The National Vaccine Advisory Committee (NVAC) Standards for Child and Adolescent Immunization Practices represent the most desirable immunization practices, which pediatricians should strive to achieve. The American Academy of Pediatrics (AAP) endorses the NVAC Standards and encourages pediatricians to fully implement the recommendations. In an effort to address implementation challenges, the AAP Childhood Immunization Support Program collects best practices from pediatric offices and shares them for adoption in your office!

NVAC Standard #11 states that:

**Healthcare professionals simultaneously administer as many indicated vaccine doses as possible**

Administering vaccines simultaneously (at the same visit), in accordance with recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice, the AAP, and the AAFP, is safe, effective and indicated. Although the immunization schedule provides age flexibility for administering certain vaccine doses, simultaneous administration decreases the number of visits needed and the potential for missed doses and enables earlier protection. When indicated vaccines are not simultaneously administered, arrangements should be made for the patient’s earliest return to receive the needed vaccination(s). Additional information on the safety of simultaneous vaccination may be found at [http://www.cdc.gov/vaccines/vac-gen/6mishome.htm#Givingachildmultiple](http://www.cdc.gov/vaccines/vac-gen/6mishome.htm#Givingachildmultiple).

NVAC Standard #13 states that:

**Health care professionals report adverse events after vaccination promptly and accurately to the Vaccine Adverse Events Reporting System (VAERS) and are aware of a separate program, the National Vaccine Injury Compensation Program (VICP)**

Health care professionals should promptly report all clinically significant adverse events after vaccination to the VAERS even if the health care professional is not certain that the vaccine caused the event. Health care professionals should document in detail the adverse event as soon as possible. Providers should be aware that parents/guardians and patients may report to VAERS and that if they choose to do so, they are encouraged to seek the help of their health care provider.

The National Vaccine Injury Compensation Program (VICP) is a no-fault system that compensates people of any age for injuries or conditions that may have been caused by a vaccine recommended by the CDC for routine use in children. Health care professionals should be aware of the VICP to address questions raised by parents/guardians and patients.

Because VAERS and VICP are separate programs, a report of an event to VAERS does not result in the submission of a compensation claim to VICP. A brief description and contact information for both programs is provided on each VIS for those vaccines covered by the National Childhood Vaccine Injury Act.

Information about VAERS, as well as guidance about how to obtain and complete a VAERS form, can be found at [http://vaers.hhs.gov/index](http://vaers.hhs.gov/index) or by calling 1-800-822-7967. Information about the VICP is available [http://www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html) or by calling 1-800-338-2382.
Pediatric Implementation Strategies:

Use standing orders for all vaccines due

- **Standing orders** for immunizations include office policies, procedures, and orders to provide recommended immunizations to patients. For example, a standing order might be in place to instruct health care personnel (as allowed by the state) to give a specific vaccine to all patients for whom the vaccine is recommended based on the harmonized immunization schedule.
- Standing orders should include procedures for vaccinating eligible patients with all vaccines due, who do not have contraindications.

Use provider prompts

- Provider prompts consist of electronic prompts in electronic health records (EHR) or Immunization Information System, or notes in charts (that nurses would check at each visit). Now, most EHR provider prompts are automatic pop-up alerts that notify the viewer that the patient is due/overdue for an immunization(s). Other EHR provider prompts may show up as a “to-do” task, even if the patient is not scheduled that day for an appointment. Many EHRs have provider prompts pre-installed that can be customized in the office.
- Follow prompts by immunizing for all immunizations due each time a patient is in the office.
- Always screen for contraindications.

Prepare your practice to provide appropriate parent education

- Parents also need immunization education, particularly around vaccine safety. Use the Vaccine Information Statement and staff to explain as much information as possible.
- Encourage parents to research information on reputable Web sites, such as the AAP, the CDC, the Immunization Action Coalition, the National Network for Immunization Information, and the Vaccine Education Center at Children’s Hospital of Philadelphia.

Create a protocol for responding to vaccine adverse events.

- Include this protocol with others for vaccine storage and handling, contraindications and administration techniques, vaccine benefit and risk communication, vaccination record maintenance and accessibility. Review the protocol frequently and revise it to remain up-to-date.
- Be prepared to handle rare cases of anaphylaxis after vaccination. Report all clinically significant adverse events witnessed in the office after vaccination.
- The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:
  - Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
  - Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination. A copy of the Reportable Events Table can be obtained by calling VAERS at 800/822-7967 or by downloading it.
- Encourage parents to seek the help of a health care provider when reporting to VAERS.

Resources:

AAP

- Adolescent Immunization Resources: Strategies for Increasing Coverage Rates
  [http://www2.aap.org/immunization/pediatricians/pdf/TopStrategiesforIncreasingCoverage.pdf](http://www2.aap.org/immunization/pediatricians/pdf/TopStrategiesforIncreasingCoverage.pdf) (49KB)

- Recommended Childhood and Adolescent Immunization Schedule
  [http://www2.aap.org/immunization/IZSchedule.html](http://www2.aap.org/immunization/IZSchedule.html)

- AAP News Article on Vaccine Recommendation Process
  [http://aapnews.aappublications.org/cgi/content/full/26/7/1-a?ijkey=6jpxry/z7k/Y&keytype=ref&siteid=aapjournals](http://aapnews.aappublications.org/cgi/content/full/26/7/1-a?ijkey=6jpxry/z7k/Y&keytype=ref&siteid=aapjournals)
Additional Resources

- FDA Vaccine Adverse Event Reporting System (VAERS) Questions and Answers

- Vaccine Adverse Event Reporting System
  http://vaers.hhs.gov.

- National Initiative for Children's Healthcare Quality

Additional Reading


Other installments in this series can be found on the Childhood Immunization Support Program Web site at:
http://www2.aap.org/immunization/pediatricians/nvacstandards.html

Please send your ideas on cost-effective and sustainable practices to cispimmunize@aap.org.

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