16-Year-Old Patients: Make Sure They Receive Their Annual Well Visit and Vaccinations

Dear Colleague: August 1, 2019

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), American College of Obstetricians and Gynecologists (ACOG), American Pharmacists Association (APhA), Society for Adolescent Health and Medicine (SAHM), and Immunization Action Coalition (IAC) urge you and your fellow healthcare professionals to make sure that your patients who are 16 years of age receive the vaccines that are recommended for them in accordance with the *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019*[1], approved by AAFP, AAP, ACOG, and CDC.

Annual well visits for adolescents are suboptimal

According to a study published in *JAMA Pediatrics*[2] 2018, although rates of annual well visits among adolescents improved following implementation of the Affordable Care Act (ACA), visit rates remain below recommended levels. For example:

- Past-year adolescent well visit rates increased 7% from before the ACA (41%) to after the ACA (48%).
- Despite this increase, fewer than half of adolescents are attending an annual well visit.

U.S. Recommended Vaccines at Age 16 Years[1]

- Meningococcal conjugate vaccine (MenACWY) dose #2
- Influenza vaccine (seasonally)

Vaccine recommended for individual clinical decision making

- Meningococcal serogroup B vaccine series (MenB)

Catch-up vaccination, if not already completed

- HPV vaccine series
- Tdap
- MMR, VAR, HepB, HepA, and IPV series

Leveraging recommended vaccinations at age 16 to increase adolescents receiving other important preventive services

When ACIP created a stand-alone column in the official schedule for 11–12-year-old children in 1995, not only did immunization rates increase for that age group, but preventive care visits also increased significantly.[3] In a similar manner, establishing the 16-year-old platform will help ensure adherence to receiving recommended vaccines at this age, and will help encourage adherence to recommended screenings and anticipatory guidance during adolescence. This can include screening for common health disorders, such as anxiety and depression, as well as infections, such as chlamydia and HIV. It also includes counseling for tobacco and alcohol use and substance abuse, and discussion about pregnancy intention and contraception, and it will help lay the foundation for the active engagement of adolescents in their own health as they transition into young adulthood.[4]

Immunization coverage rates for several adolescent vaccines are poor

According to data from CDC, coverage rates for several recommended adolescent vaccinations are quite low. For example:

- The coverage rate for the second (booster) dose of quadrivalent meningococcal conjugate vaccine (MenACWY), which is recommended at age 16, was only 44% by the 18th birthday.[5]

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- Human papillomavirus (HPV) vaccine coverage for ≥1 dose among all adolescents was only 66% (69% for females; 63% for males); and only 49% of all adolescents were fully vaccinated with a complete series (53% for females; 44% for males).[5]
- Less than half (47%) of adolescents age 13–17 years had received influenza vaccine.[6]

Vaccination at age 16 years has been highlighted on the U.S. Immunization Schedule

Beginning in 2017, the official U.S. immunization schedule[7] implemented a significant format change by creating a stand-alone column for age 16 years. Like the 4–6 years and 11–12 years columns, it is highlighted by a gray-shaded heading. The "16 year" age column was also separated out from the previous "16–18 year" age range to highlight the need for the recommended MenACWY 2nd dose at age 16 years.

Along with MenACWY at age 16, influenza vaccine (seasonally) is recommended. In addition, vaccination with meningococcal serogroup B vaccine (MenB) is recommended for individual clinical decision making. Focusing on a 16-year-old visit also allows catch-up on vaccine doses for adolescents who may have fallen behind on vaccines such as HPV, Tdap, and others.

Let us all work together to ensure that we provide adolescent patients the protection and guidance they need as they advance toward adulthood.

Signed

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