



Closing Vaccination and Lead Screening Gaps While Patients are Hospitalized

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According to the CDC, approximately [70% of US 2-year-olds are fully vaccinated](#), meaning that they have received the recommended doses for 7 different vaccines (DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV). Although the CDC does not keep statistics about lead screening rates, it is likely that the numbers are similar to vaccination rates. However, the COVID-19 pandemic has resulted in fewer children overall who have been coming in for well child visits – thus, it is likely that vaccination and lead screening rates are lower than in prior years.

While pediatricians are used to maximizing opportunities for vaccination and lead screening, we need to be increasingly creative about how we do this. Thus, I was quite interested to read a Quality Report that is being early released this week in *Pediatrics* ([10.1542/peds.2020-018176](#)). Entitled “Resolving Pediatric Preventive Care Gaps Through Hospital Inreach,” this Quality Report by Dr. John Morehous and colleagues from the University of Cincinnati and Emory University describes a quality improvement project in which there was collaboration between the primary care clinics and the hospital medicine service to get children vaccinated and screened for lead toxicity while they are hospitalized.

Particularly now that vaccination records and outpatient lab results are generally easily accessible (via vaccine registries and electronic medical records) to the hospital medicine team, this seems like an excellent strategy to improve vaccination and lead screening rates. And the authors found that this was indeed a great strategy – they closed gaps in vaccines and lead screening for 1,061 patients!

This team found that the model of having a primary care nurse review vaccination and lead screening records of patients who had been hospitalized worked well. However, after you read this Quality Report, you may think of other strategies that may work as well or better for you – but that is the beauty of the Plan-Do-Study-Act cycle that characterizes a good quality improvement project like this one!

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