Pediatric Influenza Immunization Coalition

National Influenza Vaccine Summit
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Establishing the Need for a *Pediatric Influenza Immunization Coalition*
Pediatric Influenza Immunization: For the Protection of Our Children

- Infants and toddlers 6 to 23 months of age
  - Hospitalization rates comparable to persons = 65 years
- Children 24 to 59 months of age
  - Increased visits to clinics, hospitals or emergency departments with influenza-associated illnesses
- Children with underlying medical conditions (e.g., asthma, diabetes, cardiovascular disease, etc.)
  - Exacerbation of condition, increased morbidity
- Infants up to 6 months of age
  - Cannot be vaccinated themselves
  - Vaccinate all close contacts of young infants (up to 59 months)
Pediatric Influenza Immunization: Rates Need to Improve

- 2-17 years with asthma:
  - NHIS (2005): 29%
  - BRFSS (2005): 35%
  - NIS (2005): 18%

Age and Risk Status

Influenza-related Deaths Do Occur

January 8, 2007
Child dies from flu complications

February 20, 2007
Flu season death toll reaches six for Texas children

February 8, 2007
Flu kills girl, 7, in Kent
Symptoms soar at Seattle school and at many others in the area

March 21, 2007
Deaths of two more children linked to flu

March 2007
Flu-Related Death Toll Reaches 9 for U.S. Children
Influenza-related deaths in children do occur

- Largest number in recent seasons was 153 (2003-04)
  - 96 (63%) <5 years of age
  - 57 (37%) 5-17 years of age
- 2004-05: 44
- 2005-06: 48

Computer models estimate that 92 U.S. children younger than 5 years die every year due to influenza

Vaccination does not provide 100% protection, but skipping the vaccine guarantees no protection

Widespread immunization has potential to interrupt transmission to others

- Children shed virus for longer periods and at higher titers
- Outbreaks move from children to the community at large
- Vaccination of Japanese school children reduced excess mortality (P&I, all cause) in older persons

Increasing immunization rates now will help:

- Create valuable infrastructure to support future expansions of pediatric influenza recommendations
- Ensure delivery channels in the case of a future influenza pandemic

Pediatric Influenza Immunization Coalition
The Power of “One Strong Voice”
Develop “one strong voice” from medical professional and patient/parent groups on the need to improve alarming low pediatric influenza immunization rates and to make immunization a public health priority.
Pediatric Influenza Immunization Coalition
Invited Organizations

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Cancer Society
- American College of Obstetricians and Gynecologists
- American Diabetes Association
- American Heart Association
- American Lung Association
- American Medical Association
- Asian/Pacific Islander American Health Forum
- Asthma and Allergy Foundation of America
- Asthma & Allergy Network Mothers of Asthmatics
- Centers for Disease Control and Prevention
- Families Fighting Flu, Inc.
- Immunization Action Coalition
- National Association for the Education of Young Children
- National Association of Pediatric Nurse Practitioners
- National Association of School Nurses
- National Foundation for Infectious Diseases
- National Hispanic Medical Association
- National Medical Association
- Parent Teacher Association
- Parents of Kids with Infectious Diseases
- Society for Adolescent Medicine
Richard H. Carmona MD, MPH
Pediatric Influenza Immunization Coalition Chair
- 17th Surgeon General (2002-2006)
- President, Canyon Ranch Institute’s Center for Prevention and Health Promotion

Carol Baker, MD, NFID President
- Professor, Department of Pediatrics, Baylor College of Medicine
- ACIP member, Associate Editor of AAP Red Book
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The Power of “One Strong Voice”