

# Strategies for Pediatric Influenza Vaccination

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On behalf of the  
American Academy of Pediatrics



# Overview

- Challenges of pediatric influenza vaccination
  - Room for improvement
  - Expansion of recommended ages for annual vaccination
- What has been done
- What else can be done



# What We Know

- Current recommendations
  - Until recently, 6 months to 59 months
  - High-risk conditions
  - Household contacts and caregivers of children unable to receive vaccine
  - Health care professionals
- Under 9 years, 2 doses needed in first season
- Historical geographic maldistribution

# Expansion of Childhood Vaccination

- ACIP: expand childhood influenza vaccination to 6 months to 18 years by 2009-2010
- Additional 30 million children recommended to receive vaccine
- Additional 7 million doses needed
- Preservative-free vaccine option available
- Additional visits to medical home

# What Has Been Done

- Vaccine manufacturers plan to increase production
- Preservative-free nasal vaccine available for children over 2 years
- Parent reminder and recall notices
- Parent and provider education
- Standing orders

# What Else Can Be Done?

- Continue vaccinating in the medical home
  - Administer during routine hours
  - Consider flu clinics/special sessions for vaccine
  - Consider vaccinating non-patients such as family members
  - Administer vaccines without requiring a full medical check-up

# What Else Can Be Done?

- Develop a national vaccine registry or record transfer system
- Identify low influenza vaccination areas, refer children to medical homes
- Build school and community clinic partnerships to provide access to children outside medical home

# What Else Can Be Done?

- Encourage providers to continue vaccinating through entire season
- Educate medical professionals and office staff to champion the cause
- Work with manufacturers to distribute vaccine adequately to all geographic regions
- Ensure physicians receive supply preferentially early in season



# What Else Can Be Done?

- Advocate for adequate vaccine payment
  - Manufacturers should notify private payers of prices for the season promptly
  - Private payers must cover the product, overhead, and administration costs  
Manufacturer discounts and group purchasing arrangements
  - Offer refunds on supplies not used

# Summary

- Increase number of children currently getting vaccine as recommended
- Expansion of current age recommendation
- Challenges in increased vaccination—availability of supply and visits, documentation, payment
- Opportunity to build partnerships and create national vaccine registry or other record system

# Questions?

Please visit [www.cispimmunize.org](http://www.cispimmunize.org) or contact [cispimmunize@aap.org](mailto:cispimmunize@aap.org) with any questions.



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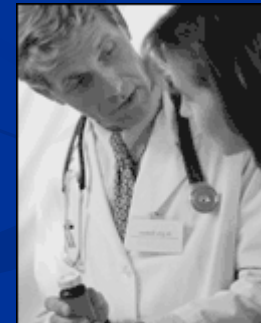
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