

Recommending MenACWY*: What to Say and How to Say It

The National Vaccine Advisory Committee (NVAC) calls on all healthcare providers to¹

- Incorporate immunization needs assessment into every clinical encounter.
- Strongly recommend all immunizations that patients need.
- Administer vaccines in your healthcare setting, or, if you can't, refer the patient to a provider who immunizes.
- Document the vaccination given.

A clinician's strong recommendation for a vaccine is known to be powerful and persuasive in building vaccine confidence and acceptance among patients and parents.

From October 2017–January 2018 in the United States, for example, a clinician's recommendation was a key factor in determining whether pregnant women were vaccinated against influenza. When the clinician made a recommendation and offered vaccination, 63.8% of pregnant women were vaccinated. If the clinician made a recommendation but did not offer vaccination, the immunization rate was 37.6%. Furthermore, if the clinician neither recommended nor offered vaccine, the rate was only 9%.²

Meningococcal disease: Recognizing risk

When it comes to discussing MenACWY* with patients and parents, focus can be placed on:

- The life-threatening nature of the disease
- A well-documented period of increased risk for adolescents and young adults
- The importance of being vaccinated with both the first and second doses of meningococcal ACWY vaccine

The first MenACWY dose is recommended at 11–12 years of age and a second (booster) dose at 16 years of age.³ Dose #1 has been recommended since 2005, and the second dose was recommended in 2010. Unfortunately, immunization rates for dose #2 are lagging. The Centers for Disease Control and Prevention notes that “Health-care personnel should use every opportunity to provide the booster dose when indicated.”³

Having the Conversation

Be sure to include meningococcal disease prevention as part of the anticipatory guidance for your teenage and young adult patients.

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* MenACWY is a vaccine that helps protect against meningococcal disease resulting from infection with serogroups A, C, W, or Y.

Talking points

When it comes to discussing MenACWY with patients and parents, focus can be placed on:

- Meningococcal disease is rare but can be deadly for young people your age.
- You are at increased risk from your mid-to-late teens into your early 20s.
- Meningococcal disease can come on suddenly, without warning, and can cause shock, coma, and death within hours of the first symptom.
- 10%–15% of people who develop meningococcal disease will die, even with appropriate antibiotic treatment.
- Up to 20% of people who survive meningococcal disease will suffer lifelong disability, such as loss of limbs, loss of hearing, or brain damage.
- Meningococcal vaccines are safe, effective, and recommended for adolescents.
- 2 doses of MenACWY are recommended for adolescents, the first dose at 11–12 years of age and a second dose at 16 years of age.

Close the conversation with a strong recommendation for the vaccine. It will make a difference.

General Tips for Talking with Adolescent Patients

Adolescents are at a time in life when they are trying to develop a personal identity, test boundaries, and seek independence. The following tips may help facilitate conversations:

- In educating adolescents and their parents about the importance of timely immunizations, take care to emphasize the potential severity of, and the patient's susceptibility to, specific vaccine-preventable diseases.
- Listen carefully and respond to the patient honestly, directly, and factually, in a caring and nonjudgmental manner.
- Be attuned to the patient's developmental stage, taking into account age, gender, and cognitive and psychosocial development.
- Assure the patient that you will keep confidential whatever he or she tells you (subject to whatever legal limitations may apply); this will encourage candid discussion of sensitive concerns.

References

1. National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: standards for adult immunization practice. *Pub Health Rep.* 2014; 129(March-April):115-123.
2. Centers for Disease Control and Prevention (CDC). Influenza and Tdap Coverage Among Pregnant Women—United States, April 2018. *MMWR.* 2017;67(38):1055–1059.
3. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* 2013;62(RR-2):1–28.