Parental Consent Barrier to Teen Vaccination

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VANCOUVER, B.C. — The inability of older adolescents to provide consent for vaccinations creates a barrier to vaccine delivery, new research suggests.

In a survey of 280 medical providers from 43 states, 95% said that 17-year-olds "sometimes" or "often" present without a parent; 10% reported that this is true for 12-year-olds.

The providers were then asked how likely it was that an unaccompanied minor adolescent in their state would be vaccinated for influenza; combined tetanus, diphtheria, and pertussis (Tdap); and human papillomavirus (HPV) if the vaccines were available for free, the patient was medically eligible, and the parent was not available to consent.

Responses varied by vaccine type, patient age, and clinical setting, said Dr. Carol Ford of the University of North Carolina, Chapel Hill.

If a 17-year-old presented alone for routine care in a private primary care clinic and was due for all three vaccines but a parent could not be reached, 30% would not get any of the vaccines. If the same patient presented alone to a private clinic for confidential services, 40% would not get vaccinated, Dr. Ford reported.

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If the unaccompanied minor was 12 years old, 50% would not get influenza or Tdap, and 70% would not get the HPV vaccine, according to the survey.

In a public primary care setting, approximately half of 17-year-olds presenting for routine care and 65% of 12-year-olds would not get any vaccines if unaccompanied by a parent, she noted.

Between 30% and 50% of health care provider respondents said that an adolescent presenting to a public clinic for confidential services would not get the HPV vaccine and 60%-70% would not get Tdap or influenza vaccines, with variation by age, Dr. Ford said.

"We still have to think hard about how to get all teens vaccinated, but I think that this study really highlights the fact that there are a lot of missed opportunities among these older teens," she said in an interview.

Interventions to increase adolescent vaccinations include strategies such as anticipatory consent for vaccinations at the time of school physical examinations; advance consent for additional doses, as with the three-dose HPV vaccine; and calling parents on cell phones.

Providers must work within the context of legal, ethical, and professional guidelines regarding minor consent, but hospitals have a great deal of variety and flexibility regarding the process of documenting consent, Dr. Ford said.

Federal law requires that all health care providers give vaccine information statements to parents or patients before administering each dose of the vaccines listed in the 2010 vaccine schedule.

The American Academy of Pediatrics believes that physicians have an ethical and legal obligation in most cases to obtain parental permission to undertake recommended medical interventions, and that in many circumstances they should also solicit patient assent when developmentally appropriate (Pediatrics 1995;95:314-7). The AAP also notes that physicians should seek informed consent directly from patients in cases involving emancipated or mature minors with adequate decision-making capacity, or when otherwise permitted by law.

During a discussion of the study, it was noted that most states require patient assent, not consent. Survey respondents would support efforts to allow minors to consent for vaccination at a mean of 14.26 years for Tdap, 14.08 years for influenza, and 13.81 for HPV, Dr. Ford said. ■

Disclosures: *Dr. Ford reported that she had no disclosures.*