

# AMERICAN ACADEMY OF PEDIATRICS

## Implementation of the Immunization Policy (S94-26)

Committee on Practice and Ambulatory Medicine

Prevention of disease through immunization always has been a priority for pediatricians and a major goal of comprehensive pediatric health care. Before 1994, the recommendation of the American Academy of Pediatrics (AAP) was that children should be completely immunized against diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b disease, measles, mumps, and rubella. Universal hepatitis B immunization of all infants and adolescents was recommended in the 1994 *Red Book*,<sup>1</sup> adding a ninth disease to the previous list. Only those children with specific contraindications to one or more of the immunizations should be excluded. Childhood immunizations, per the AAP recommended schedule, must continue to be an essential component of continuous, comprehensive child health care. Furthermore, a child's immunization status warrants evaluation at every health care visit.

In recent years, inadequate immunization rates attributed to multiple causes have indicated that the Academy's original immunization policy (1977) calling for universal immunization of all children has not been fulfilled. From data collected in the National Health Interview Survey in 1993 and 1994, the Centers for Disease Control and Prevention (CDC)<sup>2</sup> currently estimates that only about two thirds of 2-year-old children in the United States have received all appropriate immunizations. Vaccine coverage levels include the following ranges: 67% coverage for four doses of diphtheria, tetanus, and pertussis (DPT) vaccine; 76% for three doses of oral polio vaccine (OPV); 90% for one dose of measles, mumps, and rubella vaccine (MMR), and 71% for age-appropriate doses of *H influenzae* type b vaccine. Recent outbreaks of measles, particularly in preschool children but also in adolescents and young adults, attest to inadequate protection and demonstrate a continuing need for surveillance and modification of current immunization recommendations.

Today, our national immunization policy is jeopardized by both old and new barriers that interfere with its implementation, including but not limited to:

1. Insufficient public and professional education regarding the necessity and motivation for complete immunization;

2. Episodic and fragmented health care, absence of comprehensive child health care, and frequent changes of health care systems and providers;
3. Limited health insurance coverage for preventive care, often not including appropriate and complete immunization;
4. Inadequate documentation of immunizations received, despite knowledge that specific documentation is essential both for continuity of care and documentation of immunization status;
5. Missed opportunities for immunization in public and private clinics, including failure to offer vaccines, and other practices that create substantial barriers to children receiving needed vaccinations;
6. Financial barriers due to budget constraints on public and private health care funding, causing increases in individual families' out-of-pocket expenses for immunization;
7. Irresponsible media coverage of alleged adverse effects of vaccines, leading to increased public concern about the safety of immunizations; and
8. Concern over medical liability issues relating to vaccine administration.

The AAP recognizes that these barriers to a complete nationwide childhood immunization program call for responsible and immediate action. This action includes the Academy's commitment to the following measures:

1. Promoting access to comprehensive health care and to all recommended vaccines for all children regardless of their social, religious, or financial status;
2. Informing the public about the risks of not being immunized, as well as the risks of the individual vaccines;
3. Providing easily understood information concerning the administration of all recommended immunizations;
4. Encouraging documentation of parent education and documentation of informed refusal by a family making decisions about immunizations;
5. Encouraging practitioners to fulfill the recording and reporting requirements of the National Childhood Vaccine Act as currently mandated by law;
6. Offering technical assistance and support of global immunization policy;
7. Supporting vaccine-related research for safer and more effective vaccines;
8. Advocating and supporting implementation of the standards for pediatric immunization prac-

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tics for both public and private practitioners as endorsed by the National Vaccine Advisory Committee;

9. Ensuring access to immunizations for all children by removing economic barriers to immunization and encouraging appropriate reimbursement from third-party payers, or through local, state, or national subsidization of vaccines;
10. Developing a standard immunization record system to improve physicians' assessment and tracking of immunization status at any and all medical visits;
11. Encouraging the determination of a child's immunization status at every health care visit—whether the visit is because of illness or a well child care visit—and providing needed immunizations at every feasible opportunity;
12. Ensuring that full immunization of all children remains a high priority on public agendas throughout the United States; and
13. Supporting development of state and local vaccine registries to include all children in both public and private clinics to provide a reliable basis for tracking children's immunization status.

With the removal of the above-outlined barriers and with renewed Academy commitment toward ensuring both access and provision of needed vaccines at each and every sick or well child visit, complete and current immunizations for all American children can become a reality. It can and must be accomplished!

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## REFERENCES

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