

National Adult Immunization SUMMIT

Adult Vaccination: What Works

Name of the Organization:

Task Force on Community Preventive Services

What We Did and When:

The Task Force on Community Preventive Services is charged with identifying the interventions that really work in several areas of public health. Vaccines are one of those areas for which it has conducted a systematic review of the interventions. Through the free online resource known as the Community Guide, the Task Force has developed a list of the evidence-based recommendations and findings about what works to improve immunization rates.

Source: <http://www.thecommunityguide.org/vaccines/index.html>

There are two categories of immunization that the Task Force looked at:

- Universally Recommended Vaccinations for All People in a Certain Age Range
- Targeted Vaccinations for People Who Are at Higher Risk of Contracting the Disease

Outcome or Results We Got:

This table summarizes information. Further details are found here:

<http://www.thecommunityguide.org/vaccines/index.html>

Meta-Analysis of Interventions to Increase Use of Adult Immunization	Odds Ratio*
Intervention	
Organizational change (e.g., standing orders, separate clinics devoted to prevention)	16.0
Provider reminder	3.8
Patient financial incentive	3.4
Provider education	3.2
Patient reminder	2.5
Patient education	1.3

Universally Recommended Vaccinations for All People in a Certain Age Range

Source: <http://www.thecommunityguide.org/vaccines/universally/index.html>

YES, these interventions ARE RECOMMENDED for the “universal” vaccinations:

Enhancing Access to Vaccination Services	
<u>Home Visits to Increase Vaccination Rates</u>	Recommended March 2009
<u>Reducing Client Out-of-Pocket Costs</u>	Recommended October 2008
<u>Vaccination Programs in Schools and Organized Child Care Centers</u>	Recommended June 2009

<u>Vaccination Programs in WIC Settings</u>	Recommended March 2009
Increasing Community Demand for Vaccinations	
<u>Client or Family Incentive Rewards</u>	Recommended April 2011
<u>Client Reminder and Recall Systems</u>	Recommended February 2008
<u>Vaccination Requirements: Child Care, School, & College Attendance</u>	Recommended June 2009
Provider- or System-Based Interventions	
<u>Health Care System-based Interventions Implemented in Combination</u>	Recommended December 2010
<u>Immunization Information Systems</u>	Recommended July 2010
<u>Provider Assessment and Feedback</u>	Recommended February 2008
<u>Provider Reminders</u>	Recommended June 2008
<u>Standing Orders when Used Alone</u>	Recommended June 2008
<u>Community-Based Interventions Implemented in Combination</u>	Recommended June 2010

These interventions ARE NOT RECOMMENDED for the “universal” vaccinations because there is not sufficient enough evidence to make the recommendation:

Increasing Community Demand for Vaccinations	
<u>Client-held Paper Immunization Records</u>	Insufficient Evidence March 2010
<u>Clinic-based Education when Used Alone</u>	Insufficient Evidence February 2011
<u>Community-wide Education when Used Alone</u>	Insufficient Evidence March 2010
<u>Monetary Sanction Policies</u>	Insufficient Evidence April 2011
Provider- or System-Based Interventions	
<u>Provider Education when Used Alone</u>	Insufficient Evidence March 2010

Targeted Vaccinations for People Who Are at Higher Risk of Contracting the Disease

Source: <http://www.thecommunityguide.org/vaccines/targeted/index.html>

YES, these interventions ARE RECOMMENDED for the “targeted” vaccinations for people with high-risk conditions:

<u>Multiple Interventions Implemented in Combination</u>	Recommended October 2002
<u>Provider Reminders when Used Alone</u>	Recommended October 2001

These interventions ARE NOT RECOMMENDED for the “targeted” vaccinations for people with high-risk conditions because there is not sufficient enough evidence to make the recommendation:

Enhancing Access to Vaccination Services	
<u>Expanded Access in Health Care Settings when Used Alone</u>	Insufficient Evidence February 2002
<u>Reducing Client Out-of-pocket Costs when Used Alone</u>	Insufficient Evidence June 2002
Increasing Community Demand for Vaccinations	
<u>Client or Family Incentives when Used Alone</u>	Insufficient Evidence June 2002
<u>Client Reminder and Recall Systems when Used Alone</u>	Insufficient Evidence June 2002
<u>Clinic-based Client Education when Used Alone</u>	Insufficient Evidence June 2002
<u>Community-wide Education when Used Alone</u>	Insufficient Evidence June 2002
<u>Vaccination Requirements when Used Alone</u>	Insufficient Evidence June 2002
Provider- or System-Based Interventions	
<u>Provider Assessment and Feedback when Used Alone</u>	Insufficient Evidence June 2002
<u>Provider Education when Used Alone</u>	Insufficient Evidence June 2002
<u>Standing Orders when Used Alone</u>	Insufficient Evidence October 2001

About Our Organization:

The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid body, appointed by the Director of the Centers for Disease Control and Prevention (CDC), whose members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention. The Task Force was established in 1996 by the U.S. Department of Health and Human Services to provide evidence-based recommendations about community preventive services, programs, and policies that are effective in saving lives, increasing longevity, and improving Americans' quality of life. The Task Force makes its recommendations available through the free online resources known as the Community Guide. <http://www.thecommunityguide.org/index.html>

