

## Implementation of NVAC Adolescent Recommendations

NVAC Recommendation	CDC Activities (Current & Planned)	Gaps	Responsible Party
<b>Venues</b>			
<b>A. Medical Home</b>			
1. Promote and strengthen delivery of vaccination services in the medical home	<p>Work with our grantees to incorporate recommendations into the VFC site visit and IIS activities</p> <p>NIS-Teen will be able to monitor (IIS may have the potential to monitor as well)</p> <ul style="list-style-type: none"> <li>• Simultaneous vaccination</li> <li>• Timing of vaccinations</li> <li>• Venue for vaccination</li> </ul> <p>Grantee annual report will be able to monitor:</p> <ul style="list-style-type: none"> <li>• Provider participation rates in IIS</li> <li>• Adolescent participation rates in IIS</li> </ul>		NCIRD
2. Conduct research to identify effective strategies	<ul style="list-style-type: none"> <li>• 2 studies evaluating the effectiveness of reminder/recall for adolescent patient population</li> <li>• Impact of new vaccine recommendations on delivery of other clinical preventive services</li> <li>• Physician surveys to assess knowledge, attitudes, and beliefs regarding adolescent vaccinations</li> <li>• Evaluation of the Arizona and North Dakota Vaccination Mandate Educational Campaign</li> <li>• Evaluation of strategies within the medical home</li> <li>• Evaluation of new technologies (email and text messaging) for conducting reminder/recall</li> </ul>	<ul style="list-style-type: none"> <li>• No planned projects for the 19-21 age group</li> <li>• Limited resources to evaluate implementation of expanded flu recommendation</li> </ul>	NCIRD
<b>B. Complementary Settings</b>			
1. Determine the feasibility and acceptability of vaccinating adolescents in US settings complementary to the medical home	<ul style="list-style-type: none"> <li>• 2 studies evaluating feasibility of providing adolescent vaccination services in complementary settings (ER, pharmacies, school based health centers, public health departments, and more)</li> <li>• Evaluation of adolescent vaccination services in Juvenile Detention Facilities</li> <li>• Evaluation of vaccination services in Retail</li> </ul>		NCIRD NCHHSTP

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	Based Clinics (NVPO SIVR project) <ul style="list-style-type: none"> <li>Implementation and evaluation of an adolescent school-based vaccination program</li> </ul>		
2. Promote and facilitate implementation of vaccination services in complementary settings shown to be appropriate and effective	Implementation will be dependent on the outcomes from the above listed studies		NCIRD
3. Promote and facilitate full participation in Immunization Information Systems (IIS) among all providers administering vaccinations to adolescents.	Work with our grantees to incorporate recommendations into the VFC site visit and IIS activities		NCIRD
4. Promote and facilitate reporting to the Vaccine Adverse Event Reporting System (VAERS) among all providers administering vaccinations to adolescents.	Work with our grantees to incorporate recommendations into the VFC site visit		NCIRD ISO
5. Continue to monitor patterns of health care utilization by adolescents over time	There are several national datasets that can be used to monitor adolescent health care utilization over time including NIS-Teen, NHIS, NAMCS, and Medstat.		NCIRD
6. Improve comprehensive medical care programs for adolescents in foster care, residential treatment facilities and correctional facilities.	<ul style="list-style-type: none"> <li>Evaluation of adolescent vaccination services in Juvenile Detention Facilities</li> <li>Development of an algorithm to help determine if the detainee needs a vaccination (in the absence of a shot record)</li> </ul>	No activities have been planned for working with the foster care population or residential treatment facilities	NCIRD
<b>Consent</b>			
1. All health care providers and their staff who may potentially provide care to adolescents should become familiar with their state's law regarding a minor's right to consent to health care.	<ul style="list-style-type: none"> <li>Updating a monograph summarizing current state minor consent laws</li> <li>Conducting a survey of state immunization program managers and other policy makers to understand how they interpret and implement their state minor consent law. (funded by NVPO unmet needs)</li> </ul>		NCHHSTP NCIRD
2. Health care providers and their staff members should ensure that current Vaccine Information Statements are provided to all persons providing legal consent for adolescents' vaccinations.	Work with our grantees to incorporate recommendations into the VFC site visit		NCIRD
3. Adolescents should be fully informed regarding the benefits and any potential risks associated with vaccines they receive, regardless of the individual consent laws in each state.	Work with our grantees to incorporate recommendations into the VFC site visit		NCIRD

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<b>Communication</b>			
<p>Messages should be of high quality, informed by research, designed for audience needs, collaborate with other organizations to disseminate materials</p>	<ul style="list-style-type: none"> <li>• Pre-teen vaccination campaign began in August 2007. Materials were developed for parents and providers. All materials were extensively tested to ensure key messages resonated with the intended audience. All materials are available for free at the CDC pre-teen vaccine website.</li> <li>• Pre-teen vaccination materials are being adapted for Korean, Vietnamese, and Native American caregivers of 11-12 year olds. The materials have a specific focus on HPV vaccine as cervical cancer rates are high in this population. (Funded by NVPO unmet needs)</li> <li>• It's Their Turn! Initiative to support state and local health department's effort to promote adolescent immunization. Includes, flyers, posters, e-cards, podcasts, an array of letters. Materials are flexible and can be easily tailored to the each state's specific needs with key messages, logos, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources for evaluation and developing materials for additional populations</li> <li>• Limited resources to develop materials to educate providers about VAERS reporting</li> <li>• Limited staff to work with the press</li> </ul>	<p>NCIRD NCHM NCHHSTP</p>
<b>Surveillance</b>			
<p>1. Surveillance for vaccine coverage (should be sustainable, state specific, have well-defined coverage targets)</p>	<ul style="list-style-type: none"> <li>• NIS-Teen: Beginning 2008, NIS-Teen became an annual survey that will be able to provide estimates at the state and national level. Sample size will be sufficient to assess subpopulations based on race/ethnicity, poverty level, insurance status, and residential area.</li> <li>• National Health Interview Survey: includes vaccination questions for adults 18 years and older. Will allow us to monitor coverage for the 18-21 year old group.</li> <li>• IIS Sentinel sites: adolescent module was implemented beginning 3rd quarter of 2006.</li> <li>• Middle school vaccination coverage survey</li> <li>• HEDIS has updated their adolescent immunization measures to include Tdap and MCV4 (beginning 2010) and HPV (beginning 2011)</li> </ul>	<p>Currently there are no plans for monitoring coverage in special populations such as incarcerated, substance using, homeless and pregnant youth and those with chronic illnesses (these groups were specifically mentioned in the NVAC report).</p>	<p>NCIRD NCHHSTP</p>

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	Regarding well defined coverage targets: <ul style="list-style-type: none"> <li>Development of HP2020 goals are in progress</li> </ul>		
2. Surveillance for disease burden	<p>Pertussis:</p> <ul style="list-style-type: none"> <li>Emerging Infections Program: validating pertussis diagnosis</li> <li>Enhanced pertussis surveillance in 2 locations</li> <li>Effectiveness of Tdap during a school outbreak</li> </ul> <p>Meningococcal disease:</p> <ul style="list-style-type: none"> <li>ABCs: MCV4 vaccine effectiveness</li> <li>MeningNet expanded surveillance to increase size of population under surveillance for mening VE study</li> <li>Initial assessments of VE using coverage estimates and surveillance for breakthrough cases.</li> </ul> <p>HPV</p> <ul style="list-style-type: none"> <li>NHANES: HPV DNA prevalence</li> <li>Emerging Infections Program: CIN 2/3 monitoring</li> <li>National Program of Cancer Registries: cervical cancer and CIN monitoring</li> <li>Arctic Investigations Program (AIP): immunogenicity and duration of antibodies for HPV</li> <li>VSD: HPV outcomes</li> <li>STD Surveillance Network (SSuN): wart monitoring</li> </ul> <p>Influenza:</p> <ul style="list-style-type: none"> <li>Emerging Infections Program: influenza requiring medical care, flu vaccine effectiveness,</li> </ul> <p>Varicella:</p> <ul style="list-style-type: none"> <li>NHANES: varicella susceptibility</li> <li>Evaluation of the changing epi of varicella with the 2-dose recommendation</li> <li>Impact of the 2-dose varicella vaccine recommendation on school outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>Need to expand sentinel sites to capture population and monitor changes in disease epi and transmission patterns</li> <li>Limited resources for evaluating vaccine efficacy/effectiveness and duration of protection against serogroup specific disease</li> <li>Limited ability to conduct molecular subtyping and genetic testing to monitor changes in serogroup distribution</li> <li>Limited resources to improve laboratory capacity and improve diagnostic tests</li> </ul>	NCIRD NCHHSTP NCCDPHP

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	<ul style="list-style-type: none"> <li>• Assessment of the long term protection of varicella vaccination</li> </ul> <p>Measles/Mumps/Rubella:</p> <ul style="list-style-type: none"> <li>• NHANES: measles/rubella susceptibility, mumps seroprevalence</li> <li>• Assessment of the long-term protection of measles and mumps components of the MMR vaccine</li> </ul>		
3. Monitoring for vaccine safety and vaccine associated adverse events	<ul style="list-style-type: none"> <li>• Research agenda is being developed to prioritize study areas</li> <li>• Vaccine Adverse Events Reporting System</li> <li>• Vaccine Safety Datalink</li> <li>• Clinical Immunization Safety Assessment (CISA) Network</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in licensed vaccines has led to an increase in VAERS reports – difficult to follow-up on cases in a timely manner</li> <li>• Limited ability to collect demographic variables in VSD (e.g., race/ethnicity, pregnancy, oral contraceptive use)</li> <li>• Limited resources to conduct genetic studies through CISA</li> <li>• Limited ability to collect specimens for CISA studies</li> </ul>	ISO
<b>School Mandates</b>			
Guidance to health policy makers who may be considering adding adolescent vaccines to their requirements (partnership, infrastructure and financing, consistency, support)	<ul style="list-style-type: none"> <li>• Disseminated the NVAC school mandates recommendation paper to all 64 immunization grantees</li> <li>• Collaborate with ASTHO to track immunization legislation (including school mandates) as it is introduced</li> <li>• Disseminate annual report of current school immunization requirements by state (2007-2008 school requirements just released, 2008-2009 report should be released in Oct of this year)</li> <li>• Improving the annual school survey and the reporting of vaccination coverage and the number of exempt students</li> </ul>		NCIRD

NCIRD: National Center for Immunization and Respiratory Diseases

NCHHSTP: National Center for HIV, Hepatitis, STD, and TB Prevention

NCCDPHP: National Center for Chronic Disease Prevention and Health Promotion

ISO: Immunization Safety Office