

Early Childhood Vaccines: Success Stories and Opportunities

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Disclosures

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Honoraria from WebMed and Oxford University Press

Success of Childhood Vaccinations

95% decrease in vaccine-preventable disease in last 50 years

“One of greatest public health achievements of 20th century”

Impact on children born between 1994* and 2013

322 million cases of disease prevented

21 million hospitalizations prevented

732,000 premature deaths prevented

\$295 billion in direct costs saved



*Photo courtesy of
Chayene Rafaela via unsplash.com*

Success of Childhood Immunization



Image from AAP Red Book online

In 1961, I tended my young cousin while her mother went to work. She was ill with a fever and complained of a sore throat. The next morning she was unable to breathe and began turning blue. An ambulance was called and she was transported to St. Mark's Hospital in North Salt Lake. The doctors there performed a tracheotomy and did everything they could for her, but she passed away that afternoon from diphtheria.

Childhood Immunization Schedule, 1994

TABLE 1. Recommended childhood immunization schedule*† — United States, January 1995

| Vaccine | Birth | 2 Months | 4 Months | 6 Months | 12 [§] Months | 15 Months | 18 Months | 4 - 6 Years | 11-12 Years | 14-16 Years |
|--|-------|----------|----------|----------|---------------------------------|-----------|-----------|-------------|-------------|-------------|
| Hepatitis B [¶] | HB-1 | HB-2 | HB-3 | | | | | | | |
| Diphtheria-Tetanus-Pertussis (DTP)** | | DTP | DTP | DTP | DTP or DTaP \geq at 15 months | | | DTP or DTaP | Td | |
| <i>Haemophilus influenzae</i> type b ^{††} | | Hib | Hib | Hib | Hib | | | | | |
| Poliovirus | | OPV | OPV | OPV | | | | OPV | | |
| Measles-Mumps-Rubella ^{§§} | | | | | MMR | | | MMR or MMR | | |

Childhood Immunization Schedule, 2021

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

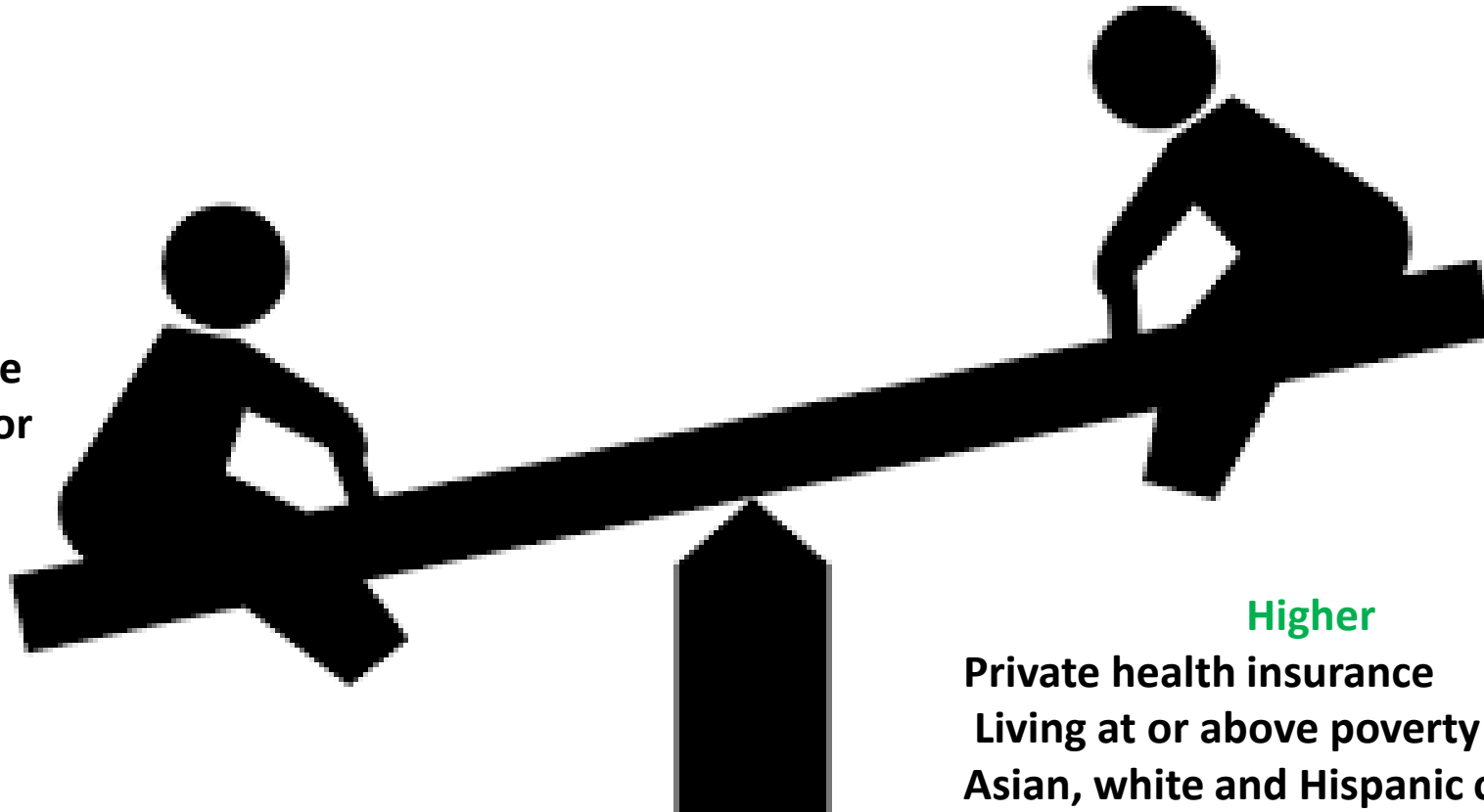
These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

| Vaccine | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19-23 mos | 2-3 yrs | 4-6 yrs | 7-10 yrs | 11-12 yrs | 13-15 yrs | 16 yrs | 17-18 yrs | | |
|--|----------------------|--------------------------|----------------------|----------------------|---------------------------------|-------|--|--------------------------|--------|-----------|---------|---------------------------------|--------------------------------|--------------------------------|-----------|--------|----------------------|----------------------|--|
| Hepatitis B (HepB) | 1 st dose | ← 2 nd dose → | | | ← 3 rd dose → | | | | | | | | | | | | | | |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series) | | | 1 st dose | 2 nd dose | See Notes | | | | | | | | | | | | | | |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs) | | 1 st dose | 2 nd dose | 3 rd dose | | | | ← 4 th dose → | | | | 5 th dose | | | | | | | |
| Haemophilus influenzae type b (Hib) | | 1 st dose | 2 nd dose | See Notes | | | ← 3 rd or 4 th dose, See Notes → | | | | | | | | | | | | |
| Pneumococcal conjugate (PCV13) | | 1 st dose | 2 nd dose | 3 rd dose | | | ← 4 th dose → | | | | | | | | | | | | |
| Inactivated poliovirus (IPV <18 yrs) | | 1 st dose | 2 nd dose | | ← 3 rd dose → | | | | | | | 4 th dose | | | | | | | |
| Influenza (IV) | | | | | Annual vaccination 1 or 2 doses | | | | | | | | Annual vaccination 1 dose only | | | | | | |
| Influenza (LAIV4) | | | | | | | | | | | | Annual vaccination 1 or 2 doses | | Annual vaccination 1 dose only | | | | | |
| Measles, mumps, rubella (MMR) | | | | | See Notes | | ← 1 st dose → | | | | | 2 nd dose | | | | | | | |
| Varicella (VAR) | | | | | | | ← 1 st dose → | | | | | 2 nd dose | | | | | | | |
| Hepatitis A (HepA) | | | | | See Notes | | 2-dose series, See Notes | | | | | | | | | | | | |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs) | | | | | | | | | | | | | | | Tdap | | | | |
| Human papillomavirus (HPV) | | | | | | | | | | | | | | | See Notes | | | | |
| Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years) | | | | See Notes | | | | | | | | | | | | | 1 st dose | 2 nd dose | |
| Meningococcal B | | | | | | | | | | | | | | | See Notes | | | | |
| Pneumococcal polysaccharide (PPSV23) | | | | | | | | | | | | | | | See Notes | | | | |

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/ not applicable

Immunization Rates not Uniform

Lower
Uninsured or Medicaid
Living below poverty line
Black, American Indian or
Alaskan Native

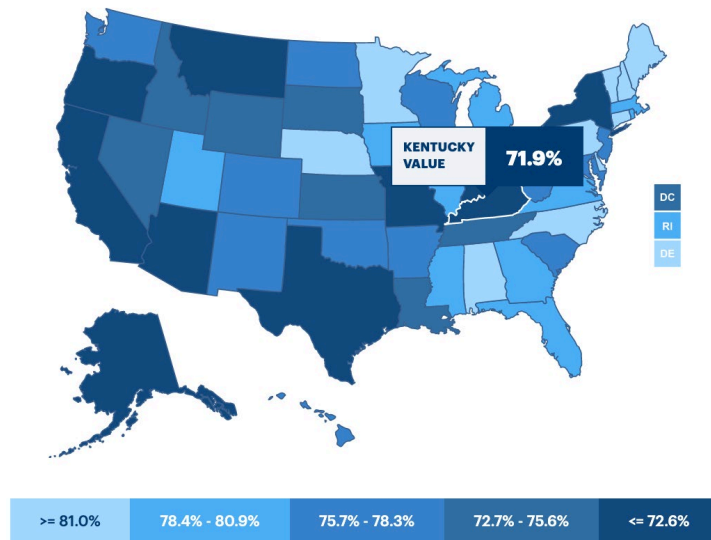


Higher
Private health insurance
Living at or above poverty line
Asian, white and Hispanic children

Early Childhood Immunizations by State, 2020

Kentucky Ranks 43rd!

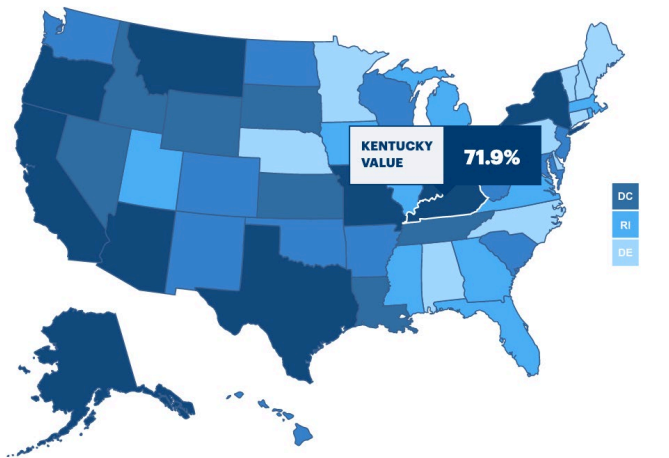
Percentage of children who received by age 35 months all recommended doses of the combined 7-vaccine series: diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine; measles, mumps and rubella (MMR) vaccine; poliovirus vaccine; Haemophilus influenzae type b (Hib) vaccine; hepatitis B (HepB) vaccine; varicella vaccine; and pneumococcal conjugate vaccine (PCV)



Early Childhood Immunizations by State, 2020 vs 2019

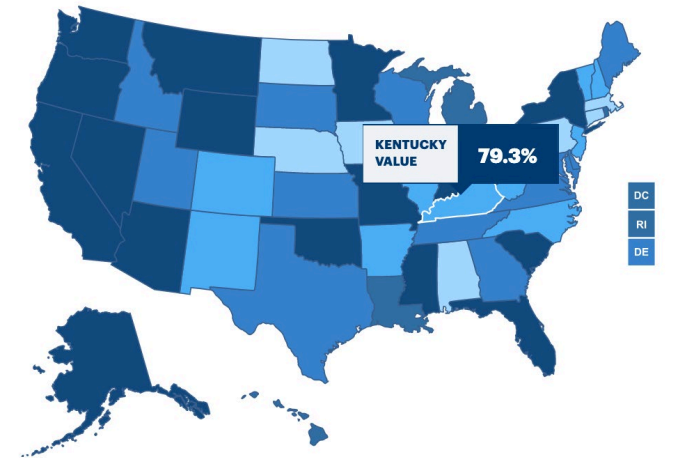
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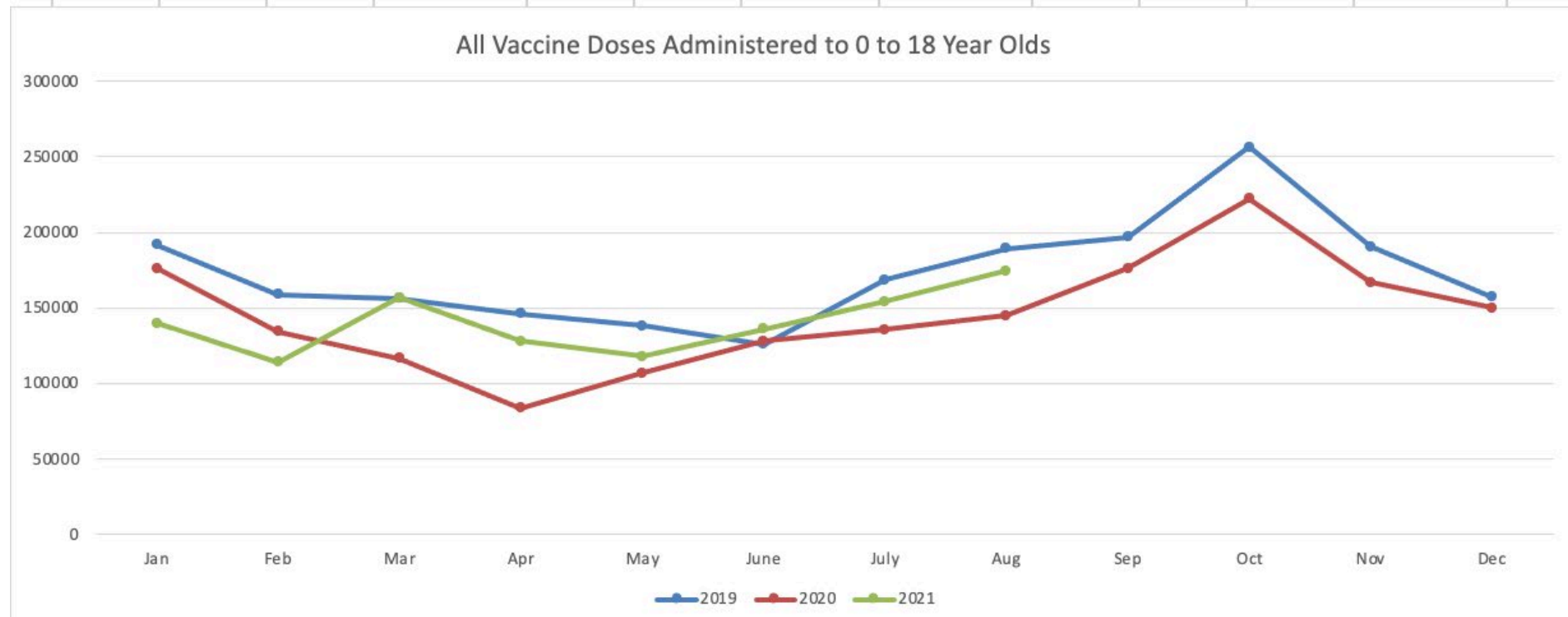
2020

Percentage of children who received by age 35 months all recommended doses of the combined 7-vaccine series: diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine; measles, mumps and rubella (MMR) vaccine; poliovirus vaccine; Haemophilus influenzae type b (Hib) vaccine; hepatitis B (HepB) vaccine; varicella vaccine; and pneumococcal conjugate vaccine (PCV)

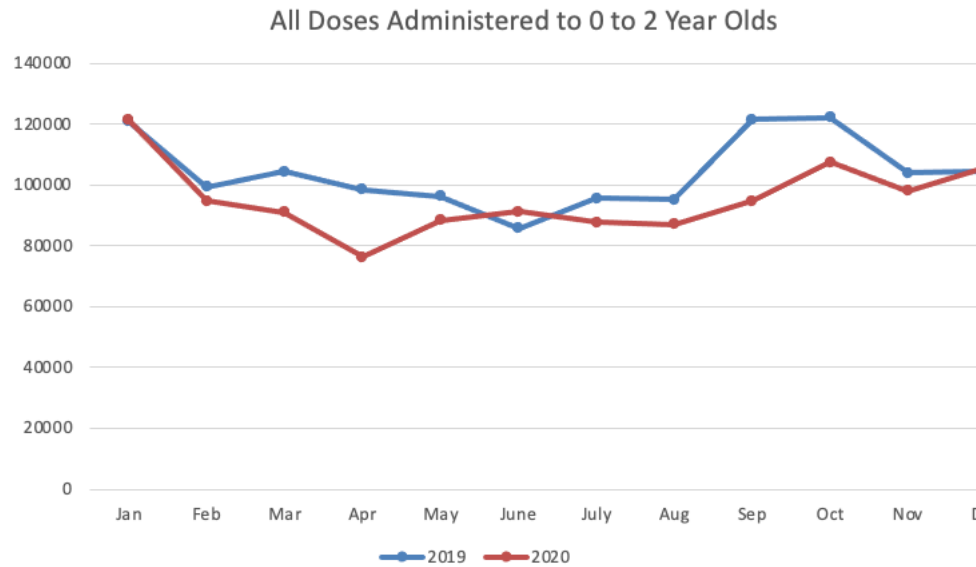


2019

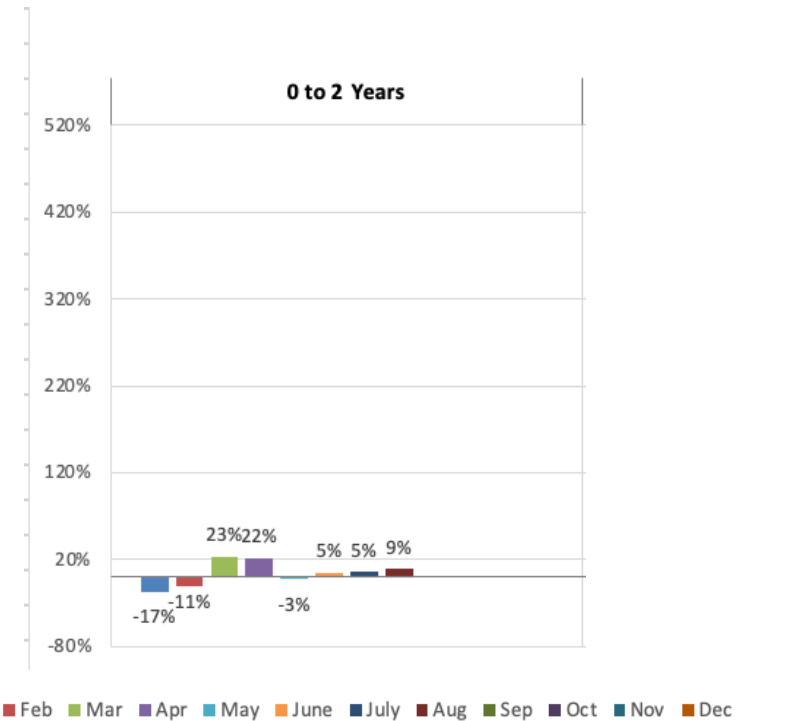
Impact of Pandemic on Childhood Immunizations, KY



Impact of Pandemic on Childhood Immunizations, KY



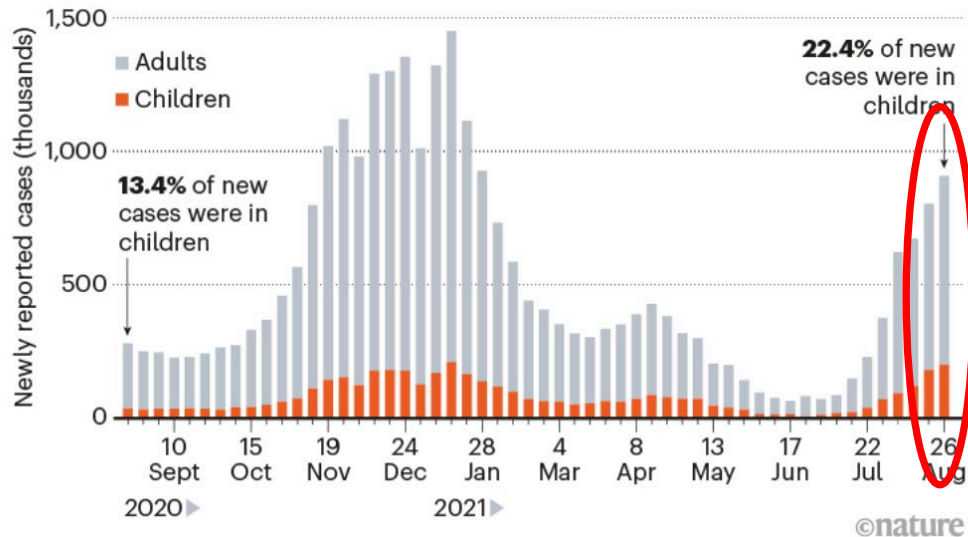
Percent Change 2020 to 2021



COVID-19 and Children

YOUNG AND INFECTED

Over the course of the COVID-19 pandemic, nearly 15% of all confirmed cases in the United States have been in children. In the last week of August 2021, just over 22% of weekly reported cases were in children, a rise that may be attributable to higher vaccination rates in adults.

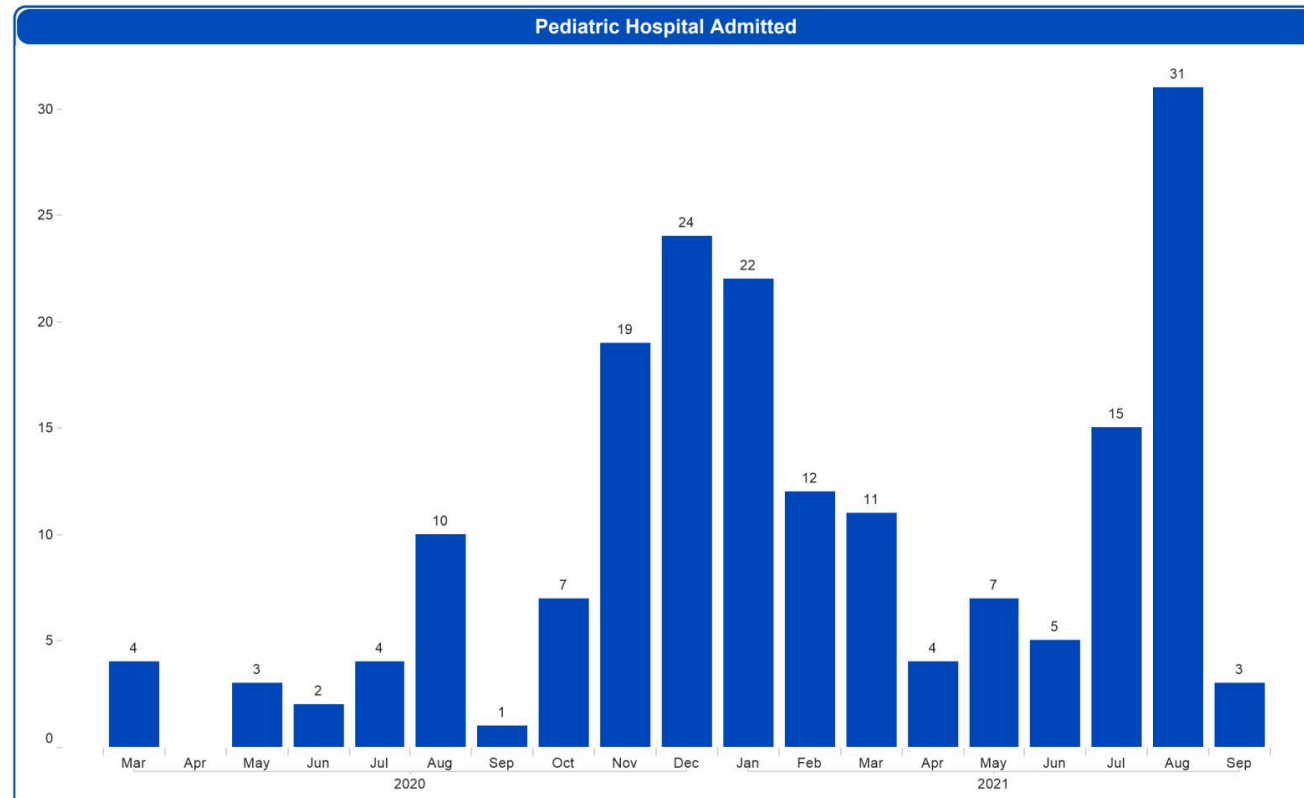


~5.3 million cases

49.7/100,000 children hospitalized

470 deaths (provisional data)

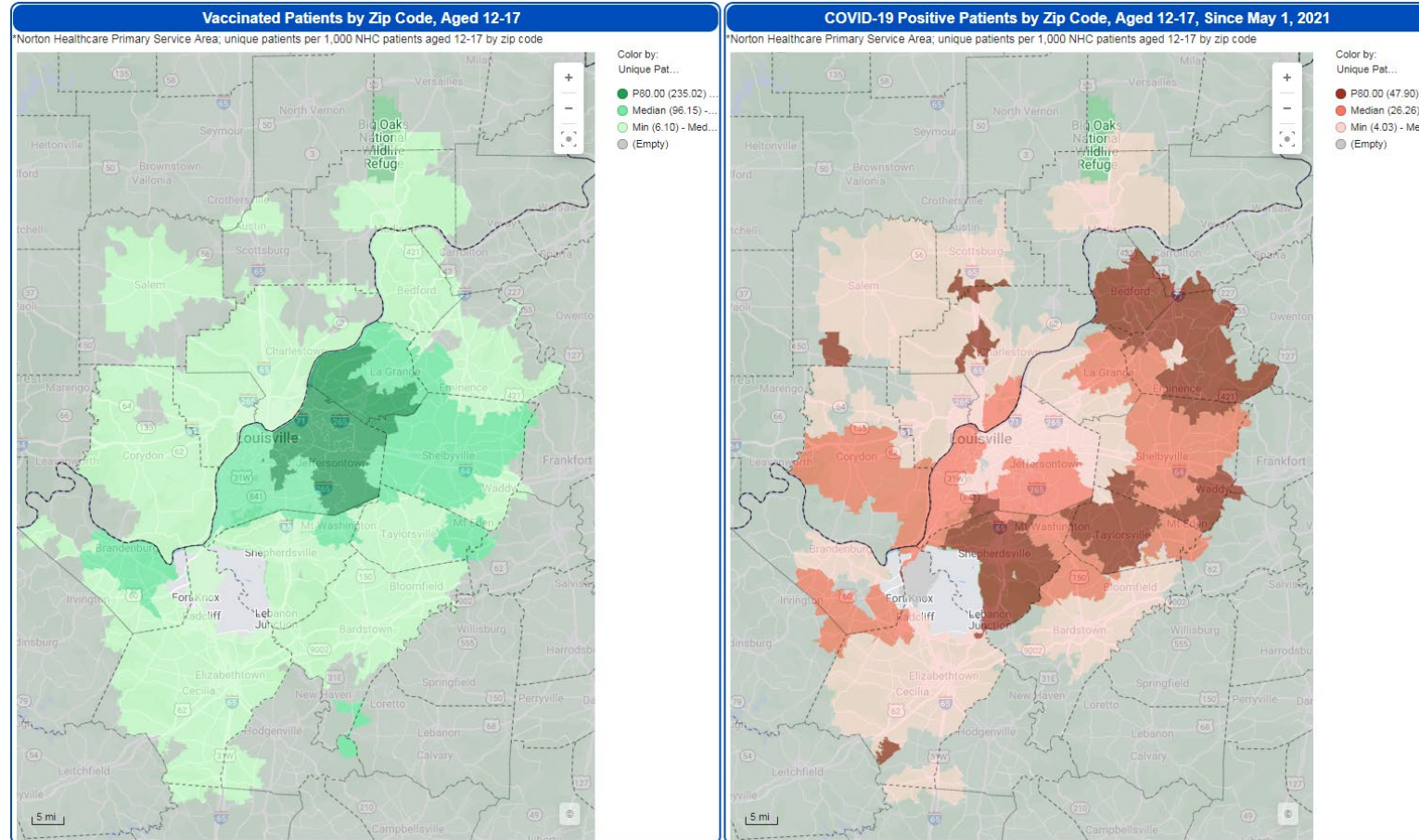
Norton Children's Hospital Admissions for COVID-19



COVID-19 is a Vaccine-Preventable Disease in Kids 12+



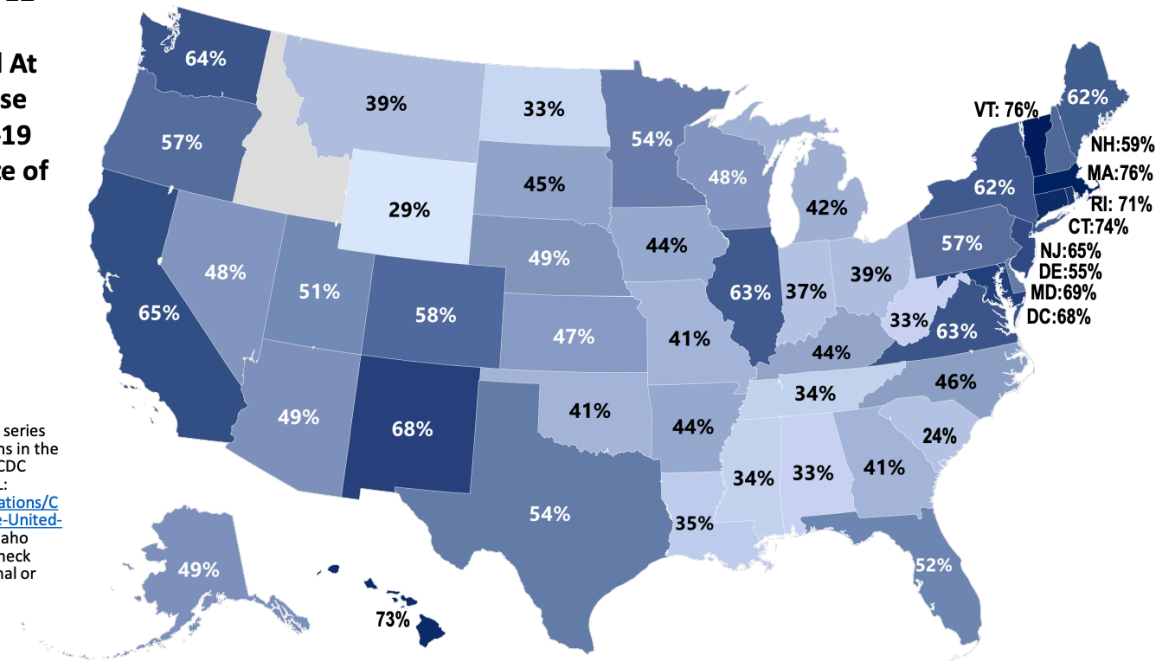
Child COVID Cases Highest in Counties with Fewest Vaccinations



COVID Vaccines in Children

Proportion of US Children Ages 12 through 17 Who Received At Least One Dose of the COVID-19 Vaccine by State of Residence

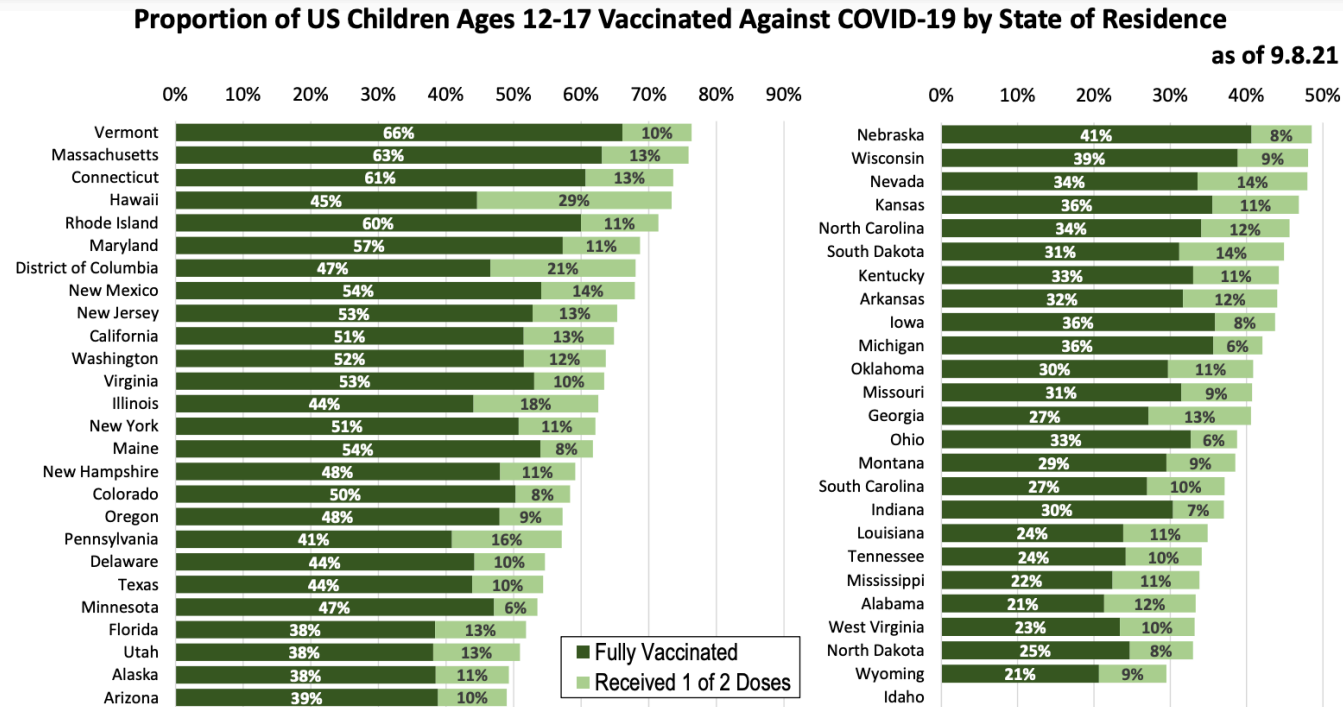
Received At Least 1 Dose  as of 9.8.21



Source: AAP analysis of data series titled 'COVID -19 Vaccinations in the United States, Jurisdiction'. CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction>). Idaho information not available. Check state's web sites for additional or more recent information

COVID Vaccine in Children

Kentucky Ranks in the Bottom Half



Source: AAP analysis of data series titled 'COVID -19 Vaccinations in the United States, Jurisdiction'. CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction>). Idaho information not available. Check state's web sites for additional or more recent information



Vaccinate with Confidence

CDC's Strategy to Reinforce Confidence in COVID-19 Vaccines

Build Trust

Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

- ✓ Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, and administering COVID-19 vaccines, including data handling.
- ✓ Provide regular updates on benefits, safety, side effects and effectiveness; clearly communicate what is not known.
- ✓ Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel* in their decision to get vaccinated and to recommend vaccination to their patients.

- ✓ Engage national professional associations, health systems, and healthcare personnel often and early to ensure a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
- ✓ Ensure healthcare systems and medical practices are equipped to create a culture that builds confidence in COVID-19 vaccination.
- ✓ Strengthen the capacity of healthcare professionals to have empathetic vaccine conversations, address myths and common questions, provide tailored vaccine information to patients, and use motivational interviewing techniques when needed.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, build trust, and increase collaboration.

- ✓ Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
- ✓ Work with health departments and national partners to engage communities around vaccine confidence and service delivery strategies, including adaptation of vaccination sites to meet community needs.
- ✓ Collaborate with trusted messengers—such as faith-based and community leaders—to tailor and share culturally relevant messages and materials with diverse communities.

*Personnel = All staff working in healthcare settings, including physicians, PAs/NPs, nurses, allied health professionals, pharmacists, social workers, support staff, and community health workers