



**Oklahoma Chapter**  
American Academy of Pediatrics  
INCORPORATED IN OKLAHOMA



## September/October

# OK Pediatrician

### A Message from The Chapter President



Greetings to my fellow OKAAP Members! Fall has officially arrived and we have enjoyed seeing everyone back in school and a few of the activities back in operation across the state such as the State Fair and the Pumpkin Patches as we look toward Halloween.

As all of you know, COVID has, once again, reared its ugly head and presented us with the challenging Delta variant of the virus. Unlike the previous strain we have dealt with, Delta seems to be impacting children, adolescents, and young adults more than we have noted previously. The overwhelming number of cases that are severe enough for hospitalization, ICU care, and increased morbidity and mortality are the unvaccinated individuals. With the rapid rise in Delta case numbers, there has been some increase in number of vaccines given. The Pfizer vaccine has been approved down to age 12, with full approval from the FDA for those 16 and over. Moderna and Johnson and Johnson vaccines likely will receive full approval in the coming weeks. What is not clear is when vaccines will become available to children under age 12. The timeline seems to vary from early to mid fall, or as late as the early part of winter. In light of SB658 being passed this session by the legislature and signed by the governor, schools are not allowed to independently approve a mask mandate for their schools with approval from the State health Department. Only exception to this is if the governor orders an emergency action plan at some point.

OSMA has brought suit against the governor regarding this, and Oklahoma is one of 5 states that is being investigated by the federal government regarding the constitutionality of this law. Because of all of this, there is growing concern regarding the safety of our children in school this year. We must continue to encourage immunizations for our older patients ages 12 and above. AAP is putting significant pressure on the FDA for approval of a vaccine for younger children as soon as possible. Masking and contact tracing will continue to be important during this time. The number of hospitalizations stays, including ICU admits continues to be rising rapidly, unlike in the early part of the year. Again, the vast majority of these sicker patients have not been vaccinated. Keeping patient's immunizations up-to-date, including the flu vaccine, is quite important. I know this is putting lots of stress on you and your co-workers. Do call on OKAAP if there ways we, as an organization, can help. There is little if any bed space in the metro hospitals and also the rural hospitals, and some of this is due to the decrease in personnel to staff these rooms. Let us try to help you if you are running into roadblocks such as regarding transfers, and we'll make the best effort possible to help.

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Diversity and inclusion in the membership of the AAP has become a very important topic for the organization. The process of involving state chapters, both at the district and state level, has been initiated. Dr. Paul Darden is head of the program at the District level for District 7. In regards to our chapter, plans are being made to organize a committee, with Eve Switzer as chairman, to make recommendations to the board and membership regarding the best methods to accomplish these goals. If there are members that are interested to serve on this committee, please let us know. This is a tough area to come to terms with, but so very important to do so. The goal of both the AAP, districts, and state chapters, including Oklahoma, is to provide an environment where everyone is welcome and felt supported regardless of their race, sexual preference, religion, or other personal beliefs. It is also important that our membership, regardless of age or stage in their practice feel welcomed and supported.

Speaking of Dr. Paul Darden, Dr. Darden has been offered and accepted a position at Arkansas Childrens Hospital In Little Rock. He and his spouse, moved to Arkansas this past week. Paul has worked hard for the Chapter over the past couple of years and will be sorely missed. We wish him all the best as he assumes the new position there. Dr. Eve Switzer has agreed to fill the position of vice-president during this interim period, and , more than likely, will return to President position of this chapter in the coming year. We appreciate Eve being willing to volunteer her expertise and services during this transition period.

To all of you, thank-you for all you do to provide quality care to the children of this state. These are challenging times, but together we will overcoming these challenges. I wish each and every one of you a happy, healthy fall, and ask that you do call either Kari Webber or myself if you are encountering significant difficulties. I promise you that we will do the best to be of help.

- Dwight Sublett, MD, FAAP

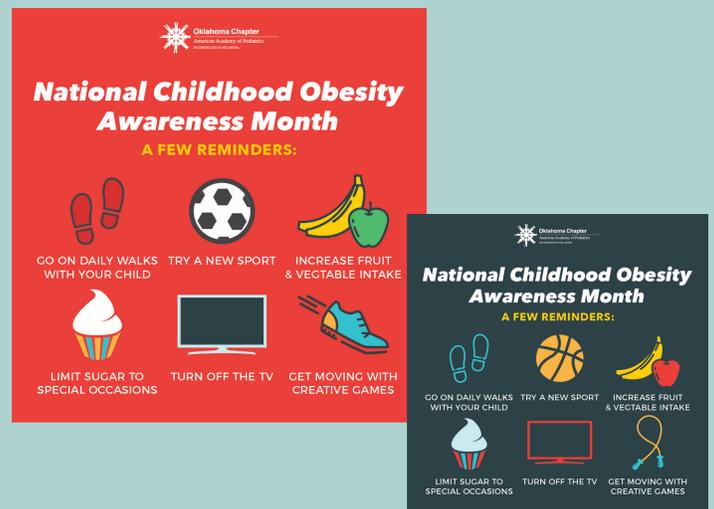
## Serve on OKAAP's EDI Committee!

The American Academy of Pediatrics has a major policy initiative directed toward equity, diversity and inclusion.

The Oklahoma Chapter of the American Academy of Pediatrics strongly supports this initiative and is forming the OK AAP Equity, Diversity, and Inclusion (EDI) Committee to advance the vision that all children in Oklahoma have optimal health. The initial charge of the committee is to craft an equity, diversity and inclusion statement for the Chapter and, in conjunction with the board, to outline a plan of action. You are invited to apply to be part of this exciting and important initiative. Please email Kari Webber at [Kari.webber@okaap.org](mailto:Kari.webber@okaap.org)

## Access the "Childhood Obesity" Campaign

This month OKAAP provided you with design resources to use in your practice or online. These resources included social graphics (Facebook/Instagram and Twitter).



## From Members of the World's Biotechnology Sector

### A Declaration from Members of the World's Biotechnology Sector On Global Access to COVID Vaccines & Treatments and the Role of Intellectual Property

We, the undersigned CEOs of global biotechnology companies and associations have a social responsibility to work with other stakeholders – healthcare providers, governments, multilateral organizations, and non-governmental donor organizations – to ensure that COVID vaccines and treatments get to the patients in the world who most need them. We are working hard to fulfill this responsibility.

- Our sector must continue to play a constructive, proactive part in developing COVID solutions and the global manufacturing capacity to produce them. In the past year, over 950 global R&D projects<sup>i</sup> have been launched on COVID vaccines, treatments, and biologics, as companies have diverted efforts from other projects. 70 percent of these projects<sup>i</sup> are by small and medium sized companies.<sup>ii</sup> Over 250 global partnerships have been formed to build manufacturing capacity.<sup>iii</sup> And we are working hard to do more.
- Intellectual property is the foundation of our sector. It is responsible for creating the global biotech network that responded so quickly to the COVID crisis in the first place. It is what gives investors the confidence to fund companies with long time horizons and high risks. It gave companies the assurance that they could quickly pivot during the early days of the pandemic into COVID projects. And it helped ensure the type of global cooperation and partnerships that are driving companies, countries, and manufacturers to quickly scale up the production.
- **We support strong, collaborative efforts like those endorsed by the G-20<sup>iv</sup>** to address the global imbalances in access to COVID vaccines and treatments. Success will require national governments to address legislative or contractual impediments to supplying populations in need, especially in low- and middle- income countries. Bottlenecks and shortages in global supply chains for vaccine production need to be urgently addressed. And strained health-care systems in low-and middle-income countries need significant support to ensure vaccines get to people.
- **The proposed “waiver” of intellectual property rights proposed in the World Trade Organization (WTO) will be ineffective and counterproductive** in addressing this crisis. Intellectual property rights are not responsible for the imbalance in COVID vaccine supplies between higher and lower income countries. It will create a long contentious global negotiation that will not urgently address the crisis, and foster more “vaccine nationalism,” exacerbating shortages in an already strained global supply chain. It would divert limited resources from companies that are focused on maximizing current global partnerships while maintaining quality and patient safety. Lastly, it would send a powerful signal to the biotech sector and investors to avoid taking the risks to develop solutions in future public health emergencies.
- Current estimates are that existing global vaccine manufacturers will produce more than 11 billion doses of COVID vaccines in 2021<sup>v</sup>, and significantly more in the first part of 2022. We are committed to working with other global stakeholders to see that these doses get to those that most need them, wherever they may be.

#### End Notes:

- i) Biotechnology Innovation Organization, COVID -19 Biotracker, <https://www.bio.org/policy/human-health/vaccines-biodefense/coronavirus/pipeline-trackerink>
- ii) Ibid.
- iii) List of Global Vaccine Partnerships, [https://www.bio.org/sites/default/files/2021-05/Industry\\_Partnerships\\_on\\_COVID\\_BIO.pdf](https://www.bio.org/sites/default/files/2021-05/Industry_Partnerships_on_COVID_BIO.pdf)
- iv) [https://global-health-summit.europa.eu/rome-declaration\\_en](https://global-health-summit.europa.eu/rome-declaration_en)
- v) [https://www.bio.org/sites/default/files/2021-05/Airfinity\\_production.pdf](https://www.bio.org/sites/default/files/2021-05/Airfinity_production.pdf)



## FREE HELP FOR TEENS TO QUIT TOBACCO

### My Life, My Quit is Here

#### Just One Conversation

Talk to your patients about tobacco use and recommend My Life, My Quit for support to quit. For your teen patients, one conversation can make all the difference.

#### Get FREE Materials for Your Office

A variety of promotional materials are now available from My Life, My Quit. Choose from posters, pens and brochures. Plus, you can access a wide variety of additional resources from the Oklahoma Tobacco Helpline and Shape Your Future.

These free materials encourage your patients to quit tobacco and pursue healthier choices. Check out and order free materials for your office [here](#).

#### My Life, My Quit

Oklahoma teens 13-17 who want to quit vaping, smoking or chewing tobacco can now access FREE tools to help them quit. Evidence links youth tobacco use to addictive behaviors later in life, so it's critical to get teens the support they need today.

The trained, compassionate coaches at My Life, My Quit provide personalized help to support a tobacco-free life. These services are confidential and do not include patches, gum or lozenges.

Teens can text "Start My Quit" to 36072 for supportive text messages and web chat, or visit [MyLifeMyQuit.com](http://MyLifeMyQuit.com) to learn more.

**THE MORE YOU VAPE, THE HARDER IT IS TO QUIT.**

- Nicotine hacks the brain by pretending to be natural brain chemicals
- Nicotine goes right to the brain when smoking, chewing or vaping tobacco
- Nicotine rewards the brain by releasing dopamine, the "feel good" chemical
- When nicotine wears off, the brain craves more. This is how the brain "learns" to depend on nicotine in order to regulate mood, causing addiction.

**DON'T BE A TOBACCO TARGET. CALL OR TEXT A COACH TODAY TO LEARN HOW.**

Visit [MyLifeMyQuit.com](http://MyLifeMyQuit.com) or text "Start My Quit" to 36072 to start today.

**MY LIFE MY QUIT.** Brought to you by TSET

Quitting Tobacco Has Rough Patches. We Have FREE Ones.

Free Support to Quit Tobacco. No judgments. Just help. 1-800-QUIT-NOW

NO JUDGMENTS. JUST HELP. 1-800-QUIT-NOW

Tips for Quitting

**Anybody Can Have a Healthy Body**

Want to see the healthiest results? Eat healthy.

Want to see the healthiest results? Drink water. 60% WATER

**1-800-QUIT-NOW**

Oklahoma Tobacco Helpline  
**1 800 QUIT NOW**  
1-800-784-8669 OKhelpline.com  
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MY LIFE MY QUIT  
Brought to you by TSET



## Becoming a Pandemic Vaccine Provider in Oklahoma

### Eligibility

Any facility, organization, or health care provider licensed to possess vaccine, administer vaccine, or provide vaccination services in Oklahoma is eligible to [enroll](#).

Only local County and City-County Health Departments and providers enrolled through the COVID-19 Vaccination Program Provider enrollment and approved by the Oklahoma State Department of Health (OSHD) can receive and administer COVID-19 vaccines in Oklahoma. You **MUST ENROLL** and receive approval in order to administer COVID-19 vaccinations in Oklahoma.

### Provider Enrollment Process

Enrollment must be done online. Once the enrollment is active, all responses will be automatically saved for a month; this lets you revisit, edit, and complete the enrollment during that month. If enrollment is not completed within a month, you will be required to start over. There is a limit of one enrollment per organization location/facility. Each facility within an organization is required to enroll separately.

### **Step 1: Complete COVID-19 Vaccination Program Provider Requirements and Legal Agreement**

Download and fill out the [CDC COVID-19 Vaccination Program Provider Agreement](#). This must be saved as a PDF document to be uploaded in Step 2. What you'll need:

- This form requires signatures from the CEO and CMO (or equivalent). If an organization has multiple facilities enrolling, the same signed Provider Agreement can be used in each enrollment

### **Step 2: Complete the CDC COVID-19 Vaccination Program Provider Profile Information**

Fill out and submit the online enrollment. Once completed, download and save a copy for your records.

What you'll need:

- The PDF document of the Provider Agreement from Step 1
- Health care provider license numbers
- Answers to the [enrollment questions](#)
  - If you are not already enrolled in the Oklahoma State Immunization Information System (OSIIS), the vaccine enrollment process will take you to the OSIIS agreement form. You will complete both enrollments during this process. For OSIIS questions, contact [OSIISHelp@health.ok.gov](mailto:OSIISHelp@health.ok.gov).
  - Regarding storage, if you do not have the capacity to continuously monitor your vaccine supply, you will be responsible for obtaining the equipment to do so.
  - Information on facility refrigerators and freezers —name, model, storage space, temperatures. For current information on storage/handling and vaccine administration, see the [CDC COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals](#).

### **Step 3: Oklahoma State Department of Health Review**

Once approved, you will receive an email confirming the facility's status as a COVID-19 vaccine provider. What to expect:

- You will NOT get a confirmation email when you submit your application

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## Becoming a Pandemic Vaccine Provider in Oklahoma, Continued

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- The enrollment approval process can take up to 2 weeks
- Immunization Services will send a field agent to examine your office before you receive the first vaccine shipment
- Once your enrollment is processed, you will receive an email with information about how to order the vaccine
- Currently, the time from enrollment to first vaccine shipment arrival is approximately 2 weeks
- Once you are enrolled, OSDH will add you to their email communication list. In addition to email updates, OSDH announces updates on monthly vaccine provider calls.

For enrollment help, visit the [OSDH Provider Enrollment](#) webpage or email the Immunization team at [Immunize@health.ok.gov](mailto:Immunize@health.ok.gov).

For questions about vaccine storage and administration, see the COVID-19 Vaccine Provider Frequently Asked Questions sheet.

**Quitting Tobacco Has Rough Patches. We Have FREE Ones.**

**Get FREE Helpline Materials for Your Office**

Get FREE Services through The Oklahoma Tobacco Helpline. Helpline, pens, brochures and tip cards with helpful advice for quitting. These materials encourage your patients to quit while keeping the Helpline top-of-mind.

**Free Support to Quit Tobacco**

No Judgments. Just Help.

To order materials, visit [OKhelpline.com/order](http://OKhelpline.com/order).

Oklahoma Tobacco Helpline  
**1 800 QUIT NOW**  
1-800-784-8669 [OKhelpline.com](http://OKhelpline.com)  
A Program of TSET

### The Oklahoma Standard should mean smokefree air for all.

When it comes to achieving the Oklahoma Standard, we've come a long way. All state property is 100% smokefree, and the age to purchase tobacco is now 21.

**However, there's still work to do...**

- Bars & some restaurants
- Hotels are NOT 100% smokefree
- Exposing children in cars
- Smoking at in-home daycares after hours

It's time to step up to the Oklahoma Standard. Join the fight at **TOBACCO STOPS WITH ME.com**

A Program of **TSET**



## COVID-19 Vaccine Frequently Asked Questions

### **If I am already enrolled in the Vaccines for Children (VFC) Program, do I still need to complete the COVID-19 Vaccination Program Provider enrollment?**

Yes. Even if you are a VFC provider, you are still required to complete the COVID-19 Vaccination Program Provider enrollment.

### **What if I'm not enrolled in the Oklahoma State Immunization Information System (OSIIS)?**

If you are not already enrolled in the Oklahoma State Immunization Information System (OSIIS), the vaccine enrollment process will take you to the OSIIS agreement form. You will complete both enrollments during this process. For OSIIS questions, contact [OSIISHelp@health.ok.gov](mailto:OSIISHelp@health.ok.gov).

### **How many vials of vaccine can I order? Is there a minimum number?**

You can order as many vials as you need. The CDC form indicates that there is a minimum number of vials that must be ordered. However, in the comment box you can specify the number of vials that you need, and your county health department will work with you to ensure that you receive that amount.

### **If I only have one patient wanting a vaccine, can I open a new vial (even if I don't have any other patients scheduled to receive the vaccine)? What happens if I waste vaccine?**

The priority is to vaccinate people who want to get vaccinated, so if you need to open a vial for one person and the rest is wasted, that is acceptable. You are asked to report wastage in OSIIS.

### **How quickly do I need to distribute the vaccine after I receive it?**

There is no expected timeframe imposed by OSDH or CDC. The primary guidance is based on the expiration dates of the vaccines.

### **Where do I find updates about vaccine storage and expiration?**

For current information on vaccine storage, administration, and expiration, see the [CDC COVID-19 Vaccine Quick Reference Guide for Healthcare Professionals](#). Once you are enrolled, OSDH will add you to their email communication list. In addition to email updates, OSDH announces updates on monthly [vaccine provider calls](#).

### **After completing the COVID-19 Vaccination Program Provider enrollment, how long will it take for me to get the first shipment of vaccine?**

The current time from enrollment to first vaccine shipment arrival is approximately 2 weeks.

### **Can I administer the vaccine to anyone (e.g. patients not in my system)?**

You can decide how you take patients, how you advertise that you have the vaccine, and if you will require appointments. You must provide the vaccine free of cost to the patient, and you must provide all of the required documentation for the vaccine. Once you enroll, you can also enroll in [Vaccine Finder](#). This will let the public know that your facility has vaccine. (Vaccine finder does not show how much vaccine you have, but it does show the user how to contact you to make an appointment.)

**If multiple vaccines are administered at a single visit, administer each injection in a different injection site.** For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection. [Best practices](#) for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.

### **What if I don't have a continuous monitoring mechanism?**

If you do not currently have the capacity to continuously monitor your vaccine supply, you will be responsible for obtaining continuous monitoring equipment before you receive OSDH approval.

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## COVID-19 Vaccine Frequently Asked Questions, Continued:

### Is myocarditis a contraindication for the COVID-19 vaccine?

The Centers for Disease Control and Prevention (CDC) safety committee has noted a “likely association” between the [mRNA COVID-19 vaccines and myocarditis and pericarditis](#) in some young adults.

However, the CDC continues to recommend COVID-19 vaccination for all people 12 years and older.

Clinicians should consult the [Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults](#) for information on the diagnosis and treatment of cases of myocarditis and pericarditis. Healthcare providers should [report all cases of myocarditis and pericarditis after COVID-19 vaccination to VAERS](#).

### What’s the current status of the Novavax COVID-19 vaccine?

Results from a Phase 3 clinical trial indicated 93% efficacy against predominantly circulating COVID-19 Variants of Concern and Variants of Interest. The vaccine was 100% effective against variants “not considered Variants of Concern/Interest.” The vaccine also demonstrated 91% efficacy in high-risk populations. All COVID-19 hospitalizations/death occurred in the placebo group. The company intends to file for regulatory authorizations in the third quarter, upon completion of the final phases of process qualification and assay validation needed to meet chemistry, manufacturing and controls (CMC) requirements. Upon regulatory approvals, Novavax remains on track to reach manufacturing capacity of 100 million doses per month by the end of the third quarter and 150 million doses per month by the end of the fourth quarter of 2021.

### What about off-label use of the COVID-19 vaccine?

Providers are responsible for adhering to all requirements outlined in the agreement. Specifically, providers must administer COVID-19 vaccines in accordance with all program requirements and recommendations of CDC, the Advisory Committee on Immunization Practices, and the U.S Food and Drug Administration (FDA). This applies to both EUA and FDA approved COVID-19 vaccines.

Accordingly, use of these products outside of those that have been approved and authorized by FDA (often referred to as “off-label use”) is not recommended; it would violate the provider agreement and could expose providers to the following risks:

- Administration of the product off label may not be covered under the PREP Act or the PREP Act declaration; therefore, providers may not have immunity from claims.
- Individuals who receive an off-label dose may not be eligible for compensation under the Countermeasures Injury Compensation Program after a possible adverse event.
- CDC has defined the scope of the CDC COVID-19 Vaccination Program in terms of how the USG-provided vaccines may be used in the program. Providers giving off-label doses would be in violation of the CDC Program provider agreement potentially impacting their ability to remain a provider in the CDC program.
- Administration fees may not be reimbursable by payers.

