

ADOLESCENT IMMUNIZATIONS

*Joint statement of the American Nurses Foundation, the American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, and the National Organization of Nurse Practitioner Faculties**

NATIONAL HEALTHY PEOPLE 2010 OBJECTIVE

Increase vaccination coverage rates for adolescents aged 13 to 15 to 90% by 2010¹

The immunization schedule recommends several immunizations for adolescents and stresses the importance of assessing immunization status for the need to catch up on immunizations recommended for earlier years.²

Nurses Can Make A Difference

Assess adolescents' immunization status—every time, everywhere.^{2,5}

- Assess the need for universally recommended vaccinations as well as for selectively indicated immunizations such as hepatitis A.
- Implement Advisory Committee on Immunization Practices (ACIP)-recommended well-child and immunization assessments for all 11- and 12-year-olds.
- Assess immunization status at every encounter that you have with adolescents, including school, camp, sports, and employment physicals; episodic care; family planning; and sexually transmitted disease (STD) services.
- Assess and immunize in all settings where you see teens, including schools, protective services, juvenile justice, family planning clinics, and STD services.
- Implement and continue 7th-grade immunization assessments in all schools.

Remind adolescents, families, and providers to complete immunization series.^{2,5}

- Remind teens when immunizations are due and/or late.
- Use immunization tracking systems (such as a file box of index cards or a computerized system).
- Send reminders. Follow up on

adolescents who do not return to complete the series.

- Use chart stickers to remind clinic staff when immunizations are due.

Provide adolescents and their families with immunization information.^{2,5}

- Communicate immunization messages via schools, community organizations, religious groups, and other adolescent services.
- Dispel immunization myths.
- Give information on reliable websites (see list below).
- Reinforce the benefit and value of vaccines.
- Give a hard copy of immunization records to each adolescent.

Reduce financial barriers to preventive care and immunizations for adolescents.^{2,5}

- Use the Vaccines for Children program for eligible youth up to age 19 (www.cdc.gov/nip/vfc/Default.htm).
- Expand safety-net programs to remove financial barriers to immunizations.
- Advocate for healthcare plans and insurers to cover all recommended immunizations.

Websites

www.cdc.gov/nip
www.immunizationinfo.org
www.immunize.org
www.partnersforimmunization.org

Improve quality of immunization services.^{2,5}

- Use the most recent immunization schedule, (www.cdc.gov/nip), the ACIP recommendations (www.cdc.gov/nip/publications/acip-list.htm) and "Pink Book," (www.cdc.gov/nip/publications/pink/) to guide immunization practice.
- Conduct ongoing assessments, with feedback to providers, on individual office immunization rates.
- Use Centers for Disease Control and Prevention software for assessment of immunization practices (www.cdc.gov/nip/CASA/Default.htm).

References

1. US Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. Washington, DC: US Government Printing Office; 2000.
2. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Disease*. 9th ed. Atlanta, Ga: Centers for Disease Control and Prevention; 2006.
3. Centers for Disease Control and Prevention. *Standards for Child and Adolescent Immunization Practices*; 2003.
4. Centers for Disease Control. Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults. *MMWR*. 1999;48(RR-8):1-13. Available at: www.thecommunityguide.org/vaccine
5. Briss PL, Rodewald A, Hinman AR, et al. Reviews of evidence regarding interventions to improve vaccination coverage in children, adolescents, and adults. The Task Force on Community Preventive Services. *Am J Prev Med*. 2000;18(1 suppl):97-140.

*This statement automatically expires on December 31, 2007, unless reaffirmed, revised, or retired at or before that time.