

July 19, 2013

Dear Colleague:

Each year, the Advisory Committee on Immunization Practices (ACIP) reviews, updates, and publishes [recommended immunization schedules](#) for children, adolescents, and adults to ensure they reflect current guidance on licensed vaccines. Increased pertussis activity nationwide, combined with recent outbreaks of mumps and measles in Virginia and North Carolina, remind us of the importance of protecting our children against vaccine-preventable diseases through adolescence into young adulthood.

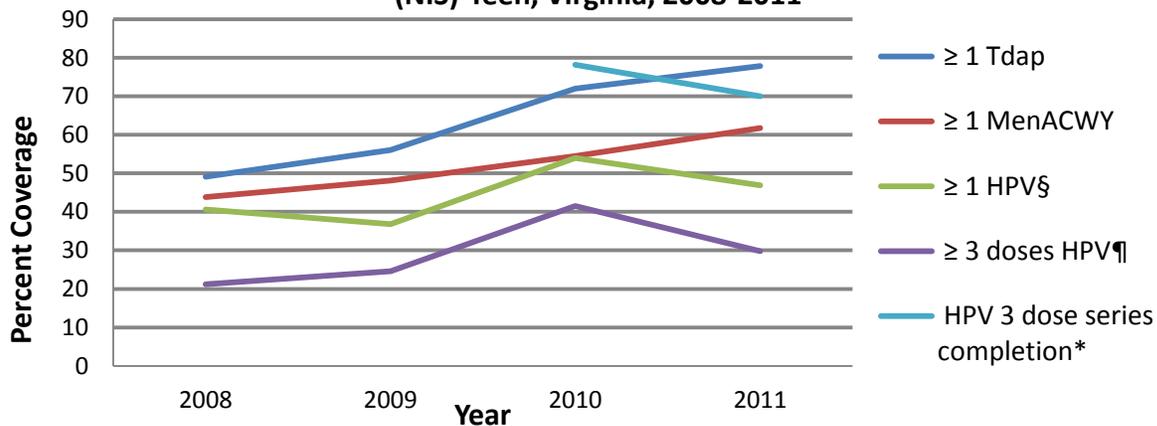
As you may know, the [vaccines required for school attendance](#) by the Code of Virginia, particularly those required for adolescents, do not include all vaccines recommended by ACIP. While a dose of Tdap is required for all children entering sixth grade, and HPV is required for girls entering sixth grade, additional vaccines are recommended at this age as well. Research has shown that one of the most powerful predictors of a parent's decision to vaccinate their child is a provider recommendation. **We encourage you to discuss, support, and offer all recommended vaccines in your medical practice, regardless of whether or not they are required for school.**

When discussing vaccination with your adolescent patients and their parents, please review and encourage the following ACIP recommendations:

- Tdap vaccine—All 11-12 year olds should receive a single dose of Tdap vaccine if they have completed the recommended childhood DTP/DTaP vaccinations series and have not yet received Tdap. Tdap can be administered regardless of interval since the last Td-containing vaccine.
- MCV4 vaccine—All 11-12 year olds should receive a single dose of meningococcal vaccine, MCV4, with a booster dose administered at age 16 years.
- HPV vaccine—All girls 11-12 years old should get 3 doses of either quadrivalent or bivalent HPV vaccine to protect against cervical cancer.
- HPV vaccine—All boys 11-12 years old should get 3 doses of quadrivalent HPV vaccine to protect against genital warts and anal cancer.
- Influenza vaccine—All adolescents should receive a single dose of influenza vaccine every year.
- For all vaccines given during adolescence, syncope has been reported in both boys and girls. To avoid serious injury related to a syncopal episode, adolescents should be sitting or lying down always to receive vaccines and should remain so for 15 minutes while under observation.

The latest [National Immunization Survey – Teen](#) data, released in August 2012, showed both positive and concerning trends. Nationwide vaccination rates continued to improve for both Tdap and MCV4. Unfortunately, HPV vaccination rates among girls have plateaued. For the third year in a row, the nationwide increase in coverage for HPV vaccine was half of the increases seen for Tdap and MCV4. Virginia rates, as seen below, closely mirror these nationwide trends.

**Vaccination Coverage, 13-17 Years, National Immunization Survey
(NIS)-Teen, Virginia, 2008-2011**



§ ≥1 dose of either HPV2 or HPV4. Percentages reported among females only
 ¶ ≥3 doses of either HPV2 or HPV4 among females only
 * Percent of females who received 3 doses among those who had ≥ 1 HPV dose

The following best practices are proven ways that you can positively influence adolescent vaccine uptake in your office:

- Strongly recommend vaccination to both parents and patients. As a trusted health care provider, your recommendation is important for ensuring protection from vaccine-preventable diseases. Studies consistently show that provider recommendation is the strongest predictor of vaccination. *Vaccine 2011;29(5):890-5; Clin Excell Nurse Pract 1999;3(2):97-104*
- Use every opportunity to vaccinate your adolescent patients. As these patients may not be coming in as often for routine check-ups, ask about vaccination status when they come in for sick visits and sports physicals.
- If families or adolescents are anticipating international travel, review and discuss any travel vaccine recommendations which can be found on the [CDC Traveler's Health](http://www.cdc.gov/travel) website.
- Implement patient reminder and recall systems, such as automated postcards, phone calls, and text messages, which have been demonstrated to be effective tools for increasing office visits. *Pediatrics 2003;112(4):993-6; MMWR 1998;47(34):715-7; Arch Pediatr Adolesc Med 2000;154(2):184-9.* Several features in the statewide immunization registry, the [Virginia Immunization Information System \(VIIS\)](http://www.vdh.virginia.gov), allow providers to identify and contact patients due for vaccination. Your participation in VIIS is strongly encouraged. For additional enrollment information, contact Bethany McCunn at 804-864-8055 or via email at bethany.mccunn@vdh.virginia.gov.
- Engage parents and adolescents alike in conversations about the diseases that can be prevented by vaccines. They may know very little about pertussis, meningococcal disease, or HPV.
- Implement standing orders so patients can receive vaccines without a physician examination or individual physician order. Comprehensive standing orders that you may customize for your practice are available through the Immunization Action Coalition: <http://www.immunize.org/standing-orders/>.
- Familiarize yourself with available resources and tools that may assist you in implementing these

recommendations in your practice. Up-to-date information is available on CDC's website at <http://www.cdc.gov/vaccines/who/teens/for-hcp.html>.

- Educational materials, including fact sheet, fliers, and posters, also may be found at <http://www.cdc.gov/vaccines/who/teens/products/print-materials.html>.
- If you are unable to administer vaccines in your practice, you may refer your patients to your local health department for age-appropriate vaccinations (a prescription is not required).

If you have any questions about this guidance or would like additional information, please contact your local health department or Jim Farrell, Director, Division of Immunization at 804-864-8055 or via email at james.farrell@vdh.virginia.gov. Thank you for your continued partnership in protecting the health of Virginians.

Sincerely,

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