



# The ITAT sharp shooter

The newsletter of the Immunization Technical Assistance Team (ITAT), a partnership of leaders from various organizations who are dedicated to improving and maintaining

## Tips for Improving Your Clinic's Adolescent Vaccination Coverage

*By Rosemary Spence, RN MA, Adolescent Immunization Coordinator, Colorado Immunization Program*



For the first time in 2008, the National Immunization Survey (NIS) looked at each state's vaccination rates for teenagers 13-17 years of age. Colorado ranks first in the country for tetanus, diphtheria, and pertussis (Tdap) vaccination among teens. Sixty-three percent of Colorado teens had received Tdap versus 40.8 percent of teens nationally. Vaccination coverage for meningococcal conjugate vaccine (MCV) and human papillomavirus vaccine (HPV) were also measured. The Colorado rate for MCV is 32.4 percent compared to the national average of 41.8 percent, and the HPV rate is 33.5 percent compared to the national rate of 37.2 percent.<sup>1</sup> (The 2009 rates have been released and there are some significant increases from the 2008 data. Please see the chart at the end of the article.)

In order to improve vaccination coverage among teenagers, the Society for Adolescent Medicine (SAM), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics (AAP) endorse an 11-12 year-old preventive care exam for pre-teens to catch them up on any missed childhood vaccines and administer Tdap, MCV, and HPV vaccines.<sup>2</sup> SAM also recommends addressing vaccinations during preventive health care visits at 14-15 years and 17-18 years. The 14-15 year visit can be used to complete multiple-dose series and administer any missed vaccinations. The 17-18 year visit can be used to administer any missed vaccinations while a teenager is still insured or eligible for the Vaccines for Children (VFC) program. Health insurance coverage often declines after the age of 18. In 2002, 12 percent of 10 to 18-year-olds were uninsured, whereas during the same period, 33 percent of men and 27 percent of women 19 to 24 years of age were uninsured.<sup>3</sup> During the 17-18 year visit, vaccinations can be administered in preparation for entry into college and/or the workforce.

It may be challenging to ensure teenagers receive all needed vaccines. Teenagers may be less likely to seek health care than other age groups. The following strategies may be useful to increase vaccination coverage for teens in your clinic.

*See TIPS FOR IMPROVING YOUR CLINIC'S ADOLESCENT VACCINATION COVERAGE on page 2*

## **Keep Up to Date About Vaccination Recommendations for Teenagers**

Several new vaccines have been recommended for teenagers during the past five years. It has become increasingly challenging to keep up-to-date on new recommendations. The following resources can help:

- ◆ The Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/vaccines/spec-grps/preteens-adol.htm>
- ◆ The Colorado Immunization Program (CIP): <http://www.cdphe.state.co.us/dc/immunization/>
- ◆ The American Academy of Pediatrics (AAP): <http://www.aap.org/healthtopics/immunizations.cfm>
- ◆ The Immunization Action Coalition (IAC): [www.immunize.org](http://www.immunize.org)
- ◆ The Colorado Children's Immunization Coalition (CCIC): <http://www.childrensimmunization.org/>
- ◆ The Children's Hospital of Philadelphia Vaccine Education Center (CHOP): <http://www.chop.edu/service/vaccine-education-center/>
- ◆ The Michigan Department of Community Health's (MDCH) Adolescent Immunization Toolkit: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5104\\_5281-232632--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5281-232632--,00.html)



## **Educate Parents and Teenagers About the Importance of Vaccinations for ALL Age Groups**

Parents may not be aware of the newly recommended teen vaccines and assume their teens are up-to-date. There are many resources available for providers to use when talking about vaccinations with teens and their parents. The CDC, CHOP, and the MDCH (websites previously listed) have materials for parents and teens. Additionally, the following websites also have parent and teen-friendly vaccination information:

- ◆ The National Meningitis Association: <http://www.nmaus.org/>
- ◆ The Association of Women's Health, Obstetric, and Neonatal Nurses (AWONN) "Be Confident" HPV education campaign: [http://www.awhonn.org/awhonn/content.do?name=02\\_PracticeResources/2A2\\_Cervical-Cancer-HPV.htm](http://www.awhonn.org/awhonn/content.do?name=02_PracticeResources/2A2_Cervical-Cancer-HPV.htm)
- ◆ Parents of Kids with Infectious Diseases (PKIDS) "Get Vaxed" vaccine initiative: <http://getvaxed.org/>
- ◆ The California Department of Public Health, Immunization Branch's "Preteen Vaccine Week" initiative: <http://www.cdph.ca.gov/programs/immunize/Pages/PreteenVaccineWeek,2010.aspx>

See *TIPS FOR IMPROVING YOUR CLINIC'S ADOLESCENT VACCINATION COVERAGE* on page 3

**Check**



The VFC program is a federally funded and state-operated vaccine supply program that provides vaccines for eligible children without cost to the provider.

For more information, please call Nicole Ortiz (303) 692-2334 at the Colorado Department of Public Health and Environment.

### Immunization Status at All Visits

It is especially important to take every opportunity to vaccinate teenagers. Check each patient's vaccination status at all visits, including sick visits or sports physicals. Review patient medical records and check to see that vaccinations are up-to-date. Flag those charts where vaccinations are indicated. The Colorado Immunization Information System (CIIS) can be invaluable in checking vaccination status for all patients, including teenagers. CIIS, operated by the Colorado Department of Public Health and Environment (CDPHE), is a confidential, population-based, computerized information system that collects and disseminates consolidated vaccination information for Coloradans of all ages. For information about joining CIIS, please call 303-692-2437 or visit their website at [www.cdphe.state.co.us/dc/immunization/ciis/](http://www.cdphe.state.co.us/dc/immunization/ciis/)

### Remind Teenagers and Their Parents When Vaccinations Are Due or Overdue

Using reminder/recall systems within a medical home has been shown to improve not only vaccination rates but also overall health care. CIIS can assist with reminder/recall. There are several ways to implement reminder/recall systems in your clinic:<sup>4</sup>

- *Chart Reminders:* Chart reminders can be as simple as a colorful sticker on the chart or can be a comprehensive checklist of preventive services including vaccinations. Reminders to health care providers should be prominently placed in the chart. Reminders that require some type of acknowledgment (such as a checkmark) are more effective.
- *Telephone/Mail/Email Reminders:* Staff calls the patient or sends a postcard/letter or email reminding the patient that a vaccination is due and offers the opportunity for the patient to schedule an appointment.

For additional tips to increase vaccination coverage in your clinic, or for adolescent vaccination questions, please contact **Rosemary Spence** at 303-692-2798 or [rosemary.spence@state.co.us](mailto:rosemary.spence@state.co.us)

1. Statistics and Surveillance: Immunization Coverage in the U.S. Retrieved June 20, 2010 from CDC's website: <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nisteen>
2. Middleman, Amy B. "Adolescent Immunizations: Policies to Provide a Shot in the Arm for Adolescents." *Journal of Adolescent Health* 4 (2007): 109-118. Print.
3. Szilagyi, Peter G. "Delivering Adolescent Vaccinations in the Medical Home: A New Era?" *American Academy of Pediatrics Supplement* 112 (2008): S15-24. Print.
4. Adolescent Vaccination. Retrieved June 20, 2010 from AAP's website: <http://practice.aap.org/content.aspx?aide=2172>

<b>NIS Teen Results</b>					
<b>Vaccination Coverage Estimates</b>					
<b>2008 &amp; 2009</b>					
		<b>Td or Tdap (≥ 1 dose)</b>	<b>Tdap (≥ 1 dose)</b>	<b>MCV4 (≥ 1 dose)</b>	<b>HPV (≥ 1 dose)</b>
<b>2008</b>	<b>Colorado</b>	77.5%	63.0%	32.4%	33.5%
	<b>National</b>	72.2%	40.8%	41.8%	37.2%
<b>2009</b>	<b>Colorado</b>	83.6%	76.6%	53.7%	52.7%
	<b>National</b>	76.2%	55.6%	53.6%	44.3%

## Marksman's Corner – Rocky Mountain Youth Clinics

Lynn Trefren, RN, MSN

Tri-County Health Department



Rocky Mountain Youth Clinics (RMYC) is a nonprofit organization that provides affordable, high-quality healthcare to children and adolescents. They accept clients regardless of a family's ability to pay. RMYC has three main locations, as well as outreach and satellite clinics, and mobile clinics for both medical and dental care. They also offer a literacy program, food/clothing bank, social work services, enrollment assistance, and a variety of other unique patient support programs.

RMYC is being highlighted in this publication for their dedication to excellent immunization practices. All immunizations given at RMYC are entered into the Colorado Immunization Information System (CIIS). In addition, a CIIS record is printed every day for each patient so that immunizations are checked and updated at every visit. They work hard to ensure they do not miss opportunities to vaccinate.



## SAVE THE DATE

WEDNESDAY, OCTOBER 13, 2010

GREELEY COUNTRY CLUB

5:30 p.m. — 8:00 p.m.

### ADOLESCENT VACCINES:

**Tdap, Meningococcal, HPV... and more**

*Presented by*

**Dr. Gary Overturf**

Professor of Pediatrics and Pathology

University of New Mexico

**DINNER, BOOTHS AND PRESENTATION \$10.00**

Hosted by the Immunization Coalition of Weld County

# ASK THE EXPERTS

*The column in The ITAT Sharp Shooter newsletter that allows you to get your questions answered by the professionals. We hope its content will be both informative and helpful.*

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**Q:** *What length of needle should be used to give infants IM injections? One of our clinical coordinators says a 1" needle and another says a 5/8" needle.*

**A:** ACIP recommends that a 5/8" needle may be used to administer IM injections in a newborn or premature infant if the skin is stretched tight and the subcutaneous tissues are not bunched. For infants age 1 month or older, IM injections should be given in the anterolateral thigh with 1" needle. For a detailed discussion of needle length and injection sites, refer to the ACIP's "General Recommendations on Immunization" ([www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)).

**Q:** *Many children in my practice have received their complete series of 7-valent pneumococcal conjugate vaccine (PCV7). Would you please review the recommendations for which of them now need a supplemental dose of 13-valent pneumococcal conjugate vaccine (PCV13)?*

**A:** A single supplemental dose of PCV13 is recommended for all children ages 14 through 59 months who have received the complete 4-dose series of PCV7 or another age-appropriate, complete PCV7 schedule. For children who have underlying medical conditions, a single supplemental PCV13 dose is recommended through age 71 months. This also includes children who have previously received pneumococcal polysaccharide vaccine (PPSV23). Give the single supplemental dose of PCV13 no sooner than 8 weeks after the last dose of PCV7 or PPSV23 was given.

**Q:** *What is the FDA's current recommendation about the use of rotavirus vaccine in infants?*

**A:** On May 14, FDA determined it is appropriate for clinicians and health care professionals to resume the use of Rotarix and updated its recommendations on both Rotarix and RotaTeq vaccines for the prevention of rotavirus disease in infants. All available evidence supports the safety and effectiveness of Rotarix and RotaTeq.

**Q:** *How should we complete the rotavirus vaccine series in infants who have already received 1 dose of Rotarix?*

**A:** If you started an infant on Rotarix, complete the series by administering 2 doses of RotaTeq. RotaTeq is routinely given using a 3-dose schedule at ages 2, 4, and 6 months. It is important that you keep infants on schedule as they must complete the third and final dose by age 8 months, 0 days.

See **ASK** on page 6





**Q:** *Can we start vaccinating on the basis of a provisional ACIP recommendation? Or do we need to wait until the recommendation is made final by publication in MMWR?*

**A:** Consider a provisional recommendation as you would a final recommendation. The basic recommendation will not change. Getting a recommendation officially approved and published can be a lengthy process. It is more a matter of internal government procedures than anything of significance to a practitioner.

**Q:** *On Oct. 17, 2009, The Lancet published a study that found that infants who received three doses of acetaminophen following immunization had reduced immune responses to certain vaccines. Based on these findings, should we stop recommending acetaminophen for fever or discomfort after infant immunization?*

**A:** No. Evidence from this study would discourage the prophylactic use of acetaminophen prior to or immediately following vaccination. Acetaminophen can be used to treat pain or fever if it should occur following vaccination. In the upcoming 2010 General Recommendations on Immunization, CDC will remove all recommendations for prophylactic use of acetaminophen or other analgesics BEFORE or AT THE TIME OF vaccination. AAP has already removed such recommendations from the Red Book.

**Q:** *What vaccination schedule should we follow for PCV13?*

**A:** Generally, you should follow the same 4-dose schedule you followed for PCV7, administering doses at ages 2, 4, 6, and 12-15 months. For children who have begun a series of PCV7, replace all remaining doses with PCV13. If you are unsure how to assess and complete the pneumococcal conjugate vaccine immunization schedule for children who may have fallen behind, consult the pneumococcal vaccine catch-up schedule that can be found at [http://www.immunize.org/shop/views/childsched\\_pg4.pdf](http://www.immunize.org/shop/views/childsched_pg4.pdf)

**Q:** *I've heard that the recommendations for influenza vaccination have been expanded for the 2010-11 season. Tell me more.*

**A:** At its February 2010 meeting, ACIP voted to recommend routine annual influenza vaccination for all people age 6 months and older, beginning with the 2010-11 influenza vaccination season. This change expands the existing recommendations to include all healthy adults ages 19 through 49 years who hadn't previously been included in routine vaccination recommendations.

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## AUGUST IS NATIONAL IMMUNIZATION AWARENESS MONTH!



Sponsor: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases

National Immunization Awareness Month is the perfect time to promote immunizations and remind family, friends, and coworkers to get caught up on their shots.

Use this [toolkit](#) from the Office of Disease and Prevention and Health Promotion and the U.S. Dept. of Health and Human Services to show your support for immunizations.



## PUBLIC HEALTH IN THE ROCKIES CONFERENCE 2010 -

**A new approach to best serve our members!**

Based on feedback from our members, the Public Health in the Rockies volunteer planning committee has changed up the format for the 2010 conference. Now our members can enjoy both our annual Public Health in the Rockies conference and the upcoming APHA conference in Denver this November.

### What's different in 2010 for the Public Health in the Rockies Conference?

- The 2010 conference will be one and a half days in Denver (as desired by our members) to keep costs down for all. The conference is a bit shorter, but will still include great networking, educational sessions, public health awards and more!
- Thursday, September 9 will focus on later afternoon offerings including the popular "Hot Topics and Late Breakers," followed by a celebration of public health with a cocktail reception, BBQ and our annual affiliate awards. We will also feature guided tours of the new Anschutz Medical Campus in the morning and afternoon.
- Friday, September 10 will provide members with a special session on Healthcare Reform and Public Health. Additional sessions will be of interest to all - whether you are at the beginning, middle, or end of your career in public health. To address the shortened format, the planning committee implemented direct speaker solicitation, versus our traditional call for abstract process. We will have a great line-up of sessions, posters and exhibitors...and opportunities to meet and greet with our Colorado public health colleagues and get ready for APHA!

Check out the [agenda at a glance](#) for the details.

Register today at <https://www.formstack.com/forms/?978655-flbNVrexBp>



### NEW IMMUNIZATION EDUCATION PROGRAM!



Colorado Children's  
Immunization Coalition

The Colorado Immunization Program (CIP) and The Colorado Children's Immunization Coalition (CCIC) have joined forces to launch a new, **FREE** immunization education program for healthcare workers across the state! CIP and CCIC are working together to co-host educational seminars presented by the CIP's highly trained and experienced regional public health nurse consultants. Five presentations have been developed including but not limited to such topics as vaccine storage, handling, and administration, understanding precautions and contraindications, and immunization best practices. These modules can be shortened or combined to create a unique presentation for each audience.

For more information or to schedule a unique presentation for your constituency, contact CCIC Program Manager Erin Suelmann at [CCICOffice@tchden.org](mailto:CCICOffice@tchden.org) or 720-777-5340.

# Feature Articles

- ❖ **Tips for Improving your Clinic's Adolescent Vaccination Coverage**
- ❖ **Marksman's Corner:  
Rocky Mountain Youth Clinic**
- ❖ **Ask the Experts**

This Summer edition of *The ITAT Sharp Shooter* also includes important updates and announcements listed throughout.

For questions or information about this *Sharp Shooter* Newsletter and/or the ITAT workgroup, please contact the Colorado Children's Immunization Coalition at [CCICOffice@tchden.org](mailto:CCICOffice@tchden.org) or (720) 777-5340



the **ITAT**  
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**This newsletter should be directed to all staff involved in immunizations including:**

\_\_\_ Clerical and billing staff

\_\_\_ RNs

\_\_\_ LPNs

\_\_\_ MAs

\_\_\_ MDs

\_\_\_ PAs