

Teens Face Consent Barrier to Getting Vaccinated

BY PATRICE WENDLING

FROM THE ANNUAL MEETING
OF THE PEDIATRIC ACADEMIC SOCIETIES

VANCOUVER, B.C. — The inability of older adolescents to provide consent for vaccinations creates a barrier to vaccine delivery, research has shown.

In a survey of 280 medical providers from 43 states, 95% said that 17-year-olds “sometimes” or “often” present without a parent. Ten percent reported that this is true for 12-year-olds.

The providers were then asked how likely it was that an unaccompanied minor adolescent in their state would be vaccinated for influenza; combined tetanus, diphtheria, and pertussis (Tdap); and human papillomavirus (HPV) if the vaccines were available for free, the patient was medically eligible, and the parent was not available to consent.

Responses varied by vaccine type, patient age, and clinical setting, said Dr. Carol Ford of the University of North Carolina at Chapel Hill.

If a 17-year-old presented alone for routine care in a private primary care clinic and were due for all three vaccines and “all the stars were lined up for them to get the vaccines,” except that a parent could not be reached, 30% would not get any of the vaccines.

If the same patient presented alone to a private clinic for confidential services, 40% would not get vaccinated. If the unaccompanied minor were 12 years old, 50% would not get influenza or Tdap, and 70% would not get the HPV vaccine, according to the survey. In a public primary care setting, approximately half of 17-year-olds presenting for routine care and 65% of 12-year-olds would not get any vaccines if they were unaccompanied by a parent, she noted.

Between 30% and 50% of health care provider respondents said that an adolescent presenting to a public clinic for confidential services would not get the HPV vaccine and 60%-70% would not get Tdap or influenza

vaccines, with variation by age, Dr. Ford said.

“We still have to think hard about how to get all teens vaccinated, but I think that this study really highlights the fact that there are a lot of missed opportunities among these older teens that we could be working on right now,” she said in an interview.

Interventions to increase adolescent vaccinations include strategies such as anticipatory consent for vaccinations at the time of school physical examinations; advance consent for additional doses, as with the three-dose HPV vaccine; and calling parents on cell phones.

Providers must work within the context of legal, ethical, and professional guidelines regarding minor consent, but hospitals and medical sites have a great deal of variety and flexibility regarding the process of documenting consent, Dr. Ford said.

Federal law requires that all health care providers give vaccine information statements to parents or patients before administering each dose of the vaccines listed in the 2010 vaccine schedule.

The American Academy of Pediatrics believes that physicians have an ethical and legal obligation in most cases to obtain parental permission to undertake recommended medical interventions, and that in many circumstances they should also solicit patient assent when developmentally appropriate (Pediatrics 1995;95:314-7). The AAP also notes that physicians should seek informed consent directly from patients in cases involving emancipated or mature minors with adequate decision-making capacity, or when otherwise permitted by law.

During a discussion of the study, it was noted that most states require patient assent, not consent. Survey respondents would support efforts to allow minors to consent for vaccination at a mean of 14.26 years for Tdap, 14.08 years for influenza, and 13.81 for HPV, according to Dr. Ford. ■

Disclosures: None was reported.

A Time for Reflection

MY TAKE

A common methodology for quality improvement involves identifying variations and reducing them. Sometimes, the variation is unimportant. Just about any choice of athlete’s foot cream works. But pediatricians express passionate arguments in many directions when it comes to vaccines. So a survey showing that 50% of people do something, and 50% don’t, should prompt deep reflection.

Surveys don’t indicate which practice is better. That requires measuring outcomes. Surveys don’t resolve barriers that impede effective care. But surveys can motivate change.

Vaccinating teenagers raises a complex multitude of ethical, legal, and practical problems. A 4-year-old may resist vaccination, but my nurse still administers the shots. Ethically, teenagers are different. Their assent is required. Ideally, both parent and teenager should be present in the office for this informed consent and assent to occur. An unaccompanied teenager in the office poses special problems. The history the teen gives may be incomplete and/or unreliable. Boosters need to be given but there are few well visits during which to accomplish them.

In some circumstances, teenagers can give consent. The law is complex and varies from state to state. Minors typically have the authority to consent to medical

care related to sexually transmitted diseases. HPV and hepatitis B vaccines might be included in that. However, there can be practical problems with reimbursement since most teenagers cannot afford to pay for care themselves.



There are also legal intricacies in handling the Vaccine Information Statements. These nuances vary depending on state law, the vaccine type, and in some cases the source of vaccine. Go to www.cdc.gov/vaccines/pubs/vis/vis-facts.htm#faq for more details.

This is an important issue because without following the procedures to the letter, reimbursement for adverse effects may not be available, exposing the physician and the patient to financial risk.

Pediatricians place the patient’s needs first, but economics and efficiency are also important when establishing office policy. There are valid reasons why many pediatricians would choose not to vaccinate, or even see, unaccompanied teenagers. But when a survey shows your colleagues have chosen to overcome these reasons and barriers, it should prompt reflection. Could I, and should I, do it in my office as well?

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Majority of Children With Hepatitis C May Be Undiagnosed

BY MICHELE G.
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FROM THE ANNUAL
DIGESTIVE DISEASE WEEK

NEW ORLEANS — Only a small fraction of Florida children with hepatitis C—about 14%—have been identified, and the situation may be even worse in other parts of the United States, a study has shown.

The projection is based on data from the third National Health and Nutrition Examination Survey (NHANES), which indicate that hepatitis C affects 0.2%-0.4% of the pediatric population.

Extrapolating that number to the Florida population, the state should have 12,155 cases of pediatric hepatitis C, said Dr. Aymin Delgado-Borrego.

Yet the state’s database, which

is called Merlin, contained 1,755 pediatric cases—just 14% of the expected number.

In contrast, the Merlin database has recorded more than 46% of the state’s projected number of adult cases.

Further analysis suggested that 150 children—1.2% of the expected number of those infected—are being treated for their infection.

“Most children never have symptoms, or have nonspecific symptoms that don’t help in the recognition of the infection,” said Dr. Delgado-Borrego, a pediatric gastroenterologist at the University of Miami.

Pediatric hepatitis C needs to be on the screening radar, especially for at-risk children

whose mothers are infected.

Cases need to be referred to a specialist as soon as they’re identified, she emphasized.

“Early identification of pediatric hepatitis C infection would likely help us cure the infection in more than 50% of children who currently have it,” she said.

This would limit the spread of disease and “would save children from liver damage as well as possible liver failure, cancer, and even death,” according to the pediatric gastroenterologist.

Dr. Delgado-Borrego and her colleagues examined the incidence of pediatric hepatitis C infection in Florida because its database, Merlin, registered every reported case of hepatitis

C in the state from 2000 to 2008.

“Our preliminary analysis of national data shows that this percentage may be even much lower for the nation as a whole,” she said.

Although the investigators have not completed their analysis, the data they have gathered so far indicate that only 5% of children in the entire country who have hepatitis C have been identified.

“We have a few states yet that we need to look at, so this number has not been confirmed,” she said.

“But we estimate that among those who have been identified with hepatitis C, the percentage of those getting medical care is also unacceptably low,” Dr. Delgado-Borrego noted. ■

VITALS

Major Finding: Of the estimated 12,000 Florida children infected with hepatitis C, 14% have been diagnosed and 1% have been treated.

Data Source: The third NHANES and the Florida Merlin database.

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