



# American Academy of Pediatrics

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Rhode Island Chapter of the AAP

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April 30, 2010

Dear Dr. Gifford,

The Vaccine Advisory Board convened its meeting on March 19, 2010. After lively and meaningful discussions, the physicians in attendance would like to make the following recommendations.

1 – The Rhode Island Department of Health (RIDOH) follow the American College of Immunization Practice's (ACIP) permissive recommendation for Human Papilloma Virus (HPV) vaccine in males. As you know, HPV vaccine is licensed for males aged 9-26 years old to protect them against genital warts as well as to protect against HPV transmission to females.

Recognizing that this medical recommendation may be met with parental resistance or inquiry, the Advisory Board physicians strongly urge that RIDOH coordinate a statewide educational and promotional campaign about this vaccine – its safety and its value in preventing HPV infection. While Rhode Island has a robust “Vaccinate Before Your Graduate” program, the committee would prefer that HPV vaccines are delivered in the medical home, where the physician has the opportunity to further counsel the teenage patient about risk taking behaviors.

2- The RIDOH provide physicians with the new Prevnar-13 vaccine which is replacing the Prevnar-7 vaccine. Furthermore, we recommend that RIDOH provide the physicians with literature which clearly states recommendations for routine dosing and catch-up dosing, as well as the current Vaccine Information Sheet.

3 – The RIDOH continue to closely collaborate with the primary care physicians with regards to influenza vaccine delivery in season 2010-2011. We recognize that H1N1 – both illness and vaccine delivery – posed many challenges for the health care community, and the lessons learned will be applied to the next season. With the new ACIP recommendations for universal influenza vaccination of all children, the pediatricians on the committee ask that RIDOH provide seasonal flu vaccine to the offices as soon as it is available so that children may be vaccinated at their well child visits. FluMist is often available in mid-August, which coincides with the peak well child care visit season. Therefore, it would be ideal for the offices to receive FluMist doses for patient delivery in mid-August.

4 – In the last year the vaccine schedule has become incredibly complicated due to vaccines in short supply, either from recalls or manufacturing errors. It has become very difficult and time-consuming for the physicians and their staff to review each patient's vaccine record in order to determine what vaccines are due based on the current vaccine supply and brands. The advisory board requests that RIDOH continue to communicate with the physicians about what vaccines are available (i.e. Rotateq vs Rotarix, ActHib vs Hiberix, Pentacel vs Pediarix) and that there is enough vaccine supply to start catch-up doses (i.e. Hepatitis A, Varivax.)

In terms of catch-up doses for vaccines, it was the consensus that there needs to be better communication with the physicians about the current plans available for Varivax and Hepatitis A. At this meeting some the physicians learned for the first time that for varicella vaccination, all Rhode Island children older than age 6 should receive two doses of vaccine and for hepatitis A vaccine, all children older than 2 may receive two doses of vaccine, regardless of risk category.

Furthermore, we request that RIDOH's choice of vaccine brands remain as consistent as possible, in an effort to lessen the confusion that ensues when brand names switch frequently during a patient's primary vaccine series.

Increasingly there are two or more vaccine brand choices for protection against some diseases (meningococcus, H.Influenza, Rotavirus, combination vaccines). While there are differences in immunogenicity and price, the advisory board physicians ask that RIDOH weigh the value of immunogenicity, ease of administration, ease of schedule as well as cost in determining which vaccines will be chosen for the state supply. To this end, future advisory board meetings will again include specific product presentations in order to increase our knowledge of the vaccine choices on the market today.

We appreciate the opportunity to serve an advisory role to the Rhode Island Department of Health on the matter of pediatric vaccines. This is a topic of great professional interest for all of us as we all believe in the tremendous public health value of a successful state vaccination program.

Respectfully submitted,

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Chair, Vaccine Advisory Board