AAFP Organizational Supplement

PROTECT THEIR FUTURE

Strategies to **improve** your **adolescent** patients' immunizations.

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

One of the most effective ways to control and prevent disease is through vaccinations. Over the past century, morbidity and mortality rates for most diseases that could be prevented by vaccines have dramatically declined, even eradicating some diseases.[1] As frontline health care providers, family physicians are essential in the fight to improve vaccination rates for patients.

In July 2018, the American Academy of Family Physicians (AAFP) hosted the Adolescent Immunization Best Practices Summit (*www.aafp.org/patient-care/public-health/immunizations/imms-summit.html*) to provide a forum for family physicians to share evidence-based interventions and system changes used to improve immunization rates among adolescents. This organizational supplement summarizes some of those best practices, as well as provides information and resources the AAFP develops, utilizes, and disseminates to family physicians and their care teams about adolescent vaccinations. It focuses on:

- Strategies to improve vaccination rates
- Vaccine recommendations for 2019
- Communicating with your patients

STRATEGIES TO IMPROVE VACCINATION RATES

Developing a plan to improve adolescent vaccination rates begins by reducing barriers, gaps, and missed opportunities in your practice. Many of these strategies can be incorporated into your practice's daily activities.

At the Adolescent Immunization Best Practices Summit, participants shared 20 best practices they use at their clinics.[2] The list to the right summarizes a few you can begin implementing in your practice immediately. The full list of best practices for immunization efforts from the summit can be found at *www.aafp.org/adolescent-summit.*

- **Appoint a champion.** Identify a physician or staff member to advocate and lead your practice's adolescent immunization efforts. The individual should annually review vaccination recommendations/guidelines (see table on opposite page) and communicate those to all team members.
- **Provide strong recommendations.** Require all clinical team members to provide strong recommendations for vaccinating young patients to parents and the patient. It may help to draft standardized language (or a script), which addresses and can be customized for various parental concerns.
- **Implement standing orders.** Print out vaccine reports for all youth visits, not just well-child visits. If vaccination is accepted and the parent or patient has no questions for the physician, the nurse can administer the vaccine during triage.
- **Identify patients before their visit.** Use weekly or monthly reports, daily huddles, and/or electronic health records (EHRs) to identify young patients who need vaccines prior to their visit. Providing immunization status as a vital sign is a helpful prompt for the care team.
- **Identify and provide educational resources.** Place posters and handouts in your waiting and exam rooms and on your website. The AAFP and other reputable organizations, such as the Centers for Disease Control and Prevention (CDC), have resources you can place around your office to emphasize the effectiveness of vaccinations.[2] These flyers and posters from the CDC can help get you started:
www.cdc.gov/vaccines/partners/childhood/print-ads-posters.html
www.cdc.gov/vaccines/partners/teens/print-materials.html

VACCINE RECOMMENDATIONS FOR 2019

The cost of not getting vaccinated is staggering. One CDC study estimated that for the 78 million children born from 1994-2013, routine immunizations prevented 322 million illnesses and 21 million hospitalizations. Put another way, vaccinations saved $402 billion in direct costs and $1.5 trillion in societal costs due to illnesses prevented for those children.[3] Many of the vaccines in the study are those which children and adolescents should receive from birth through their teenage years. The list of vaccines the CDC recommends from birth through 18 years includes:[4]

- Hepatitis B (HepB)
- Rotavirus (RV)
- Diphtheria, tetanus, and pertussis (DTap)
- Haemophilus influenzae type B (Hib)
- Pneumococcal conjugate vaccine (PCV13)
- Inactivated polio vaccine (IPV)
- Flu – inactivated influenza vaccine (IIV); live attenuated influenza vaccine (LAIV)
- Measles, mumps, and rubella (MMR)
- Varicella (VAR)
- Hepatitis A (HepA)
- Meningococcal (MenACWY-D and MenACWY-CRM)
- Tetanus, diphtheria, and pertussis (Tdap)
- Human papillomavirus (HPV)
- Meningococcal serogroup B (MenB)
- Pneumococcal polysaccharide (PPSV23)

The table on the opposite page outlines the CDC recommendation schedule for 2019.[4] Notes about catch-up immunizations and other details can be found at *www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf*. Refer to that site when 'See CDC site' is indicated in the table.

2019 Vaccine Recommendations from Birth Through 18 Years[4]

Vaccine	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-15 years	16 years	17-18 years
HepB	1st dose	2nd dose			3rd dose												
RV			1st dose	2nd dose	See CDC site												
DTap			1st dose	2nd dose	3rd dose			4th dose				5th dose					
Hib			1st dose	2nd dose	See CDC site		3rd or 4th dose; See CDC site										
PCV13			1st dose	2nd dose	3rd dose		4th dose										
IPV			1st dose	2nd dose	3rd dose							4th dose					
Flu (IIV)					1 or 2 doses yearly								1 dose yearly				
Flu (LAIV)											1 or 2 doses yearly		1 dose yearly				
MMR					See CDC site		1st dose					2nd dose					
VAR							1st dose					2nd dose					
HepA					See CDC site		2-dose series; See CDC site										
MenACWY-D ≥9 months; MenACWY-CRM ≥2 months			See CDC site											1st dose		2nd dose	
Tdap														Tdap			
HPV														See CDC site			
MenB															See CDC site		
PPSV23											See CDC site						

Range of recommended ages for all children

Range of recommended ages for catch-up

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups; subject to individual clinical decisions

COMMUNICATING WITH YOUR PATIENTS

Talking with parents about vaccines can be a difficult discussion, especially if they have misinformed concerns about their effectiveness or harm they could do. You should be prepared to answer any questions and assure parents that vaccinations are the most proven way to protect against disease and reduce the likelihood of an outbreak. The following are a few tips to follow when you're communicating with parents and patients about vaccines.[5]

- **Begin the conversation early.** Discuss vaccines with parents during prenatal visits and postnatal appointments. Let them know you appreciate their concerns, but provide them with educational materials from trusted sources they can review before and after their baby is born.
- **Tell, don't ask.** Assume parents will vaccinate. Studies have shown that a presumptive approach is more effective than a participatory approach when convincing parents to vaccinate their child or adolescent. For example, framing the conversation as, "Joey is due for his HepB shot today," is far more effective than asking, "Have you thought about the HepB shot for Joey today?" You are the expert. Speak with authority. If parents express concern, provide your strong recommendation.
- **Focus on protection.** While parents' primary concern is rightfully their own child or adolescent, emphasize that vaccinations not only protect their child or adolescent, but also protect the entire community from outbreaks of diseases that are costly and harmful. Emphasize that waiting for an outbreak before vaccinating can be too late. Stress that choosing not to vaccinate puts others at an unnecessary and dangerous risk.
- **Be honest about the effects and pain associated with vaccination.** Inform parents and patients that the effects and pain associated with vaccines are typically mild and go away within a few hours or days. Assure them that you and your staff are available to deal with reactions should they occur. If parents are concerned with long-term effects, be nonjudgemental and nonconfrontational. Inform them that vaccines are not linked to other health issues, such as autism, asthma, or autoimmune diseases.
- **Relay personal or other parent stories.** Combine medical facts with personal experiences. Let parents know that you vaccinated your children and that you have personally given thousands of vaccines and your patients have never had a serious reaction.[5]

Resources

AAFP Adolescent Immunization Best Practices Summit
www.aafp.org/patient-care/public-health/immunizations/imms-summit.html

AAFP Coding Reference Cards: Immunization Codes (Patients 0 through 18 Years of Age)
https://nf.aafp.org/Shop/product/DetailByName?categoryName=coding-tools&productName=aafp-coding-reference-cards-immunization-codes

Award Winners Share Best Practices: Try These Techniques to Boost Adolescent Immunizations
www.aafp.org/news/health-of-the-public/20180803fdtnimmunawards.html

Birth Through Age 18 Immunization Schedules
www.aafp.org/patient-care/public-health/immunizations/schedules/child-schedule.html

CDC Childhood Vaccine Assessment Tool (For parents)
https://www2a.cdc.gov/vaccines/childquiz/

References

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2. American Academy of Family Physicians (AAFP). 20 Best practices for adolescent immunization. www.aafp.org/dam/AAFP/documents/patient_care/immunizations/adolescent-immunizations-summit/best-practices.pdf. Accessed May 10, 2019.
3. Whitney CG, Zhou F, Singleton J, Schuchat A. Benefits from immunization during the Vaccines for Children Program era – United States, 1994-2013. *MMWR.* 2014;63(16):352-355.
4. Centers for Disease Control and Prevention. Recommended child and adolescent immunization schedule for ages 18 years or younger. United States 2019. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Accessed May 10, 2019.
5. Devitt M. Looking for tips on talking with parents about vaccines? *AAFP News*. www.aafp.org/news/health-of-the-public/20190412vaccinetalk.html. Accessed May 10, 2019.

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