

# Pediatric Immunizations Update: The Expanding Role of Pharmacy Personnel

A presentation for  
HealthTrust Members  
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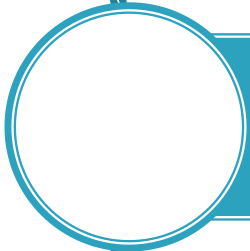
# Speaker Disclosure

- ▶ The presenter and their preceptor have no real or perceived conflicts of interest related to this presentation.
- ▶ Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational and informational purposes and should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.

# Learning Objectives



List common vaccinations indicated for the pediatric population discussed.



Discuss current vaccination recommendations based on individual patient factors.

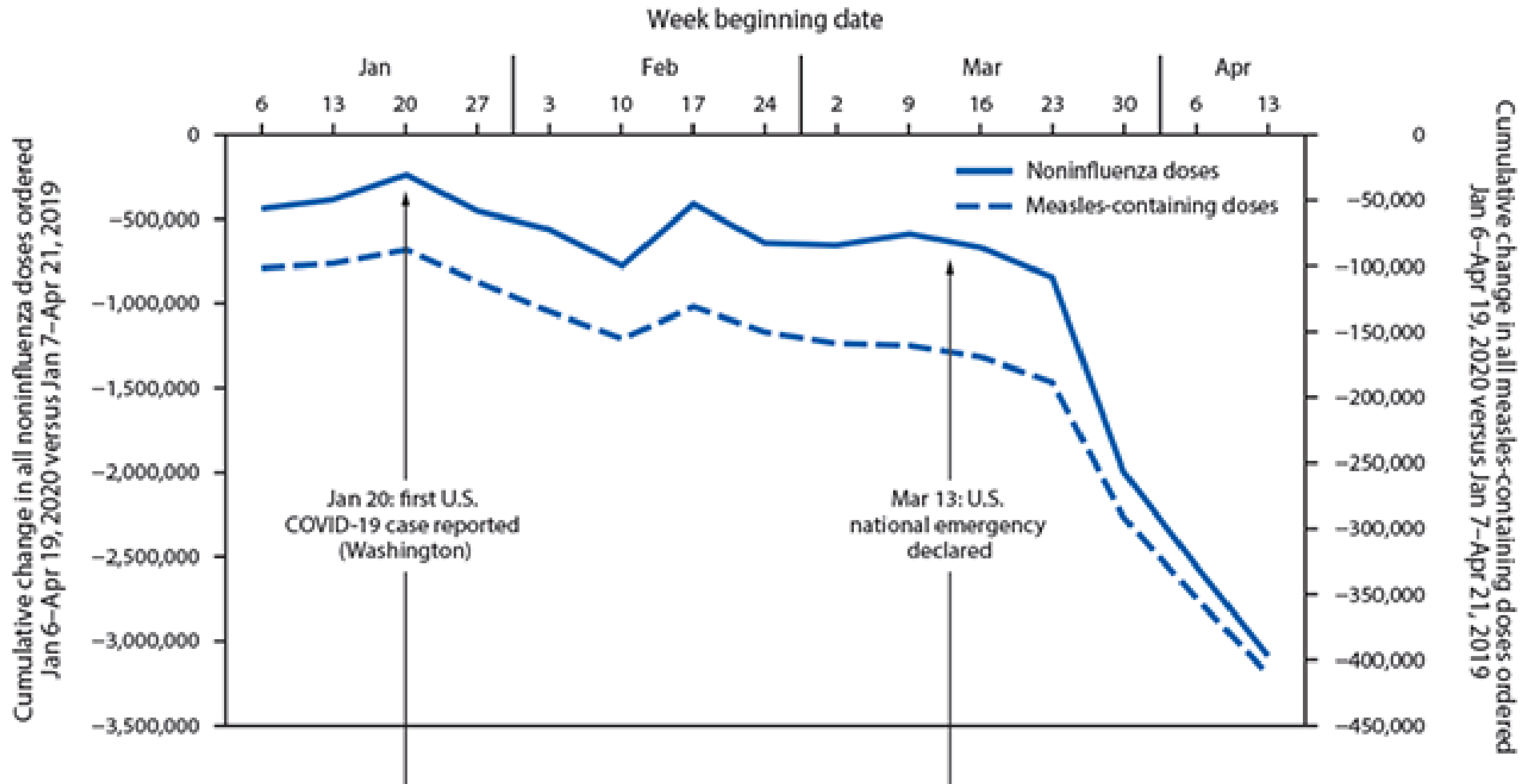


Recommend appropriate vaccinations based on patient factors including age and vaccination history.

# What's the problem?

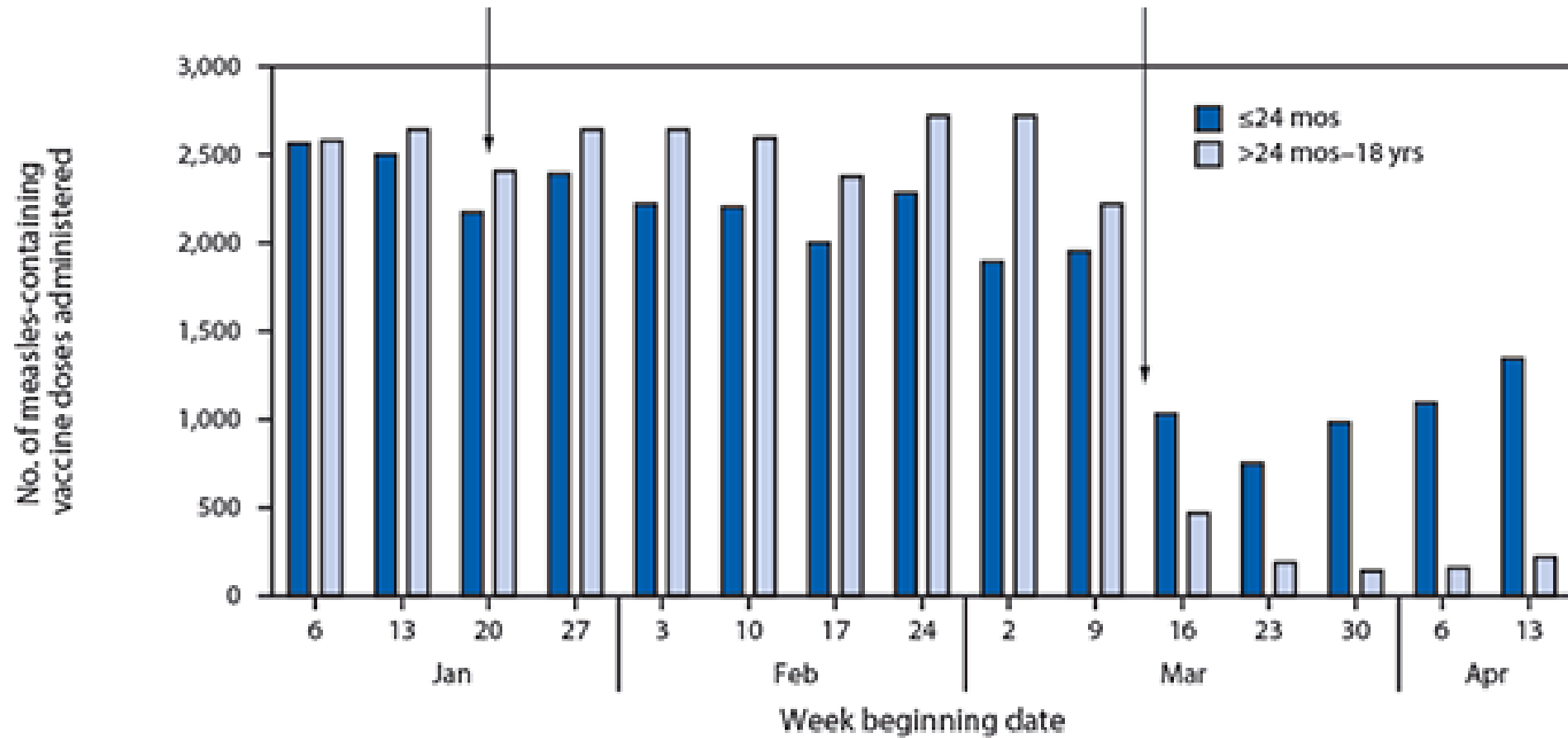
- ▶ In May of 2020, the CDC reported, “The identified declines in routine pediatric vaccine ordering and doses administered might indicate that U.S. children and their communities face increased risks for outbreaks of vaccine preventable diseases”

# Weekly Changes in Vaccine Orders



Source: The Centers for Disease Control and Prevention, 2020

# Weekly Changes in Vaccine Administration



Source: The Centers for Disease Control and Prevention, 2020

# Why are childhood vaccines important?

- ▶ To develop immunity to vaccine preventable diseases
- ▶ To protect the health of the community
- ▶ To prevent hospitalizations and premature deaths

# Where to locate vaccine resources?



# The CDC

- ▶ Provides vaccination schedules
- ▶ Provides guidance on steps to take if child is not yet vaccinated
- ▶ Answers common questions
  - Are vaccines safe?
  - What are the risks and benefits of vaccines?
  - Is there a link between vaccines and autism?

# Update

“The U.S. Department of Health and Human Services (HHS) issued a third amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks”

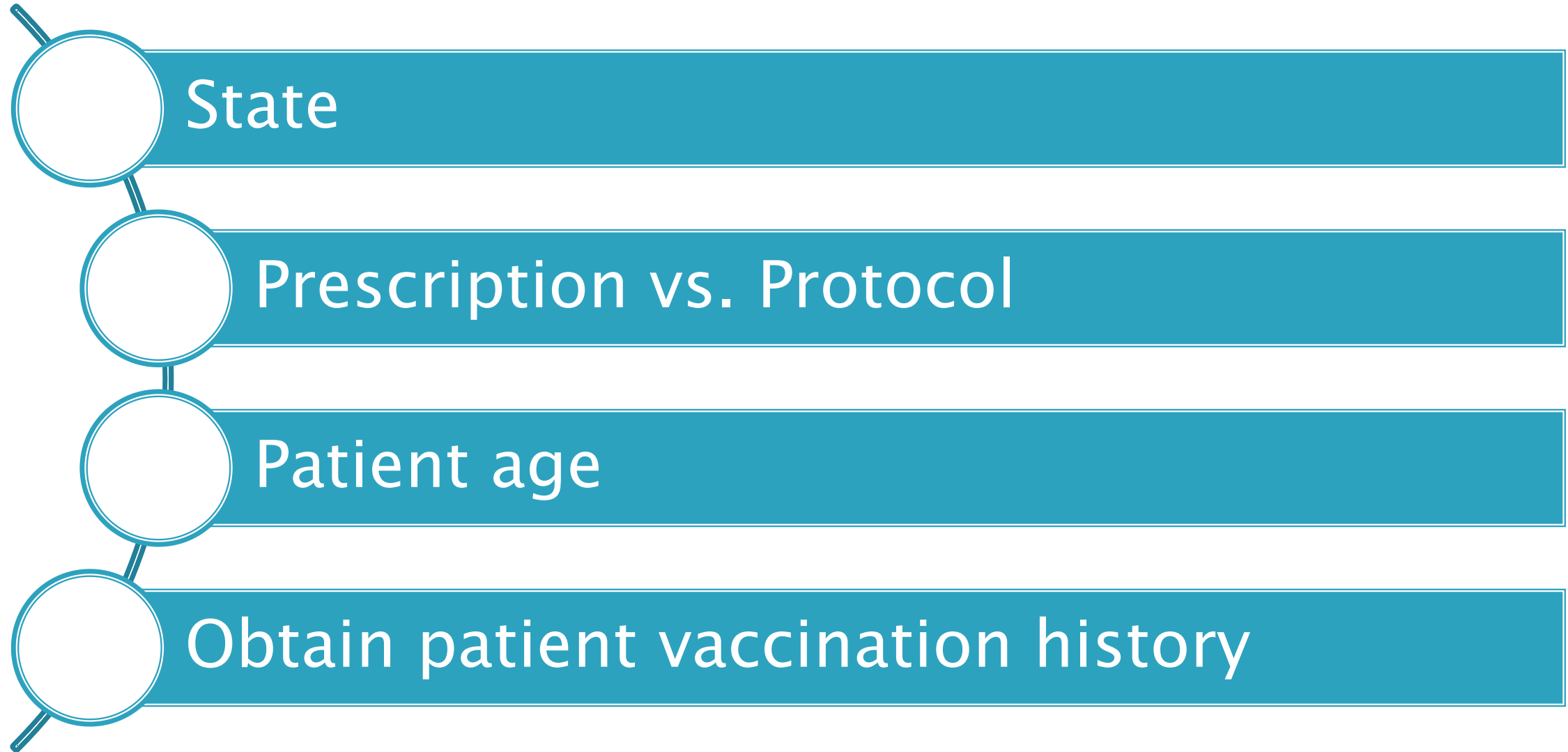
# Update Requirements

- ▶ The vaccine must be approved or licensed by the Food and Drug Administration (FDA).
- ▶ The vaccination must be ordered and administered according to the CDC's Advisory Committee on Immunization Practices (ACIP) immunization schedules.
- ▶ The licensed pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines.

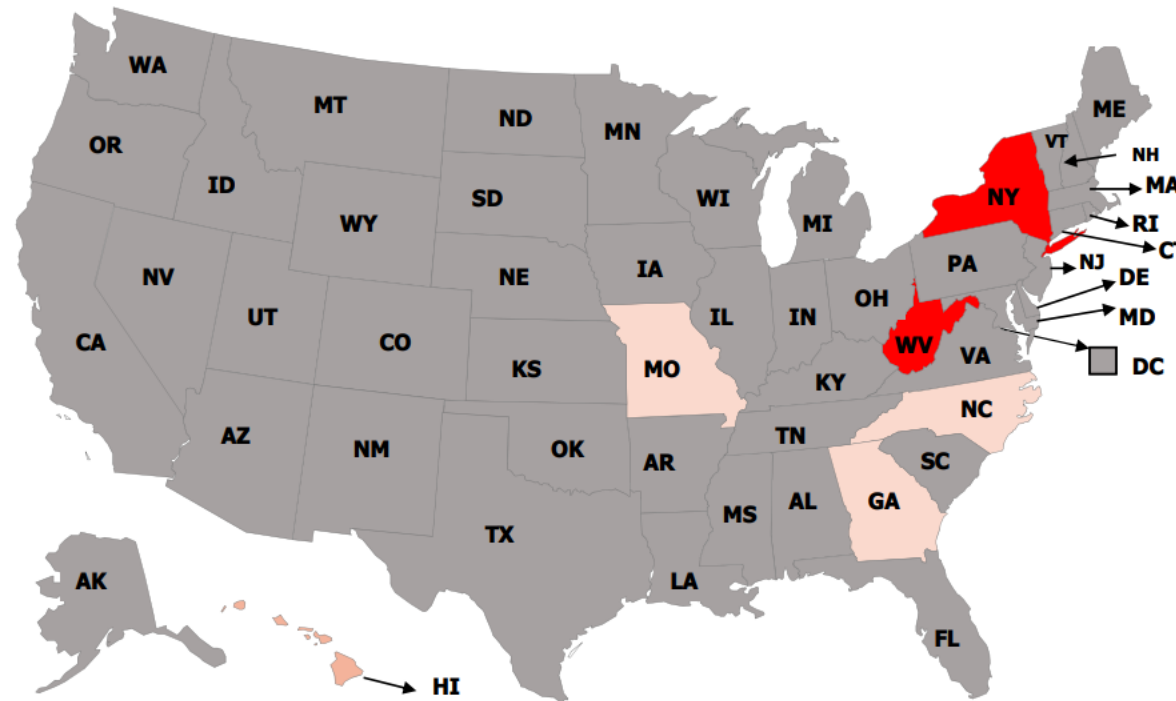
# Update Requirements

- ▶ The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.
- ▶ The licensed pharmacist must have completed the immunization training that the licensing State requires in order for pharmacists to administer vaccines.
  - If the State does not specify training requirements, a vaccination training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE) must be completed.

# Factors to Consider Prior to Vaccine Administration



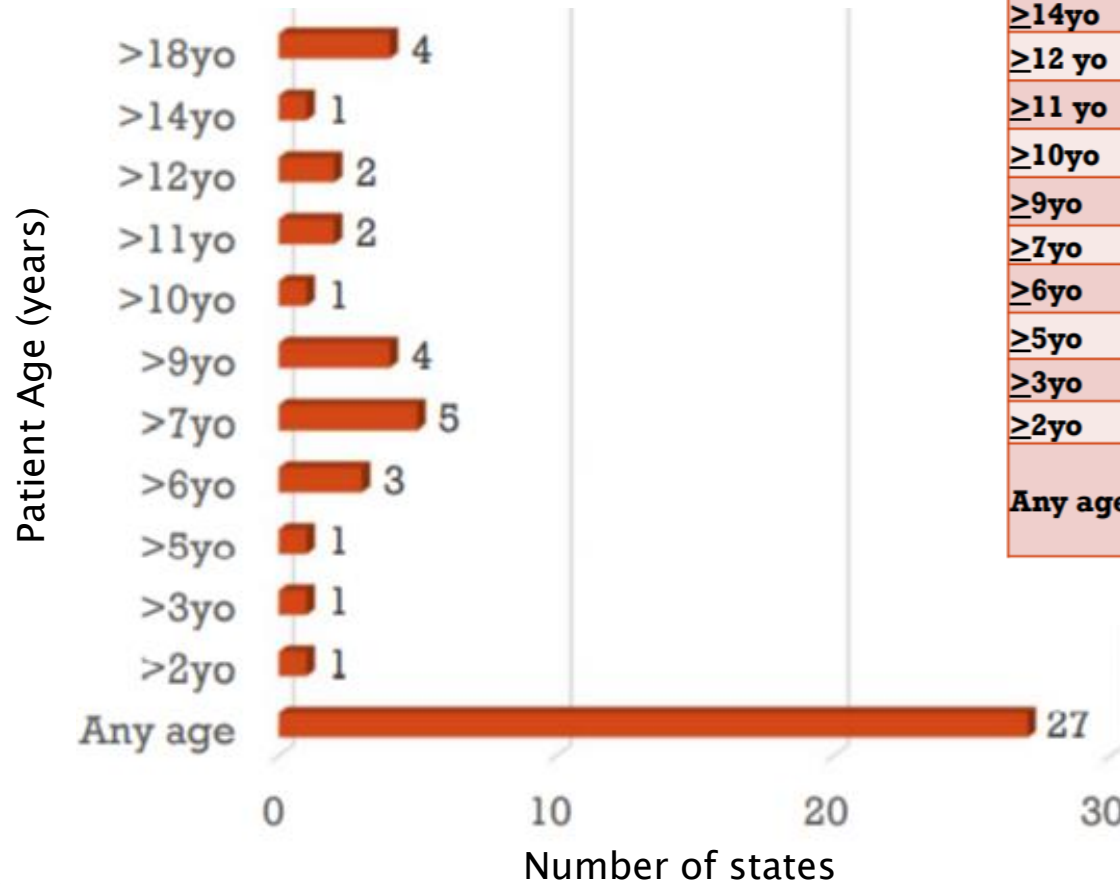
# Authority to Administer MMR Vaccine (by state)



Grey	Pharmacists can administer MMR
Light Orange	Pharmacists can administer MMR - but only by Rx
Red	Pharmacists cannot administer MMR

Source: American Pharmacists Association and National Community Pharmacists Association (NCPA)

# Patient Ages Eligible for Community Pharmacy Vaccination



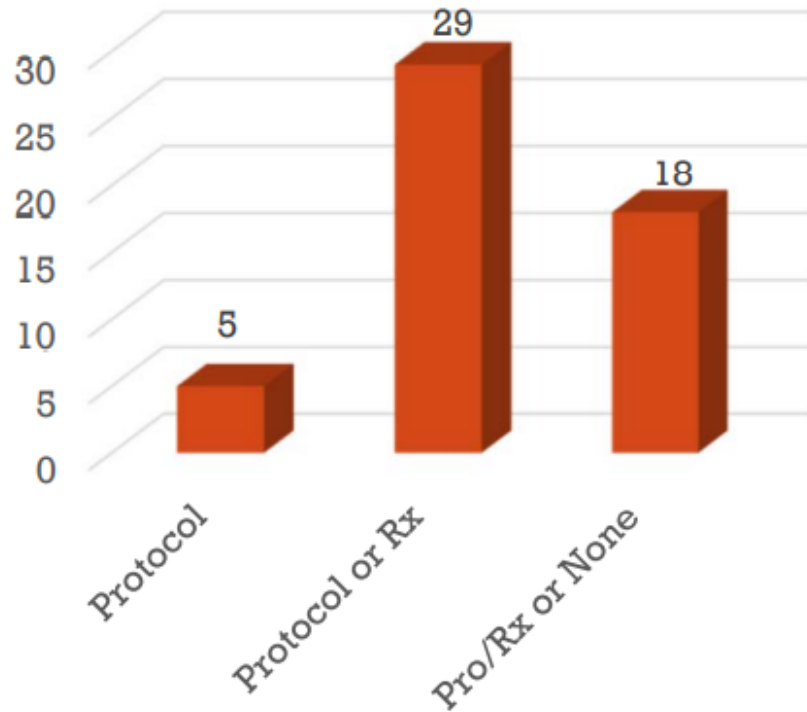
<b>&gt;18yo</b>	CT, FL, PR*, VT
<b>≥14yo</b>	NC <sup>L</sup>
<b>≥12 yo</b>	DC <sup>L</sup> , MT <sup>L</sup>
<b>≥11 yo</b>	HI <sup>L</sup> ,* WV <sup>L</sup> ,*
<b>≥10yo</b>	IL <sup>L</sup>
<b>≥9yo</b>	MA <sup>L</sup> , MD <sup>L</sup> , PA <sup>L</sup> , RI <sup>L</sup>
<b>≥7yo</b>	AR <sup>L</sup> , ME <sup>L</sup> , NJ <sup>L</sup> , OH <sup>L</sup> , WY <sup>L</sup>
<b>≥6yo</b>	KS <sup>L</sup> , MN <sup>L</sup> , WI
<b>≥5yo</b>	ND <sup>L</sup>
<b>≥3yo</b>	AZ <sup>L</sup>
<b>≥2yo</b>	NY <sup>L</sup>
<b>Any age</b>	AL, AK, CA, CO, DE <sup>D</sup> , GA*, ID*, IN*, IA*, KY*, LA*, MI, MS, MO*, NE, NV, NH <sup>L</sup> , NM, OK, OR*, SC*, SD, TN, TX*, UT, VA*, WA

\* Via Rx

<sup>L</sup> Limited to certain vaccines



# Authority to Administer Vaccines by Protocols or RX



<b>Protocol</b>	FL, KS, MN, NV, WI
<b>Protocol or Rx (depending on age and/or vaccine)</b>	AL, AR, CO, CT, DC, DE, GA, HI, IL, IN, IA, KY, MA, MI, MS, MO, NE, NY, NC, ND, OH, OK, PA, PR, RI, TN, UT, VT, WA
<b>Protocol/Rx or No Prescriber/Rx Needed (depending on age and/or vaccine)</b>	AK, AZ, CA, ID, LA, ME, MD, MT, NH, NJ, NM, OR, SC, SD, TX, VA, WV, WY

# Obtaining Vaccination History

- ▶ Contact immunization provider
- ▶ Contact state health department
- ▶ Immunization related question: 1-800-CDC-INFO
- ▶ Contact the state specific immunization information systems

# Pediatric Vaccinations

DTaP	IPV	MMR	VAR
IIV	Tdap	HPV	MenB, MenACWY
Hep A	Hep B	PPSV23	PCV13

# Definitions

- ▶ DTaP– diphtheria, tetanus and acellular pertussis vaccine
- ▶ IPV– inactivated poliovirus vaccine
- ▶ MMR– measles, mumps and rubella vaccine
- ▶ VAR– varicella vaccine
- ▶ IIV, LAIV– inactivated influenza vaccine, live attenuated influenza vaccine
- ▶ Tdap– tetanus, diphtheria and acellular pertussis vaccine
- ▶ HPV– human papillomavirus vaccine
- ▶ Men–B– meningococcal serogroup B vaccine
- ▶ MenACWY– meningococcal serogroups A, C, W, Y vaccine
- ▶ Hep A– hepatitis A vaccine
- ▶ Hep B– hepatitis B vaccine
- ▶ PCV13– pneumococcal 13–valent conjugate vaccine
- ▶ PPSV23– pneumococcal 23–valent polysaccharide vaccine

# Diphtheria, Tetanus, Pertussis

## Diphtheria

- Disease spread by: air, direct contact
- Symptoms: sore throat, mild fever, weakness, swollen glands in neck
- Complications: can lead to difficulty breathing, heart failure, paralysis and death

## Tetanus

- Disease spread by: exposure through cuts in skin
- Symptoms: stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever
- Complications: broken bones, breathing difficulty, death

## Pertussis

- Disease spread by: air, direct contact
- Symptoms: severe cough, runny nose, apnea
- Complications: pneumonia, death

# DTaP (Daptacel<sup>®</sup>, Infanrix<sup>®</sup>)

- ▶ Recommended for children younger than 7 years old
- ▶ 5 dose series
  - 2 months
  - 4 months
  - 6 months
  - 15–18 months
  - 4–6 years old
- ▶ Administration: 0.5mL given intramuscularly

# Tdap (Boostrix<sup>®</sup>, Adacel<sup>®</sup>)

- ▶ Only for ages 7 years and older
- ▶ Pediatric patients should receive single dose at age 11 or 12 years old
- ▶ Administration: 0.5mL given intramuscularly

# Patient Case

- ▶ A 12 year-old patient and his parent present to the pharmacy for a vaccination. The patient received a dose of Tdap when he was 8 years old.
- ▶ **Is a Tdap vaccine indicated for this patient?**
- ▶ **Yes**



# Knowledge Check 1

- ▶ A dose of Tdap or DTaP administered at 10 years of age may now be counted as the adolescent Tdap booster.
  - True
  - False

# Knowledge Check 1, Response

- ▶ A dose of Tdap or DTaP administered at 10 years of age may now be counted as the adolescent Tdap booster.
  - True

# Polio (poliomyelitis)

## Disease spread by

- Air, direct contact, through the mouth

## Symptoms

- May be asymptomatic
- Common symptoms: sore throat, fever, nausea, headache, tiredness, stomach pain
- Severe symptoms: paresthesia, meningitis, paralysis

## Complications

- Paralysis and death

# IPV (IPOL<sup>®</sup>) Schedule

Recommended that children get 4 dose series:

- 2 months old
- 4 months old
- 6 through 18 months old
- 4 through 6 years old

Accelerated schedule:

- 1<sup>st</sup> dose: 6 weeks or older
- 2<sup>nd</sup> dose: 4 or more weeks after
- 3<sup>rd</sup> dose: 4 or more weeks after
- 4<sup>th</sup> dose: 6 or more months after

➤ Administration: 0.5mL given intramuscularly or subcutaneously

# Measles, Mumps and Rubella

## Measles

- Symptoms: rash, fever, cough, pink eye
- Complications: encephalitis, pneumonia, death

## Mumps

- Symptoms: swollen salivary glands, fever, headache, tiredness, muscle pain
- Complications: meningitis, deafness, inflammation of testicles or ovaries

## Rubella

- Symptoms: rash, fever, swollen lymph nodes
- Complications: miscarriage, stillbirth, premature delivery, birth defects

# MMR (M–M–R<sup>®</sup> II) Schedule

- ▶ Recommended that children receive 2 dose series
  - 1<sup>st</sup> dose: 12 to 15 months of age
  - 2<sup>nd</sup> dose: 4 to 6 years of age
    - Can be received earlier
    - Must be at least 28 days after 1<sup>st</sup> dose
  
- ▶ Administration:
  - Small children: 0.5mL in the anterolateral aspect of the thigh.
  - Older children and adolescents: 0.5mL in the posterior triceps aspect of the upper arm.

# Varicella

## Disease spread by

- Air, direct contact

## Symptoms

- Rash, tiredness, headache, fever

## Complications

- Infected blisters, bleeding disorders, encephalitis, pneumonia

# Varicella Vaccines

## Varivax®

- Only varicella vaccine
- For use in 12 months or older

## ProQuad®

- Combination of MMR and varicella vaccines
- For use in 12 months through 12 years old
- Higher seizure risk



# Varicella Vaccine Schedule

- ▶ Children under age 13 years should receive 2 dose series:
  - 1<sup>st</sup> dose: at age 12 through 15 months
  - 2<sup>nd</sup> dose: at age 4 through 6 years
- ▶ The second dose may be given earlier if it is at least 3 months after the first dose.
- ▶ Administration: 0.5mL given subcutaneously

# Hepatitis A

## Disease spread by

- Direct contact, contaminated food or water

## Symptoms

- Asymptomatic, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice, dark urine

## Complications

- Liver failure, arthralgia, kidney, pancreatic and blood disorders

# Hepatitis A Vaccines

## Havrix®

- Two dose series
- 1<sup>st</sup> dose: 12 through 23 months of age
- 2<sup>nd</sup> dose: at least 6 months after the first dose

## Vaqta®

- Two dose series
- 1<sup>st</sup> dose: 12 month through 23 months of age
- 2<sup>nd</sup> dose: at least 12 months after the first dose

➤ Administration: 0.5mL given intramuscularly or subcutaneously

# Hepatitis B

## Disease spread by

- Contact with blood or body fluids

## Symptoms

- Asymptomatic, fever, headache, weakness, vomiting, jaundice, joint pain

## Complications

- Chronic liver infection, liver failure, liver cancer

# Hepatitis B Vaccines

Engerix-B®

Recombivax HB®

Heplisav-B®

Pediarix®

Twinrix®

# Hepatitis B Vaccines: Pediatric

Engerix-B®

Recombivax HB®

# Knowledge Check 2

- ▶ If not previously received, children and adolescents between what ages should complete a 2-dose series of the hepatitis A vaccine?
- ▶ 1 and 10 years old
- ▶ 2 and 18 years old
- ▶ 2 and 12 years old
- ▶ 4 and 16 years old

# Knowledge Check 2, Response

- ▶ If not previously received, children and adolescents between what ages should complete a 2-dose series of the hepatitis A vaccine?
- ▶ **2 and 18 years old**



# Influenza

## Disease spread by

- Air, direct contact

## Symptoms

- Fever, muscle pain, sore throat, cough, extreme fatigue

## Complications

- Pneumonia

# Influenza Vaccines

## Quadrivalent

- Afluria<sup>®</sup>
- Fluarix<sup>®</sup>
- FluLaval<sup>®</sup>
- Fluzone<sup>®</sup>

## Quadrivalent cell based

- Flucelvax<sup>®</sup>

## High-dose quadrivalent

- Fluzone<sup>®</sup> High  
Dose

# Influenza Vaccines, continued

## Recombinant quadrivalent

- Flublok®
- Egg-free

## Adjuvanted

- FLUAD®
- FLUAD®  
Quadrivalent

## Nasal Spray

- Flumist®
- Live  
attenuated  
vaccine

# Influenza Vaccines: Pediatric Population

Vaccine	Indication by age	Administration
Fluzone®	≥6 months	0.25mL or 0.5mL IM
FluLaval®	≥6 months	0.5mL IM
Fluarix®	≥6 months old	0.5mL IM
Afluria®	≥6 months old	0.25mL IM
Flucelvax®	≥4 years old	0.5mL IM
Flumist®	2–29 years old	0.1 mL in each nostril

# Human Papillomavirus (HPV)

## Disease spread by

- Intimate skin-to-skin contact

## Symptoms

- Asymptomatic, fever, headache, weakness, vomiting, jaundice, joint pain

## Complications

- Cervical, vaginal, vulvar, penile, anal, and oropharyngeal cancers

# HPV Vaccine (Gardasil®9)

## Dose 1

- At 11–12 years old
- Can start at 9 years old

## Dose 2

- 6–12 months after 1<sup>st</sup> dose

- Administration: 0.5mL given intramuscularly or subcutaneously

# Meningococcal Disease

## Disease spread by

- Air, direct contact

## Symptoms

- Sudden onset of fever, headache, dark purple rash and stiff neck

## Complications

- Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death

# Meningococcal Vaccines

Serogroups  
A, C, W, Y

- Menactra<sup>®</sup>
- Menveo<sup>®</sup>

Serogroup B

- Bexsero<sup>®</sup>
- Trumenba<sup>®</sup>

➤ Administration: 0.5mL given intramuscularly



# CDC Recommendations

## Serogroups

A, C, W, Y

- At age 11 to 12 years old with a booster at 16 years old
- Children and adults at increased risk for meningococcal disease

## Serogroup B

- Two dose series to 16 through 23 year olds
- At age 10 years old or older who are at an increased risk of meningococcal disease
- Three dose series with Trumenba®

# Pneumonia

## Disease spread by

- Air, direct contact

## Symptoms

- Asymptomatic, fever, chills, cough, shortness of breath

## Complications

- Bacteremia, meningitis, death

# Pneumococcal Vaccines

## PCV13 (Prevnar 13<sup>®</sup>)

- All children younger than 2 years old
- People 2 years or older with certain medical conditions

## PPSV23 (Pneumovax 23<sup>®</sup>)

- All adults 65 years or older
- People 2 through 64 years old with certain medical conditions
- Adults 19 through 64 years old who smoke cigarettes

# Knowledge Check 3

- ▶ Which vaccination is recommended yearly in the pediatric ages discussed?
- ▶ Varicella
- ▶ Hepatitis B
- ▶ Influenza

# Knowledge Check 3, Response

- ▶ Which vaccination is recommended yearly in the pediatric ages discussed?
  - **Influenza**

# Patient Case

- ▶ JJ is a 3-year-old girl with unknown vaccination history. Unable to book a doctor's appointment, JJ's parents present to the pharmacy for her vaccinations.
- ▶ What vaccinations are recommended for JJ?
- ▶ Influenza and IPV
- ▶ Varicella and MMR
- ▶ PCV13 and Influenza
- ▶ None of the above

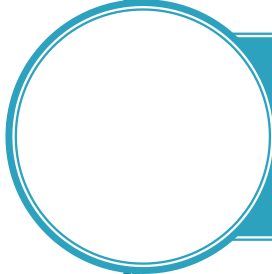
# Patient Case

- ▶ JJ is a 3-year-old girl with unknown vaccination history. Unable to book a doctor's appointment, JJ's parents present to the pharmacy for her vaccinations.
- ▶ What vaccinations are recommended for JJ?
- ▶ None of the above

# Before Vaccine Administration



Abide by state immunization administration laws



Obtain a complete vaccination history



Verify appropriate patient specific vaccinations are administered



# References

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# Thank you!

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