Case Studies in Immunization Delivery

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Disclosures

- May discuss use of vaccines in ways not approved by ACIP
- May discuss vaccines not yet licensed by the FDA, and use not approved by FDA
Today’s Talk

- Some Background Guidance to Decisions
- Cases/Discussions
Immunization Records

- A verbal history of previous immunizations is not sufficient evidence
- Accept as valid only immunizations that are documented in writing and dated

*When in doubt, vaccinate!*
Vaccination During Acute Illness

- No evidence that acute illness reduces vaccine efficacy or increases vaccine adverse reactions
- Mild illness, such as otitis media or an upper respiratory infection, is NOT a contraindication to vaccination

*No need to take temps!*
Challenges To Effective Communication With Patients

- Finding the time to communicate
- The science of vaccines and immunology is complicated
- Language barriers
- Information resources
One of the most important factors that influence a patient’s decision to be vaccinated is a clear and unequivocal recommendation of the vaccine from the provider.
Protect yourself, your family and your patients!

All health care workers should get flu vaccine every year!
Are you up to date on all recommended adult vaccines?
Strategies To Reduce Myths and Misperceptions about Vaccines

- Listen to the patient
- Be a role model
- Speak from your experience
Approaches To Vaccine Communication Challenges

- Keep your message simple
- Advise the patients what to expect after the vaccination
- Emphasize the return visits
Cases

- Mostly no right answers
  - Often some wrong answers...
- When no right answers... If in doubt, discuss with the family
- Ignore Flu vaccine (until we get to the part where it’s obvious I’m asking about it...)
Immunization Pearls

- Think about EACH antigen separately when dealing with combination vaccines
  - I.e., Pentacel - think about DTaP, then IPV, then HIB
  - When looking at lists of shots, think about any vaccines that the patient hasn’t received AT ALL
    - It’s much easier to notice that a patient is short a vaccine (i.e., only had one VZV), then it is to recognize they’ve never received a vaccine (i.e., never had Hep A)
Case 1

- 12 month old patient, presents for routine well child care visit. New to your practice
  - no immunization records

- What do you do?
Case 2

- 12 month old patient, presents for routine well child care visit. New to your practice
  - brings immunization records
  - Up To Date (except for 12 month old shots)
  - No record of birth Hep B

- What do you do?
Case 3

- 6 month old patient, presents for routine well child care visit. New to your practice
  - brings immunization records
  - Two complete sets of vaccines
  - No record of birth Hep B

- What do you do?
Case 4

- 16 month old patient, presents for routine well child care visit. New to your practice
  - No immunization records

- What do you do?
Case 5 - Today’s Date 1/11/12

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Brian Samuels
DOB 1/11/10
Age 2.0 years
Case 6

- 16 month old patient, presents for ringworm. Known to your practice
  - Not up to date with immunizations

What do you do?
- If you vaccinate today will that decrease the chance that he/she will return for well child care?
- Are there circumstances where you’d choose not to vaccinate?
Case 7

- 18 month old patient, presents for routine well child care visit. Known to your practice
  - Reviewing immunization records, there is no record of DTaP given at 4 months of age, but there is a record of IPV, PCV, HIB and rotavirus given at the visit at 4 months of age. All other vaccines are Up To Date including DTaPs at 2 months, 6 months and 15 months of age.

- What do you do?
Case 8

- 16 month old patient, presents for well child care visit. New to your practice
  - Family refuses vaccination

- What do you do?
Case 9

- 16 month old patient, presents for well child care visit. New to your practice
  - Family reports never before vaccinated

- What shots do you give?
Case 10

- 12 month old patient, presents for routine well child care visit. Up-to-Date with 3 sets of all shots (including Hep B).

- Also has fever to 100.9 and with OM
- Parent tells you up front that they don’t want shots today.

- What do you do?

- Is your approach different if the patient is NOT up-to-date and known to miss appointments?
Case 11

- 3 year old with Cerebral Palsy comes in for routine visit today. She has had all her routine shots through 3 years of age.

- Given that she has CP what additional shot(s) should you be advising.
Case 12

- 7.5 month old patient, presents for routine well child care visit. New to your practice
  - brings immunization records
  - Two complete sets of vaccines, given at 2.5 months and 6 months of age (and birth dose of Hep B)

- What do you do?
Case 13

- 5 month old patient, presents for routine well child care visit. New to your practice
  - No previous vaccinations?

- What do you do?
Case 13 (cont)

- 5 month old patient, presents for routine well child care visit. New to your practice
  - No previous vaccinations?

- Are there circumstances where you’d give rotavirus vaccine
Case 14

- 7 year old status post bone marrow transplant last year. Had previously received all appropriate vaccines.

- What do you do today?
Questions?