



## Overcoming Barriers to Immunizing Pre-Teens & Adolescents

The Advisory Committee for Immunization Practices (ACIP) along with many of the nation's leading medical organizations have clear and specific recommendations about vaccines that should be administered to pre-teens (11-12 years of age) and adolescents. Routinely recommended vaccines for this age group, include tetanus, diphtheria and pertussis (Tdap), meningococcal conjugate (MCV4) and for girls, human papillomavirus vaccine (HPV4). Other vaccines that may be needed include varicella (var), influenza (TIV or LAIV) hepatitis B, hepatitis A, inactivated polio (IPV) and measles-mumps-rubella (MMR).

Vaccinating adolescents can be a challenging task. Following are some tips to help ensure that the pre-teens and teens in your practice receive all their needed vaccines.

1. Provide multiple vaccines in a single visit.
  - There is no contraindication to simultaneous administration of any vaccines—just make sure you use different sites.<sup>1</sup>
2. Do not miss an opportunity to administer vaccines.
  - The CDC and many of the nation's top medical organizations recommend a routine health care visit at 11-12 years of age. However, many pre-teens never make this visit. Take advantage of every opportunity to administer needed vaccines to children 13 years and older.
  - Assess the immunization status and vaccinate at every visit- well, sick, sports and camp physicals.
3. Recommend vaccines!
  - Physician and other health care provider recommendations matter and have a positive impact on the decision to receive vaccines.<sup>2</sup>
  - Use reminders, like chart notes, stickers and flags, to prompt you to recommend vaccines to your patients and their parents.<sup>3</sup>
4. Use reminder and recall tools to get patients into the office.
  - Reminder and recall efforts have a significant positive impact on immunization rates.<sup>4</sup>
  - The Michigan Care Improvement Registry (MCIR) can help create lists and reminder notices. Contact the regional MCIR office for more information or [www.mcir.org](http://www.mcir.org)
5. Use standing orders.
  - Standing orders have a strong impact on vaccination rates. They are routinely used for many interventions.<sup>5</sup>
6. Audit your vaccination efforts and provide feedback to those who can affect change
  - Without periodic assessment, you can't know how you are doing.<sup>6</sup>
  - MICR can help determine the adolescent immunization rates in your office. Contact the regional MCIR office for more information or [www.mcir.org](http://www.mcir.org)

<sup>1</sup> General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP) *MMWR* 2006; 55 (RR-15)

<sup>2</sup> Nichol KL, MacDonald R, Hague M. Factors associated with influenza and pneumococcal behavior among high-risk adults. *J Gen Intern Med* 1999; 48 (RR-8)

<sup>3</sup> CDC. Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults. A report of the Task Force on Community Prevention Service *MMWR* 1999; 48 (RR-8)

<sup>4</sup> CDC. Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults. A report of the Task Force on Community Prevention Service *MMWR* 1999; 48 (RR-8)

<sup>5</sup> CDC. Use of standing orders programs to increase adult vaccination rates. *MMWR* 2000; 4 (RR-1)

<sup>6</sup> Prislun R, Sawyer MH, De Guire M, et al. Missed opportunities to immunize: psychosocial and practice correlates. *Am J Prev Med* 2002; 22