American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAP Immunization Resources
Preteen Immunization: Addressing Common Concerns

As a parent, you may have questions about vaccines for your preteen. Below is the information you need from pediatricians to be confident about your decision to vaccinate.

The American Academy of Pediatrics, the American Academy of Family Physicians and the Centers for Disease Control and Prevention recommend your preteen (ages 11-12) receive HPV, influenza, Meningococcal and Tdap vaccines. Your child has likely already received annual vaccinations against influenza, and several vaccinations against the diseases for which Tdap provides protection. HPV and Meningococcal are new vaccines for your child.

Meningococcal infection

"Meningococcal bacteria" is spread in saliva. It can cause life-threatening blood infection or meningitis (an infection of the spinal cord and fluid surrounding the brain). Children and young adults, particularly college freshmen who live in dormitories, are most often affected by meningococcal disease, but persons of any age can become infected. Meningococcal disease can lead to death, blindness, deafness, loss of limbs, or other long-term problems. Even with prompt treatment approximately 15% of those infected with meningitis will not survive..

About Meningococcal Conjugate Vaccine

- **Who should be vaccinated:** All preteens and teens who have not been vaccinated already
- **Routine schedule:** Vaccinate now (age 11-12), and then get booster at 16 years old (or older if the first dose is late)
- **Why get vaccinated:** This vaccine can prevent the types of meningitis that are most likely to strike teens in the US. There are some forms of meningitis that the meningococcal vaccine does not prevent (for example, from viruses), but it is effect at preventing a terrible form of meningitis.

Human papillomavirus (HPV) infection

HPV is spread by intimate skin-to-skin contact or intercourse. Exposure to this virus is very common. More than 50% of adults who have ever had sex are infected with HPV at some time in their lives. The CDC estimates that about 2 out of 3 adolescent girls have been infected with HPV, and 3 out of 4 new cases of HPV are found in persons ages 15 to 24 years.[1]

HPV can cause genital warts, and cancers in the genital area, anus, mouth, and throat. It can also cause cervical cancer in females.

About HPV vaccine:

- **Who should be vaccinated:** All preteens and teens who have not been vaccinated already (The first dose is routinely given at 11-12 years of age, but may be given as early as age 9 years. It is also recommended for men up to 21 and women up to 26 years of age who did not receive it when they were younger.)
- **Routine schedule (3 doses):** Vaccinate now (age 11-12)
  - o 2nd dose 1 to 2 months after the first dose
  - o 3rd dose 6 months after the first dose
- **Why get vaccinated:** The vaccine can prevent the types of HPV infection that cause cancer, and has been shown to protect people from developing most of these cancers, which can be deadly. There are strains of HPV that the vaccine does not prevent, but those strains are not associated with cancer.

If you have more questions about these vaccines, please speak with your child's pediatrician.

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[1] Human Papillomavirus. Pink Book. CDC. Available at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hpv.pdf. Accessed April 9, 2013.

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Common Concerns About All Pre-teen Vaccines

Do adolescent vaccines have serious side effects?

Pain: Pediatricians and parents do not like to cause pain to children of any age. Even though shots may hurt, getting a vaccine is not as bad as suffering from a serious disease such as meningitis or cancer. Talk with your pediatrician about ways to reduce pain during vaccination. Stroking the skin or applying pressure to the skin before the shot reduces the pain.[2] In some offices, medication to numb the skin may be available.[3]

Fainting: Your pediatrician may ask your child to sit for 15 minutes after getting a shot to prevent fainting (syncope). Staying seated for 15 minutes reduces the main risk from fainting-- getting hurt from falling.

Vaccination at sick visits: Families are busy and it is hard to find time to visit the pediatrician's office to get a shot. It is smart to get any vaccines that are due when your child is in the pediatrician's office. This reduces the chance that your child misses a vaccine or has to miss school, work, or other activities to receive vaccines.

Safety: All vaccines routinely recommended for pre-teens have been licensed by the Food and Drug Administration and found to be safe. The safety of each vaccine continues to be checked after it is licensed. Your pediatrician can provide you with a Vaccine Information Statement that explains the mild side effects that can occur after receiving shots.

Why is more than one dose of vaccine needed?

HPV vaccine: It is recommended that your child receive 3 doses of HPV vaccine at ages 11-12 for full protection. All 3 doses of the HPV vaccine are needed for the body to build up enough immunity to protect against infection in a lasting way. This is also true of many of the vaccines that babies get.

Meningococcal vaccine: One dose of meningococcal vaccine protects a person, but immunity may wane over time. A booster can "boost" immunity so that your child is still fully protected. Children should receive meningococcal vaccine as pre-teens to be fully protected for a few years and another dose at age 16 to boost immunity levels.

Tdap: Recently, there have been several outbreaks of pertussis (whooping cough) throughout the United States. This is, in part, because the effect of the childhood vaccine "wears off" over time.[4] Now, one booster dose of pertussis vaccine (in Tdap) is recommended. In the future, the recommendation may be for regular boosters (as for tetanus shots). Studies are underway to determine exactly if and when boosters are needed.

What is the cost of these vaccines? I'm not sure if I can afford them or if my insurance will cover them.

Pediatricians realize that healthcare can be costly for families. The Affordable Care Act (ACA) requires insurance companies to cover the cost of all recommended vaccines, which include those for teens and pre-teens. However, if your insurance plan has been unchanged since March 23, 2010, it may not have to follow these new rules. To find out if your child's insurance plan will require you to pay part of the vaccination cost or meet your deductible before it will pay for vaccinations, ask the office staff at your child's pediatric office.

If your child does not have health insurance, has Medicaid or insurance that does not cover vaccines, or is American Indian or Alaskan Native, he/she qualifies to receive vaccines at no cost through the Vaccines for Children (VFC) Program. Most pediatricians provide VFC vaccines. If your pediatrician is not a VFC provider, your child should be able to receive vaccines at your local health department. Speak with your child's pediatrician to learn more about the VFC program or visit: http://www.cdc.gov/vaccines/programs/vfc/parents/qa-detailed.html. To contact your VFC state, city or territory coordinator visit: http://www.cdc.gov/vaccines/programs/vfc/contacts-state.html.

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[2] Taddio A, Ilersich AL, Ipp M, Kikuta A, Shah V. 2009. Physical Interventions and Injection Techniques for Reducing Injection Pain During Routine Childhood Immunization: Systematic Review of Randomized Controlled Trials. *Clinical Therapeutics, 31*, Supplement 2, S48-76.
[3] Reis EC, Holubkov R. Vapocoolant Spray Is Equally Effective as EMLA Cream in Reducing Immunization Pain in School-aged Children. 1997. *Pediatrics, 100*, 6, e5.
[4] Tartof SY, Lewis M, Kenyon C, White K, Osborn A, Liko J, Zell E, Martin S. Messonnier NE, Clark TA, and Skoff TH. Waning Immunity to Pertussis Following 5 Doses of DTaP. 2013. *Pediatrics, 131,* 4, e1047-52.