



IMMUNIZE KANSAS KIDS

**Recommendations of the Task Force on  
Community Preventive Services to Improve  
Vaccination Coverage in Children**

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# U.S. Preventive Services Task Force

- About 12 members appointed by CDC Director
- Independent decision-making body
- Produces evidence-based guidelines for community interventions
  - Over 100 findings across nine topic areas
- <http://www.thecommunityguide.org/overview>



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# Vaccine-Preventable Diseases Review Methods

- Over 250 research papers reviewed and evaluated
- 19 interventions grouped in 3 strategies:
  - 1) Increasing community demand for vaccinations
  - 2) Enhancing access to vaccination services
  - 3) Provider-based interventions
- Evidence-based recommendation for each intervention
  - Recommended (strong evidence)
  - Recommended (sufficient evidence)
  - Insufficient evidence to determine effectiveness
  - Discouraged (evidence of ineffectiveness or harm)
- Review released in 2000, updated in 2005



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# 1. Interventions for Increasing Community Demand for Vaccinations

Client reminder/ recall systems	<b>Recommended (strong evidence)</b>
Multicomponent interventions + education	<b>Recommended (strong evidence)</b>
Requirements for child care or school attendance	<b>Recommended (sufficient evidence)</b>
Community-wide education only	Insufficient evidence to determine effectiveness
Clinic-based education only	Insufficient evidence
Client or family incentives	Insufficient evidence
Client-held medical records	Insufficient evidence



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## 2. Interventions for Enhancing Access to Vaccination Services

Reducing out-of-pocket costs	<b>Recommended (strong evidence)</b>
Expanding access + multicomponent intervention	<b>Recommended (strong evidence)</b>
Expanding access only	Insufficient evidence to determine effectiveness
Programs in women, infants, & children (WIC) settings	<b>Recommended (sufficient evidence)</b>
Home visits	<b>Recommended (sufficient evidence)</b>
Programs in child care centers	Insufficient evidence to determine effectiveness



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### 3. Provider-Based Interventions

Provider reminder/recall systems	<b>Recommended (strong evidence)</b>
Assessment & feedback for providers	<b>Recommended (strong evidence)</b>
Standing orders – adults	<b>Recommended (strong evidence)</b>
Standing orders – children	Insufficient evidence to determine effectiveness
Provider education only	Insufficient evidence to determine effectiveness



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# Summary of Recommended Interventions

- 1) Increasing community demand for vaccinations
  - Client reminder/recall systems to increase vaccination coverage
  - Multicomponent interventions that include education
  - Requiring vaccinations for child care, school, and college attendance



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# Summary of Recommended Interventions

- 2) Enhancing access to vaccination services
  - Reducing out-of-pocket costs
  - Multicomponent programs to expand access
  - Vaccination programs in WIC (Women, Infants, and Children) settings
  - Home visits





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# Summary of Recommended Interventions

- 3) Provider-based interventions
  - Provider reminder/recall systems
  - Assessment and feedback for vaccination providers
  - Standing orders in adults
  - Insufficient evidence on standing orders for children:
    - Greater complexity of protocols
    - Only 1 study, limited in design, methods and results



# Conclusions

- Insufficient evidence to recommend some “traditional” interventions, e.g.:
  - Education only activities for providers, communities or clients
  - Client or family incentives
- Many interventions recommended as multi-component strategies
- Need for local assessment, local strategies
- *“Even generally effective strategies are unlikely to achieve objectives if they are poorly matched to local needs”.<sup>1</sup>*

<sup>1</sup> Task force on community preventive services



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