



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 #2 states that:

Vaccinations are coordinated with other healthcare services and provided in a medical home when possible

Ideally, vaccines should be given as part of comprehensive health care. In primary care settings, vaccination services should be coordinated with routine well-care visits and other visits. Patients who are vaccinated in other settings should be encouraged to receive subsequent vaccines in their primary care setting. Patients without a primary care provider should be assisted with identifying one.

Pediatric Implementation Strategies:

Immunizations are coordinated with routine well-visits, follow-up, and sick visits

- A central medical record, including immunizations, should be maintained at the practice. When children are seen in the office for any reason, office staff should review the chart for any missing immunizations. Provide an immunization card to parents, allowing them to see which vaccines have been given and which vaccines their child still needs, broken down by age. Encourage parents to bring this record to the office at each visit to be updated.
- Use [standing orders](#) to instruct health care personnel (as allowed by the state) to give specific vaccines to all patients for whom the vaccine is recommended, any time the patient is in the office and the vaccine is not contraindicated.
- Use provider prompts (in electronic health records or in charts) to remind providers to vaccinate any time vaccines are due.

Participate in the Vaccines for Children (VFC) Program and avoid fragmented care that occurs when children are referred to a state, county, or city health department to receive immunizations

- The goal of VFC is to ensure that no VFC-eligible child contracts a vaccine-preventable disease because of his parent's ability (or lack thereof) to pay for vaccines or their administration. VFC currently allows private practice physicians to receive publicly purchased vaccines for use with children who are uninsured, underinsured, Medicaid-eligible, or American Indian/Alaska Native. This allows children to receive vaccines in their medical home while ensuring that physicians receive proper payment for their services. For more information about becoming a VFC provider, visit the [CDC VFC Web site](#).

Communicate with other settings that may vaccinate children from your practice or see patients who need a medical home

- Communicate with local school nurses. Encourage them to refer patients to their primary care physician for any missing vaccines. Let the nurse know if you are willing to see new patients who do not have a medical home. Provide the nurse with parent handouts regarding which back-to-school vaccines a child may need, as well as your contact information. In the weeks before school begins, dedicate appointments for back-to-school vaccine administration for returning and new patients.
- Work with local hospital emergency rooms and retail-based clinics to encourage referrals for primary care.



- Communicate with local child care centers to explain the importance of herd immunity. Unvaccinated children put other children and staff at risk of contracting disease. When new children enter the child care facility, encourage staff to refer patients to their primary care physician for the necessary vaccinations. If you are able to see new patients, give the child care staff your contact information.

Participate in an Immunization Information System (IIS); keep information up-to-date

- If possible, [report immunization records to a local or state IIS](#). Pediatricians can then access the records of a child immunized in the same state, even if they did not administer the immunization. This reduces unnecessary vaccination and related costs. IISs also benefit families by ensuring that children's immunizations are up-to-date; promoting timely immunization for children whose families move within the state or switch health care providers; and eliminating duplicate record-keeping.

Immunizations received outside of the medical home are communicated to the primary care physician

- Encourage patients who receive vaccinations outside of the [medical home](#) to bring documentation that can be included in the patient chart. Work with local vaccine providers to ensure communication when a patient or parent reports you as the primary care physician. Also ask other vaccine providers to encourage patients to receive subsequent vaccinations in their primary care setting. Encourage other providers to use IISs to help keep patient records up-to-date.

Resources:

AAP

- **CISP Immunization in a Medical Home Training Tool**
www.aap.org/immunization/pediatricians/ImmunizationTrainingTool.ppt.
- **Immunization Information Systems**
<http://www2.aap.org/immunization/pediatricians/pdf/RegistriesFactSheet.pdf>

CDC

- **State Registry Contacts**
<http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html>
- **Immunization Information Systems**
<http://www.cdc.gov/vaccines/programs/iis/index.html>

Additional Resources

- **All Kids Count**
www.allkidscount.org
- **IAC Standing Orders**
<http://www.immunize.org/standing-orders/>
- **Public Health Informatics Institute**
www.phii.org
- **Vaccines for Children Program.**
<http://www.cdc.gov/vaccines/programs/vfc/index.html>

Additional Reading

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



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