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Adolescent Vaccines and the Standards for Pediatric Immunization Practices

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Adolescent Vaccines

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The Advisory Committee on Immunization Practices (ACIP) recommends that adolescents (12-18 years) should receive the following:

- Meningococcal B (MenB) vaccine
- Meningococcal ACWY (Men ACWY) vaccine
- Human Papillomavirus (HPV) vaccine
- Tetanus, diptheria, and pertussis (Tdap) vaccine
- Influenza
- COVID-19 vaccine

Immunization Requirements for Texas Schools

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The Texas Administrative Code requires children and students to show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility, public or private primary and secondary schools, and institutions of higher education.

Adolescent students must have evidence of the following:

- Poliovirus vaccine (IPV)
- Measles, mumps, and rubella (MMR) vaccine
- Hepatitis B vaccine
- Varicella vaccine
- Hepatitis A vaccine
- Tdap
- MCV4

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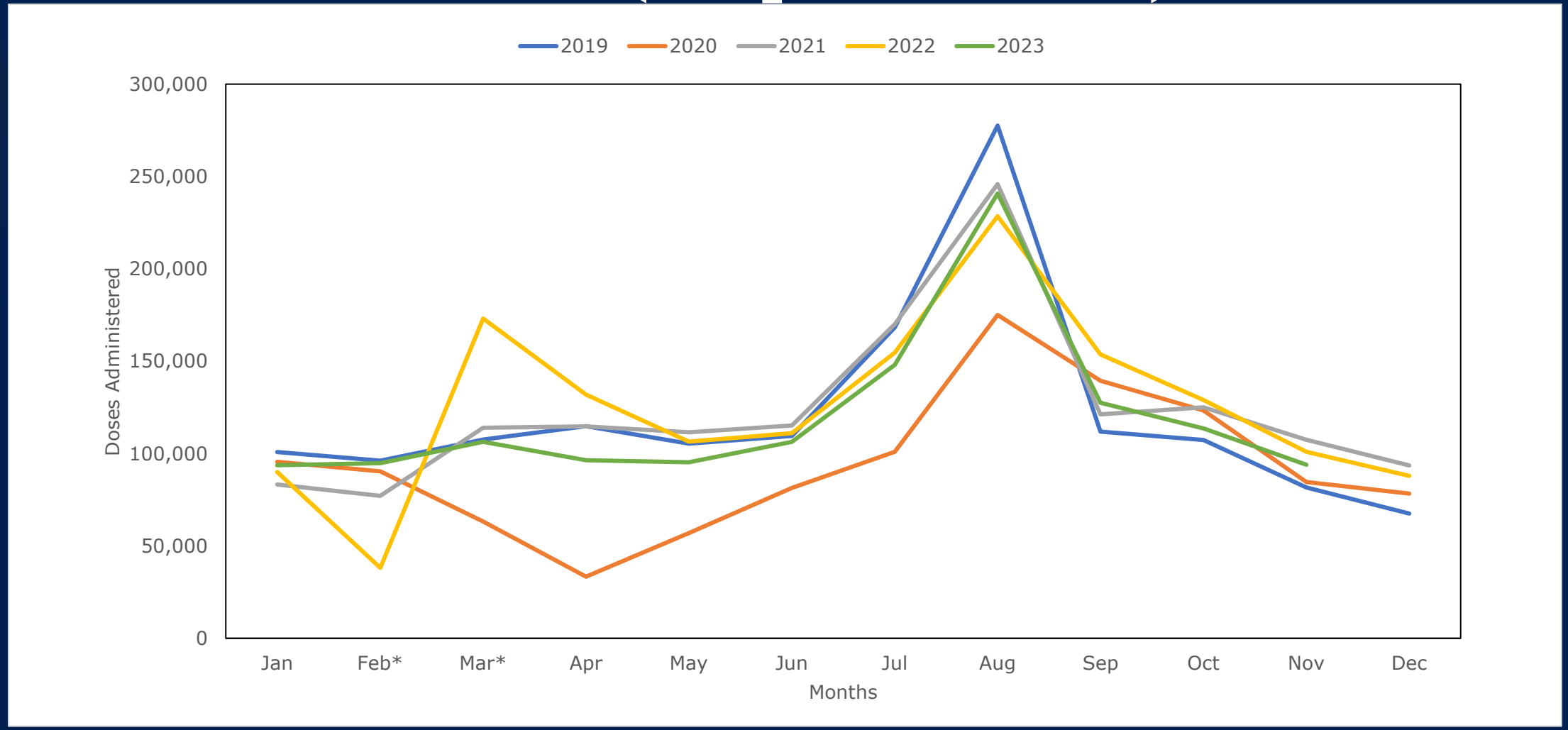
Data

Texas Vaccines for Children (TVFC) Adolescent Vaccines (Tdap-HPV-MCV4)



Data source from Texas Vaccines for Children Program administration data (VAO).

Due to reporting systems switching in January to March 2022, data for this time period is unavailable.

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Standards for Pediatric Immunization Practices

Purpose

To increase childhood and adolescent vaccination coverage through standards published by the National Advisory Committee (NVAC)

To provide strategies to eliminate barriers to vaccinations, such as:

- Unnecessary prerequisites to receive vaccines
- Missed opportunities to vaccinate
- Improving procedures to assess vaccination needs
- Enhancing knowledge about vaccines among providers
- Improving management and reporting of adverse events

National Vaccine Advisory Committee

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- Established in 1987, NVAC recommends ways to achieve optimal prevention of human infectious disease through vaccine development and provides direction to prevent adverse reactions to vaccines.

- In May 1992, responding to a recent resurgence of measles, the U.S. Public Health Service and a diverse group of medical and public health experts established the Standards for Pediatric Immunization Practices.

- These 18 standards, which were approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics (AAP), represent the most desirable practices for all healthcare providers and immunization programs.

Standard 1: Immunization services are readily available.

Immunization services should be responsive to the needs of patients.

- Example: Large urban areas, public immunization clinic services should be available daily, eight hours per day. In smaller cities and rural areas, clinics may operate less frequently.

Ready availability of immunization services also requires that the supply of vaccines be adequate at all times.

- Example: 75-day Maximum Stock Levels (MSL) required by the TVFC program

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Standard 2: No barriers or unnecessary prerequisites to the receipt of vaccines exist.

Immunization services should be available on a walk-in basis at all times for both routine and new enrollee visits.

- Walk-in services should have waiting times of no more than 30 minutes.
- Vaccinations should be readily available.

Adolescents should be rapidly and efficiently screened without other health services.

- Example: Unless the adolescent patient has symptoms of illness, a physical visit is not required at the time of an immunization.

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Standard 3: Immunization services are available for free or for a minimal fee.

No child should miss immunizations because of the inability to pay a fee.

It is important that affordable immunizations be made available through public programs, such as the TVFC Program.

It is also important for healthcare providers to create additional access to affordable immunizations for children who may not otherwise be eligible for these programs.

- Example: Public and private providers who charge a fee to administer vaccines obtained through public programs should display a state-approved sign indicating that no one will be denied immunization services because of their inability to pay the fee.

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Standard 4: Providers utilize all clinical encounters to screen and, when indicated, immunize children.

Every healthcare provider who sees a child should be alert to the child's immunization status, even in an emergency room setting or the office of a specialist.

- Example: ImmTrac2 Texas Immunization Registry

If the immunizations are not up-to-date, immunizations should be made available during the visit, or the child should be referred back to the primary provider for immunization services.

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Standard 5: Providers educate parents and guardians about immunization in general terms.

Information should be presented in terms parents and guardians can understand.

- Include information in other languages, if necessary

The provider should discuss the reasons:

- Why immunizations are so important
- The diseases they prevent
- The recommended immunization schedules
- Why it's important for immunizations to be given at the right ages.

Providers should instruct parents and guardians to bring the adolescent's immunization record to each visit.

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Standard 6: Providers question parents or guardians about contraindications and, before immunizing a child, inform them in specific terms about the risks and benefits of the immunizations their child is to receive.

Patients should be asked questions to determine safe administration of a vaccine:

1. Has the child ever had an adverse event after receiving an immunization?
2. Does the child have any conditions that would indicate that the immunization should not be administered?

All vaccine providers are required by the National Vaccine Childhood Injury Act to give the appropriate Vaccine Information Statements (VIS) to the patient (parent or guardian) prior to every dose of specific vaccines.

- The VIS and other important educational information should be current and available for all vaccines in appropriate languages.

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Standard 7: Providers follow only true contraindications

Providers should exercise informed, good judgment about what constitutes a medically sound reason for withholding an immunization, using the guidelines published by ACIP, the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

- Example: Webinars can be offered to providers and their staff, educating them on true contraindications and how to respond to refusal of an immunization.
- Example 2: Create a "cheat sheet" of true and not true contraindications to share with a provider's staff.

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Standard 8: Providers administer all vaccine doses simultaneously for which a child is eligible at the time of each visit.

Evidence suggests that simultaneous administration of childhood immunizations is safe and effective.

Simultaneous administration, co-administration, or combined-form vaccines reduce the number of visits or shots that are needed and help to ensure that your child completes all needed vaccinations.

- ACIP recommends that if multiple vaccines are administered, they should be given in different anatomic spots:
  - MMR and Varicella
  - PPSV and influenza
  - Tdap and influenza

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Standard 9: Providers use accurate and complete recording procedures.

Providers should ensure accurate record-keeping so that needed vaccinations will not be missed and unnecessary vaccinations will not be given.

Immunization providers are required by law to record what vaccine was given, the date the vaccine was given (month, day, year), the name of the manufacturer of the vaccine, the lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

- Texas Administrative Code Rule §100.6 mandates all healthcare providers and payors report all immunizations administered to any individual younger than 18 years of age to the TIR regardless of knowledge of consent into the registry.

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Standard 10: Providers co-schedule immunization appointments in conjunction with appointments for other child health services.

Providers should utilize appointments as an opportunity to provide immunizations that might otherwise be missed.

- Example: An adolescent patient's annual visit before the start of school.

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Standard 11: Providers report adverse events following immunization promptly, accurately, and completely.

Providers should report the event fully in the medical record and promptly report any such events that are clinically significant to the National Vaccine Adverse Event Reporting System (VAERS).

- The toll-free telephone number for VAERS is 1-800-822-7967.

Parents should be encouraged to report any adverse events that are, or appear to be, associated with a vaccination.

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Standard 12: Providers operate a tracking system.

Providers are responsible for keeping accurate, up-to-date records of a child's immunizations and for alerting them when immunizations are due.

- Computer systems make this easier, but providers who have not converted their records to computer storage should maintain a manual system.
- Example: Children who are at high risk of not completing their immunization series should be given special attention in the tracking system.

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Standard 13: Providers adhere to appropriate procedures for vaccine management.

Vaccines must be handled and stored appropriately, according to the directions in the manufacturer's package inserts.

In any medical office, one qualified individual is charged with the responsibility of monitoring the vaccines, including:

- How many are on hand?
- Where are they stored, and how are they handled? (e.g., are they returned to the refrigerator promptly?)
- What is the expiration date for the vaccine?
- Example: The primary vaccine coordinator at a site enrolled in the TVFC program

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Standard 14: Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.

Audits are an essential and routine measure to maintain accountability.

- Example: The Texas DSHS Quality Assurance and Improvement (QAI) conducting Immunization Quality Improvement for Providers (IQIP) site visits in the TVFC program.

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Standard 15: Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.

Providers should maintain a protocol which discusses:

- The appropriate vaccine dosage
- Vaccine contraindications
- The recommended sites and techniques for vaccine administration
- Possible adverse events
- Their emergency management plan

- Technical information at hand must be in either a computer database or in printed "handbook" form that can be used by both experienced and new staff.
  - All providers should be familiar with the content of these protocols.

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Standard 16: Providers operate with patient-oriented and community-based approaches.

Patient-centered care is necessary to understand the patient's perspective on vaccines and includes:

- Eliciting the patient's agenda with open-ended questions
- Not interrupting the patient
- Engaging in focused, active listening

Providers in the public sector are obligated to look to the community to be sure that their services are reaching everyone, not just the people who come in routinely.

- Community-based activities include:
  - Outreach services (an extension of facility-based primary care services used to reach the underserved)
  - Campaigns (supplementary activities to routine services used to achieve high population coverage)
  - Outbreak responses (used to curb an emerging health threat)

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Standard 17: Vaccines are administered by properly trained individuals.

Non-traditional providers who administer vaccines can be beneficial, and the task of administering vaccines does not need to be assigned exclusively to physicians and nurses.

- Examples of non-traditional providers:
  - Pharmacists
  - Dental Hygienists
  - Licensed midwives

With appropriate training, including the management of emergency situations, and under professional supervision, other personnel can skillfully and safely administer vaccines.

- The CDC provides several immunization courses to become trained in administering vaccines.

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Standard 18: Providers receive ongoing education and training on current immunization recommendations.

Vaccines, immunization techniques, and vaccination schedules change periodically.

Healthcare providers should be up-to-date on this and other changes in immunization recommendations.

- Resources:
  - ACIP provides guidance and recommendations to the CDC regarding the use of vaccines and the control of vaccine-preventable diseases.
  - CDC adopted recommendations are published in the Morbidity and Mortality Weekly Report (MMWR).
  - The CDC and DSHS provide courses and trainings on updated recommendations.
  - Vaccine manufacturer package inserts.

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In conclusion

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The Standards for Pediatric Immunization Practices are recommended for use by *all* health professionals who administer vaccines or manage immunization services for adolescents.

By adopting these standards, providers can enhance their own policies and practices to provide adolescents with the best preventative healthcare services possible.

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Questions

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Thank you!

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