPNAP and the immunization SIG.

Ann Linguiti Pron

2011 Conference Highlights: Take advantage of these other immunization sessions including pharmacology content (Rx):

#204: Pediatric Immunization Update (Rx). William Atkinson =MD, MPH, Thursday, 24 March, 10:15 AM

#323: Our SIG-sponsored: Keeping Up with the Science and Perceptions: Understanding the Clinical Evidence that Supports Immunization Recommendations (Rx); Mary Beth Koslap-Petraco DNP CPNP, Friday, 25 March 2:25 PM

FYI - Immunization tidbits

- ◆ The National Immunization Conference is March 28-31, in Washington, D.C. (see <http://www.cdc.gov/vaccines/events/nic/> for details and registration). Our SIG offers a scholarship up to \$1000. to attend this conference.
- ◆ The NAPNAP position paper on Immunizations was approved at the October Board Meeting and is available at http://www.napnap.org/Files/NAPNAP_PS_Immunizations_Final2010.pdf and in the March-April edition of the *Journal of Pediatric Health Care*,
- ◆ All you ever wanted to know about Vaccine Ingredients is available from the Vaccine Education Center at Children's Hospital of Philadelphia. This is a good handout for parents who have concerns, although it is at a high reading level. See if there are any surprises for you... (I was surprised by page 2...) <http://www.chop.edu/system/galleries/download/pdfs/articles/vaccine-education-center/vaccine-ingredients.pdf>.

Your expertise needed:

- ◆ NAPNAP is always looking for clinical experts, for immunizations and other topics. If you are an "expert", you may be contacted for special NAPNAP projects. Click on the application to submit your credentials: <http://www.napnap.org/MemberCenterClinicalExpertPanelApplicationProcess.aspx>.
- ◆ Do you have a topic you would like to write about for our next SIG newsletter or know someone else who could write a good summary on a topic (due in late Spring)? Please contact Ann Linguiti Pron at alpst20@mail.rmu.edu. Writers for the NAPNAP newsletter are always needed as well.

Clinical Vaccinology Course

Ann S. Taub, CPNP, Co-Chair Immunization SIG

In November, 2010, as a representative of NAP-NAP, I attended the "Clinical Vaccinology Course", sponsored by the National Foundation for Infectious Disease, in Baltimore, Maryland. This informative course is given twice yearly in different locations and covers many important topics that would be of interest to pediatric nurse practitioners. Attendees are physicians, pharmacists, physician assistants, nurses, and other public health professionals. The presenters are experts in the field of vaccines, including epidemiologists, researchers and experts from the CDC. Topics include; safety of vaccines, implementation of vaccines programs, changes in vaccines schedules and development of vaccines. In addition, vaccines needs of special groups, such as teenagers, new parents and other adults were addressed. The role of vaccines and preventing disease worldwide and vaccine programs in third world countries was addressed. Public policy and economics of vaccine development and programs were discussed. Patricia Stinchfield, a pediatric nurse practitioner and member of the immunization SIG was one of the presenters. Ms. Stinchfield, addressed "The Effect of combination Vaccines on the Vaccine Schedule". ..

Some other highlights included the new recommendations for the Tdap vaccine. Due to the increased concern re incidence of pertussis, Tdap, should be administered at a onetime dose at 11 to 12 years of, regardless of interval of last Td. In addition, all adults up to age 64, who have not received a dose of Tdap or vaccine status is unknown, should receive a single dose of Tdap. Adults over age 65 and older should receive a dose of Tdap, if they will be in close contact with a child younger than 12 months.

The new recommendation, for MCV4, meningococcal vaccine is to provide the initial dose of MCV4, at 11-12 years old and then to give a booster dose at age 16.

I recommend this informative conference to other pediatric nurse practitioners.



Timely Immunization Schedule -

For your youngest patients Ann Linguiti Pron

The *Timely Immunization Schedule* ensures that all children receive vaccines at the earliest possible time according to the ACIP recommendations. If a child receives all immunizations "on time" and according to the Centers for Disease Control and Prevention schedule, they would be caught "up to date" with the administration of the second Hepatitis A vaccine given at the 18 month health maintenance visit. This means that an infant would receive 5 vaccines injections (assuming the use of combination vaccines) at the one-year health maintenance visit, or 6 if it is flu season.

The administration of "Timely" immunizations diminishes susceptibility to life-threatening, preventable communicable illnesses for children. Evidence-based clinical practice guidelines assist providers to avoid "missed opportunities" so they can be aware of true contraindications to vaccination. These include assessment and administration of immunizations with all types of health care visits, and providing "catch-up" vaccination for children who are delayed in immunizations (Pickering et al., 2009). Infants who were inadequately immunized at three months of age were found to be four-and-a-half times more likely to be delayed at 24 months than infant adequately immunized by three months of age (Fiks, et al., 2007).

Disparities in immunization rates persist for infants from low socioeconomic households and as a result, they are more likely to fall behind in immunizations (Smith, et al., 2009). Reminders & recalls are one way to improve timely vaccination rates, although these are not as effective in low income populations (Fiks, et al., 2007). Technology, such as clinical alerts, order sets, and other electronic health records (EHR) adjustments can help the clinician to keep to a timely schedule.

Although it takes effort to maintain timely immunizations, it is very important to the health of infants and toddlers. Does your practice use timely immunization scheduling? Congratulations! If your practice is not doing this, why not be the "champion" and lead this change!

References:

- Fiks, A.G., Grundmeier, R.W., Biggs, L.M., Localio, A.R., & Allesandrini, E.A. (2007). Impact of clinical alerts within an electronic health record on routine childhood immunization in an urban pediatric population. *Pediatrics*, 120, 707-14.
- Pickering, L.K., Baker, C.J., Freed, G.L., Gall, S.A., Grogg, S.E., Poland, ... Orenstein, W.A.(2009). Immunization programs for infants, children, adolescents, and adults: Clinical practice guidelines by the Infectious Diseases Society of America. *Clinical Infectious Diseases*, 49, 817-40. doi:10.1086/605430
- Smith, P.J., Jain, N., Stevenson, J., Mannikko, N., & Molinari, N.A. (2009). Progress in timely vaccination coverage among children living in low-income households. *Archives of Pediatric and Adolescent Medicine*, 163(5), 462-8.