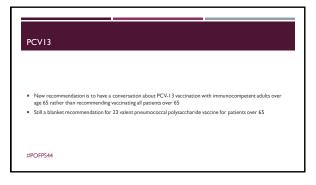


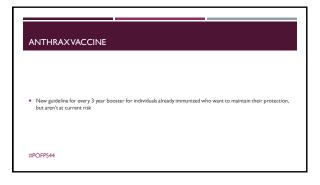
HERPES ZOSTER Herpes zoster subunit vaccine (Shingrix) recommend for use over herpes zoster live vaccine (Zostavax) Recommended for adults over age 50 Two dose series is given Intramuscularly separated by 2-6 months Do not restart if it has been more than 6 months New vaccine is much more effective and should be given even to patients who have already had the live vaccine

MEASLES, M	IUMPS & RUBELLA
- N	the Miller Country of the Country of
	nding a 3 rd dose for at-risk patients during outbreaks health departments will give guidance as far as who needs an additional dose of the vaccine during local
#POFPS44	
#POFPS44	



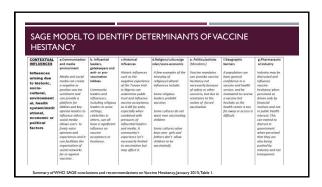
HEPATITIS A
Now recommending catch-up vaccination for all patients aged 2-18 who have not received the Hep A series All patients aged 12 months and up experiencing homelessness should be vaccinated for Hep A
#POFPS44

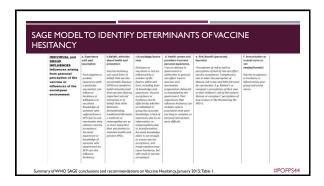
Routine vaccination recommended for all patients 10 and older with the following: Complement deficiency Complement inhibitor use Appleria Or who are microbiologists A booster is recommended I year after completing the primary series and every 2-3 years thereafter as long as the risk remains During an outbreak a one time booster recommended for individuals determined to be at risk by public health officials if it has been greater than I year since their primary series.

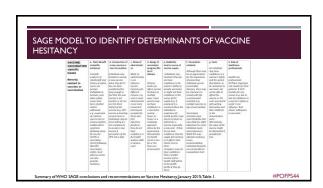


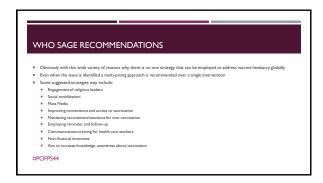
DENGUE FEVER
There is a new vaccine for Dengue fever FDA approved a 3 dose schedule
Updated guidelines for use will be forthcoming
#POFPS44

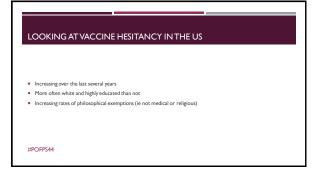
VACCINE HESITANCY
Has been a growing problem not just in the US, but globally The World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE) put together resources for countries and local communities to help address vaccine hesitancy
 Wide variety of reasons why patients or parents may question, delay or refuse vaccines and it helps to explore where a community or individual is coming from to most appropriately address the concern
#POFPS44

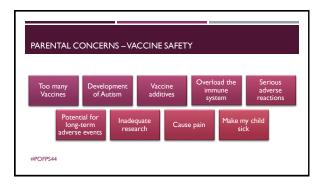


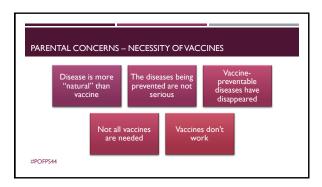


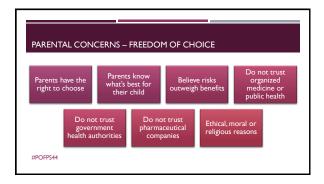












ADDRE	ssing cot	NCERNS			
 Need to 	daaaaaai.aa ah a		that is leading to hesi		
		specific concern(s)	-	ancy today	

STRATEGIES TO TRY Start with the framework that both you and the parent/patient want the best for health and well-being They aren't refusing just to make our lives difficult Correct misconceptions HPV vaccination has NOT been show to trigger early sexual activity Mercury not present in single dose vaccines Baby ges significantly more aluminum from breast milk or formula than vaccines

STRATEGIES TO TRY			
	Presumptive Delivery		
	 Don't ask if they want vaccines, state the vaccines that are due at that time 		
• 1	Personalizing the message		
	 I vaccine my kids, grandkids, myself, etc 		
	Pain reduction or distraction strategies		
	 Having the child upright, tactile stimulation, breastfeeding during administration, pinwheels/deep breathing exercises 		
#PC	OFPS44		

WHAT DOESN'T WORK Media campaigns/public health communications Situations where the patient/parent feels judged or attacked Alternate or delayed vaccines schedules Results in more visits, and often incomplete vaccination #POFPS44

HÆ	ANG IN THERE!
_	studies show that our conversations work
• F	Provider recommendation is the most important factor in patient's decision to vaccinate
• A	AAP Periodic Surveys of Fellows show about 1/3 of parents that initially refused changed their mind
#PC	DFPS44

REFERENCES				
 ACIP June 2019 Meeting Recommendations. https://www.cdc.gov/vaccines/acip/index.html 				
 Dooling KL, Guo A, Patel M, et al. Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines. IMMVR Morb Mortal Wildy Rep 20 18;67:103–108. DO'b http://dx.doi.org/10.15585/immwr.mmic/20a5external.icon 				
 Doshani M, Weng M, Moore KL, Romero JR, Nelson NP. Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. In: MPMVR Morb Mortal Wkby Rep 2019;88:153–156. DOI: https://dx.doi.org/10.15585/mmwrmm6808a6esternal.icon. 				
 Summary of WHO SAGE conclusions and recommendations on Vaccine Hesitancy, January 2015; Table 1. (https://www.who.int/immunization/programmes_systems/summary_of_sage_vaccinehesitancy_2pagec.pdf?ua=1) 				
 Edwards KM, Hackell JM, AAP THE COMMITTEE ON INFECTIOUS DISEASES, THE COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE. Countering Vaccine Hesitancy. Pediatrics. 2016;138(3):e20162146 				
 McKee C, Bohannon K. Exploring the Reasons Behind Refusal of Vaccines. J Pediatr Pharmocol Ther. 2016 Mar-Apr; 21(2)104-109. 				
 LaSalle G. When the answer to vaccines is "No". The Journal of Family Practice. June 2018;67:348-363. 				
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