Complete Summary

GUIDELINE TITLE

Vaccine-preventable diseases: improving vaccination coverage in children, adolescents and adults.

BIBLIOGRAPHIC SOURCE(S)

Task Force on Community Preventive Services, Centers for Disease Control and Prevention. Recommendations regarding interventions to improve vaccination coverage in children, adolescents, and adults. Atlanta (GA): Centers for Disease Control and Prevention; 2000 Jan. 64 p. [251 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Vaccine-preventable diseases, specifically those for which vaccinations are universally recommended:

- Diphtheria, tetanus, and pertussis
- Haemophilus influenzae type B
- Hepatitis B
- Influenza
- Measles, mumps, and rubella
- Pneumococcal
- Poliomyelitis
- Varicella

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Patients
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To increase vaccine coverage levels in children, adolescents, and adults.

TARGET POPULATION

Children, adolescents and adults

INTERVENTIONS AND PRACTICES CONSIDERED

- Increasing community demand for vaccinations, including client reminder/recall, multicomponent interventions that include education, vaccination requirements for child care, school, and college attendance, community-wide education only, client or family incentives, and client-held medical records
- Enhancing access to vaccination services, including reducing out-of-pocket costs, expanding access in health-care settings, and vaccination interventions in nonmedical settings, such as WIC settings, home visits, vaccination programs in schools, and child care centers
- Provider-based interventions, including provider recall/reminder, provider assessment and feedback, standing orders, and provider education-only interventions

MAJOR OUTCOMES CONSIDERED

- Attendance in healthcare systems
- Delivery of vaccinations
- Vaccine-preventable disease incidence

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developers conducted electronic searches for literature using MEDLINE, Embase, Psychlit, CAB Health and Sociological Abstracts. The team also reviewed reference lists in articles and consulted with immunization experts. To be included in the review, a study had to meet the following criteria:

- Have a publication date of 1980-1997
- Address universally recommended adult, adolescent, or childhood vaccinations
- Be a primary study rather that a guideline or review
- Take place in an industrialized country or countries
- Be written in English
- Met the evidence review and Guide chapter development team's definition of the interventions
- Provide information on one or more outcomes related to the analytic frameworks
- Compare a group of persons who had been exposed to the interventions with had not been exposed or who had been less exposed

Studies were also reviewed that did not meet these criteria but had been recommended by one or more experts as having potential to change a preliminary assessment of effectiveness. For example, unpublished studies of interventions involving WIC and 1998 publications on home visits were reviewed.

NUMBER OF SOURCE DOCUMENTS

A total of 197 studies met the inclusion criteria.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Good: 0-1 study limitations

Fair: 2-4 study limitations

Limited: $\geq$5 study limitations

Studies were evaluated for limitations in execution with respect to the following eight categories:

- Definition and selection of study and comparison population(s)
- Definition and measurement of exposure and intervention
- Assessment of outcomes
- Follow-up and completion rates
- Bias
- Data analysis

- Confounding factors
- Miscellaneous criteria (e.g. lack of statistical power)

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Other

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Task Force recommendations are based primarily on the effectiveness of interventions as determined by the systematic literature review process. In making recommendations, the Task Force balances information about the effectiveness of an intervention with information about other potential benefits and potential harms. To determine how widely a recommendation should apply, the Task Force also considers the applicability of the intervention in various settings and populations. Finally, the Task Force reviews economic analyses of those interventions found to be effective and summarizes applicable barriers to intervention implementation. Economic information is provided to assist the reader with decision making but generally does not affect the Task Force´s recommendation.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

In general, strength of evidence of effectiveness corresponds directly to strength of recommendations. Recommendations are rated as:

- Strongly Recommended (supported by strong evidence)
- Recommended (supported by sufficient evidence)
- Insufficient evidence to determine effectiveness

COST ANALYSIS

Each of the "Recommended" or "Strongly Recommended" interventions included a systematic review of information from economic evaluations.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline was submitted to an extensive peer review, including review at various stages by a "consultant team," and external team of subject matter and methodologic experts, focus group testing for clarity and content, and peer review of the finished product by agencies and professional groups.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

I. Increasing Community Demand for Vaccinations

1. Client Reminder/Recall
   - Client reminder/recall interventions involve reminding members of a target population that vaccinations are due (reminders) or late (recall). Reminders differ in content and are delivered by various methods: telephone, letter, postcard, or other.
   - Client reminder/recall interventions are strongly recommended on the basis of strong scientific evidence that they improve vaccination coverage:
     a. in children and adults
     b. in a range of settings and populations
     c. when applied at different level of scale from individual practice settings to entire communities
     d. across a range of intervention characteristics (e.g., reminder or recall; content; theoretical basis; and method of delivery)
     e. whether used alone or as part of a multicomponent intervention
2. Multicomponent Interventions That Include Education
   - Multicomponent interventions that include education provide knowledge to target populations and sometimes, to vaccination providers, and use at least one other activity to improve vaccination coverage.
   - Multicomponent interventions that include education are strongly recommended on the basis of strong scientific evidence that they:
     a. improve vaccination coverage among children and adults
     b. improve vaccination coverage in communitywide and clinic-based settings
     c. improve vaccination coverage in a range of contexts
     d. have incorporated education with a variety of other activities
   - The contribution of individual components to overall effectiveness of these interventions could not be attributed.
3. Vaccination Requirements of Child Care, School, and College Attendance
   - Child care, school, and college requirements are laws or policies requiring vaccinations or other documentation of immunity as a condition of attendance.
   - Vaccination requirements for child care, school, and college attendance are recommended on the basis of sufficient scientific evidence that (a) these requirements are effective in reducing vaccine-preventable disease and/or improving

vaccination coverage and (b) they are effective in all relevant populations. Differences in effectiveness of state laws based on the law's specific characteristics or its enforcement could not be determined.

4. Communitywide Education Only
    - Communitywide education-only interventions provide information to most or all of a target population in a geographic area. These interventions can also provide information to vaccination providers. Interventions that have additional features (e.g., reminders), are used in combination with other interventions (e.g., multicomponent interventions that include education), or are limited to site-specific efforts in a particular setting (e.g., schools or child care centers) are included with other interventions.
    - A review of available scientific evidence found only one qualifying study that assessed the effectiveness of communitywide education-only interventions regarding delivery of vaccinations. That study had limitations in design and conduct and found inconsistent results in different subpopulations. No qualifying studies were identified evaluating the effectiveness of communitywide education-only interventions regarding knowledge and attitudes. Therefore, available studies provide insufficient evidence to assess the effectiveness of communitywide education regarding improving vaccination, knowledge, or attitudes of individual components to overall effectiveness of these interventions could not be attributed.
5. Clinic-Based Education Only
    - Clinic-based education-only interventions provide information to groups served in a specific medical or public health clinical setting. Interventions that have additional features (e.g., reminders), are used in combination with other interventions (e.g., multicomponent interventions that include education), or are provided in other settings (e.g., schools or child care centers) are included elsewhere in this paper.
    - A review of available scientific evidence found only one qualifying study evaluating the effectiveness of printed educational materials regarding improving vaccination coverage. That study found effects regarding coverage that were neither substantial nor statistically significant. Only two before/after studies were identified that evaluated the effects of vaccination information statements regarding client knowledge or attitude toward vaccination. Those studies demonstrated variable effects regarding knowledge and attitudes. No studies were identified evaluating clinic-based educational strategies other than printed educational materials. Therefore, available studies provide insufficient evidence to assess the effectiveness of clinic-based education-only interventions to improve knowledge, attitudes, or vaccination coverage.
6. Client or Family Incentives
    - Client incentives involve providing financial or other incentives to motivate persons to accept vaccinations. Incentives can be either rewards or penalties. Some interventions with aspects of

incentives (e.g., Women, Infants, and Children [WIC] programs and child care, school, and college attendance requirements) are included elsewhere in this paper.

- A review of available scientific evidence identified three qualifying studies, and those studies included four intervention arms. Only one intervention arm evaluated use of incentives only; it found a 9% change in coverage. The other three intervention arms evaluated incentives and reminders with and without additional interventions; two of these reported results that were neither significant nor substantially different from no effect. Therefore, on the basis of the (a) small number of available studies, (b) variability in interventions evaluated, and (c) variability in size of reported results, insufficient evidence exists to assess the effectiveness of client incentives in improving vaccination coverage and whether incentives provide a marginal benefit when combined with reminders.

7. Client-Held Medical Records
   - Client-held medical records that indicate which vaccinations have been received are provided to members of a target population or their families. A review of available scientific evidence identified four qualifying studies of client-held medical records; one evaluated client-held records only and three evaluated client-held records together with clinic-based education, client reminders, or multiple strategies. Several of the reported results were neither substantial nor statistically different from zero. Therefore, on the basis of the (a) small number of studies, (b) limitations in study design and conduct, (c) variability in interventions evaluated, and (d) variable size of reported effects, insufficient evidence exists to assess the effectiveness of client-held medical records in improving vaccination coverage.

II. Enhancing Access to Vaccination Services

8. Reducing Out-of-Pocket Costs
   - Reducing out-of-pocket costs to families for vaccinations or administration of vaccinations can be implemented by paying for vaccinations or administration, providing insurance coverage, or reducing copayments for vaccinations at the point-of-service.
   - Interventions that reduce out-of-pocket costs are strongly recommended on the basis that they improve vaccination coverage:
     a. in children and adults
     b. in a range of settings and populations
     c. when applied in varying levels of scale from individual clinical settings to statewide programs, to national efforts
     d. whether used alone or as part of a multicomponent intervention
9. Expanding Access in Healthcare Settings
   - Expanding access increases the availability of vaccines in medical or public health clinical settings in which vaccinations are offered by (a) reducing the distance from the setting to the

population; (b) increasing or changing hours during which vaccination services are provided; (c) delivering vaccinations in clinical settings in which they were previously not provided (e.g., emergency departments, inpatient units, or subspecialty clinics); or (d) reducing administrative barriers to obtaining vaccination services within clinics (e.g., developing a "drop-in" clinic or an "express lane" vaccination service).

- As a part of multicomponent interventions, expanding access is strongly recommended on the basis that it improves vaccination coverage among children and adults and improves vaccination coverage in a range of contexts. The contribution of individual components to the overall effectiveness of these interventions could not be attributed. A review of available scientific evidence found insufficient evidence to assess the effectiveness of expanded access only on the basis of:
  a. the small number of studies
  b. results that were small and statistically nonsignificant
  c. limitations in study design and execution

10. Vaccination Programs in WIC Settings
    - Vaccination programs in WIC settings involve efforts to encourage the vaccination of a low-income target population in this nonmedical setting. At a minimum, vaccination-promoting strategies in WIC require assessment of each child's immunization status and referral of underimmunized children to a healthcare provider. Other services can include education, provision of vaccinations, or incentives to accept vaccinations (e.g., monthly voucher pickup, which requires more frequent WIC visits when children are not up-to-date).
    - WIC interventions are recommended on the basis that they improve vaccination coverage in children whether used alone or as part of a multicomponent intervention. All available studies evaluated assessing the immunization status of WIC clients and either providing vaccinations on-site or referring clients elsewhere for vaccination. Some interventions also used monthly voucher pickup or provided free vaccinations. The contributions of individual components to the overall effectiveness of vaccination interventions in WIC settings could not be determined.
11. Home Visits
    - Home visits to promote vaccinations involves providing face-to-face services to clients in their homes. Services can include education, assessment of need, referral, and provision of vaccinations. Home-visiting interventions also can involve telephone or mail reminders.
    - Visiting interventions are recommended on the basis that they improve vaccination coverage. Most available studies were conducted in socioeconomically disadvantaged populations. At least when applied only to improve vaccination coverage, home-visiting interventions can be highly resource-intensive relative to other available options for improving vaccination coverage.
12. Vaccination Programs in Schools

- School-based vaccination interventions are intended to improve delivery of vaccinations to school attendees aged approximately 5 to 18 years. School-based interventions usually include vaccination-related education of students, parents, teachers, and other school staff plus either provision of vaccinations or referral for vaccinations. These interventions can also involve other components (e.g., providing incentives, acquiring written consent from parents or guardians, and administering vaccinations). Vaccination requirements for school attendance are included in the guideline document.
- A review of available scientific evidence found only one qualifying study evaluating the effectiveness of school-based vaccination programs was identified. No comparative studies evaluating the effectiveness of school-based vaccination programs to improve vaccination coverage were identified. Therefore, insufficient evidence exists regarding the effectiveness of school-based vaccination programs.

13. Vaccination Programs in Child Care Centers

Insufficient Evidence

- Interventions in child care centers involve efforts to encourage vaccination of children aged <5 years. These interventions require assessment of each child's immunization status at (a) entry into child care, (b) at some point during the child's enrollment, or (c) at periodic intervals throughout the child's enrollment. Vaccination interventions in child care centers can also include education or notification of parents, referral of underimmunized children to healthcare providers, and possibly, provision of vaccinations on-site. Vaccination requirements for entry into child care centers are included in the guideline document.
- A review of available scientific evidence found only one study that evaluated the effectiveness of vaccination interventions in child care settings, and it was not included in the review because of limitations in its design and execution. Therefore, available studies provide insufficient evidence to assess the effectiveness of vaccination interventions in child care centers.

III. Provider-based Interventions

14. Provider Reminder/Recall

- Provider reminder/recall interventions inform those who administer vaccinations that individual clients are due (reminder) or overdue (recall) for specific vaccinations. Techniques by which reminders are delivered - in client charts, by computer, by mail, or other - and content of the reminders can vary. Interventions that incorporate elements of both reminders and standing orders are included with standing orders in the guideline document.
- Provider reminders are strongly recommended on the basis that they improve vaccination coverage: (a) in adults, adolescents, and children; (b) whether used alone or as part of

a multicomponent intervention; (c) across a range of intervention characteristics (e.g., computerized or simple reminders, checklists, or flowcharts); and (d) in a range of settings and populations.

a. in adults, adolescents, and children
b. whether used alone or as part of a multicomponent intervention
c. across a range of intervention characteristics (e.g., computerized or simple reminders, checklists, or flowcharts); and (d) in a range of settings and populations

15. Assessment and Feedback for Vaccination Providers
    - Provider assessment and feedback involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and giving this information to providers. Assessment and feedback interventions can also involve other activities (e.g., incentives or benchmarking [i.e., comparing performance to a goal or standard]).
    - Assessment and feedback is strongly recommended on the basis that it improves vaccination coverage (a) in adults and children; (b) whether used alone or as part of a multicomponent intervention; and (c) across a range of settings and populations. The specific characteristics of assessment and feedback interventions (e.g., content, intensity, use of incentives, or benchmarking) that contribute most to effectiveness could not be determined from available data; however, a variety of assessment and feedback interventions have been consistently effective in a wide range of contexts.
16. Standing Orders
    - Standing orders involve interventions in which nonphysician personnel prescribe or deliver vaccinations to client populations by protocol without direct physician involvement at the time of the interaction. Settings in which this occurs include clinics, hospitals, and nursing homes. Dedicated vaccination clinics often operate under standing orders, but standing orders were considered to be an intervention in that context for the purposes of this guideline.
    - Standing orders to vaccinate adults is strongly recommended on the basis that they improve vaccination coverage whether used alone or as part of a multicomponent intervention and they are effective in such settings as hospitals, clinics, and nursing homes. Given (a) the greater complexity of vaccination protocols in children as compared with that for adults; (b) the identification of only a single qualifying study of standing orders to increase vaccination coverage in children; (c) limitations in that study's design and conduct; and (d) reported effects regarding vaccination coverage that were not substantially different from zero, insufficient evidence exists to assess the effectiveness of standing orders to improve vaccination coverage in children.
17. Provider Education Only

- Clinic-based education-only interventions provide information to groups served in a specific medical or public health clinical setting. Interventions that have additional features (e.g., reminders), are used in combination with other interventions (e.g., multicomponent interventions that include education), or are provided in other settings (e.g., schools or child care centers) are included in the guideline document.
- A review of available scientific evidence found only four qualifying studies of provider education-only interventions. Two studies of low-intensity interventions evaluated the impact of these interventions regarding vaccination coverage. One documented small and nonsignificant impacts regarding coverage; the other found that provider education produced smaller impacts regarding coverage than provider reminder/recall interventions or standing orders. Three studies of provider education-only interventions found variable impacts regarding provider knowledge and attitudes. The best-described and most-intensive intervention produced improvements in provider knowledge and attitudes. Therefore, insufficient evidence exists to assess effectiveness of provider education-only because of the:
  a. small number of studies
  b. limitations in design and conduct
  c. variability in results.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Evidence regarding client reminder/recall includes:

- 26 randomized or group randomized trials
- 7 nonrandomized trials
- 6 time-series studies
- 5 other designs, including retrospective cohort, concurrent comparison groups, before/after studies

Evidence regarding client or family incentives includes:

- 2 randomized or group randomized trials
- 2 retrospective cohort studies

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The recommended interventions to improve vaccination coverage may help communities and health care systems reach many of the objectives in Healthy People 2000 and Healthy People 2010. Those objectives are the health promotion and disease prevention agenda for the United States and are enumerated in the guideline document.

POTENTIAL HARMS

None stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

A starting point for addressing vaccine-preventable disease problems in communities is to assess activities currently being performed, current levels of vaccination coverage, and information regarding disease rates. These should be compared to federally-developed as well as locally-developed goals. Health planners should also consider whether special attention is warranted for population groups at high risk.

If improvement in vaccination coverage is warranted, causes of underimmunization should be assessed and interventions chosen that address local problems. Even generally effective strategies are unlikely to achieve objectives if they are poorly matched to local needs.

Once a general strategy is selected, the recommendations and the evidence review in the guideline document can be used in conjunction with local experience to help select appropriate interventions. In general, the use of strongly recommended and recommended interventions should be increased. Some circumstances could lead to using two or more interventions together.

The prominent barriers to implementing the interventions to improve vaccination coverage are described in the guideline document.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Task Force on Community Preventive Services, Centers for Disease Control and Prevention. Recommendations regarding interventions to improve vaccination coverage in children, adolescents, and adults. Atlanta (GA): Centers for Disease Control and Prevention; 2000 Jan. 64 p. [251 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000 Jan

GUIDELINE DEVELOPER(S)

Task Force on Community Preventive Services - Independent Expert Panel

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Task Force on Community Preventive Services

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline is subject to periodic updates.

GUIDELINE AVAILABILITY

Electronic copies: The complete report is available in Portable Document Format (PDF) from the Task Force on Community Preventive Services Web site. Also available from the National Library of Medicine's Health Services/Technology Assessment Text (HSTAT) Web site.

Print copies: Available from the Community Guide Branch, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-73, Atlanta, GA 30341.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

Guideline-specific Background Articles:

- Briss PA, Rodewald LE, Hinman AR, Shefer AM, Strikas RA, Bernier RR, et al and the Task Force on Community Preventive Services. Reviews of evidence for interventions to improve vaccination coverage in children, adolescents, and adults. Am J Prev Med 2000;18(1S):97-140.

  Some of this material was published previously in: Shefer A, Briss P, Rodewald L, Bernier R, Strikas R, Yusuf H, Ndiaye S, Wiliams S, Pappaioanou M, Hinman AR. Improving immunization coverage rates: an evidence-based review of the literature. Epidemiol Rev 1999;21(1):96-142

- Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults.

  Some of this material was published previously in: Centers for Disease Control and Prevention. Vaccine-preventable diseases: improving vaccination coverage in children, adolescents, and adults. A report on recommendations from the Task Force on Community Preventive Services. MMWR Recomm Rep 1999 Jun 18;48(RR-8):1-15. Portable Document Format (PDF) File; HTML File

- Recommendations regarding interventions to improve vaccination coverage in children, adolescents, and adults. Task Force on Community Preventive Services. Am J Prev Med 2000 Jan;18(1 Suppl):92-6.

General Background Articles:

- Truman BI, Smith-Akin CK, Hinman AR, Gebbie KM, Brownson R, Novick LF, Lawrence RS, Pappaioanou M, Fielding J, Evans CA, Jr., Guerra F, Vogel-Taylor M, Mahan CS, Fullilove M, Zaza S, Task Force on Community Preventive Services. Developing the Guide to Community Preventive Services--overview and rationale. Am J Prev Med 2000 Jan;18(1 Suppl):18-26.

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- Briss PA, Zaza S, Pappaioanou M, Fielding J, Wright-de Aguero L, Truman BI, Hopkins DP, Mullen PD, Thompson RS, et al. Developing an evidence-based Guide to Community Preventive Services--methods. Am J Prev Med 2000 Jan;18(1 Suppl):35-43.
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- Zaza S , Pickett JD. The Guide to Community Preventive Services: update on development and dissemination activities. J Public Health Manag Pract 2001 Jan;7(1):92-4.
- Novick LF, Kelter A. The Guide to Community Preventive Services: a public health imperative. Am J Prev Med. 2001 Nov;21(4 Suppl):13-5.

Users can access the complete collection of companion documents at the Task Force on Community Preventive Services Web site.

Print copies: Available from the Community Guide Branch, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-73, Atlanta, GA 30341.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on October 20, 1999. The information was verified by the guideline developer as of December 20, 1999.

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