

Great Resources on Give2MenACWY.org to Help You Increase Teen Vaccination and MenACWY Booster Dose Rates

Newly updated site



Vaccinate Teens ▶



Give 2 Doses ▶



16-year-old Visit ▶



Tools for Providers ▶



Resources ▶

► Five easy-to-access sections highlighting the importance of:

- Giving all recommended vaccines for 16-year-olds
- Completing the MenACWY series with a booster dose at age 16

► Simplified navigation makes locating information a breeze

MenACWY YOU'RE NOT DONE IF YOU GIVE JUST ONE

GIVE 2 DOSES to Strengthen Protection

Resources include

Algorithm for MenACWY Immunization in Adolescents 11–18 Years of Age

Fact Sheet: You're Not Done If You Give Just One

Recommending MenACWY: What to Say and How to Say It

Top 10 Ways to Improve Adolescent Immunization Rates

Recommending MenACWY*: What to Say and How to Say It

The National Vaccine Advisory Committee (NVAC) calls on all healthcare providers to:

- Incorporate immunization needs assessment into every clinical encounter.
- Strongly recommend all immunizations that patients need.
- Administer vaccines in your healthcare setting, or, if you can't, refer the patient to a provider who immunizes.
- Document the vaccination given.

A clinician's strong recommendation for a vaccine is known to be powerful and persuasive in building vaccine confidence and acceptance among patients and parents.

From October 2007-January 2010 in the United States, for example, a clinician's recommendation was a key factor in determining whether pregnant women were vaccinated against influenza. When the clinician made a recommendation and offered vaccination, 63.8% of pregnant women were vaccinated. If the clinician made a recommendation but did not offer vaccination, the immunization rate was 37.6%. Furthermore, if the clinician neither recommended nor offered vaccine, the rate was only 9%.¹

Meningococcal disease: Recognizing risk

When it comes to discussing MenACWY with patients and parents, focus can be placed on:

- The life-threatening nature of the disease
- A well-documented period of increased risk for adolescents and young adults
- The importance of being vaccinated with both the first and second doses of meningococcal ACWY vaccine

The first MenACWY dose is recommended at 11–12 years of age and a second (booster) dose at 16 years. Dose #1 has been recommended since 2005, and the second dose was recommended in 2010. Unlabeled immunization rates for dose #2 are lagging. The Centers for Disease Control and Prevention notes that "care personnel should use every opportunity to provide the booster dose when indicated."²

Heeding the Conversation

Be sure to include meningococcal disease prevention as part of the anticipatory guidance for your teen young adult patients.

* MenACWY is a vaccine that helps protect against meningococcal disease resulting from infection with serogroups A, C, W, or Y.

For additional resources on how to improve adolescent immunization coverage for MenACWY and other recommended vaccines, see www.give2menacwy.org

Top 10 Ways to Improve Adolescent Immunization Rates

- 1. Immunize at every opportunity**
Adolescents are mobile, often visit multiple providers, and opportunities are often missed to provide age-appropriate vaccines that are due or that are due soon. Consider every patient encounter a potential vaccination visit. Starting with well visits and annual physicals, immunization opportunities arise even during short visits. Encourage patients to bring their immunization records to every visit.
- 2. Use reminder and recall systems**
The Centers for Disease Control and Prevention (CDC) recommends these systems, which typically include computer-generated reminders to you and your staff that a patient is due for one or more vaccines. Messages can be delivered to patients and parents via telephone calls, letters, postcards, e-mail, or text messages, noting that vaccines are often due (reminders) or past due (recall).
- 3. Implement standing orders**
Standing orders allow nurses, pharmacists, and other appropriately trained healthcare personnel, when directed by state law, to assess a patient's immunization status and administer vaccinations according to a protocol approved by a physician, or other authorized practitioner. Standing orders work by enabling assessment and vaccination of the patient without the need for a clinician examination or direct order from the attending provider at the time of the visit.
- 4. Take part in an immunization registry**
A population-based immunization registry provides early access to a comprehensive immunization record for every patient, even one who has been vaccinated by a number of different providers. These immunization information systems (IIS) may be state or local.
- 5. Review your patients' vaccination histories**
Prior to visits, review your patient's immunization record (both your medical record and information available in the immunization registry) and flag the chart if your patient is due or overdue for vaccines. At all visits, review your patient's immunization status, regardless of the reason for the visit. Monitor the information to the immunization registry.
- 6. Follow the U.S. recommended immunization schedule**
CDC recommends that adolescents receive annual vaccine updates at 11–12 years of age, including meningococcal ACWY vaccine. Depending on the age at the first dose, 2–3 doses of ACWY are recommended over a 6-month period. The second dose of MenACWY is given at 16 years of age, along with a dose of meningococcal B vaccine when it is appropriate. Influenza vaccine is recommended annually. If your patient falls behind, vaccinate at the next opportunity to catch up or try to fix the problem.

For additional information on how to protect adolescent immunization coverage for MenACWY and other recommended vaccines, see www.give2menacwy.org

