

Chapters navigate pandemic challenges as they work to raise teen vaccination rates

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Six AAP chapters that received grants in 2019 to improve adolescent vaccination rates made progress, despite facing challenges created by the pandemic. Following is a summary of each chapter's project.

Arkansas

Before the pandemic, chapter leaders visited pediatric practices to provide guidance on messaging, procedures and reminder/recall opportunities to improve HPV vaccination rates. During these visits, which continued virtually after the pandemic started, practices learned how to run reports using the state's immunization registry. They also discussed the benefits and challenges of using the state's vaccination reminder system, particularly for adolescents.

The chapter received \$8.77 million in funding from the Coronavirus Aid, Relief and Economic Security Act for practices' immunization outreach and infrastructure, including funding to add reminder/recall capabilities to electronic health record (EHR) systems.

Florida

The chapter recruited practices to participate in a quality improvement (QI) project to increase HPV vaccination rates by initiating the two-dose series at age 9, and no later than age 11, and completing the series no later than age 12.

Project participants were given tools to educate adolescents and their caregivers on the importance of early vaccination to prevent cancers caused by HPV. Participants also were taught how to use the state's immunization registry and their EHR

to understand their patient population's vaccination rates. Physicians were coached on how to make a clear recommendation for vaccination at age 9 and recall patients for the second dose before age 12.

Prior to the pandemic, the percentage of patients 9-12 years who received the HPV, tetanus, diphtheria and acellular pertussis, and meningococcal vaccines rose from an average of 33.4% to a high of 52.7% in January 2020. Due to the pandemic, however, the number declined to 23.7% by July 2020.

The chapter is continuing to work with the Florida Department of Health to identify better methods to train pediatricians on how to utilize the state's immunization registry to track and monitor immunization rates in their practices.

Kentucky

The chapter collaborated with the University of Kentucky Department of Pediatrics Division of Adolescent Medicine clinic on a pilot project that included workshops for medical providers on how to raise awareness about the importance of HPV vaccination and dose recommendations and address vaccine hesitancy.

Chapters also educated school district staff and providers on the importance of recording HPV vaccination in the school portal system. Even with the pandemic impeding well-child visits across the state, recording HPV immunization in the portal system improved in two counties. The pilot justified the importance of raising awareness among school staff about HPV vaccine.

The chapter posted a webinar on its website to provide ongoing education for providers on HPV vaccine recommendations and motivational interviewing skills to address vaccine hesitancy and refusal.

Puerto Rico

The chapter recruited 10 college students to become QI coaches and promoters. They were trained on Health Insurance Portability and Accountability Act laws and QI methodology and then collaborated with 10 pediatricians to improve immunization rates in their pediatric practices.

After going through a Plan, Do, Study, Act (PDSA) cycle, the pediatricians used resources created with the youth QI coaches, including posters promoting HPV vaccination, flyers with facts about vaccine effectiveness and prescription pads with information on community vaccination centers.

The pediatricians also involved office staff in using the Puerto Rico Immunization Registry to determine patients' vaccination status prior to medical evaluation and promoting its use by parents to determine their children's immunization status.

Minnesota

The chapter partnered with pediatricians, other pediatric providers and pediatric clinics across the state to implement vaccine recall/reminder messages. Six clinics received training and technical assistance in using Minnesota's immunization registry and launched reminder/recall campaigns. These clinics represented urban, suburban and rural populations and collectively reached more than 5,400 pediatric patients.

The results of these efforts were positive, even in the midst of the pandemic. One clinic, for example, saw 113 out of 267 children contacted through its reminder/recall campaign schedule vaccine appointments within 90 days.

Montana

The chapter recruited eight sites in April to participate in an Extension for Community Healthcare Outcomes project, which will focus on rural practices. Project partners include the Montana Department of Public Health and Human Services, the Montana TeenVAX program and the Montana Family Practice Association. Participating practices will receive a stipend to complete three PDSA cycles that focus on improving their adolescent vaccination rates.

The six chapters were recipients of Adolescent Vaccination and Wellness grants from Merck.

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