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Adolescent Immunizations: Strategies for Success: Live Expert Interview

Announcer:
Welcome to CME on ReachMD. This segment, *"Adolescent Immunizations: Strategies for Success- A Live Expert Interview*", is sponsored by Prova Education.

Your host is Dr. Brian McDonough who welcomes Dr. David Bell, Associate Professor
Departments of Pediatrics and Population and Family Health at the Columbia University Medical Center, and Medical Director at the The Young Men's Clinic at New York Presbyterian Hospital in New York, NY.

Dr. Bell has no relationship reported.

Dr. McDonoughhas no relationship reported.

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Dr. McDonough:
There continues to be significant barriers to vaccine adoptions among both practitioners and the parents of some children and adolescents. Join us as we discuss the barriers for adoption as well as why it's important to improve immunization rates among teens and adolescents, in particular,the HPV vaccine. We will also discuss educational strategies and national policy positions that have improved the vaccine uptake.

You're listening to CME on ReachMD. I am your host, Dr. Brian McDonough, and with me is Dr. Bell, who has just given a wonderful lecture here, and Dr. Bell has addressed the whole vaccine issue, a lot of the parameters, what's going on, the good, the bad. David Bell is with Colombia University in his role as a physician where he practices as well.

So, welcome to the program.

Dr. Bell:
Thank you.

Dr. McDonough:
Dr. Bell, my first question is: One of the most important steps -- and you had talked about it in your talk -- in improving immunization rates among teens was the creation of an 11- to 12-year-old adolescent vaccine platform. Can you talk about that a little bit?

Dr. Bell:
So, one of the important strategies, as I discussed, has been to create this platform. It was created in 1996. It really started with the change of having the Tdap -- or at least, actually, at that time it was the diphtheria tetanus vaccine -- change from age 14 down to age 11 to 12. And so in that context, they created a space where we weren't likely to lose adolescents, because as adolescents sort of get

older, they're least likely to be connected to a home, a medical home, and so this sort of created this platform that providers could actually get this vaccine, as well as sort of develop... have some other vaccines delivered.

Dr. McDonough:
I know my practice is a general family practice, so essentially, we have kids all the way through to the elderly, but there is that period of time, and it's right about there, 11, 12, 13, we kind of lose the teenagers. I mean, young ladies might come back. If they're pregnant and it's a teen pregnancy or whatever, you'll see them, but especially males. Has this helped in trying to keep people in the medical system for all those other reasons we want them as well?

Dr. Bell:
So, it hasn't actually helped the increase in teens sort of staying in care, but it actually, it has definitely helped increase the vaccination rates for tetanus, diphtheria, meningococcal vaccines. The challenge has been with HPV.

Dr. McDonough:
Now, I'm going to read some statistics. In 2008, the baseline immunization rates for Tdap were 47%, MCV4 44%; HPV 17% for all 3 doses for females. Again, we're talking about 2008. And flu vaccination was 10%. The 2020 Healthy People 2000 objective goals for each respective vaccination rate is 80%. So, what improvements have we made? Have they been substantial? Are we on our way? What's going on now?

Dr. Bell:
We've made some substantial improvements in almost all the vaccines except for HPV, so for tetanus, for meningococcal we've actually hit our mark. Meningococcal is 79% as of 2014. The Tdap is well over 80% as of 2014, as well.

Dr. McDonough:
What do you think the barrier is with HPV?

Dr. Bell:
There are a number of barriers, as we talked about earlier. One is, it's provider knowledge, parent knowledge. We've had some different sort of layers and steps to get the HPV vaccine out and accepted into the community, one of which is we've had a lot of backlash of combined forces of the anti-sex groups and the anti-vaccine groups that have sort of combined forces to create a different story in the United States than has been created in other countries.

Dr. McDonough:
Well, you, and I, and just about everybody in this audience, knows that talking about sexual activity is not going to initiate sexual activities for teenagers, but there still is that prevailing feeling. I mean, as a parent, when my kids were growing up, you know you have to talk about these issues, and even as a physician I thought do you want to bring them up, do I not, and then you're thrusting it at them at a young age with HPV. What tips do you have for us to be able to guide physicians, healthcare workers, to get that job done to improve?

Dr. Bell:
So, as an adolescent physician, I think, obviously, I applaud the idea of talking to our teens about sex and making sure that they're safe, but the concept of having to have a conversation around sex and associating that with HPV vaccine are not, you should not sort of connect the two. The HPV vaccine is a vaccine. It protects against an infection, sort of just give it as you would give a Tdap vaccine, a meningococcal vaccine. It's protecting against the disease. It's protecting against infections. The sex talk is different. It's important to have, but it's not about the vaccine.

Dr. McDonough:
That's an important point, because what you're really seeing is you're trying to... you still want them tied together because there are other things about HPV that are issues, and you're right, it's an infection. I mean, I guess you could be talking about Zika at this point and those things and associate it.

Dr. Bell:
Yes, I think one of the important parts that we really need to have everyone understand, the highest immunity for the kids that we give is only... The highest immunity is attained when it's given early in the early period, 11- to 12-year-old platform, and so, interestingly enough, males actually have even higher immunity at that time than females.

Dr. McDonough:
One of the great things we have now, too, is with the Internet and everything else, we read a lot more of international studies. I remember when I was young in medicine you hardly ever saw a study from another country, and now it's become a very important part

of what we do because we can learn from others. There was that Australian study and the whole talk of universal vaccination. Let's address that for a little bit about what they have done in another country and success rates they have had.

Dr. Bell:
Right. So, Australia is actually an incredible success story. They did a sort of school, national school, immunization practice around HPV. They went out starting in 2007, the year after, actually, the FDA approved the HPV vaccine for us in the United States, but they went and immunized their adolescent females in their school systems, and what they have been able to show are population decreases in high-risk Pap smear changes as well as population decreases in genital warts.

Dr. McDonough:
Dr. Art Caplan has been a guest with me on ReachMD before. He's a bioethicist. He's in the New York area, actually, and he's talked a little bit about the anti-vaccine movement. In fact, he talks about it a lot because he sees that as a barrier. What are the best ways to communicate with these people who do have concerns? They may not have been informed totally. They may have read studies that they think are real. How do you deal with it when you're dealing with the parents of these adolescents?

Dr. Bell:
I think the main piece is giving a strong recommendation. If there's an issue about safety, having them understand that the group that is being looked at for safety, there has been no evidence that the HPV vaccine has been associated with any adverse effect. In the past we used to talk about fainting for young girls, but that was really a vasovagal response, as you might get with any vaccine or blood draw. It has nothing to do with the vaccine. And knowing that all of our registries that try to look at associations, as far as everything has been sort of looked at, they are sort of just associated with time, not associated with the vaccine, and so it is a very safe vaccine and should be given.

Dr. McDonough:
This next question isn't really tied directly to vaccines, but it is indirectly tied because it has to do with the very core of how we deal with adolescents. Again, just judging from my own experience, my practice, if somebody comes in, they're a teenager, that's a hard group to get to open up. You can't really be funny. You can't really be topical... You mention something in their age group, that you know Selena Gomez's songs, and they look at you like you're creepy. You really can't win. So, what do you suggest? You're an expert. How do you make that connection and build that relationship so they do listen to you?

Dr. Bell:
I think I have a sly sense of humor, so they have to sort of reach for it, but that's sort of my quirkiness, but I do think sort of honoring who they are and speaking to them very honestly as an individual and as we suggest to get separate time with adolescents is a really important part of gaining that connection with the teen.

Dr. McDonough:
And the other question is, especially for parents who are involved, you will have parents that are almost your secondary patients that you have to deal with because you've got to get them to buy in, that relationship and how much you share with parents and those things, how do you walk that line?

Dr. Bell:
So, for vaccines it's simple. Vaccines you really just talk to both of them and suggest and give your strong recommendation for the vaccines. Just as you do tetanus, you sort of talk about the vaccine. You say, "This is an important vaccine. This is why we give it." This is why we haven't seen tetanus in our country for ages. I've only seen it in other countries.

Dr. McDonough:
For a lot of us now, we have electronic medical records in our practices. Hospitals have them. It's becoming more part of what we do, so we're able to gather these stats and see things. Has that helped from an immunization standpoint that you may have more detailed or precise records through the State or through agencies, through people's records?

Dr. Bell:
Immunization registries are really important for communications, one, so that we understand which vaccines teenagers need, so that we don't over-duplicate vaccines that teens already have, and so it's a great sort of process.

Dr. McDonough:
What sort of things have I not asked you that you wanted to bring up? Because there's a lot of things I know you want to talk about. We have about 5 more minutes left in this interview, so I'd like to have a chance to have you bring up things that you think are critical too.

Dr. Bell:

Mainly, I just want to reiterate that it's really important for us to equally talk about the HPV vaccine and equally stress the importance of the HPV vaccine as we do all the other vaccines and that it's really not associated... We shouldn't associate it with sex. We shouldn't wait right before a teenager becomes sexually active. We should give it at the 11- to 12-year-old mark because if we think of it from a science standpoint, it's the highest immunity; we need to give it at that time; it's really important; we might lose the teen. We miss many opportunities that we shouldn't.

Dr. McDonough:
So, separating it out from that sex talk, as you say, might be the biggest takeaway message that you want to more or less just say, "This is a vaccine, it's very important you get it, and this is when we start to give it at this age," much like I don't think kids think anything about a meningitis vaccine or whatever when they do that.

Another HPV question is the compliance. I know with patients, all of us, we sometimes don't go back, you don't see a visit to get them back that second and third time. How do you encourage that? And I guess you just pick it up wherever it is and go with those just two and three?

Dr. Bell:
True. So, catch-up for vaccines, especially now, we're transitioning between the quadrivalent HPV and the nonavalent HPV. The best part, even with the quadrivalent, the concept is if they miss the timing of the dose, just start, give the next dose. You don't actually have to start again. And the same concept goes with the quadrivalent as you transition to the nonavalent. You don't have to start the entire dosing with the nonavalent. Just start where you are and give the vaccine series.

Dr. McDonough:
Now, of course, your topic, we were talking a lot about those specific vaccines, but even the whole idea of the pediatric vaccine series, it does change. It does seem to be a lot of immunizations. Is there a way, when they are very young, you talk to the parents and say, "Well, we're going to have quite a few visits for these different immunizations," and explain what's ahead, or do you just kind of take it visit per visit, this is what we're going to do this time?

Dr. Bell:
I think, for the most part, most families and most parents understand sort of the vaccine sort of series. One, they know that their kids actually have to have the vaccines to enter school, and so that's a really important piece, so it's expected. Parents really expect and accept the vaccinations for the most part, and providers sometimes discount the parents' views of the adolescent vaccine platform, but they really do want it.

Dr. McDonough:
And the other thing is, I mean, I'm always trying to get people into the camp, trying to keep them there, and you mentioned that the vaccines don't necessarily bring them back. They're just a part of it. Taking that question one step further, as the teenagers get a little older, how do you keep them around? Have you built a relationship at 11, 12, 13 when they're 16 or 17 getting them to come in?

Dr. Bell:
Right. From a strict standpoint of completing the vaccination series, there are a number of different tools that we can use. One is text messaging. And whether you as an individual provider or a system have text messaging, there are many different free options of how to get text messaging to your patients that can actually assist in completing the vaccination series.

Dr. McDonough:
That's interesting, use of social media and other resources. Are you seeing, again, at Colombia, are you seeing that being used more often by physicians?

Dr. Bell:
We have a great, very highly respected colleague that's been studying it, and it has definitely improved return rates and completion rates of vaccinations.

Dr. McDonough:
Because I know there had been some fears you don't want to get too personal or have people reaching out to you, but also, we have the patient portals now which are built into our EMRs. And again, I don't know how many in the audience have them, or those watching or listening on ReachMD, but that also can be a helpful tool, another resource. Not that kids are necessarily getting on it, there's a website some colleagues of mine at Nemours have developed, Healthy Kids, where that's another website where they give information, so there are sources out there which you can use.

About a minute to go. Anything else you wanted to add that we should talk about, or we hit it all?

Dr. Bell:
Strong recommendations.

Dr. McDonough:
So, that's the best thing you wanted... So, when you're talking about the strong recommendations, one last time, what would you say are the big points, two big points you'd like to say?

Dr. Bell:
All providers, give strong recommendations for HPV along with all the other vaccines that are given. State it first. "Today I'm giving you the HPV vaccine, the tetanus vaccine and the meningococcal vaccine." They are all important for the adolescent to be protected.

Dr. McDonough:
Dr. David Bell, I want to thank you for joining us today, sharing your insights on pediatrics and adolescent vaccine.

Dr. McDonough:
I am your host, Dr. Brian McDonough. Thank you for watching and listening on ReachMD, and thanks for those of you who are here. Thank you.

Dr. Bell:
Thanks.

Announcer:
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