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ADDRESSING VACCINE HESITANCY: TAKING A STAND

Ellie Hamburger, MD

Mark Weissman, MD

CNHN Future of Pediatrics 2018

Thursday, June 14, 2018



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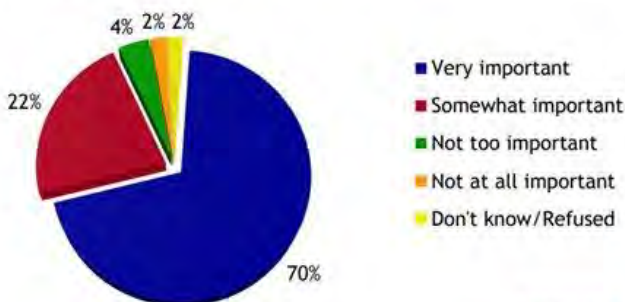
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Research!America 2018 survey: Americans less confident in vaccines/system

- “Vaccines are important”
- “Confident in US vaccine evaluation & recommendations”
- ↓8% since 2008

Vaccines are Important to Health of Society

Thinking about the common vaccines available today such as polio, tetanus, measles, and flu, how important do you believe vaccines are to the health of our society today?



Zogby
Analytics

Source: A Research!America survey of U.S. adults conducted in partnership with Zogby Analytics in May 2018.

RESEARCH
AMERICA
AN ALLIANCE FOR INNOVATION IN HEALTHCARE



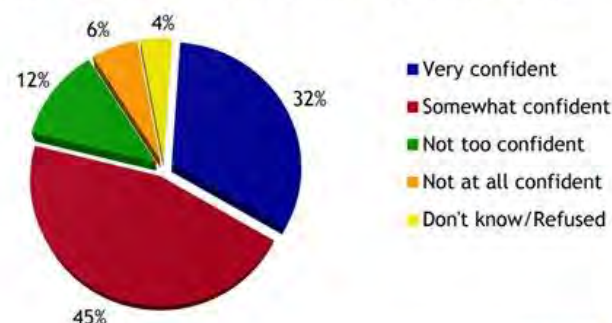
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Majority Confident in U.S. Vaccine Evaluation and Recommendations

How confident are you in our current system in the U.S. for evaluating the safety of vaccines and recommendations for when they should be given?



Zogby
Analytics

Source: A Research!America survey of U.S. adults conducted in partnership with Zogby Analytics in May 2018.

RESEARCH
AMERICA
AN ALLIANCE FOR INNOVATION IN HEALTHCARE

Research!America Survey: 1000 adults (+/- 3.1%)

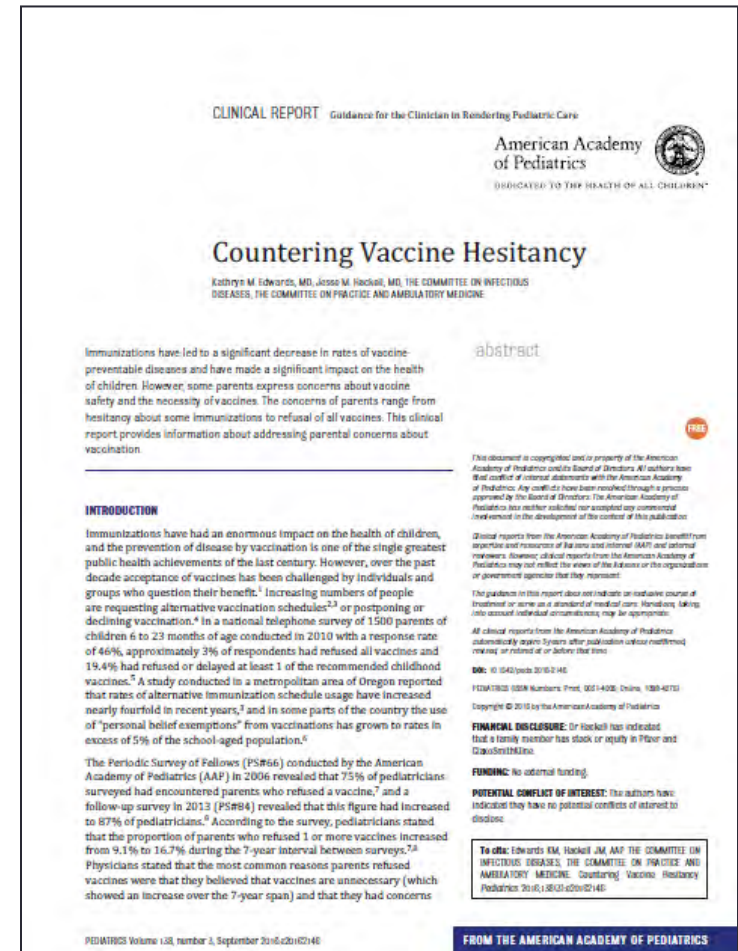
- 59% “strongly” believed they had personally benefitted from vaccine development over the past half-century (16% drop from 2008)
- 90% (down from 96% in 2008) from of respondents “very important” or “somewhat important” for parents to have their children vaccinated
- 61% of respondents agreed with the statement that “parents who don't vaccinate their children put both their children and their communities at risk”, up 10 percentage points from 2008.
- Physicians can play in important role in vaccine acceptance conversation, according to the survey, which found that 45% of respondents do not think the public receives enough information from their doctors about vaccinations.

Pediatric Practice and Vaccine Refusers



AAP: Countering & Addressing Vaccine Hesitancy

- AAP issued updated Clinical Report (September 2017):
“**Countering Vaccine Hesitancy**”
- <http://pediatrics.aappublications.org/content/pediatrics/early/2016/08/25/peds.2016-2146.full.pdf>



Vaccine acceptance vs refusal

- Categorization of parental attitudes towards vaccines:
 - Immunization advocate
 - Go along to get along
 - Cautious acceptor
 - Fence-sitter
 - Refuser



AAP: Parental Concerns About Vaccines

TABLE 2 Parental Concerns About Vaccines

Vaccine safety

- Too many vaccines
- Development of autism
- Vaccine additives (thimerosal, aluminum)
- Overload the immune system
- Serious adverse reactions
- Potential for long-term adverse events
- Inadequate research performed before licensure
- May cause pain to the child
- May make the child sick

Necessity of vaccines

- Disease is more “natural” than vaccine
- Parents do not believe diseases being prevented are serious
- Vaccine-preventable diseases have disappeared
- Not all vaccines are needed
- Vaccines do not work

Freedom of choice

- Parents have the right to choose whether to immunize their child
 - Parents know what’s best for their child
 - Believe that the risks outweigh the benefits of vaccine
 - Do not trust organized medicine, public health
 - Do not trust government health authorities
 - Do not trust pharmaceutical companies
 - Ethical, moral, or religious reasons
-



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AAP: Communication highlights

TABLE 4 Communication Highlights

Vaccines are safe and effective, and serious disease can occur if your child and family are not immunized.

Vaccine-hesitant individuals are a heterogeneous group, and their individual concerns should be respected and addressed.

Vaccine are tested thoroughly before licensure, and vaccine safety assessment networks exist to monitor vaccine safety after licensure.

Nonmedical vaccine exemptions increase rates of unvaccinated children.

Unvaccinated children put vaccinated children and medically exempt children who live in that same area at risk.

Pediatricians and other health care providers play a major role in educating parents about the safety and effectiveness of vaccines. Strong provider commitment to vaccination can influence hesitant or resistant parents.

Personalizing vaccine acceptance is often an effective approach.

The majority of parents accepted the provider's vaccine recommendations when they were presented as required immunizations to maintain optimal disease prevention.

The current vaccine schedule is the only one recommended by the CDC and the AAP. Alternative schedules have not been evaluated.



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Dismissal of vaccine refusers?

- Pro's and con's to approach...
 - Ethical concerns
 - Threat of practice dismissal drives acceptance (anecdotal)
 - Exposure of practice patients (and staff) to illness from under-immunized children
 - Care alternatives for child may be limited in community
 - Non-vaccinating children may cluster in practices who do not dismiss
 - Dismissal must be conducted within state laws (prohibiting abandonment of patients)

“The decision to dismiss a family who continues to refuse immunization is not one that should be made lightly, nor should it be made without considering and respecting the reasons for the parents’ point of view.⁴⁴ **Nevertheless, the individual pediatrician may consider dismissal of families who refuse vaccination as an acceptable option.** In all practice settings, consistency, transparency, and openness regarding the practice’s policy on vaccines is important.”

Medscape Survey 2016

Medscape Vaccine Acceptance Report 2016

Susan B. Yox, RN, EdD; Laura A. Stokowski, RN, MS | July 27, 2016

[Contributor Information](#) | [References](#)



< 1 of 23 >



Medscape Vaccine Acceptance Report 2016

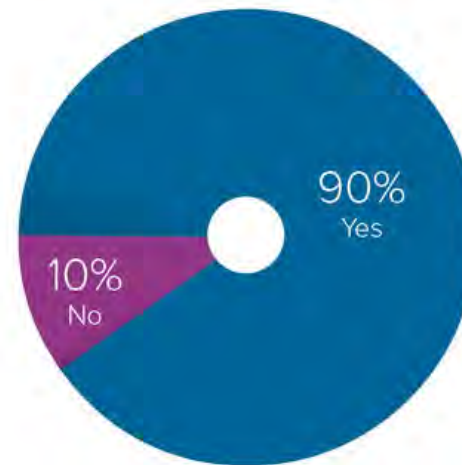
Susan B. Yox, RN, EdD; Laura A. Stokowski, RN, MS | July 27, 2016

[Contributor Information](#) | [References](#)



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Do you accept/retain families in your practice whose children are not vaccinated on the recommended schedule?



Medscape Survey 2016

Medscape Vaccine Acceptance Report 2016

Susan B. Yox, RN, EdD; Laura A. Stokowski, RN, MS | July 27, 2016

[Contributor Information](#) | [References](#)



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If you accept unvaccinated children in your practice, what modifications do you require to protect your other patients or to limit your legal liability?

To protect other patients:

Make no special modifications

82%

Require use of separate waiting and/or exam room

9%

Must schedule routine visits during separate hours

8%

To limit liability:

Require waiver mitigating legal exposure should child contract or transmit vaccine-preventable illness

44%

Refuse to sign documentation for school/daycare attendance

23%

Require families to participate in specific vaccine education program

8%

None besides documenting refusal in EHR

41%



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AAP “Refusal to Vaccinate” Form

- Available online from the American Academy of Pediatrics
- https://www.aap.org/en-us/Documents/immunization_refusaltovaccinate.pdf

Refusal to Vaccinate

Child's Name _____ Child's ID# _____

Parent's/Guardian's Name _____

My child's doctor/nurse _____ has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Homophilus influenzae type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.

If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:

- Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
- Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.

My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/vis/default.htm. I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

I have had the opportunity to discuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's Initials: _____ Date: _____ Parent's Initials: _____ Date: _____

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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ICD-10 Codes: Immunization not carried out or underimmunization status

- Z28.0 Immunization not carried out due to contraindication
 - **Z28.01** **acute illness of patient**
 - Z28.02 chronic illness or condition of patient
 - Z28.03 immune compromise state of patient
 - Z28.04 patient allergy to vaccine or component
 - Z28.09 other contraindication
- Z28.1 patient decision for reasons of belief or group pressure
- Z28.2 patient decision for other/unspecified reason
 - Z28.20 patient decision for unspecified reason
 - Z28.21 patient refusal
 - Z28.29 patient decision for other reason
- Z28.3 Underimmunization status (delinquent or lapsed schedule)
- Z28.8 Immunization not carried out; other reason
 - Z28.81 patient had disease
 - **Z28.82** **because of caregiver refusal**
 - Z28.89 for other reason
- Z28.9 immunization not carried out; unspecified reason



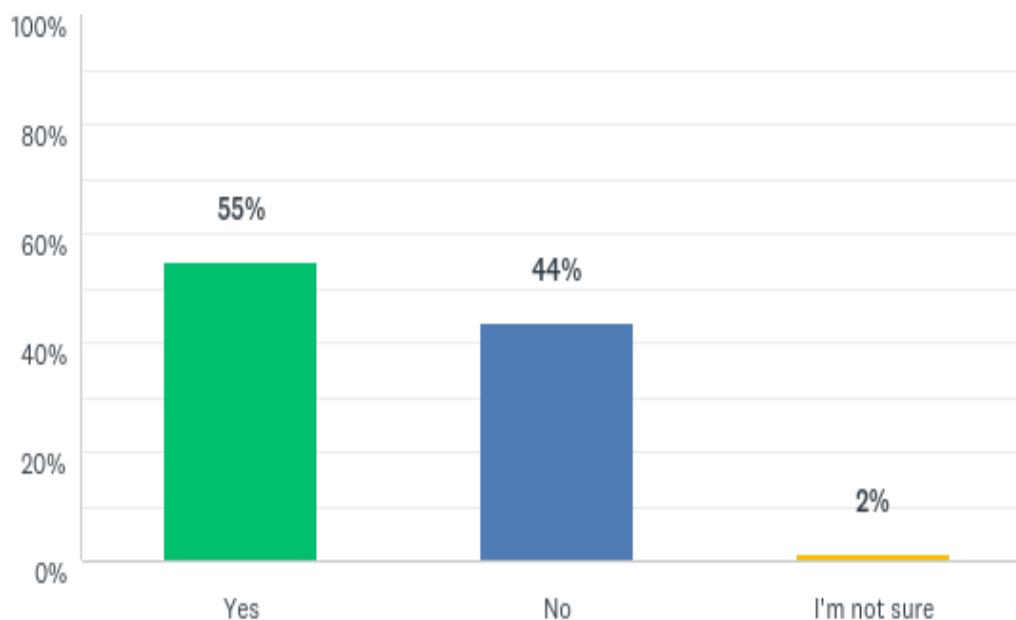
What about CNHN practices?

- CNHN recently surveyed member practices about office policies and/or approach re: vaccine refusal or hesitancy
- Responses: 62
- Snapshot for today's discussion



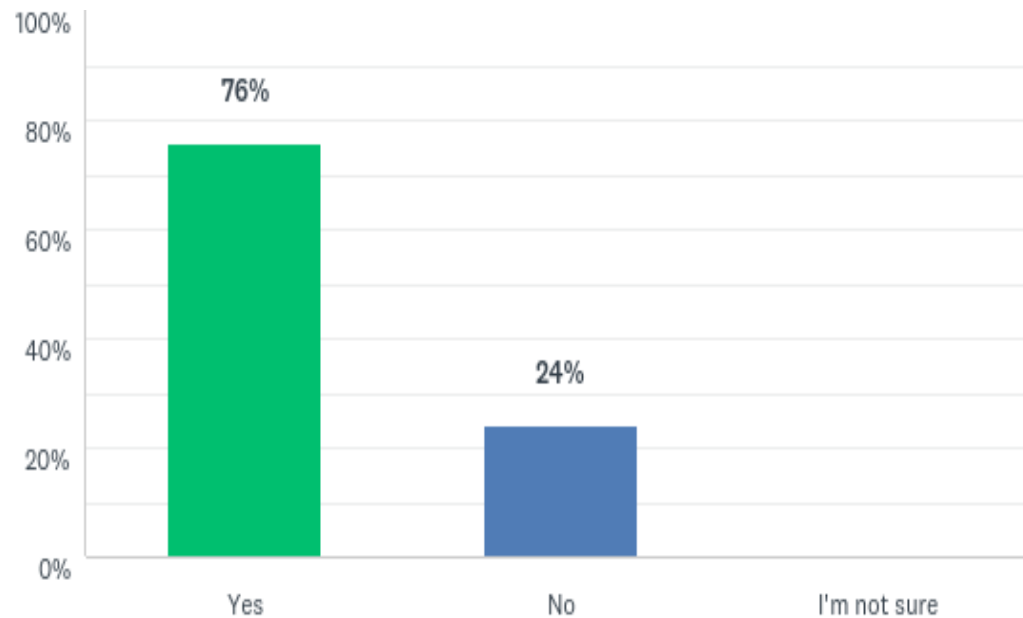
Q1: Does your practice have a written immunization policy for providers to follow?

- Answered: 62 Skipped: 0



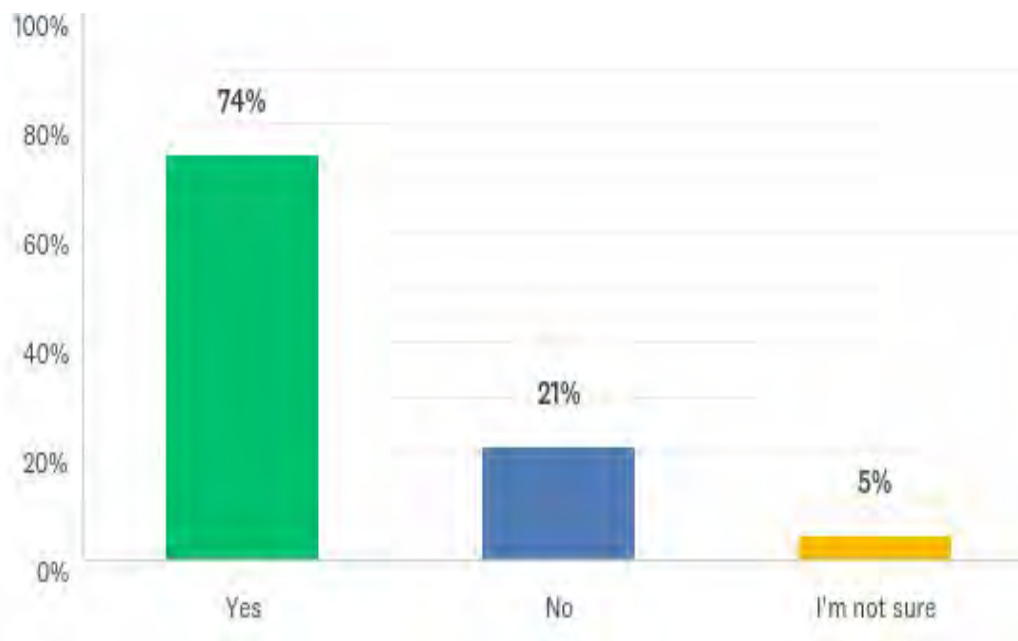
Q2: Does your practice have a policy for families who request alternative or delayed immunization schedules?

- Answered: 62 Skipped: 0



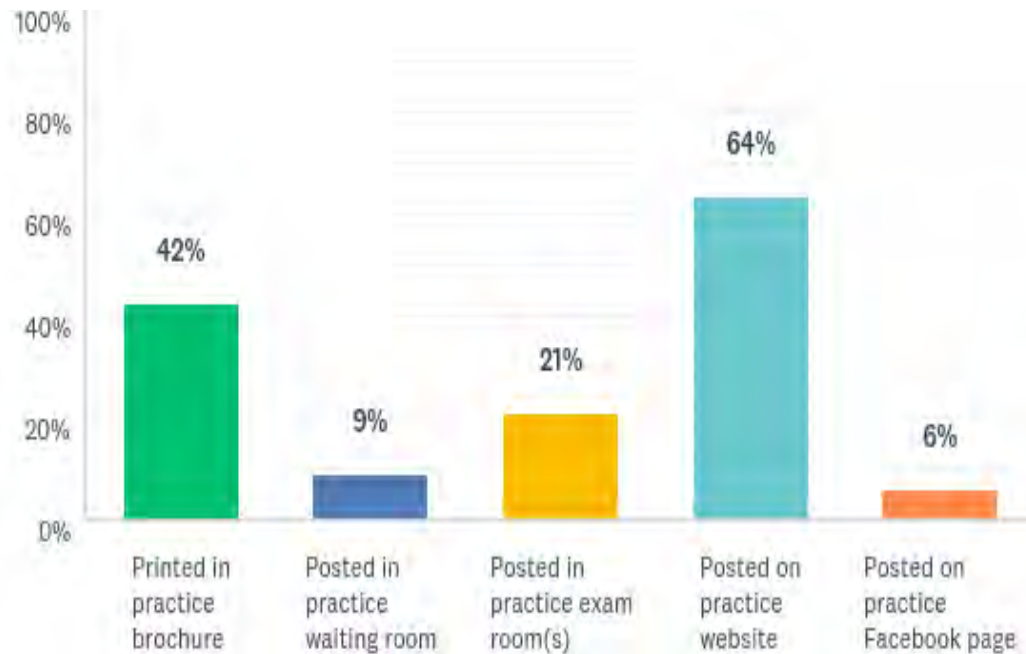
Q3: Does your practice share your immunization policy with patients & families?

- Answered: 62 Skipped: 0



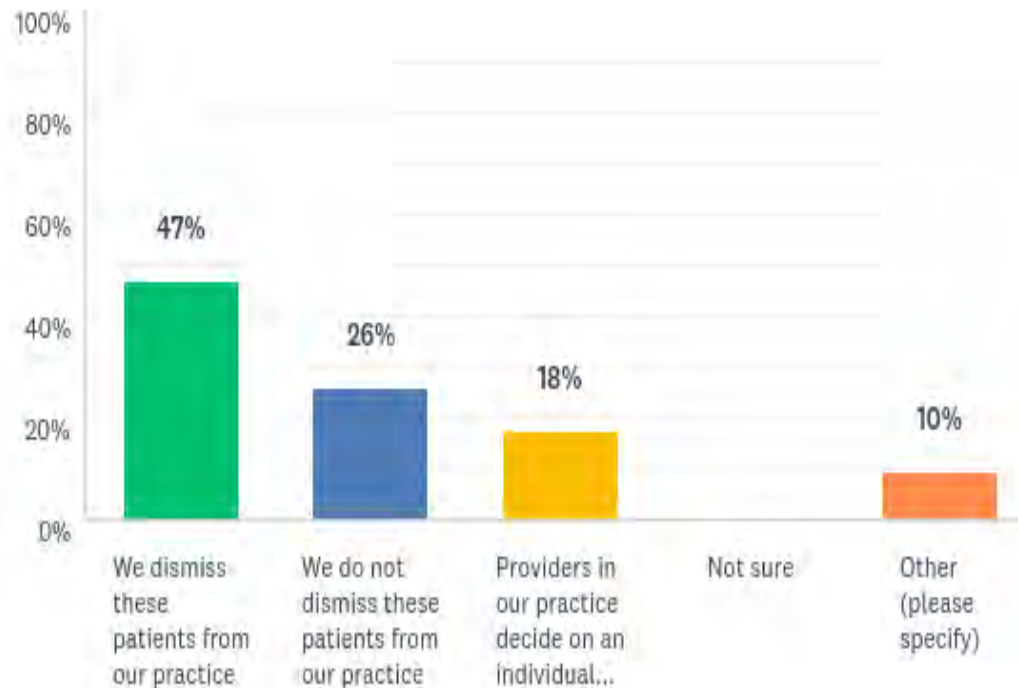
Q4: If "Yes" to question 3, please indicate how you share your practice policy (Check all that apply)

- Answered: 33 Skipped: 29



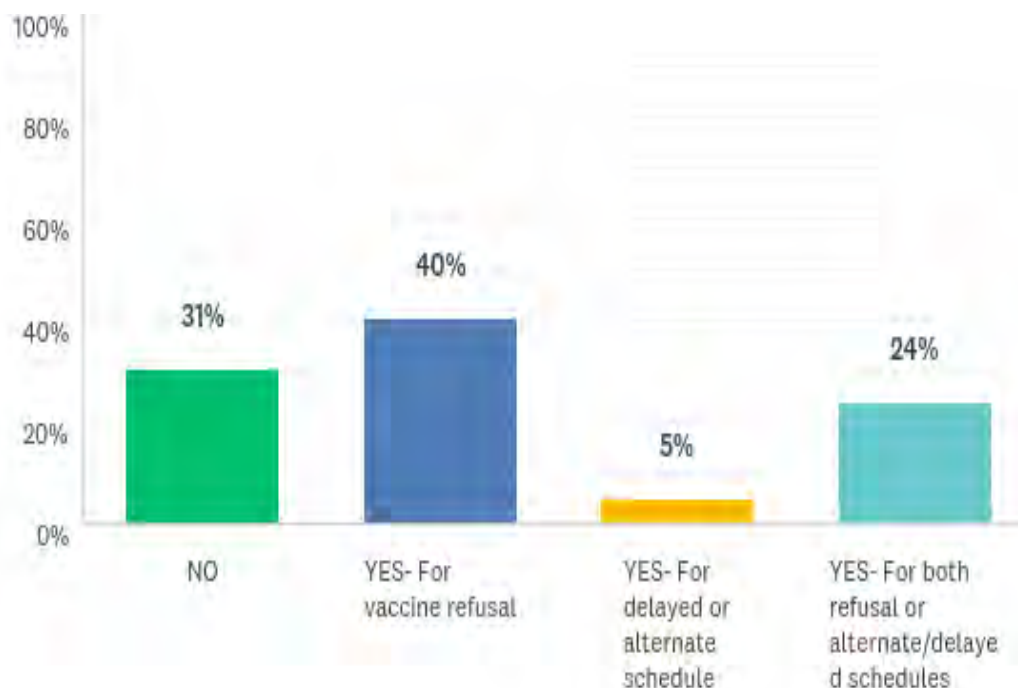
Q5: What ACTION does your practice take for families who refuse immunizations?

- Answered: 62 Skipped: 0



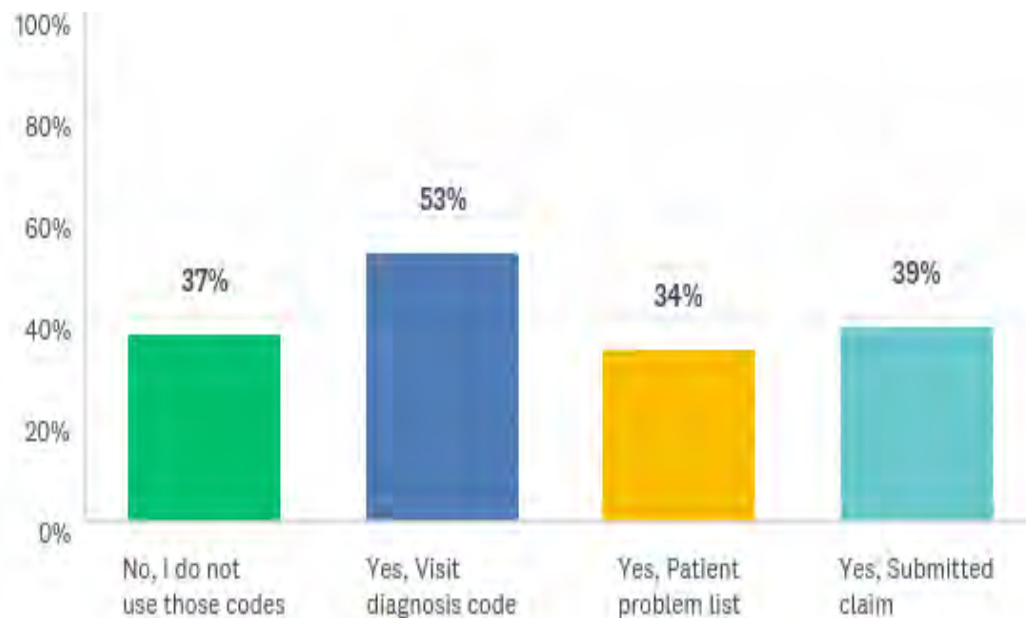
Q6: Do you require parents to sign the AAP "Refusal to Immunize" form (or equivalent)?

- Answered: 62 Skipped: 0



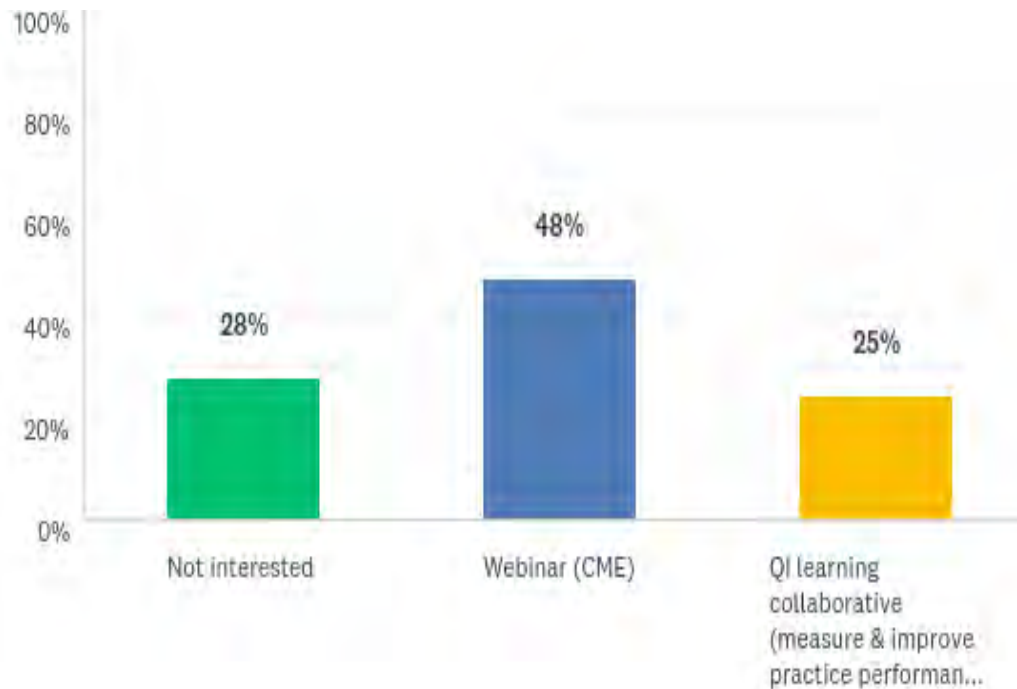
Q7: Do you routinely use an ICD-10 code indicating "vaccine not given, due to... (e.g. caregiver refusal)"? (Check all that apply)

- Answered: 62 Skipped: 0



Q8: Would you be interested in additional provider/practice learning opportunities to promote immunization in vaccine hesitant families

- Answered: 61 Skipped: 1



Case Study: Children's Pediatricians & Associates

Ellie Hamburger, MD



Creating a practice immunization policy

- We are a large multi-practice group...
- Are we all on the same page? (we weren't)
- How big is the problem? (we didn't know)
- What about HPV?(our rates were low: we needed to address provider comfort with counseling)

Parents Against Mandatory Vaccines

Exposing and Opposing the Vaccination Agenda

HOME ABOUT VACCINES FACT SHEET TEN LITTLE KNOWN FACTS THE VACCINATION NOTICE
CHILD PROTECTIVE SERVICES CDC EXPOSED BIG PHARMA EXPOSED OVERCOMING VACCINE MANIA



Parents Against Mandatory Vaccines

Vaccination Notice for Physicians

[INTRODUCTION to VACCINATION NOTICES \(read first\)](#)

The pressure (and monetary rewards) has been steadily increasing for physicians to comply with all CDC recommendations. Should your physician request to vaccinate you or your child ask to see the drug company's package insert (not a brochure or handout) for the product he/she wishes to inject. Tell him/her that you wish to take it home and read it over with your family. Of course, once you read it you will see why so many folks today are saying no to vaccinations and why these inserts are rarely given to the parent or patient. During your next visit politely tell the physician or nurse that you are not comfortable with the vaccine risks.

3) I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments, the AMERICAN ACADEMY OF PEDIATRICS and other organizations. **I do not accept CDC recommendations as sciencebased.** (Reasons listed below - #4 & #6)


4) **I do not recognize the CDC as a government health advocacy organization.** It is a corporation listed on Dun and Bradstreet and headquartered in the STATE OF GEORGIA, with **strong ties to the pharmaceutical industry through the CDC Foundation.** Therefore, their recommendations are influenced by the fiscal health of their corporation.


6) **I do not recognize the AMERICAN ACADEMY OF PEDIATRICS or the AMERICAN ACADEMY OF FAMILY PHYSICIANS as health advocacy organizations.** They are both trade organizations and corporations (listed on Dun and Bradstreet) that are headquartered in the STATE OF ILLINOIS and the STATE OF KANSAS respectively, **whose monetary compensation from vaccine manufacturers contributes to the fiscal health of their corporations.**

7) I am aware that **physicians and hospitals are paid higher reimbursement rates for administering vaccines.**

Is Dismissing Vaccine-Refusing Families Fair to Other Clinicians?

- Where do these families go?

SPONSOR

VIEWPOINT

Considering Whether the Dismissal of Vaccine-Refusing Families Is Fair to Other Clinicians

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Overview
A recent American Academy of Pediatrics (AAP) clinical report states that it is an acceptable option for pediatric care clinicians to dismiss families who refuse vaccines.¹ This is a clear shift in guidance from the AAP, which previously advised clinicians to “endeavor not to discharge”^{2,3} patients solely because of parental vaccine refusal. While this new policy might be interpreted as encouraging or recommending dismissal of vaccine-refusing families, it instead expresses tolerance for diverse professional approaches. This is unlike the earlier guidance, which promoted a unified response to vaccine refusal. In fact, the resolution (which was presented at the AAP's Annual Leadership Forum) that led to this clinical report also calls on the AAP “to continue to support pediatricians who continue to provide health care to children of parents who refuse to immunize their children.”^{4,5}

However, the shift toward embracing dismissal as an acceptable response to vaccine refusal may erode professional solidarity. Pediatricians are clearly divided on this question: most do not dismiss vaccine-refusing families.⁶ By declaring that dismissal is an acceptable option, the AAP has sanctioned a practice that may be unfair to the many clinicians who do not dismiss these families. Clinicians who adopt a policy of dismissal toward families who refuse vaccines might impose burdens on colleagues who remain willing to offer care to those families, and their actions might show insufficient commitment to the efforts of their profession to promote health

tance of immunization, then dismissal will entrench that risk within the broader community.

There are, of course, good reasons why a physician might choose to shift the burden of care for a particular patient to a colleague, even if this shift carries risk for the clinician assuming care. One compelling reason is if the referring clinician does not have the expertise, equipment, or technology necessary to provide care. Thus, primary care physicians often justifiably transfer patients with infections to emergency departments. This is part of a mutually beneficial cooperative scheme that carries a reasonable expectation of benefit to the patient. But referring vaccine-refusing families to another practice or dismissing vaccine-refusing families who will likely seek new clinicians is not mutually beneficial. It is therefore an example of unfair risk redistribution.

Outbreaks of vaccine-preventable diseases are more likely in spaces where nonimmunized patients are clustered.⁶ The net effect of dismissal might be a greater increase in risk to another clinician's pediatric population than the amount of risk that was diminished by dismissing vaccine-refusing families. That is, transferring disease risks may increase aggregate disease risks. Others⁶ have noted that dismissing children because parents refuse vaccines is bad for the patients in practices that accept these children, especially given clustering effects. We argue that it is also unfair to other clinicians to transfer and intensify these risks for their pediatric practices.

One might reply that the risk of exposure to vaccine-preventable diseases associated with an



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Practice Policy

- **POLICY STATEMENT**
-
- Children's National Health System agrees with, shares, teaches and practices the recommendations of the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) with respect to immunizations, including type of vaccine and schedule.

Procedure

PROCEDURE

All primary care providers, including attending physicians, nurse practitioners, physician's assistants, residents across the organization and physicians within the Goldberg Center (Primary Care) and Children's Pediatricians & Associates **educate about, recommend and provide immunizations according to the established CDC schedule.**

Providers are expected to **review immunization status at every visit**, and immunize patients who are in need of **catch-up** immunizations when there are no contraindications.

When parents or guardians refuse to vaccinate their children according to the established CDC schedule, their **refusal and discussion will be documented in their medical record with the appropriate ICD10 code** and they will be asked to sign the **AAP "Refusal to Immunize" document**, which will also be placed in their medical record.

Parents and guardians who both refuse to vaccinate and sign the AAP "Refusal to Vaccinate" document may be dismissed from the practice at the physician's discretion. This will be documented in the child's medical record along with the rationale for doing so. Parents and guardians who refuse to vaccinate but sign the AAP "Refusal to Vaccinate" document can remain in the practice. Every effort will be made to address their concerns at each visit with the goal of fully immunizing all patients.

All dismissal notifications will be sent to the family via certified mail.

No child will be refused treatment in the Emergency Room or specialty clinic regardless of immunization status.

For Patients – on our practice website

- *The team at CP&A firmly believes in the effectiveness of vaccines to prevent serious illnesses and save lives. We also firmly believe in the safety of vaccines. Our offices follow the vaccine [schedule](#) outlined by the Center for Disease Control and the American Academy of Pediatrics which has been scientifically tested for safety and efficacy.*
-
- *There is no such thing as an approved "alternative" vaccine schedule. We will be happy to provide information to help you understand the science behind vaccines, as we have a commitment to our patients to keep them safe and provide the best pediatric care available. This includes giving vaccinations on time, according to the CDC/AAP schedule*

Documenting vaccine refusal in EHR

Checking this box...

Form: **PILOT ADOLESCENT VISIT** ☒ Auto Neg ☐ Uncheck All

Handouts WebPage Screening Tools Draft Search Outline Preview

HPI GYN ADS HE Contraception ROS/SCREENING PMH/SH/FH/ALL PE1 PE-GU DX / EDU A/G Management

HPV Refusal

- ☒ Y by Parent
- ☐ Y by Patient

VAX Refusal

- ☐ Y General Refusal to Vaccinate
- ☐ Y Caregiver Refusal
- ☐ Y Patient Refusal
- ☐ Y Alternate Schedule Desired
- ☐ Y Religious Reasons

Link to Opt Out Form -->

VAX deferred

- ☐ Y Stock unavailable
- ☐ Y Due To Acute Illness
- ☐ Y Due To Chronic Illness
- ☐ Y Patient Had Dx Being Vaccinated Against
- ☐ Y Due To Immune-Compromised State
- ☐ Y Due To Allergy To Vaccine
- ☐ Y medical contraindication (free text reason)

Vaccine References

[LINK to SHOTS ONLINE](#) [LINK to REDBook Current VAX reqs](#)

automatically generates ICD-10 code in EHR charges

Select Diagnosis: Search

Select From: ☒ Favorites ☐ Encounter Note ☐ All Procedures

☐ Procedure Code ☒ Description

Selected: ROUTINE HISTORY AND P

... No Diagnosis

]- Patient Problem List

- 708.9 - URTICARIA NOS
- S06.0X0D - Concussion with
- V20.2 - ROUTIN CHILD HEA
- V72.6 - LABORATORY EXA

]- Patient History

- L30.9 - Dermatitis, unspecifie
- L73.8 - Other specified follicul
- M25.561 - Pain in right knee
- Z00.129 - Encntr for routine c
- Z23 - Encounter for immuniza
- N34.2 - Other urethritis
- S05.11XD - Contusion of eye
- J02.9 - Acute pharyngitis, uns
- R10.9 - Unspecified abdomin
- 477.9 - ALLERGIC RHINITIS
- 346.90 - MIGRNE UNSP WO
- 462 - ACUTE PHARYNGITIS
- V04.89 - VACCIN/INOC VIRA
- 611.1 - GYNECOMASTIA/HY
- 372.30 - CONJUNCTIVITIS
- V05.3 - NEED PRPHYL VC V
- V04.81 - VACCIN FOR INFL
- 389.9 - HEARING LOSS NO

ESTABLISHED PATIENT

MACRO PREVENTATIVE ESTABLISHED

BEHAVIORAL HEALTH (FOR SPECIALISTS USE)

BW MACRO PREVENTATIVE ESTABLISHED

BW MACRO (VFC) PREVENTATIVE ESTABLISHED

BW MACRO OTHER

CP/LA MACRO PREVENTATIVE ESTABLISHED

CP/LA MACRO (VFC) PREVENTATIVE ESTABLISHED

CP/LA MACRO POC TESTING

FB/CH MACRO PREVENTATIVE ESTABLISHED

FB/CH MACRO DC (VFC) PREVENTATIVE ESTABLISHED

FB/CH MACRO MD (VFC) PREVENTATIVE ESTABLISHED

GB MACRO PREVENTATIVE ESTABLISHED

MV1 MACRO PREVENTATIVE ESTABLISHED

MV1 MACRO PREVENTATIVE ESTABLISHED (ABNORMAL)

UM1 MACRO PREVENTATIVE ESTABLISHED

PREVENTATIVE ESTABLISHED

NEW PATIENT

Orders/Charges Cart **Max Diags Insurance Accepts: 12**

Select ICD **ROUTINE HISTORY AND PHYSICAL ADOLESCENT (12 - 17 yrs) (From Note)**

1) Z28.82 - Vaccination Not Carried Out Due To Caregiver Refusal (From Note)



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...and automatically populates visit assessment;
right-click to add to problem list

02/11/2000 17y 5m M

Chart Flowsheets Note Orders/Charges

Problems ? Include Inactive

ALLERGIC RHINITIS NOS 477.9
Onset: 04/08/2010 Inactive

Concussion with No Loss of... S06.0X0D
Onset: 01/19/2016

Contusion with Intact Skin Su... S05.11XD
Onset: 01/19/2016 Inactive

LABORATORY EXAMINATION V72.6
Onset: 09/18/2009

Migraine Headache 346.90
Onset: 02/18/2015 Inactive

ROUTIN CHILD HEALTH EXAM,... V20.2
Onset: 09/18/2009

URTICARIA NOS 708.9
Onset: 10/18/2006

Vaccination Not Carried Out D... Z28.82
Onset: 08/02/2017

Forms
Last Form
Marker
Draw
Text
Vitals
Cite
E & M
Favorites
Prev. Enc.
Fam. Hx
Intake
Section
Save
Done

Draft Search Outline Preview

General/bilateral: Musculoskeletal system: normal.

Thoracolumbar Spine:
General/bilateral: No scoliosis.

Neurological:
Neurological system: normal.

Psychiatric:
PHQ9 score: =.

Skin:
Skin: normal.

Growth And Development:

Pubertal Male Genital Development:	Value	Normal Range
<u>Male genital development Tanner stage -</u>	<u>5</u>	

Male pubic hair Tanner stage was five.

TESTS

Laboratory Studies:
PHQ-9.

ASSESSMENT

- routine adolescent history and physical (12 - 17 yrs)
- Vaccination not carried out due to caregiver refusal: HPV vaccine benefits discussed at length, administration was refused



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Vaccination Not Carried Out Due To Caregiver Refusal

Details Care Plan

Goals of Care:



Patient Instructions:



parent will reconsider next year. Refusal to immunize form signed.

ASSESSMENT

- [Routine adolescent history and physical \(12 - 17 yrs\)](#)
- [Vaccination not carried out due to caregiver refusal: HPV vaccine benefits discussed at length, administration was refused](#)

PLAN

- Immunization not carried out because of caregiver refusal
- Care Plan
Goals of Care:
Instructions: parent will reconsider next year. Refusal to immunize form signed.



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CNHN Future of Pediatrics 2018

Resources





Strategies to Improve
Immunization Rates

Communicating with
Families

Ordering, Financing, and
Maintaining Supply

Vaccine Storage and
Handling

Avoiding Vaccine
Administration Errors

Quality Improvement

Immunization
Information Technology

Immunization Social
Media Toolkit

Practice Change
Education and Tools

Immunizations

Immunization Social Media Toolkit

The AAP has developed guidance to help pediatricians develop social media accounts, and sample messages to share.



2018 Social Media Toolkit Pilot

From January to March, 2018, 16 practices from 13 states participated in a pilot of this toolkit.



Social Media Guidance

This Social Media Guidance will help pediatric practices develop and/or manage social media accounts.

RESOURCES

The Immunization Schedule

New for 2018! Click here for the current schedule recommended by the CDC, AAP, AAFP, and ACOG.

Information for Parents

Visit HealthyChildren.org, the AAP parenting website, for information for families about immunizations.

Tools for Vaccine Conversations

The CDC offers Provider Resources for Vaccine Conversations with Parents, to help you navigate communication with parents.

THE LATEST ON IMMUNIZATIONS

Immunization Initiatives Newsletter

Check out our newsletter for the latest on





2018 Social Media Toolkit Pilot

From January to March, 2018, 16 practices from 13 states participated in a pilot of this toolkit. [▶](#)



Social Media Guidance

This Social Media Guidance will help pediatric practices develop and/or manage social media accounts. [▶](#)



Memes and Videos to Share



Sharing Immunization Resources

Copy and paste pre-written posts and tweets into your preferred social media platform and link to immunization resources. [▶](#)



Creating Immunization Videos to Share

Use this guidance to create, or help parents create videos to share through social media. [▶](#)



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Human Papillomavirus (HPV)

HPV Home

For Parents & Public +

For Clinicians -

Why is HPV Vaccine Important

Clinician Factsheets

Schedules & Recommendations

Answering Parents Questions

HPV Coverage Data +

Materials & Resources -

Tools for Your Office

Information for Parents

[CDC](#) > [HPV Home](#) > [For Clinicians](#) > [Materials & Resources](#)

Tools and Materials for Your Office



Utilizing CDC's HPV resources in your offices, on your webpages, and in your community can be a great way to inform parents about the importance of HPV vaccination. With a focus on cancer prevention, the following resources help parents understand that HPV vaccine can help protect their children from the types of cancers and pre-cancers that come from HPV infection. Here are some simple suggestions on how you can use the resources below.

Take Action By:

1. Displaying free CDC resources including patient videos, posters, flyers, and PSAs in your waiting room and on your website.
2. Using prepared scripts to record phone hold-line messages or appointment reminders.
3. Signing up to receive CDC's #PreteenVax newsletter and listening in on our monthly webinars by emailing preteenvaccines@cdc.gov.



[HPV Vaccine Against Cancer — flyer/poster](#) [2.07 MB, 1 page]

One of a series of posters promoting HPV vaccination. Available sizes to print in 8.5 x 11, 11x17, and 18x24.



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HPV vaccine is cancer prevention.

Talk to the doctor
about vaccinating
your 11–12 year old
sons and daughters
against HPV.

#UCanStopHPV

Evidence-Based HPV Disease Prevention

Additional discussion

- What experience have other CNHN practices had with immunization refusal & practice policies?
- Opportunities for new pediatric CIN?
 - Vaccine education campaign
 - CIN vaccine policy
 - Immunization quality metrics
 - Immunization QI:
 - HPV, influenza?

