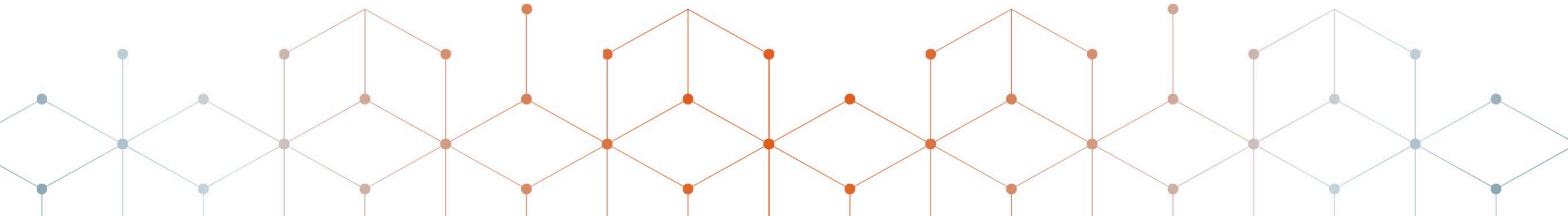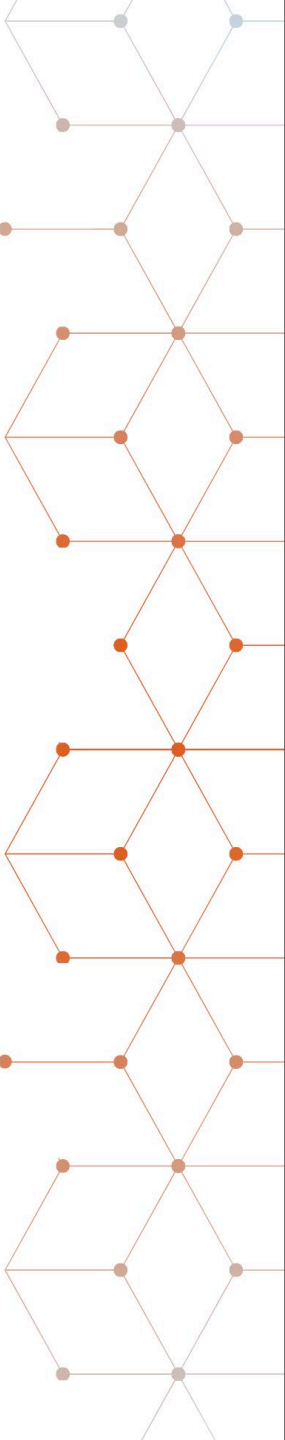# Me AAP Town Hall

Laura Blaisdell MD/MPH, FAAP

August 31, 2021

Comirnaty COVID-19 Vaccine

- FDA Licensure of Comirnaty applies to >16yo.
- >12yo still under Emergency Use Authorization, AAP actively advocating.
- Clinical Trials are still underway for 11 and under.
  - Doses are very likely to be different for younger ages.
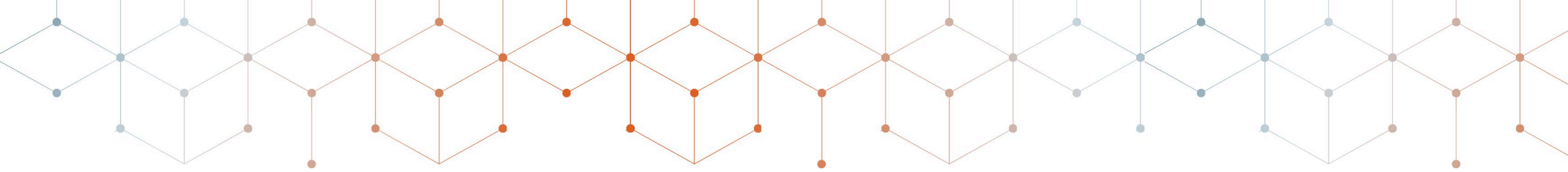 - Do not use off label for children <12years.

Summary on Maine AAP

Maine's Vaccine Quick Sheet					
Vaccine	Kindergarten	7th grade	12th grade	Post HS	Childcare
DTAP	x	x		x	x
IPV	x				x
MMR	x			x	x
VZV	x				x
Meningococcal		x	x		
HiB					x
PCV13					x
Hep A					x
Hep B					x

https://www.maineaap.org

What Vaccines NOT included for K-12 Schools?

- **Hepatitis A**
- **Hepatitis B**
- **Pneumococcal**
- **Human Papilloma Virus (HPV)**

- **H. Flu B (HiB)**
- **Rotavirus**
- **Influenza**
- **COVID-19**

Medical Exemption Forms

Table 1. ACIP Contraindica...

Vaccine	Exemption Len...
☐ DTaP, Tdap	☐ Temporary through: _____ ☐ Permanent
☐ Inactivated polio virus vaccine (IPV)	☐ Temporary through: _____

REQUEST FOR MEDICAL EXEMPTION

☐ Use of aspirin or aspirin-containing products

☐ **Other.** Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.

Attestation

I am a physician (M.D. or D.O) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse (N.P./P.A) licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I understand that any misrepresentation will result in referral to the appropriate licensing board and/or regulatory agency.

Healthcare Provider Name *(please print)*:_____ Specialty:_____

NPI Number:_____ License Number:_____ State of Licensure: _____

Practice Name:_____

Phone:_____ Fax:_____

Email:_____

Address:_____ City:_____ State:_____ Zip:_____

Signature:_____ Date:_____

Contraindications

☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

...toxoid-containing vaccine