EXECUTIVE SUMMARY

PS#84 – Pediatricians’ Practices Surrounding the Delivery of Immunizations – Use of Influenza, HPV, Other Recommended Vaccines

PS#84 explored three areas addressing immunization practices: 1) use of the influenza, HPV and other recommended vaccines/combined vaccines; 2) vaccine delays/refusals and risk-benefit information (reported separately); and 3) vaccine information dissemination and vaccine-related resources/equipment (reported separately). The survey was supported by the Childhood Immunization Support Program (CISP) project advisory committee and partially funded by the AAP/CISP Cooperative Agreement. Selected questions on this survey were replicated or adapted from the Periodic Survey #66, 2006.

PS#84 was an eight-page questionnaire mailed to 1,622 nonretired U.S. members of the AAP from October 2012 to March 2013; response = 53% (854 pediatricians, including residents). PS#66 was mailed to 1,620 nonretired U.S. members of the AAP from July to November 2006; response = 53% (852 pediatricians, including residents).

For both surveys, analysis is limited to pediatricians who provide patient care and offer age-appropriate immunizations to all or some patients in their practice: 627 in 2013 and 629 in 2006.

Use of Influenza, HPV, Other Recommended Vaccines/Combined Vaccines, 2013

Influenza Vaccine:
• In 2013, 95% of pediatricians say they offer an annual influenza vaccine to all patients 6 months of age or older, and 83% say their office identifies patients at high risk for complications of influenza, although most (55%) do not have a systemic method for identifying these patients.
  • Compared to 2006, fewer pediatricians in 2013 report their office identifies patients at high risk for complications of influenza (96% vs. 83%, p<.001).

• To accommodate annual influenza vaccination, a majority of pediatricians immunize patients at sick or injury visits (92%), offer accompanying siblings a flu vaccine at each visit (82%), meet with staff to discuss office policies on influenza immunization (66%), use electronic records to track influenza immunization (63%), and have added vaccine sessions outside of regular hours (60%); most of these pediatricians rated these measures as very effective in increasing influenza immunization rates.

• Three-fourths of pediatricians (78%) report their office has a mandatory annual influenza vaccination policy for all employees.

• Most pediatricians do not offer influenza vaccine (59%) or the Tdap vaccine (69%) to parents during the child’s office visit.

HPV Vaccine:
• About 90% of pediatricians offer HPV vaccine to both female and male patients. Most pediatricians (57%) say they have a system to routinely contact patients given the initial immunization to encourage completion of the series, although only 42% report knowing whether patients given HPV vaccine complete their 3-dose series.

• A major barrier to providing HPV vaccine are parental refusals: 70% of pediatricians say refusal by parents of male patients are somewhat or definitely a barrier and 62% report refusal by parents of female patients are somewhat/definitely a barrier to vaccination. Other barriers to HPV vaccination include: adolescents not seen annually (46% reporting somewhat/definitely a barrier) and the need to give 3 doses to complete the series (40%).
  • Compared to 2006, more pediatricians in 2013 report parental refusal for female patients as a definite barrier to HPV vaccination (16% vs. 22%, p<.01).
Routinely Recommended and Combined Vaccines:

- In 2013, about 90% of pediatricians say they offer all vaccines on the national routine childhood immunization schedule to every eligible age-appropriate patient in their practice and 63% say they offer all combination vaccines where combined options exist to patients at the recommended ages.

- Three-fourths of pediatricians each report giving all immunizations due at one visit and immunizing all patients at sick or injury visits as strategies to increase immunization rates.