

Meningococcal Vaccine: Awareness Is Not Enough

BY SUSAN LONDON

FROM THE ANNUAL MEETING OF THE SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE

SEATTLE – Awareness is not enough when it comes to promoting uptake of the meningococcal vaccine among adolescents, suggest results of a recent North Carolina survey.

Two-thirds of the more than 1,000 parents of adolescents polled had heard of the vaccine, which the Advisory Committee on Immunization Practices (ACIP) recommends be given at the age of 11-12 years and, because of waning

seen their doctor recently.

“Interventions are urgently needed to increase the uptake of meningococcal conjugate vaccine, particularly in light of the new recommendation for a booster dose, and the substantial proportion of parents ... who reported that they still definitely or probably will not get the vaccine,” Dr. Coyne-Beasley said.

“Strategies such as increasing provider recommendations and increasing regular preventive visits may be important,” she noted.

“One of the things I would like to explore is what are those issues [behind nonvaccination] and how can we overcome them,” she commented.

Some people “may have just an inherent philosophy that we may not understand about why they don’t want to get vaccines. But I do think that there are things we can work with, with families,” Dr. Coyne-Beasley said.

The investigators analyzed data from the 2008 Child Health Assessment and Monitoring Program (CHAMP)

telephone survey conducted in North Carolina, a state that does not mandate receipt of the meningococcal vaccine for school entry. The survey involved households from a larger, random, population-based survey that had at least one child under age 18.

The individual in the household most knowledgeable about the child’s health was read a list of possible names of the meningococcal vaccine (meningitis shot, meningococcal shot, Menactra) and asked whether they had heard of it, and if they had, whether the child had received it.

Data from parents of adolescents aged 11-17 years were weighted to provide population-based estimates, according to Dr. Coyne-Beasley, who is an associate professor of pediatrics and internal medicine at the University of North Carolina, Chapel Hill.



The leading reason for nonvaccination was that a health care provider did not mention or recommend the vaccine.

DR. COYNE-BEASLEY

In all, 1,281 parents completed the survey. Some 48% were 40-49 years old, and two-thirds were female. Some 74% were married or cohabiting with a partner, and 71% were employed.

On average, the adolescents were 14.1 years old. They were equally split by sex. Some 63% were white, 23% were black, 9% were Hispanic, and 5% were of other races/ethnicities.

The majority of the adolescents attended public school (88%), had health insurance (93%), had a regular health care provider (83%), and had had a preventive checkup in the past 12 months (78%).

Fully 65% of the surveyed parents were aware of the meningococcal vaccine, according to Dr. Coyne-Beasley.

She noted that the state did not have any meningitis outbreaks during the survey year, which usually increase awareness.

In multivariate analyses, parents were significantly more likely to be aware of the vaccine if their child was aged 16-17 years compared with 11-12 years (odds ratio 1.82), attended private school

compared with public school (OR 1.95), and had health insurance (OR 1.90).

On the other hand, parents were significantly less likely to be aware of the vaccine if their child was Hispanic compared with white (OR 0.50).

Just 44% of the parents who were aware of the meningococcal vaccine had had their adolescent vaccinated.

In multivariate analyses, adolescents were significantly more likely to have been vaccinated if they were black versus white (OR 2.17), had had a preventive health checkup in the past 12 months (OR 3.03), and lived in a household having two or more children under age 18 (OR 1.83).

Among the parents who had not had their adolescent vaccinated, the single most common reason, cited by 25%, was that their health care provider did not mention or recommend the vaccine, Dr. Coyne-Beasley reported.

Other reasons cited included believing that their adolescent did not need the vaccine (14%), wanting to wait until he or she was older (10%), concerns about vaccine safety (9%), and not having been to a doctor recently (8%).

More than half of these parents of unvaccinated children said that in the next year, they definitely would (21%) or probably would (33%) have them vaccinated, and a small minority (8%) were unsure.

However, sizable proportions said they probably would not (29%) or definitely would not (10%) have their child vaccinated in the next year.

“Awareness of a vaccine doesn’t necessarily mean that one will get it,” Dr. Coyne-Beasley concluded, and it will be important to ascertain the reasons for the observed disconnect between awareness and uptake of the meningococcal vaccine among adolescents.

The study had its limitations, she acknowledged. They included the self-reported nature of the data, potential limited generalizability, inclusion of only households having a landline telephone, and availability of just a single meningococcal conjugate vaccine at the time of the survey. ■

VITALS

Major Finding: Only 44% of parents who were aware of the meningococcal vaccine had had their child vaccinated. The leading reason cited for nonvaccination was that a health care provider did not mention or recommend the vaccine.

Data Source: A telephone survey of 1,281 parents of adolescents aged 11-17 years in North Carolina

Disclosures: Dr. Coyne-Beasley reported that she did not have any relevant financial disclosures.

immunity, again as a booster at the age of 16 years.

But just 44% of these parents had had their adolescent vaccinated, lead investigator Dr. Tamera Coyne-Beasley reported at the meeting. In addition, 39% of the parents of unvaccinated adolescents indicated that they probably or definitely would not vaccinate them in the next year.

The leading reason parents cited for nonvaccination was that their health care provider had not mentioned or recommended the vaccine.

Some also gave as a reason not having

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