



Resource Materials for Implementation of Meningococcal Immunization
Recommendations for Adolescents and Young Adults

VACCINE DELIVERY TIP SHEET

Overcoming Barriers to Immunizing Adolescents and Young Adults

There are clear and specific recommendations about vaccines that should be administered to adolescents and young adults. These guidelines have been issued by the Centers for Disease Control and Prevention (CDC).

Among these recommendations is the meningococcal conjugate vaccine, which should be administered to all adolescents 11-18 years of age.

Adolescent Immunization Tips

Reaching and vaccinating a large percent of adolescents and young adults can be a challenging task. Following are some tips to help immunizers increase meningococcal vaccination and other immunization rates in adolescents and young adults.

- Provide multiple vaccines in a single visit.
 - There is no contraindication to the simultaneous administration of any vaccines.¹
- TIP: The meningococcal vaccine may be administered at the same visit as the Tdap vaccine.
- Do not miss an opportunity to immunize adolescents and young adults.
 - 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. That's why taking advantage of every opportunity to vaccinate all adolescents 11-18 years of age is essential.
- TIP: Assess immune status and vaccinate at all types of visits—well, sick, camp physical, sports physical, etc.
- Recommend vaccines!
 - Clinician and other health care provider recommendations matter and have an important impact on vaccination rates.²

TIP: Use provider reminders, like chart notes, to prompt you to recommend vaccines to your patients.³

Use the patient- and parent-oriented materials included in the *S.T.O.P. Meningitis!* resource kit to deliver ongoing meningitis immunization messages to adolescents and parents.

¹ CDC. Epidemiology & Prevention of Vaccine-Preventable Diseases. 8th edition, 2nd printing, 2005.

² Nichol KL, MacDonald R, Hauge M. Factors associated with influenza and pneumococcal vaccination behavior among high-risk adults. *J Gen Intern Med* 1996; 11:673-677.

³ 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):1-17.

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VACCINE DELIVERY TIP SHEET, *continued*

- Use reminder and recall tools to get patients into the office.
 - While some reminder and recall tools are more effective than others, most have a significant positive impact on immunization rates.⁴
- TIP: If sending computerized notices or making phone calls is too daunting, start simpler. Remind patients and parents about the value of a meningococcal disease vaccination using the tools provided in your *S.T.O.P. Meningitis!* resource kit. Put the poster on your waiting room wall or use the parent letter to conduct a mailing.
- Use standing orders.
 - Standing orders have a strong impact on vaccination rates. They are routinely used for many interventions.⁵
- TIP: Standing orders guidelines are regulated by the state. In some states, RNs, LPNs and pharmacists can perform assessments and administer vaccines as outlined in standing orders. Learn the rules in your state and develop a protocol to allow appropriate health care professionals to administer indicated vaccines in adolescents and young adults.
- Audit your vaccination efforts and provide powerful feedback to those who can affect change.
 - Without periodic assessment, you can't know how you're doing.⁶
- TIP: Figure out simple ways to audit your practice. How many vaccine doses did you order and how many are left? How many patients in your practice should be vaccinated? A quick calculation may tell you all you need to know. The CDC provides Clinical Assessment Software Application (CASA), which can be used to conduct practice-based vaccination assessment.

⁴ CDC. Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults. A report of the Task Force on Community Prevention Services. *MMWR* 1999; 48(RR-8):1-17.

⁵ CDC. Use of standing orders programs to increase adult vaccination rates. *MMWR* 2000; 49(RR-1):15-29.

⁶ Prislun R, Sawyer MH, DeGuire M, et al. Missed opportunities to immunize: psychosocial and practice correlates. *Am J Prev Med* 2002; 22:165-169.