

Immunizations for Adolescents

Immunization Care for Adolescents in Rural Northern California

- Communities with unvaccinated or under-vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.
- Approximately 85-95% of a community must be immunized for the entire community to be protected from disease outbreaks (“herd immunity”).
- Health insurance reforms under the Affordable Care Act require health plans to cover recommended immunizations without co-pays.
- Counties in rural Northern California report immunization rates among children in licensed childcare facilities ranging from 73% to 90%. This compares to the state rate of 89%.¹⁸
- As of January 2016, parents may no longer obtain a personal belief exemption for 10 school-required vaccinations, unless students have a medical exemption or are home schooled.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Utilize all encounters with an adolescent to screen and, when indicated, immunize.
- Make immunization services readily available, including during non-traditional times such as weekends, evenings and lunch-hours.
- Offer immunizations as “walk-in” services with minimal or no wait time.
- Utilize provider reminders: computer-generated lists are used to notify providers of adolescents to be seen in clinic whose vaccines are past due.
- Use parent reminders when immunizations are due soon and recall notices when they are past due such as telephone calls, postcards or letters.
- Exchange immunization records for adolescents through the California Immunization Registry (CAIR). This promotes care coordination and improved access to an adolescent’s immunization history.
- When adolescents come in for a Tdap for entry to 7th grade, remind them that they are also due for the Meningococcal vaccine.

Community Interventions

- At community health fairs offer education on adolescent immunizations and recommended schedules.

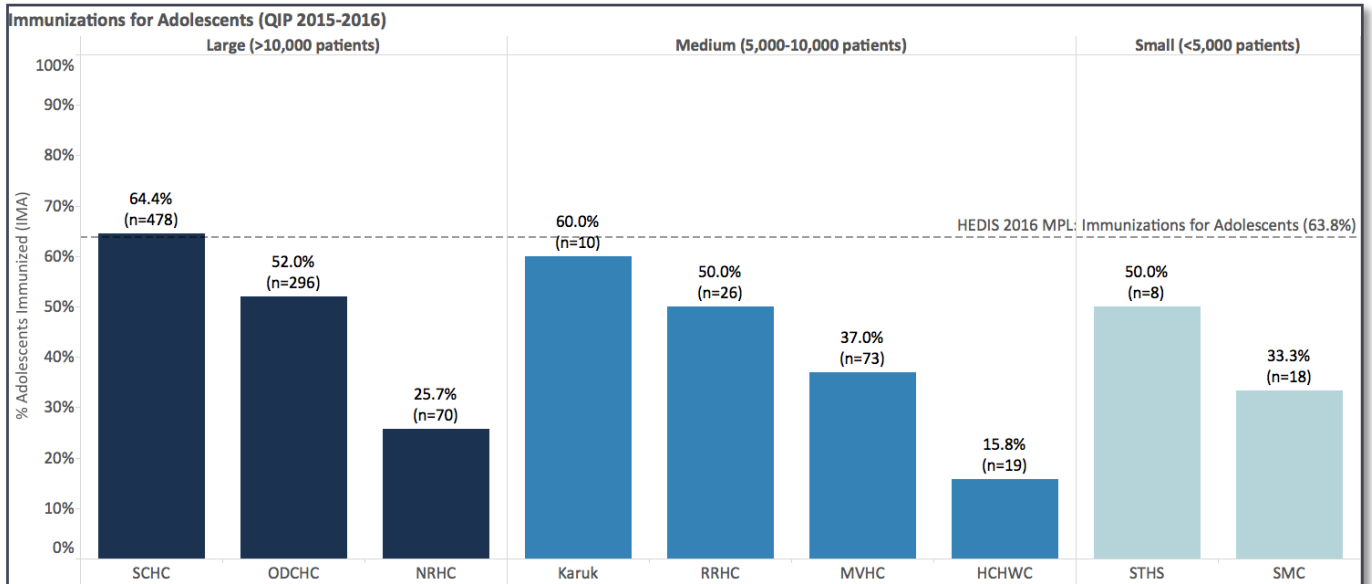
¹⁸ California Department of Public Health, Immunization Branch. 2012-2013 Child Care Assessment Results.

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Rural Northern California Health Center Data

Key Points

- It can be challenging to bring adolescents in for vaccinations. Some health centers use sports physicals as an opportunity to vaccinate adolescents.



Quality Measure Definitions (QIP)

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) **or** one tetanus, diphtheria toxoids vaccine (Td), by their 13th birthday.

- Adolescents ages 10-13 years old need to have one dose of Tdap vaccine
- Adolescents ages 11-13 years old need to have one dose of Meningococcal vaccine

National Quality Goals and Benchmarks

HEDIS 25th (MPL): HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile for the Immunization for Adolescents measure is 63.79%.