HPV Vaccination: Early Initiation & Provider Recommendations

Studies suggest that early initiation of HPV vaccination may improve series completion. Currently, the CDC’s Advisory Committee on Immunization Practices (ACIP) recommends beginning the HPV vaccine series at age 11 or 12, while acknowledging that vaccination may begin as early as age 9. By starting to recommend the HPV vaccine at age 9, it is more likely that the two-dose series will be completed by age 13. Additionally, starting the recommendation early gives providers additional visits to discuss the vaccine with their patients and families, thus more opportunities to complete the series. The VFC program allows for an HPV vaccine to be administered to patients starting at age 9.

Following AAP guidance, providers should start talking to families about HPV vaccination early, make a strong recommendation, make every visit a vaccine visit, and schedule second dose appointments ahead of time. Check out the webinar recording and slides from ICAAP’s March immunizations webinar to learn more about HPV vaccination.

Note: In December 2022, the World Health Organization updated its recommendations on the HPV vaccine schedule, allowing for a one or two dose series. Read the article here. If the United States adopts these recommendations, rates of completion could be further improved!
How Artificial Intelligence May Contribute to Vaccine Decision Making

Artificial Intelligence (AI) is a form of problem-solving technology that is rapidly growing in popularity. Users can ask questions and receive answers as if they are speaking with another human, request cooking instructions, or even ask the computer to design an invitation for their child’s animal-themed birthday party. AI is commonly available in the form of “chatbots,” which can be made available on organization websites to reduce the burden of having live staff members respond to inquiries. Through these unique capabilities, AI systems may be able to increase access to information about infectious diseases, including vaccination. A study of an AI chatbot’s role in providing COVID-19 vaccine information found that questions about boosters, where to get a vaccine, and COVID-19 symptoms, testing, and reporting were answered with an average 74.8% accuracy. There are concerns that this type of technology may contribute to disinformation because these systems can be easily “taught” to provide biased information.

The Impact of Non-Medical Vaccine Exemptions

With kindergarten vaccine coverage rates slowly but steadily decreasing over the past couple years, experts are exploring the factors contributing to this decline. In addition to rapidly spreading misinformation and distrust, vaccine exemptions may be a factor. While all states allow for medical exemptions, many also allow for a combination of religious and/or personal (secular) exemptions. These types of additional exemptions are associated with lower vaccine coverage rates. These drops in coverage put children and communities at risk for vaccine preventable diseases. Religious exemptions are currently permitted in Illinois. You can view exemptions by state here. It is essential to continue to educate patients and families about the value of vaccines and to give a strong vaccine recommendation.

Immunization After Chemotherapy or Transplantation

Vaccines are an integral part of long-term management for children and adolescents with cancer and post-transplantation care. It is recommended by ACIP, the AAP, and the Infectious Diseases Society of America to provide inactivated vaccines as early as three months following chemotherapy for optimal effectiveness. These are the current recommendations:

- Varicella and measles, mumps, and rubella (MMR) vaccines are safe and effective to administer at least 3 months after completion of chemotherapy.
- Children who receive anti-B cell therapies should be assessed 6-9 months after biologic therapy.
- For vaccination after hematopoietic cell transplantation (HCT), it is safe to administer inactivated vaccines 3-6 months post-HCT.
- Factors such as ongoing maintenance of immunotherapy, presence of chronic graft vs host disease, and dynamics of immune reconstitution post-HCT can impact timing and type of vaccine administration. For more information, refer here.
- COVID-19 vaccines can be administered 2-4 weeks before immunosuppressive therapy, during chemotherapy, and 3-6 months after HCT or CAR-T therapies. Refer to the CDC for updated guidance based on type and child’s age.

Pediatricians share a responsibility to ensure proper and timely vaccinations for patients and their families to avoid any morbidity and mortality associated with vaccine-preventable infections.
Rotarix

ROTARIX is now approved in its liquid formulation for Rotavirus. The FDA approved it back in November 2022 as an oral-dosing applicator-only presentation. This two-dose vaccine will increase convenience by alleviating the need for reconstitution prior to administration. In line with the CDC and ACIP, the vaccine is approved for use in infants 6 weeks old with the max age of the first dose being 18 weeks and the final dose being offered no later than 8 months of age. You can order from GSKDirect.com or through your preferred wholesaler/distributor.

With the new ROTARIX liquid formulation, there will be two variations of the drug available on the market for use until 2025 when the older - lyophilized formulation will retire. The NEW Rotarix liquid formulation will have different dosing and administering requirements, including:

• Single 1.5 mL dose, no reconstitution.
• Prefilled oral dosing applicator with a plunge stopper.
• Keep in original package to protect from light.

For best practices and to avoid vaccine errors, use up current ROTARIX lyophilized formulations, which require reconstitution, prior to using the new liquid formulation. Educate staff on how to prepare and administer the various ROTARIX formulation(s) in stock and refer to the CDC for further information.

Vax for All

Vax for All.com offers free resources to help children with Autism or other intellectual or developmental disabilities (IDDs) learn about getting a vaccine. Developed in partnership with the IL Council on Developmental Disabilities, the site includes interactive social stories, relaxation videos, information for parents, and more.

Immunization Awareness Weeks

National Infant Immunization Week is April 24–30. Visit ICAAP’s website to find a toolkit that will support you in vaccinating your youngest patients! You can also find resources from Adolescent Immunization Action Week earlier this month, including schedules, resources for patients, and social media images to share.
1. **Pfizer Bivalent Boosters for Children Under Five**

A bivalent booster dose of the Pfizer COVID-19 vaccine is now available to more children under the age of 5. Children 6 months to 4 years of age who previously completed a 3-dose monovalent Pfizer-BioNTech primary series can receive a bivalent booster at least two months after receiving their last dose. Children in this age group who received a primary series consisting of two monovalent doses and one bivalent Pfizer COVID-19 vaccine are NOT eligible for a booster. You can view more details in the AAP’s [reference guide](#) and in I-VAC’s [scheduling & dosing charts](#).

Please keep in mind:

- Monovalent Moderna products expired as of 4/9/23.
- Pfizer monovalent products will be the only option for primary doses in those under 12 (and are also set to start expiring in May 2023).
- Keep an eye out for more guidance.

2. **FDA/CDC Response to Misinformation**

In response to concerns presented by Florida’s surgeon general, the CDC and the FDA published a letter addressing misinformation circulating around COVID-19 vaccines. The letter addresses concerns about increases in Vaccine Adverse Event Reporting System (VAERS) reports, acknowledging that the Emergency Use Authorizations (EUAs) for the vaccines require that certain adverse events be reported, and that a report alone cannot determine whether a vaccine caused the adverse event. Additionally, the letter confirms that COVID-19 vaccines are safe and effective, and that vaccination reduces morbidity and mortality. Meetings to review safety and efficacy data are regularly convened and contribute to the identification of legitimate adverse reactions, such as with concerns that surfaced about the Janssen vaccine in April 2021. You can find more on vaccine misinformation and disinformation in this article from Your Local Epidemiologist, Katelyn Jetelina, or from I-VAC’s [misinformation special session](#).

3. **No Plans for Additional Bivalent Booster at this Time**

Some of those who feel they are at increased risk for severe COVID-19 infection have been requesting additional bivalent doses. While the [FDA](#) was considering recommending an additional dose for those over a certain age or for those with immunocompromising conditions, this has not been approved. The CDC has clarified their “up-to-date” definition, specifying that if you have received an updated booster dose, you are considered up-to-date and that there is not currently a recommendation for a second bivalent booster dose. Among the general population, rates of bivalent booster uptake remains overwhelmingly low, with only **16.5%** of the U.S. population having received a bivalent booster dose.
COVID-19 Vaccinator Hero Award

ICAAP would like to recognize and celebrate the amazing pediatric teams across the state that have been doing incredible work around COVID-19 vaccine administration. This month, please join us in congratulating the staff at St. Clair Pediatrics for giving over 500 doses since August 2021!

Thank you for all you do!

Redetermination

Renewal and eligibility reviews (aka redetermination) for Medicaid coverage will be restarting in Illinois following this timeline:

- Redeterminations will begin for Illinois medical customers on 04/01/2023.
- First group of redetermination letters will be mailed on 05/01/2023.
- First date Medicaid customers could lose coverage is 07/01/2023.

Redetermination due dates will be spread over a 12-month period in Illinois: 06/01/23 to 05/01/24 (the unwinding period). A timely response is required for the case (person/family) to keep coverage.

You and your practice can help ensure children and families do not lose coverage by familiarizing yourself with and communicating about redetermination – as well as supporting them through the process.

We have created an Illinois-specific template letter you can send/share with patients. We encourage you and everyone at your clinic to review the slides from the Illinois Department of Health and Family Services (HFS) with more detailed information. There are additional messaging materials available on the HFS website and on the AAP’s unwinding webpage.

Upcoming Events

**April 11, 12 p.m.**
ACIP Schedule & Routine Vaccinations

Register here

**April 13, 8 a.m.**
I-VAC COVID-19 Vaccine Bootcamp

Register here

**May 16, 12 p.m.**
Preparing for Summer Vacations - Travel Vaccinations

Register here