Updates and Alerts

- **CDC Estimates Illness and Hospitalizations Prevented by Flu Vaccines**
  For the 2013-2014 influenza season, the Centers for Disease Control and Prevention (CDC) estimates that influenza vaccines have prevented 7.2 million illnesses, 3.1 million medically attended illnesses, and 90,000 hospitalizations associated with influenza. During that period, fewer than half of people aged 6 months and older received a flu vaccine. Had rates reached Healthy People 2020 goals, of 70%, an additional 5.9 million illnesses and 42,000 hospitalizations could have been prevented. Remember to offer the flu vaccine to all eligible patients and continue offering the vaccine throughout the season. Read the entire article at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a2.htm).

- **Pertussis Epidemic Declared in California**
  California is experiencing another year of high pertussis activity and in June declared an epidemic. Through early December, 9,935 cases were reported, the most reported in nearly 70 years. Pertussis can be especially dangerous to babies, especially those too young to have received all doses of DTaP vaccine. Experts recommend that all pregnant women receive a Tdap vaccine at 27-36 weeks gestation to help protect their babies from pertussis. For more information about Tdap vaccine in pregnancy, visit: [http://www.cdc.gov/vaccines/vpd-vac/pertussis/tdap-pregnancy-hcp.htm](http://www.cdc.gov/vaccines/vpd-vac/pertussis/tdap-pregnancy-hcp.htm).

HPV Updates for Cervical Health Awareness Month!

- **Food and Drug Administration Approves Gardasil 9**
  The Food and Drug Administration (FDA) has approved Gardasil 9, a new vaccine that can prevent cancers and warts caused by 9 types of human papillomavirus (HPV). It can prevent cervical, vulvar, vaginal and anal cancers caused by HPV types 16, 18, 31, 33, 45, 52 and 58, and genital warts caused by HPV types 6 or 11. Gardasil 9 offers protection against 5 more HPV strains than the previous Gardasil. These 5 strains, 31, 33, 45, 52, and 58 cause about 20% of cervical cancers. The vaccine has been approved for females ages 9 - 26 and males ages 9 -15. For more information, visit: [http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm426485.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm426485.htm). See Pediatrics in Practice on page 5 for information on making a strong recommendation for the HPV vaccine.

- **World Health Organization (WHO) Updates Guidance for Prevention and Control of Cervical Cancer**
  One of the main elements of the WHO updated guidance is that girls ages 9-13 be vaccinated with the human papillomavirus vaccine to prevent infection. To learn more visit: [http://www.who.int/reproductivehealth/publications/cancers/screening_and_treatment_of_precancerous_lesions/en/](http://www.who.int/reproductivehealth/publications/cancers/screening_and_treatment_of_precancerous_lesions/en/).
The enhanced Red Book app is here!

An update is now available through the Apple (https://itunes.apple.com/us/app/aap-red-book/id540698874) or Android (https://play.google.com/store/apps/details?id=com.rboapp) app stores that will upgrade your current AAP Red Book app to the new enhanced AAP Red Book app. This new app features upgraded search and browse for quick answers, and an updated design to align with the newly enhanced Red Book Online site. The new app also includes more access to online features when your device is connected to the Internet and better capabilities to keep you on top of Red Book updates.

We hope you enjoy the new enhanced version of the AAP Red Book app, and thank you for your continued support of Red Book Online.

Upcoming Events

- **National Vaccine Advisory Committee Meeting**
  
  **February 10-11, 2015**
  
  Hubert H. Humphrey Building Room 800
  
  Washington, D.C.
  
  The National Vaccine Advisory Committee recommends ways to achieve optimal prevention of human infectious diseases through vaccine development, and provides direction to prevent adverse reactions to vaccines. Meeting details are posted in a Federal Register notice at least 15 days prior to each meeting. Pre-registration is required. For more information, contact nvpo@hhs.gov.

- **Advisory Committee on Immunization Practices Meeting**
  
  **February 25-26, 2015**
  
  Tom Harkin Global Communications Center (Building 19)
  
  Atlanta, GA
  
  The ACIP holds 3 meetings each year to review scientific data and vote on vaccine recommendations. Meetings are open to the public and available online via live webcast. During committee meetings, members present findings and discuss vaccine research and scientific data related to vaccine effectiveness and safety, clinical trial results, and manufacturer's labeling or package insert information. For more information, visit: http://www.cdc.gov/vaccines/events/nic/index.html.

- **Children's Hospital of Philadelphia (CHOP) Vaccine Webinar Series**
  
  Paul Offit, MD, Director, Vaccine Education Center, CHOP will be presenting on current vaccine issues. Specific topics will be posted on the Web site 1-2 weeks before the Webinar.
  
  - March 18, 2015
  - September 16, 2015
  - November 18, 2015
  
  For more information and to register visit: http://www.chop.edu/professionals/vaccine-healthcare-providers/vaccine-webinar-series/.

Resources

- **CDC “Your Baby’s First Vaccines”**
  
  The CDC has updated the Vaccine Information Statement (VIS) for “Your Baby’s First Vaccines” This VIS can be used in place of individual VISs for DTaP, Hib, Hepatitis B, Polio, and PCV13 when two or more of these vaccines are administered during the same visit. To view this resource visit: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/multi.html.
  
  Translations of these are also available from the Immunization Action Coalition at: http://www.immunize.org/vis/vis_multi_vaccine_infants.asp.

- **Immunization Action Coalition (IAC)**
  
  **Checklist for Safe Vaccine Storage and Handling**
  
  IAC has updated its “Checklist for Safe Vaccine Storage and Handling.” This handout can help vaccine providers ensure their practices protect their valuable vaccine supply. Access this at: http://www.immunize.org/catg.d/p3035.pdf

  **Evidence Shows Vaccines Unrelated to Autism – For Parents**
  
  Many studies have been done to test the claim that vaccines cause autism. This sheet lays out the facts to help parents understand why experts do not think vaccines cause autism. View this at: http://www.immunize.org/catg.d/p4028.pdf
Featured Research Findings

Effect of Human Papillomavirus (HPV) Vaccination on Clinical Indicators of Sexual Behavior Among Adolescent Girls: the Ontario Grade 8 HPV Vaccine Cohort Study

Leah Smith, MSc, Jay Kaufman, PhD, Erin Strumpf, PhD, and Linda Lévesque, PhD

In order to dispel fears that receipt of the HPV vaccine leads to an increase in risky sexual behaviors, researchers in Ontario, Canada studied 260,493 girls. A similar study was conducted in the United States in 2012 and found that there was no increase in outcomes related to sexual behavior in adolescents who had received the vaccine compared to those who had not (see http://pediatrics.aappublications.org/content/130/5/798).

Authors identified study participants through the Ontario’s administrative health databases. They compared data from girls who were in grade 8 during 2005/06 and 2006/07 – 2 years before the 2007 implementation of the national HPV program and girls in grade 8 during 2007/08 and 2008/09 – 2 years after implementation of the program. Birthdate served as a proxy to determine the girls’ grade for this study. Those studied were followed until the earliest of the following events: their death, the occurrence of a study outcome, or March 31 of the year they were in grade 12.

Of the 260,493 girls identified by the Ontario population-based administrative health database that fit the study criteria, 131,781 were born in 1992 and 1993 - too early to be eligible for the HPV vaccination program. The other 128,712 were born in 1994 and 1995 and therefore eligible for the vaccination program. The study found that 51% of the girls eligible for the vaccination program received all 3 doses of HPV vaccine, whereas only 1% of girls ineligible for the program did.

Results show that 10,187 pregnancies and 6,259 cases of non HPV-related sexually transmitted infections resulted in the 2 cohorts. Authors found no statistically significant increase in either the absolute and relative risk scales, risk difference (RD), and relative risk (RR) between girls who received the vaccine and girls who did not. Similarly there was no significant difference in outcomes in girls eligible for the vaccine program compared to girls who were not. Relative risk of outcomes was .98 for the vaccinated, and 1.0 for those eligible for the vaccination program. The one difference found in studied outcomes, was that girls born in the January-March quartiles were at consistently higher risk of these outcomes.

Authors concluded that vaccination with HPV vaccine does not have any significant effect on clinical indicators of risky sexual behavior. This suggests that the concern that giving HPV vaccine will increase a preteen or teen’s likelihood of engaging in risky sexual behavior is unwarranted and should not be a barrier to vaccination. Vaccination providers can use this information to help overcome parents’ fears.

Canadian Medical Association Journal. 2014. Published online December 8, 2014
http://www.cmaj.ca/content/early/2014/12/08/cmaj.140900
(Login may be required)
The American Academy of Pediatrics (AAP) is partnering with the Measles & Rubella Initiative (M&RI) along with other stakeholders on a new education and fundraising campaign. The campaign includes posters and related materials designed by famed author and illustrator Sophie Blackall for distribution in multiple venues, especially the pediatrician’s office. The materials feature the beloved Ivy + Bean (http://www.chroniclebooks.com/landing-pages/ivyandbean/) characters in comic book scene style as they illustrate lessons on the importance of getting vaccinated. The campaign is a positive, relatable way to convey support for childhood immunization generally, and measles vaccination more specifically.

The new campaign, Ivy + Bean…vs the Measles was officially launched at the AAP’s National Conference last October. AAP members and their children had the opportunity to meet Ms. Blackall during the animal-themed Kids Camp! During the event, sample materials were distributed, pictures were taken, and Ms. Blackall graciously autographed posters for attendees.

Materials are available free of charge to AAP members to share in their practices, clinics, and hospitals. Each package includes double-sided posters (great for doors with windows), temporary tattoos, stickers, and activity cards. Limited quantities are available so if you are interested in ordering your materials, please visit http://www2.aap.org/international/immunization/IvyAndBean/ today! In less than 2 months, over 150 packages have been ordered! Join the fun and spread the word today…it’s easy peasy!

The Partners
The Ivy + Bean vs. The Measles campaign is made possible with the support of the AAP, Chronicle Books and the M&RI, a global partnership founded by the American Red Cross, CDC, UN Foundation, UNICEF, and the World Health Organization

How to Order
To learn more about the campaign and request materials, visit http://www2.aap.org/international/immunization/IvyAndBean/. Please direct any questions to Kiran Patel at globalvaccines@aap.org.
Communicating About the Human Papillomavirus Vaccine

Immunization rates for HPV vaccine are lower than national goals. One way to increase HPV vaccination rates is to offer a more effective recommendation to parents/patients. There are two new courses that can help immunization providers learn more about effective strategies to talk to parents and patients, and recommend the HPV vaccine to preteens and teens.

These resources both provide continuing education credits.

**AAP PediaLink: Adolescent Immunizations: Strongly Recommending the HPV Vaccine**

**Course Description**
This course will discuss strategies for strongly recommending the HPV vaccine and will offer information to help pediatricians address their patients’ concerns about the vaccine.

**Learning Objectives**
By the end of this course, you will be able to:
- Employ communication strategies on a daily basis to aid parents in making a decision to vaccinate their adolescents against HPV
- Answer Frequently Asked Questions about HPV vaccination with accurate, succinct, and compelling responses
- Explain the critical role of communication between parents and everyone in your practice in increasing the likelihood of the patient’s full protection with HPV vaccination

**Authors**
- Sharon Humiston, MD, MPH, FAAP
- Jill B. Roark, MPH
- Peter Szilagyi, MD, MPH

**Medscape: From Medscape Education Public Health & Prevention Communicating Safety and Efficacy of HPV Vaccine to Parents and Preadolescents**

**Description**
The goal of this activity is to educate providers on communication techniques regarding the HPV vaccine.

**Objectives**
Upon completion of this activity, participants will be able to:
- Describe strategies for communicating a strong and effective HPV vaccination recommendation to patients aged 11 and 12 years, as well as to parents of patients older than 12 years who have not yet initiated or completed the HPV vaccine series
- Assist parents in making decisions to have their children vaccinated against HPV infection by providing reassuring, confident, and concise responses to parental questions about HPV vaccination

**Authors**
- Larry Pickering, MD, FAAP
- Jay E. Berkelhamer, MD, FAAP
- Jamie Loehr, MD
- Katherine Brewer, RN, MSN
CDC’s Spotlight on Childhood Immunizations

CDC Launches New Resources for Vaccine Conversations with Parents

You may already be familiar with the many resources the CDC has to offer as part of their Provider Resources for Vaccine Conversations with Parents (http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/index.html) – a suite of materials to help educate parents about vaccines, vaccine safety, and vaccine preventable diseases – but did you know that CDC recently added new materials to that website? CDC regularly gathers information from healthcare professionals, professional organizations (like The American Academy of Pediatrics and The American Academy of Family Physicians) and parents via surveys, interviews, and focus groups to learn more about and address their vaccine information needs.

Recently, CDC released new fact sheets for parents based on two topics many of them may have questions about: combination vaccines and vaccinating when their child is sick. Both are available on the CDC website to download and print for free.

The fact sheet, Combination Vaccines (http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/fs-combo-vac.pdf), makes the following important points:

- Using combination vaccines helps reduce the number of shots kids need, while still providing them with the best disease protection.
- Fewer shots mean less pain for kids and less stress for parents.
- The side effects associated with combination vaccines are similar to those when the vaccines are given separately and are usually mild, like pain and swelling at the injection site.

As you have probably experienced in your practice, many parents are hesitant to have their sick children vaccinated, even when the illness is mild. Unfortunately, some of these children may then fall behind on their vaccines because their parents do not follow up at a later date. The Vaccines When Your Child is Sick (http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/fs-child-sick.pdf) fact sheet outlines when a child should and should not be vaccinated. In addition, it emphasizes that you, the child’s doctor, can help parents determine which vaccines their sick child can safely get at each visit.

You may also find CDC’s new and improved disease fact sheets (http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/prevent-diseases/provider-resources-factsheets-infants.html) useful when talking to parents about the diseases that vaccines prevent. The versions listed on this website in the first column labeled “Disease Basics” still provide clear, consistent answers to parents’ most commonly asked questions about each vaccine their child receives and the diseases they protect their child against. However, the layout is new and the information is organized in an easier to follow format based on the latest clear communication research. The Spanish versions of these fact sheets will be posted in late January.

During this flu season, the flu fact sheet (http://www.cdc.gov/vaccines/vpd-vac/flu/downloads/PL-dis-influenza-color-office.pdf) may be particularly useful for you. Flu activity is high across most of the country. A total of 45 influenza-associated pediatric deaths have been reported to the CDC during the 2014-2015 season from New York City and 18 states. Additional up-to-date information regarding flu can be found at www.cdc.gov/flu/weekly.

CDC continues to recommend vaccination as long as flu viruses are circulating. If your patients have not been vaccinated yet this season, get them vaccinated now. You can download and print the Flu Guide for Parents (http://www.cdc.gov/flu/freeresources/print-family.htm) to provide detailed information for parents on the seriousness of flu illness in children, how to protect them, and how to care for children with flu illness.

CDC also has a variety of free resources available for you to order online. Use this link and search for immunization-related materials: http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx. Feel free to link to any of CDC’s resources from your website and your social media messages. You can even use some of the content for newsletters or e-mails that you/your practice distributes. CDC hopes you’ll visit their website on a regular basis to see what materials may be able to help you and your patients.
On December 10, the Food and Drug Administration (FDA) licensed Gardasil 9 manufactured by Merck & Co, Whitehouse Station, New Jersey. The vaccine protects against HPV types 31, 33, 45, 52, and 58, in addition to the strains currently in the Merck quadrivalent vaccine (6, 11, 16, and 18). A bivalent vaccine (16, 18) is produced by GlaxoSmithKline, Rixensart, Belgium.

Advisory Committee on Immunization Practices (ACIP) recommendations for the vaccine and inclusion in the Vaccines for Children program will not be voted upon until February 2015, with AAP policy to follow. The bivalent and quadrivalent vaccines will remain on the market and should continue to be used.

- We have two highly effective vaccines that protect against the majority of cervical cancer caused by HPV: Both the current bivalent and quadrivalent vaccines protect against types 16 and 18, which cause 70% of cervical and oropharyngeal cancers. The additional 5 types of HPV for which Gardasil 9 protects, cause another 20% of cervical cancers. Most of the others cancers caused by HPV—such as anal, oropharyngeal, and penile cancers, which are less common than cervical cancer—are due to HPV16. The 9-valent vaccine will prevent an additional 5%-18% of those cancers.

- HPV vaccination is recommended for all children as part of the routine adolescent immunization platform to prevent cancers eventually affecting one in every 150 children. Currently half of each annual birth cohort is not being protected. HPV vaccine uptake is mostly driven by personal recommendations on the part of immunizing practitioners. Delaying HPV vaccination means missing opportunities. Only 1% of adolescents receive all recommended well visits between 11 and 18 years of age, so delaying vaccination at 11 or 12 may mean not having a chance to administer it until 14 or 15. HPV vaccination is only protective before exposure to HPV. Coverage of the vaccine and reimbursement of immunization are not immediate after FDA licensure. Coverage of the new vaccine through Vaccines for Children (VFC) and private markets will take several months to roll out, even after both CDC and AAP recommendations are available.

Because current vaccines provide majority protection against oncogenic HPV types, and because of the sporadic nature of adolescent office visits, there is no reason to stop vaccinating with the quadrivalent Merck vaccine until Gardasil 9 becomes widely available. The AAP recognizes that there are many challenges to delivering HPV vaccine overall and has partnered with the CDC to better understand the challenges and approaches to improving rates.

- A strong recommendation from a pediatrician is the single biggest predictor of HPV vaccine receipt. Research shows that parents value HPV vaccine just as much as Tdap, meningococcal, hepatitis, and flu vaccines. (See chart.)
- Points to emphasize to parents include optimal vaccine effectiveness in preventing cancer occurs when adolescents are vaccinated at 12 years, and all adolescent vaccines are recommended at the 11-12 year visit.

For more practice tools, focus-group tested responses to common questions, videos and handouts, visit [http://www.cdc.gov/vaccines/youarethekey/](http://www.cdc.gov/vaccines/youarethekey/) or contact esobczyk@aap.org.
AIM of this project
Describe the aim of this project. What are you trying to accomplish? Every aim will require multiple small tests of change.

Within 1 year, we will increase the proportion of our patients who have had at least 2 doses of HPV vaccine by the time they turn 13 years of age. We can assess this checking the state registry report function. Currently using that function we are at 35%; our goal is 55%.

CYCLE 1

IDEA
Describe the proposed test. What performance gap will it address? What idea will you test? What barriers will you need to overcome?
Performance Gap: Our QI team has been informally assessing what each provider does and we found that we’re all over the map, i.e., there is lots of variability in how the various providers are practicing. Each nurse has to check with each doctor for each adolescent to ask, “What vaccines should I get ready?” The nurses can pretty much count on Tdap being ordered because of the school requirement and most doctors are okay with giving Tdap and MCV4 at the same visit, but there’s lots of variability about giving three vaccines to an adolescent at one visit, whether the provider gives the vaccine to boys and girls at the same age (e.g., Dr. J gives HPV vaccine to boys at 12, but to girls at 14), etc. Because the nurses don’t know what to expect, things don’t run smoothly.

Idea for Test: The providers will all go by the AAP recommendations for adolescent immunization, i.e., a strong recommendation for simultaneous Tdap, MCV4 and HPV at one visit.

Barriers: Providers tend to want to act independently and to resist uniformity. Also, habit is strong. We will have to let the whole office (nurses, receptionists, providers) know what the plan is and get everyone on board, and there are a lot of us working here. Providers are concerned about parent resistance.

MEASURES
What is the desired goal that will close the performance gap? Describe the specific measures that will determine a successful outcome for the test.
Providers will recommend and order the first dose of HPV vaccine whenever they order Tdap and MCV4 and will be prepared to explain if parents have questions. This will lead to higher immunization rates for all patients by age 13, which we can get from the state registry.

Tasks and tools
Who – Dr. C
What – In-service talk
When – Our spring quarter “all hands” meeting
Where – The meeting room
How – 20 minute lecture, then discussion
Tools -- CDC slides, video of patient who suffered from cervical cancer
Strong Recommendation for Simultaneous Administration

PLAN DO STUDY ACT

Predicted outcome: Describe your plan for change. List the tasks and tools needed to perform the test. Predict what will happen when the test is carried out?
The NPs all will be willing to give a strong recommendation. Of our 7 physicians, 2 are on-board, 2 seem willing, and there are 3 who are likely to resist.

DO
Try your change with a few patients over a short period of time. Collect data that can be measured. Describe what happened when you ran the test.

We did the in-service and that went well. One doctor talked about her sister who had experience with cervical cancer and how hard it was to go through everything, so that was moving. That doctor and the NPs (as predicted) volunteered to get the ball rolling. We will try this for 1 week and see how it goes.

STUDY
Did the change lead to the desired improvement? Describe how the measured results compare to the predicted outcome.

Here are the key problems we identified:
• There’s no easy way to look at immunization rates by provider so we can’t get the thrill of seeing our personal success.
• There’s no easy way to know if a parent “refused” the vaccine because of how it was presented (e.g., as optional).
• There are a couple of nurses are against giving HPV vaccine because they feel it allows the kids to “get away” with having sex before marriage without consequences; those nurses give it if it’s ordered, but don’t remind the provider if he/she forgot to order it.

ACT
Describe how you will modify the plan in the next test cycle based on “learnings” from this cycle. Or, describe a new idea to test to help you achieve your aim.
1. MEASURE: We’re going to measure something easier than immunization rates. Each week, when Janice does inventory on Friday, she’ll post on the bulletin board how many Tdap doses we gave that week and how many HPV doses. (This week it was 22: 8.) Each week that ratio should be at least 1:1 or even 1: 2 or 3.
2. TRAIN: Karla will do more in-depth training with the nurses about talking to parents so the nurses are utterly confident and enthusiastic about this.
3. MOTIVATE: Karla is going to pull aside the nurses who are vocally against HPV vaccination and have a heart-to-heart about the value of HPV vaccine (and point out that a person can get HPV from their marital spouse, from non-consensual sex, while still a “virgin”).
4. CONSIDER: We are going to think about tracking HPV vaccination refusals…we can’t take on too much in one week.
5. FOLLOW UP: We will have a discussion at the Monday a.m. meeting about co-administration, how it went, those who didn’t do it and what the concerns were.

END OF CYCLE 1
**Strong Recommendation for Simultaneous Administration**

**PLAN DO STUDY ACT**

**CYCLE 2**

**IDEA**

**Performance Gap:** Last week’s Tdap: HPV was 22: 8 per inventory on Friday.

**Idea for Test:** The NPs & 3 pediatricians will go by the AAP recommendations for adolescent immunization, i.e., a strong recommendation for simultaneous Tdap, MCV4 and HPV at one visit and we’ll garner more nurse support.

**Barriers:** Some well-meaning people want to change 10 things (e.g., send postcards to bring in more adolescents, turn on the EMR prompt, give vaccines to adolescents at acute visits), but there’s only so much our QI committee can do. Last week we saw that just going off immunization rates was not satisfying so we’re using weekly inventory, which is not perfect. We may need to track “refusals,” but we’re not sure that should start this early. There’s been some nurse resistance…small but vocal.

**MEASURES**

**What is the desired goal that will close the performance gap?** All NPs and 1 (of the 7) pediatricians will recommend and order the first dose of HPV vaccine whenever they order Tdap and will be prepared to explain if parents have questions (same as Cycle 1)

**Tasks and tools**

1. **MEASURE:** Janice will inventory on Friday, she’ll post on the bulletin board how many Tdaps we gave this week and how many HPVs. (Last week it was 22: 8.) This week the ratio should be at closer to 1:1.

2. **TRAIN:** Karla will do more in-depth training with the nurses using materials from the AAP toolkit.

3. **MOTIVATE:** Karla will talk to anti-HPV vaccine nursing staff (at least the 2 most vocal)

**Predicted outcome:** The inventory will show we gave a ratio of 25 Tdaps: at least 16 HPVs this week (Marcy checked scheduling and we have 27 adolescents signed up for well care this week).

**DO**

The NPs and 3 doctors were enthusiastic – this is not heavy lifting for them. One of the anti-HPV vaccine nurses was on vacation this week so Karla couldn’t talk to her. We ran out of VFC stock HPV vaccine on Friday!
Strong Recommendation for Simultaneous Administration

PLAN DO STUDY ACT

STUDY

Did the change lead to the desired outcome?
The inventory showed we gave a ratio of 26 Tdaps: 17 HPVs this week. Better!!
Here are the key problems we identified:

- We ran out of VFC stock for HPV vaccine!
- We’re not addressing all the issues (e.g., getting kids in for 2nd dose)
- Again, there’s no easy way to know if a parent “refused” the vaccine because of how it was presented (e.g., as optional).
- One of the anti-HPV vaccine nurses was on vacation this week so Karla couldn’t talk to her.

ACT

Describe how you will modify the plan

- STOCK: Janice has been on the phone trying to get more VFC HPV vaccine
- MOTIVATE: Karla will do more in-depth training with the nurse who was on vacation this week
- PARKING LOT: We are going to think about tracking HPV vaccination refusals... we can’t take on too much in one week, especially because of the stock issue. We started a “parking lot” of ideas for what we want to do after the stock issue is addressed.
- FOLLOW UP: Again, we will have a discussion at the Monday a.m. meeting about co-administration, how it went, those who didn’t do it and what the concerns were.

END OF CYCLE 2