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 #1 states that:

**Vaccination services should be readily available**

All health care professionals who provide primary care to children and adolescents should always include routinely recommended vaccines as a part of the care that they deliver in the medical home. For some children and adolescents, the main contact with the health care system is not in a primary care provider's office; therefore, opportunities for vaccination may be missed. Thus, specialists and health care professionals in settings such as schools and school health clinics, sports physical clinics, family planning clinics, sexually transmitted disease clinics, and substance abuse treatment centers should assess each patient's vaccination status and either offer indicated vaccines or refer for vaccination if necessary. Information on vaccines administered outside the primary care setting should be communicated to the primary care provider.

**Pediatric Implementation Strategies:**

**Create Vaccination-only Appointments or Dedicate Certain Office Hours to Vaccination**

- When parents receive a reminder that their child is due for vaccinations, they may be assured of timely available appointments. A parent may be reminded of these available appointments and encouraged not to wait until her child is sick to make another appointment that includes vaccination.
- Hold flexible office hours at non-traditional times, such as weekends, evenings, early mornings, or lunch hours in keeping with the schedules of working parents or those who are at home full- or part-time.
- Ensure immunizations are available at all visits, sick or well, regular hours, or weekend clinics.
- Increase access during periods of peak demand. In the case of back to school time, flu season, or other cases where demand may be higher than usual, increase the number of vaccination-only appointments.
Provide a Vaccine-only Clinic

- Another option for increasing access during periods of peak demands is to offer a vaccine clinic. The clinic could be once a week with office staff during normal office hours that are simply dedicated to administering one kind of vaccine. Develop vaccine standing orders so that nursing staff can give the vaccine without the pediatrician seeing the patient.
- Consider hiring temporary staff to handle the clinic a few days a week so that regular office staff can continue with the regular operations of the practice.
- A third option is to hold clinics after regular hours or on the weekends, using permanent or temporary office staff as the practice sees fit.
- Consider integrating immunization services into days and hours when other child health services, such as the Special Supplemental Food Program for Women, Infants, and Children are offered.

Vaccinate Siblings Who Are Present at a Well-child Visit

- For those that remain unvaccinated, take every opportunity to offer vaccination to eligible children. For example, give vaccinations to siblings who are not up-to-date when they are present during another child’s visit.

Maintain Proper Vaccine Storage and Handling Practices

- By maintaining procedures and following the proper protocols, vaccine can be used appropriately without worry of spoilage or expiration. The children in your practice will have ready access to your vaccine supply when they come in for vaccination-only appointments or for other appointments where it is noticed they are not up-to-date.

Refer to a Public Health Service or Other Practice

- If you experience a shortage of vaccine, refer the child to another practice that has adequate supply. In the event of a long-term shortage, collaborate with nearby offices and public health facilities to create a referral plan that ensures children from your practice remain up-to-date on vaccinations.

Resources:

Manufacturer and Distributor Phone Numbers:
www.aap.org/immunization/pediatricians/manufacturers.html

Vaccine Storage and Handling Information and Resources:
http://www2.aap.org/immunization/pediatricians/storageandhandling.html

Status of Recently Submitted, Licensed, and Recommended Vaccines & Biologics:

AAP Vaccine Supply Page
http://www2.aap.org/immunization/pediatricians/supply.html
**Featured Best Practice:**

How does your practice make vaccines available to patients in locations and at times that accommodate busy families unable to visit during the week during day hours?

Dr Lori McAuliffe from Saint Petersburg, Florida, shared her office’s annual approach to offering flu vaccine to her patients. There is additional information on Dr McAuliffe’s Web site ([www.4moms4kids.com](http://www.4moms4kids.com)).

Each January, a letter is sent to all 2,000 of the families in Dr McAuliffe’s practice. This letter asks them to reserve a flu vaccine for the upcoming flu season, starting the following fall. After reservations are received Dr McAuliffe orders about 3 times the number of flu vaccines that were reserved. This is because some families do not make reservations, but end up wanting the vaccine, there are new patients by the fall, and some children require more than 1 dose.

Dr McAuliffe vaccinates both her pediatric patients and their parents and caretakers, so reservations can be made for any of those individuals. Insurance companies allow her to bill for providing this service to adults as long as they are not in an HMO with a primary care physician. By vaccinating all the people who surround the child, that child is cocooned with greater protection against the flu.

Dr McAuliffe says the following about her flu vaccine clinics:

“\[I\ like\ doing\ this\ much\ better\ than\ having\ the\ kids\ get\ a\ vaccine\ at\ school\ where\ we\ are\ not\ provided\ with\ lot\ numbers\ or\ expirations\ dates.\ There\ is\ no\ physician\ available\ to\ ensure\ that\ kids\ with\ immune-compromised\ family\ members\ do\ not\ get\ live\ vaccine,\ and\ when\ they\ get\ vaccines\ elsewhere,\ and\ I\ get\ an\ after-hours\ call\ regarding\ vaccine\ site\ reaction,\ I\ don’t\ know\ who\ got\ what.\]”

Dr McAuliffe, whose office is typically closed on Saturdays, selects 3 Saturdays in the fall to administer the flu vaccines. On these Saturdays the office is open from 8am-1pm, and flu vaccination is the only service provided. This allows her staff to administer about 600 influenza vaccines per Saturday, and flu-shot patients can avoid exposure to ill patients. On these days, 5 nurses administer the vaccines, and Dr McAuliffe is available to answer any questions or to provide medical care in the unlikely event of a vaccine reaction.
Only pre-filled syringes or live vaccine nasal spray is used, and charts are pulled prior to the visits, both of which make the process more efficient. Do not “pre-draw” syringes from multi-dose vials, as they could spoil before administration. Contraindications are listed on the reservation form that parents fill out earlier in the year. The doctor checks for any contraindications before the Saturday vaccine clinics.

By billing after hours codes, Dr McAuliffe’s practice is able to recoup the cost of staffing her clinic for additional hours, as the office is not regularly open or on a Saturday. Most of the insurance companies that Dr McAuliffe bills accepts the use of 99050 added to the code for the vaccine, and for vaccine administration codes, 90460 for children, 90471 if over 18 of age, or 90473 for the intranasal and over 18 years of age.

Dr McAuliffe has had success in using this model to vaccinate the children and families in her practice.

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