



Adolescent Meningococcal Vaccination Health System Readiness Package

INTRODUCTION

Pediatricians and primary care providers play a key role in ensuring adolescents receive recommended vaccines.^{1,2} With meningococcal disease cases at a 10-year high,³ it is critical to educate eligible adolescents and their parents on vaccination rates, incidence increases and the potentially devastating impact of meningococcal disease.²

This ***Adolescent Meningococcal Vaccination Health System Readiness Package*** is designed to provide the foundational aspects necessary to develop, implement and sustain a successful meningococcal vaccination program for adolescents. This includes essential tools, pathways, educational materials and best practices. This package includes the following tools:

Framework for Optimizing Adolescent Vaccination Program Management **2**

Adolescent Vaccination Well Visit Care Journey Roadmap **4**

Adolescent Meningococcal Vaccine Readiness Checklist for Health Systems **10**

Adolescent Meningococcal Vaccine Readiness Checklist for Clinics **13**

Provider and Healthcare Staff Education Resource **16**

Additional Adolescent Vaccine Resources **18**

Framework for Optimizing Adolescent Vaccination Program Management

FOR SYSTEMS AND CLINICS

The framework model is intended to guide health systems to select and implement strategies with key actions for creating or enhancing an adolescent meningococcal vaccination program. Supportive tools and resources are included for use by administrators, healthcare providers and support staff to help protect and educate their communities from meningococcal disease.

Key Focus Areas



Intervention Options



Leadership

- Routinely assess vaccination rates of the patient population⁴
- Contact the state health department to support assessing vaccination rates of the patient population⁴
- Establish a health system or practice-wide vaccine and immunization update communication process⁴
- Review standards for child and adolescent vaccination practices to eliminate barriers to vaccination (i.e., CDC and ACIP)⁵
- Perform a program review, and include additional evidence-based approaches to address adolescent vaccination challenges^{1,4} (See Adolescent Meningococcal Vaccine Readiness Checklist for Health Systems, p.10)

CDC = Centers for Disease Control and Prevention



Operationalization

- Develop a strategy to implement for providers to promote annual preventative visits for adolescents to increase opportunities for vaccination⁵
- Identify state-specific requirements for adolescent vaccination documentation and make the necessary refinements⁶
- Assess for health equity barriers and gaps in care in underserved populations for adolescent vaccination^{7,8}
- Participate in the Vaccines for Children program and other programs to minimize barriers and gaps^{1,9}
- Develop process to ensure communication with school, camp and other providers for adolescent vaccination documentation¹

ACIP = Advisory Committee on Immunization Practices



Technology and Outreach

Technology*:

- Evaluate current health information technology (HIT) tools^{1,10}
- Identify EHR workflow optimization opportunities to support vaccine-eligible adolescent patients^{1,11}
- Evaluate the potential of IT to help with secure sharing of vaccine documentation¹

Outreach:

- Develop community or social media outreach initiatives across diverse events for parents and/or adolescent patients^{5,12}

HIT = health information technology



Provider, Staff and Patient Education

- Refine or develop patient/parent education materials on adolescent/meningococcal vaccination^{2,4}
- Post official U.S. immunization schedules in each exam room for staff and patients⁴
- Train and educate staff on avoiding “missed opportunities” to vaccinate, including administering multiple vaccinations when appropriate and checking the status of siblings accompanying the patient⁴
- Develop screening checklist for adolescent vaccination (include recent illness, allergic reactions, pregnancy, etc.)^{4,13}
- Ensure vaccinating clinics receive and implement the Adolescent Meningococcal Vaccine Readiness Checklist for Clinics, p.13
- Institute a robust training for staff on communicating with patients and parents in plain language, vaccine refusal, etc.⁴

EHR = electronic health record
FAQs = frequently asked questions

* The purpose of this resource is to support an educational and informational conversation about existing EHR functionality. Pfizer does not endorse any specific functionality discussed within the resource. The health system is solely responsible for determining which EHR tools and/or functionality to use and for the implementation, testing and monitoring of the tools and/or functionality in its EHR system.

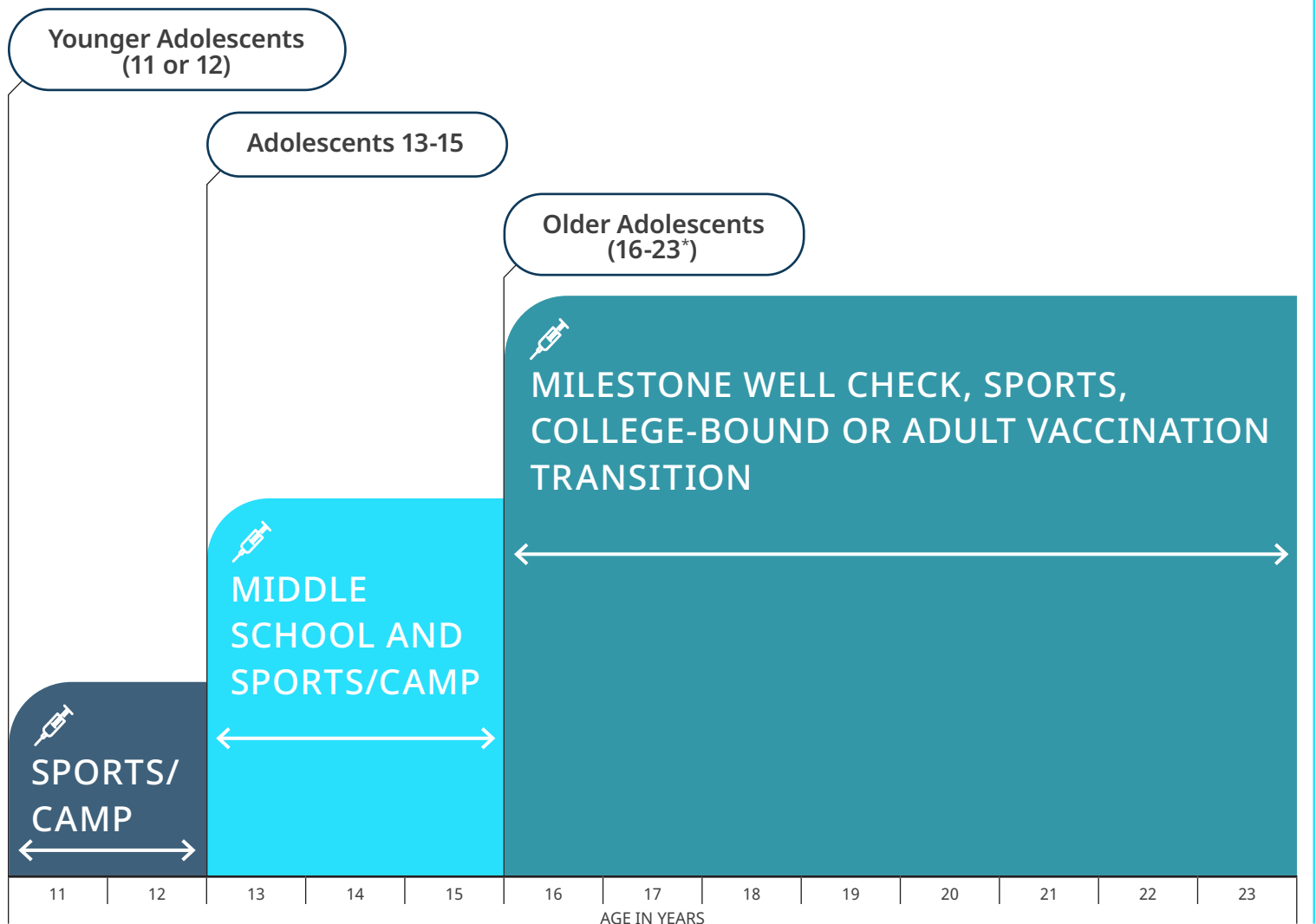
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Well Visit Care Journey Roadmap

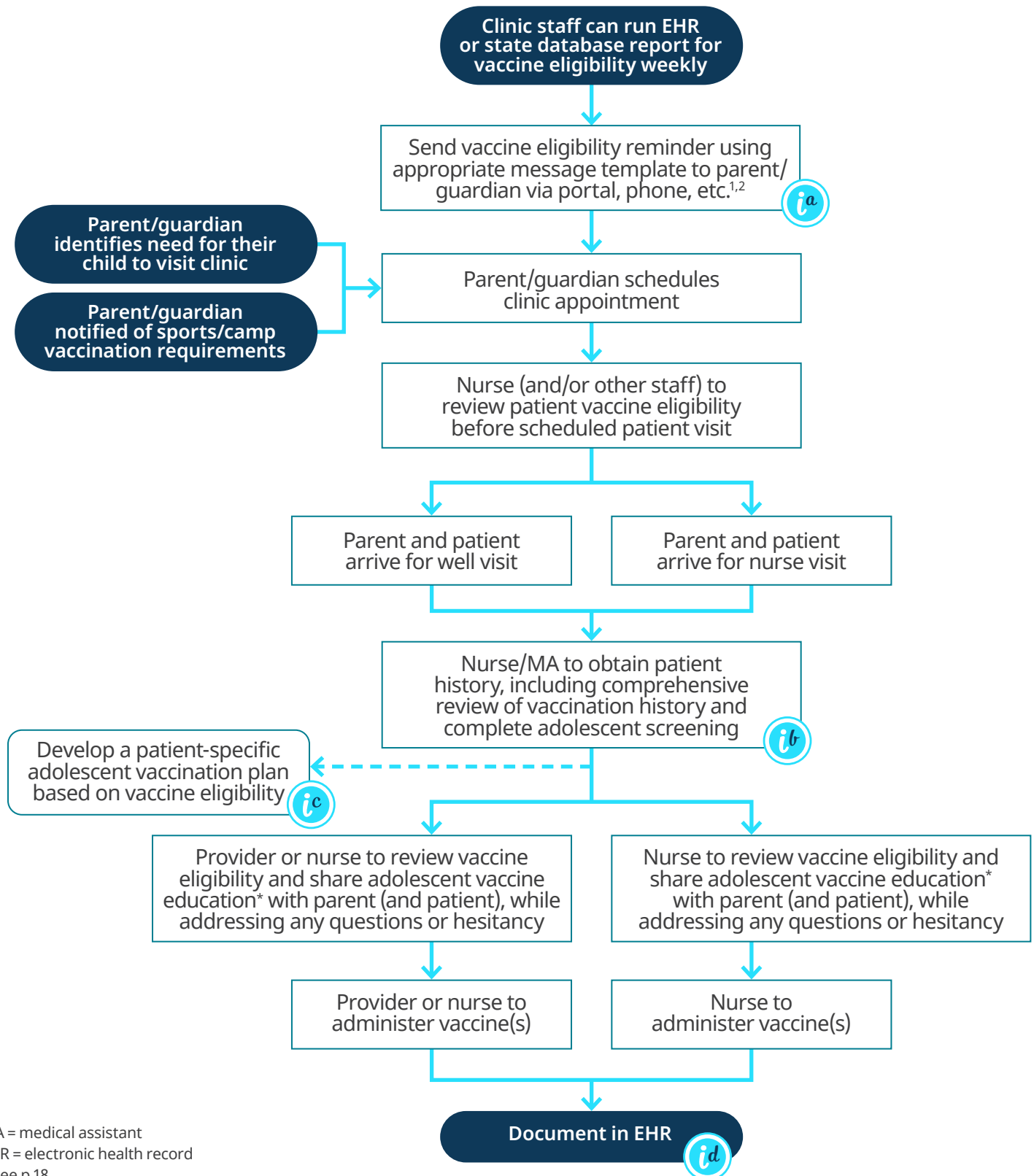
INTRODUCTION

The *Adolescent Vaccination Well Visit Care Journey Roadmap* outlines the key stakeholders involved throughout the care continuum as well as end-to-end activities for immunization and care management. The interactive Roadmap includes considerations for three adolescent groups allowing healthcare staff to navigate based on age.



* MenB vaccination, based on shared clinical decision-making, preferred at 16-18 years old

Younger Adolescents (11 or 12 Years Old): SPORTS/CAMP

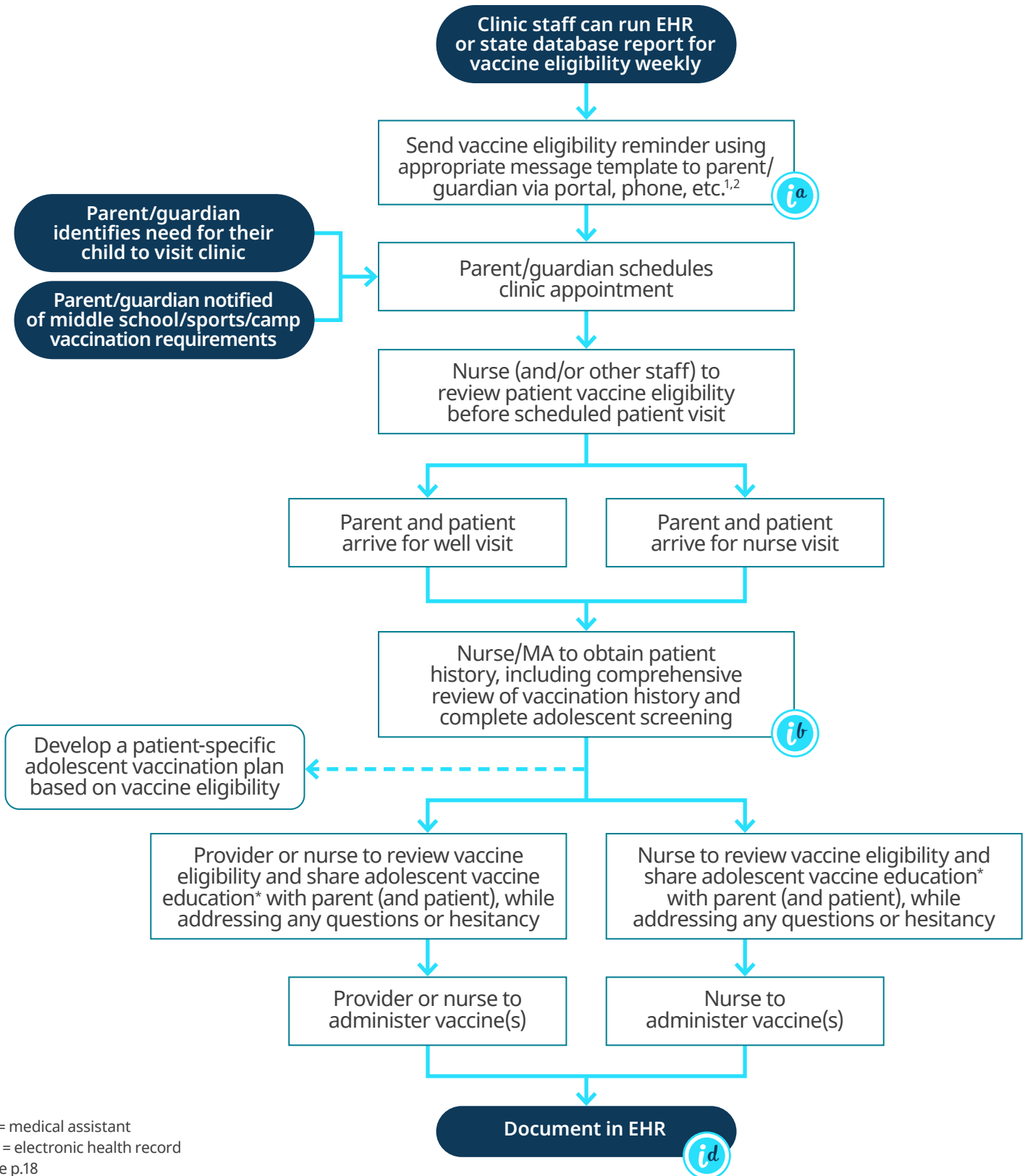


MA = medical assistant
EHR = electronic health record
* see p.18

i = see p.8 for more information

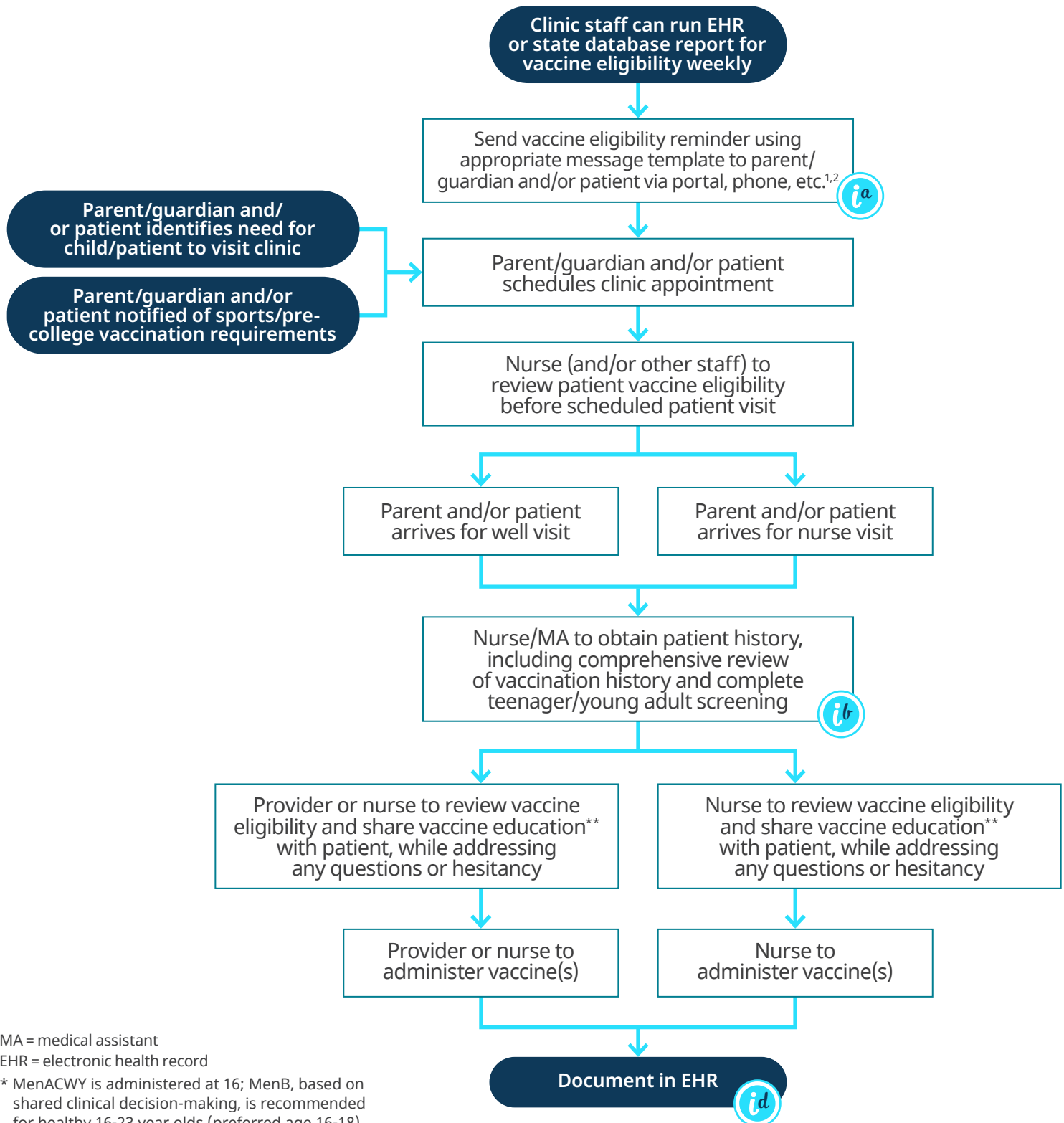
Adolescents 13-15 Years Old:

MIDDLE SCHOOL AND SPORTS/CAMP



Older Adolescents (16-23* Years Old):

MILESTONE WELL CHECK, SPORTS, COLLEGE-BOUND
OR ADULT VACCINATION TRANSITION



MA = medical assistant

EHR = electronic health record

* MenACWY is administered at 16; MenB, based on shared clinical decision-making, is recommended for healthy 16-23 year olds (preferred age 16-18)

** see p.18

= see p.8 for more information

More Information



Outreach for vaccination scheduling and administration can include a multi-faceted approach^{1,3-6}:

- General reminders to vaccinate
- Portals, text, phone, at time of visit
- Generating reports of patients who are overdue and planning timely outreach
- Generating reports for patients who are at greater risk and using messaging templates
- Standing orders allowing for at-visit vaccinations
- EHR alerts supporting provider decision-making to discuss vaccinations with patients
- Emphasize the importance of patient vaccination schedules at wellness and sick visits



Screening for vaccine eligibility is a key patient safety practice.^{7,8} Immunize.org has a screening checklist to determine adolescent patient eligibility for vaccinations and to document any contraindications.⁸

SCREENING QUESTIONS INCLUDE^{8*}:

- Is your adolescent sick today?
- Does your adolescent have allergies to a vaccine component or to latex?
- Has your adolescent had a serious reaction to a vaccine in the past?
- Has your adolescent had brain or other nervous system problems?
- For females: Is your adolescent pregnant?

* This is not an exhaustive list.



The National Committee for Quality Assurance (NCQA) measures adolescent immunizations for effectiveness of care through Healthcare Effectiveness Data and Information Set (HEDIS) measures.⁹

These measures assess the effectiveness of pediatric immunization delivery and promote the importance of recommended vaccinations for adolescents. The NCQA uses HEDIS measures to track and improve their vaccination rates for this population. These measures include the percentage of adolescents who have received the following vaccinations by their 13th birthday:

- ✓ A dose of meningococcal vaccine¹⁰
- ✓ A Tdap vaccine¹⁰
- ✓ A complete human papillomavirus (HPV) vaccine series¹⁰
- ✓ This measure calculates a rate for each vaccine and two combination rates¹⁰

Providers should use these measures to develop a patient-specific adolescent vaccination plan based on patient's eligibility at age 13.



Federal law requires documentation for vaccinations. The CDC requires documentation components¹¹ including:

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of the person who administered the vaccine, as well as office address
- Vaccine information statement (VIS) and edition date
- Date the VIS was given to the patient or their parent/guardian/caregiver

Especially for multi-dose vaccinations, it is important to have an accurate first-dose date on record for proper delivery of subsequent doses.^{11,12} It is important to document patient refusal in the EHR, as this will affect overall vaccination rates, and needs to be accounted for in tracking and monitoring for quality measures.^{6,13}

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Readiness Checklist for Health Systems

Leadership

☐	If not already identified, appoint a system-wide vaccine champion to support program implementation efforts ¹
☐	Establish or refine quality assurance metrics to track and monitor adolescent/meningococcal vaccination for the health system ²
☐	Ensure standing orders are in place, if applicable ²
☐	Implement a system-level initiative to offer all recommended vaccines to every adolescent patient ¹
☐	Design and establish a clear communication structure to effectively distribute adolescent vaccine information and updates from the leadership level directly to the clinics ²
☐	Regularly review and debrief to disseminate metrics, successes, barriers, lessons learned and strategies for improvement ^{1,2}

Operationalization

☐	Confirm payer coverage and requirements ^{2,3}
☐	Identify state-specific requirements for adolescent vaccination documentation and make the necessary refinements ⁴
☐	Assess for health equity barriers and gaps in care in underserved populations for adolescent vaccination ³
☐	Participate in the Vaccines for Children program and other programs to help minimize barriers and gaps ^{2,5}
☐	Develop process to ensure communication with school, camp and other providers for adolescent vaccination documentation ²

Technology

☐	Evaluate HIT tools and identify EHR workflow optimization opportunities to support vaccine eligible adolescent patients^{2,6,7}: • Immunization schedule and clinical decision support • E-prescribing/Favorites Lists • Messaging to patients/parents in patient portals • Other EHR features, as applicable
☐	Evaluate the potential of IT to help with secure sharing of vaccine documentation with an external registry ²

Outreach

☐	Develop community outreach initiatives or investigate potential partnerships to improve adolescent vaccination rates – e.g., school start, ⁸ community events, health fairs, etc. ^{9,10}
☐	Provide vaccinating clinics a checklist to support implementation (Adolescent Meningococcal Vaccination Readiness Checklist for Clinics, p.13)
☐	Identify appropriate settings and platforms for meningococcal vaccine information dissemination (grand rounds, physician meetings, recurring staff huddles, written information, etc.) ^{11,12}

Provider, Staff and Patient Education

☐	Develop or identify existing patient/parent education materials on adolescent/meningococcal vaccination ^{9,13}
☐	Identify common health literacy issues/FAQs for adolescents/parents related to meningococcal vaccination ^{14,15}
☐	Establish a team-based approach to education, including advanced practice providers and non-provider staff to support physicians in identifying and educating adolescents and their parents about meningococcal vaccination ²
☐	Confirm, develop or update current training for all staff on the clinical burden of meningococcal disease and the importance of meningococcal vaccination in adolescents ²
☐	Institute a robust training program to help train providers and other team members on how to provide a strong, presumptive recommendation to patients and families ²
☐	Develop screening checklist for adolescent vaccination to screen for potential contraindications at the time of visit ^{1,16}
☐	Formulate appropriate responses and equip clinicians and other team members with those talking points to facilitate effective engagement at the point of care ^{2,17}

FAQs = frequently asked questions

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Readiness Checklist for Clinics

Leadership

☐	Assign a clinic-level vaccine coordinator ¹
☐	Identify staffing requirements to administer vaccinations and ensure adequate staff ²
☐	Run reports of last year's meningococcal vaccination volumes (if applicable) to forecast demand ³
☐	Run report of established patient due dates to identify estimated number of eligible patients to forecast demand ³

Operationalization

☐	Establish a formal clinic workflow ¹ (Adolescent Vaccination Well Visit Care Journey Roadmap, p.4)
☐	Ensure standing orders are in place, if applicable, for MenACWY and MenB vaccines ¹
☐	Ensure vaccine storage requirements are met, e.g., some vaccines need to be refrigerated ⁴
☐	Implement digital tools, e.g., health information systems and EHRs, to assist in identification of eligible patients ³
☐	Ensure the patient receives a vaccine information statement (physical or electronic) before every dose ⁵

Technology

☐	Verify EHR forecasting and CDS are up-to-date and functioning as intended
☐	Ensure patient reminders, notifications and educational materials in the patient portal and clinical website are up-to-date, if applicable
☐	Consider non-portal based reminder mechanisms for additional proactive contact with patient ⁶

Outreach

☐	Verify adolescent vaccine promotional or educational materials are placed throughout the clinic (banners on sign-in screens, pamphlets, posters or flyers on walls, badge buddies, etc.) ⁷
☐	Participate in community outreach initiatives to improve adolescent vaccination rates – e.g., school start, community events, health fairs, etc. ⁸ (Additional Adolescent Vaccine Resources, p.18)
☐	Consider an adolescent vaccination social media campaign for the clinic (plan and schedule posts, fun video shorts by the staff, etc.) ⁹
☐	Develop and use adolescent vaccine communication templates for patient/parent notifications (past due, due, now eligible, etc.) ⁶

EHR = electronic health record
CDS = clinical decision support

Provider, Staff and Patient Education

☐	Ensure that patient education resources are available in the clinic ^{5,7}
☐	Hold annual training for provider and/or staff that includes^{1,10}: • Clinic vaccination protocol/workflow • Clinic staff roles and responsibilities • Meningococcal vaccine product details, indications, eligibility requirements, side effects, adverse events, contraindications and co-administration • Child and adolescent immunization schedules • Health equity and vaccine access • How to make strong vaccine recommendations and address vaccine hesitancy/concerns for parents and adolescents • Vaccine reconstitution instructions • General best practice guidelines

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Provider and Healthcare Staff Education Resource

What is the difference between the meningococcal vaccines?

The U.S. uses **three types of meningococcal vaccines**. Each type helps protect against different serogroups of meningococcal disease.



MenACWY Vaccine¹

- Serogroups A, C, W and Y
- All 11- to 12-year-old adolescents
- Booster dose at age 16



MenB Vaccine¹

- Serogroup B
- Age 16 through 18 years preferred
- Use shared clinical decision-making; administer 2 doses, 6 months apart
- Individuals **must** receive the same vaccine product for all doses



MenABCWY Vaccine¹

- Serogroups A, B, C, W and Y
- Use shared clinical decision-making
- Option to administer when patient is getting MenACWY and MenB vaccines at the same visit
- Minimal interval between MenB doses is 6 months

What are some ways to address vaccine hesitancy for adolescents and parents?

- Use motivational interviewing to align with patient values and needs.²
- Use plain language (i.e., everyday words to explain concepts) to ensure patients understand vaccine information.³

What are some considerations for adolescent vaccination shared clinical decision-making discussions?⁴

- For meningococcal vaccines, shared clinical decision-making recommendations should be individually based and informed by a decision process between the healthcare provider and the patient or parent/guardian.
- Anyone who provides or administers vaccines can make shared clinical decision-making recommendations with the patient and/or parent (e.g., primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses and pharmacists).

Recommendations for Use of Meningococcal Vaccines¹

Patient	MenACWY Vaccination History	Recommended MenACWY Schedule	Recommended MenB Schedule
11–12 yrs	--	Give dose #1	
13–15 yrs	--	Give catch-up dose #1	
16+ yrs (16–18 preferred)	--	Give 1 catch-up dose at age 16–18	2 doses 6 months apart (Based on shared clinical decision-making)
	1 prior dose when <16 yrs of age	Give dose #2	
At increased risk	--	2- to 4-dose primary series, then booster every 5 years	3-dose primary series, then booster at 1 year, then boosters every 2–3 years
Part of population at increased risk during an outbreak	>5 years since last dose	Give 1 dose	Give 1 dose if >1 yr since last dose

References:

1. Centers for Disease Control and Prevention (CDC). Meningococcal Vaccine Recommendations. Last reviewed October 24, 2024. Accessed March 6, 2025. <https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/>
2. Centers for Disease Control and Prevention. Talking with Patients about COVID-19 Vaccination: An Introduction to Motivational Interviewing for Healthcare Professionals. Last reviewed November 3, 2021. Accessed March 6, 2025. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
3. Centers for Disease Control and Prevention. Immunization Strategies for Healthcare Practices and Providers. Last reviewed March 28, 2024. Accessed March 14, 2025. <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-3-immunization-strategies.html>
4. Centers for Disease Control and Prevention. ACIP Shared Clinical Decision-Making Recommendations. Last reviewed January 7, 2025. Accessed February 19, 2025. <https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html>
5. Immunize.org. Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor. Last reviewed January 19, 2024. Accessed February 19, 2025. <https://www.immunize.org/wp-content/uploads/catg.d/p2018.pdf>
6. Centers for Disease Control and Prevention. Types of Meningococcal Vaccines. Last reviewed October 24, 2024. Accessed March 6, 2025. <https://www.cdc.gov/meningococcal/vaccines/types.html>

Additional Adolescent Vaccine Resources

This list of resources provides additional information to help providers and patients understand the importance of meningococcal vaccines and to help make informed decisions for better health outcomes.

PROVIDER AND STAFF EDUCATION:

CDC

- Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S. | <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>
- CDC Meningococcal Vaccine Recommendations | https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/index.html#cdc_generic_section_3-menb-vaccination
- Meningococcal Disease Surveillance and Trends | https://www.cdc.gov/meningococcal/php/surveillance/index.html#cdc_generic_section_1-latest-news
- Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Healthcare Professionals | <https://www.immunize.org/wp-content/uploads/catg.d/p4270.pdf>
- Adolescent Immunization Discussion Guide | <https://www.aap.org/en/patient-care/immunizations/adolescent-immunization-discussion-guides/?srltid=AfmBOopSXWamRFz0i0u88sxZt4NKSKI6aoOja0oXqj53e9hKQP6vFPSM>
- Prioritizing Immunizations for Adolescents | https://pfehealtheducate2com.pfizersite.io/library/vax/Prioritizing_Immunizations_by_Population_Adolescents
- Meningococcal Disease on the Rise | https://pfehealtheducate2com.pfizersite.io/library/vax/Meningococcal_Disease_on_the_Rise_Resource
- Meningococcal Infographic for HCPs | https://pfehealtheducate2com.pfizersite.io/library/vax/Meningococcal_Infographic_for_Parents

RISK-BASED

- Risk-based Indications for Meningococcal Vaccination | <https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/risk-indications.html>
- Clinical Guidance for Managing Meningococcal Disease Risk in Patients Receiving Complement Inhibitor Therapy | <https://www.cdc.gov/meningococcal/hcp/clinical-guidance/complement-inhibitor.html>

IMMUNIZE.ORG AND AAP

- Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Healthcare Professionals | <https://www.immunize.org/wp-content/uploads/catg.d/p4270.pdf>
- Adolescent Immunization Discussion Guides | <https://www.aap.org/en/patient-care/immunizations/adolescent-immunization-discussion-guides/?srltid=AfmBOopSXWamRFz0i0u88sxZt4NKSKI6aoOja0oXqj53e9hKQP6vFPSM>

PATIENT EDUCATION:

CDC

- Vaccines for Preteens and Teens: What Parents Should Know | <https://www.cdc.gov/vaccines/parents/downloads/PL-dis-preteens-parents.pdf>
- Meningococcal ACWY Vaccine Information Statement (VIS) | <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/mening.pdf>

VACCINE INFORMATION, HEALTHY CHILDREN, AMERICAN SOCIETY FOR MENINGITIS PROTECTION

- Vaccinations for Preteens and Teens | <https://www.vaccineinformation.org/wp-content/uploads/resources/p4020.pdf>
- What If You Don't Vaccinate Your Child? | <https://www.vaccineinformation.org/wp-content/uploads/resources/p4017.pdf>
- Vaccines for 'Tweens, Teens & Young Adults | <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Immunizations-for-Teenagers-and-Young-Adults.aspx>
- Meningococcal for Parents | https://pfehealtheducate2com.pfizersite.io/library/vax/Meningococcal_Infographic_for_Parents
- What Is Meningococcal Meningitis | https://static1.squarespace.com/static/65d412ee0af822151cd4d7da/t/65e8a0f3810bd45ea51d3680/1709744371957/ASMP_Poster_Infographic_For+Web_01.pdf
- Meningococcal Meningitis Prevention | https://static1.squarespace.com/static/65d412ee0af822151cd4d7da/t/67852d6b8e1ecb1216d73571/1736781164641/ASMP_Poster_Parent+v2+1.8.25.pdf