



Position statement

Establishing an Immunization Platform for 16-Year-Olds in the United States



The Society for Adolescent Health and Medicine

Immunization platforms, which are routine health visits for administration of recommended vaccines, have long served to reinforce and enact the age-based child and early adolescent vaccine schedule. The Centers for Disease Control and Prevention first published a recommended age-based childhood immunization schedule over 30 years ago [1]. These platforms emphasize the importance of on-time vaccination and create opportunities for catch up of missed vaccines. At the same time, the establishment of an immunization platform has the added value of creating the opportunity to provide developmentally targeted care and anticipatory guidance. The Centers for Disease Control and Prevention established the 11- to 12-year-old immunization platform in 1996 [2]. This platform, which marked the transition from childhood to adolescence, established the expectation of a routine visit for the administration of a recommended booster dose of the tetanus and diphtheria toxoids and catch up for any missed vaccines or incomplete vaccination series. As of 2016, the 11- to 12-year-old platform includes the first dose of the quadrivalent meningococcal vaccine (MenACWY), three doses over 6 months of human papillomavirus vaccine, and the tetanus, diphtheria, and acellular pertussis booster vaccine (Tdap) [3].

However, no platform exists for vaccines recommended in later adolescence. At 16 years, the Advisory Committee on Immunization Practices recommends routine administration of a second dose of MenACWY (category A recommendation) and consideration for administration of meningococcal B (MenB) vaccine based on individual clinical decision-making (i.e., category B recommendation) [4,5]. Although relatively rare [6], meningococcal disease leads to substantial burden, both

economically and in terms of human suffering [7]. A 16-year-old immunization platform will help ensure adherence with the vaccine recommendations as well as provide an opportunity for health care providers to review adolescents' vaccination status and complete any other needed vaccination and/or vaccination series (e.g., second or third dose of human papillomavirus vaccine). Furthermore, by delivering these vaccines at 16 years, it helps to ensure that the vaccines are covered by public or parental insurance [7]. A 16-year-old platform also will help further encourage adherence to recommended screenings and anticipatory guidance during adolescence (e.g., for common health disorders, such as depression, and for infections, such as chlamydia and HIV) and help lay the foundation for the active engagement of adolescents in their own health as they transition into young adulthood [8,9]. In summary, Society for Adolescent Health and Medicine supports the establishment of a 16-year-old immunization platform to ensure completion of all recommended vaccines, which has the added value of providing an opportunity for developmentally appropriate adolescent health services.

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