

# Adolescent vaccine study highlights need for education of parents and physicians

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A study of vaccine acceptance and behaviors among a group of parents of Georgia middle and high school students concludes evidence-based targeted interventions for parents are needed about recommended vaccines. In addition, physician training should emphasize the

importance of a doctor's recommendation regarding vaccines for children with chronic illnesses.

The study was published early online in the *Journal of Adolescent Health*. The team included researchers from Emory University School of Medicine, Rollins School of Public Health, Georgia Department of Public Health, Georgia Regents University, and the Centers for Disease Control and Prevention.

The Advisory Committee on Immunization Practices recommends four vaccines for adolescents on the routine immunization schedule: tetanus, diphtheria, and acellular pertussis (Tdap) [vaccine](#); human papilloma virus (HPV) vaccine; quadrivalent meningococcal-conjugate (MCV4); and a yearly seasonal flu (influenza) vaccine. The Healthy People 2020 objectives from the U.S. Department of Health and Human Services target 80 percent vaccination coverage by 2020 for Tdap, HPV, and MCV4 among adolescents.

Although rates of immunization in the United States among young, school-age children are consistently high, rates of vaccination are below target goals for most adolescent vaccines. The authors wanted to find out more about the specific factors that influence vaccination rates in adolescents.

They randomly selected a sample of [parents](#) of students from 11 Georgia middle and high schools in one low-income Georgia county. Out of the 6,606 parents invited to answer a survey by telephone or online in 2011, 2012, and 2013, 686 parents participated. They answered questions about their adolescents' vaccinations, chronic health conditions, and health insurance status.

Most parents (91 percent) reported their adolescent had received at least one dose of the four recommended vaccines: Tdap (82 percent),

quadrivalent meningococcal conjugate (59 percent), current influenza vaccine (53 percent), and HPV (48 percent).

Twenty-three percent of parents reported that their adolescent had asthma (higher than the rate in Georgia of 10 percent). Most parents reported that their adolescent's insurance was either Medicaid (60 percent – three times higher than the rate in Georgia of 19 percent) or private insurance (34 percent), and six percent reported no insurance.

Researchers found that more adolescents with a [chronic health condition](#), such as asthma, had received at least one of the recommended vaccines than had those without a chronic health condition (98 percent vs. 89 percent), which was encouraging.

However, fewer adolescents with no insurance (71 percent) had received at least one of the vaccines than had adolescents with Medicaid (93 percent) or private insurance (91 percent). Fourteen percent of parents whose adolescent had no insurance said that cost was a reason for not getting at least one of the four vaccines, versus seven percent of parents whose adolescent had Medicaid or [private insurance](#).

"Although the Federal Vaccines for Children program offers recommended vaccines free to eligible children, including those without health insurance, our study shows parents may not be aware of this benefit or they may be unable to take advantage of it due to barriers such as transportation or missing work," says lead author Katherine Seib, MSPH, research projects manager, Emory University School of Medicine.

"Educating this particular population of parents about how they can access no-cost vaccines provided through the Vaccines for Children program could increase vaccination rates among lower income adolescents. Improvements should be observed with Affordable Care

Act implementation as more children are becoming fully insured. The Affordable Care Act provision requiring health plans to fully cover all ACIP recommended vaccines and Medicaid expansion programs in place in several states should also lead to decreases in the number of uninsured children, though there are no plans currently for Medicaid to expand in Georgia."

The study also found that parent recall of doctor recommendations was lower among uninsured patients, although reportedly higher among adolescents with chronic [health](#) conditions.

"Our study reinforces the importance of continued efforts to improve communication by physicians treating adolescents regarding vaccine promotion," say the authors. "All clinicians who are treating [adolescents](#) should make sure they are aware of recommended adolescent vaccines and should have access to the training and communications materials needed to make a clear, strong vaccine recommendation."

**More information:** Natasha Underwood et al. 157. Influence of Parent Sources of Information About Influenza Vaccine on Adolescent Vaccine Receipt, *Journal of Adolescent Health* (2015). [DOI: 10.1016/j.jadohealth.2014.10.161](#)

Provided by Emory University

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