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Why Site of Care Matters in Childhood Immunization

Announcer:

You're listening to *On the Frontlines of Pediatric Vaccines* on ReachMD. Here's your host, Dr. Mary Leuchars.

Dr. Leuchars:

Welcome to *On the Frontlines of Pediatric Vaccines* on ReachMD. I'm Dr. Mary Leuchars, and joining me to discuss potential pediatrician and pharmacist collaborations in supporting childhood vaccine uptake is Dr. Ashlesha Kaushik. She is a Clinical Associate Professor in the Department of Pediatrics at the University of Iowa Carver College of Medicine, and she's also President of the Iowa State Chapter of the American Academy of Pediatrics. Dr. Kaushik, thank you so much for being here today.

Dr. Kaushik:

Thank you. It's a pleasure.

Dr. Leuchars:

So let's jump right in, Dr. Kaushik. From your perspective—you in Iowa have the traditional office-space vaccination model. Are there any challenges for pediatric vaccine uptake that exists with this present model? For example, is it, maybe, missed well checks, scheduling issues, no-shows?

Dr. Kaushik:

Yeah. So, historically, pediatricians and pediatric offices have been the medical homes for children. So, as far as pediatric vaccination goes, they usually come at their well visits, and they get the vaccine simultaneously. So that's the traditional model, which has been endorsed by the American Academy of Pediatrics, and also, it's followed nationally. So that's the model.

Certainly, in the past few years, we have seen challenges. There are certain factors that are affecting that, and we have seen several changes in terms of the social and political landscape. And there's economic constraints sometimes. There are access issues. There are populations in underserved areas that are not able to be reached. And certainly, there are pockets that are not able to utilize the medical system so well. So there are challenges, and there is also a lot of waves of misinformation, and that's global right now. It's not just us, but it's everywhere. So there is a constant, very small percentage of people who have questions about vaccines.

And then I just wanted to say that doctors and clinicians and pediatricians are here to answer any questions or any queries that the patients or the parents might have. So I think that, again, puts a lot of responsibility on the pediatric offices. And in our case, in the rural states, the family medicine clinics as well, who take care of children's vaccinations.

Dr. Leuchars:

And you also mentioned, in terms of challenges, the pediatric vaccine uptake changing with the political climate. Have you noticed that pattern getting better or worse since the pandemic disrupted routine well-child visits?

Dr. Kaushik:

So, from the CDC, national data is available that the vaccination uptake and the coverage rates have been decreasing a little bit. So, before the pandemic, roughly speaking, it has fluctuated a little bit. So ideal levels were 95 percent and over. Pre-pandemic, we did have some challenging times, but it was generally acceptable, and it was at a high level. And since the pandemic, because of so many factors—and COVID, of course, was a big, global emergency—access issues and other things were affected, and the challenges grew. So, since then, the coverage rates have been declining, and I don't think we have exceptional statuses anywhere. I think it's a global trend, and we have seen that even here.

So if you are maintaining your certain level of immunization in your communities, your communities will stay safe. And when you break that barrier, like when the levels really fall down to, like, 89 percent or lower, or 90 percent or lower, they are essentially lower than that 95 percent cutoff mark. That's the rough estimate. So when you fall down on that level, the barrier really breaks, and these diseases break through the communities. And that's the biggest fear, because you want to keep your community safe, right? Vaccines are there to help you keep your community safe. It's as simple as that.

You want the children to keep going to school. You don't want any missed school days or missed work days for parents. There's a lot of economic fallout, also. Just missing out on vaccines is one thing, but then just think about the consequences. Once measles hits a community—or any other vaccine-preventable diseases for that matter—if they hit a community, then there will be economic fallout. You have to quarantine patients that are exposed to miss school. You have to miss work, and it has millions of dollars down the line, just being wasted on something that would be easily prevented.

So, to your point, the coverage rates have been steadily. There have been more exemptions introduced, and other things are happening to affect those coverage rates. But I would just like to caution and also advise that everybody can take the decision. And just know that the clinicians and the medical scientists are all on the side of parents to help them protect the kids. Everybody wants to protect the kids from unnecessary suffering, from unnecessary development of complications, and then unnecessary burdens on society.

Dr. Leuchars:

So with all that context in mind, do you think pharmacists are well positioned to help close some of the gaps in pediatric vaccine uptake?

Dr. Kaushik:

Not so much for pediatric vaccines. I would really encourage the pharmacist, whenever they are seeing a child, to just encourage them to go to the physician and get the vaccines. For instance, in our state, I think they can only give the flu shots, but they can certainly provide vaccinations for more than 18-year-old patients. That's because the pediatric population is different. They are just not little adults, so we need to make sure that they are being given in pediatric offices or in clinician's offices for a reason. We need to make sure there's no adverse reaction, there's no immediate need for the patient, or they need to be observed.

Plus, it also ties together with the well-child visits, which is very important when a child is growing up. You need to do all the screening questionnaires for their mental health. There's a lot that goes into a well visit. So it's not just physical checks, but it's a well-rounded examination of the physique, as well as the mental state and economic and social factors. So they're well positioned when taking care of the entire child.

And family practice physicians as well, they take care of the whole family. So it's a nice touchdown point with the medical expert to make sure there's nothing going on with the family or with the child.

Now, once they are over the 18-year-old mark, the practices change most of the times, although, some pediatricians keep on seeing patients till they are in their early 20s if they are having some other genetic or other need, or some special needs. So those are an exception. But in general, 18 or 21 is the cutoff, and then they can transition to the adult practices: mostly family practice or internal medicine doctors. And then they are there for their checks. And I would highly encourage everybody to have doctor visits to keep make sure their health is fine.

But most of the times, they do not follow that, and we know the truth. Most of the adults, only when they're elderly or in certain age groups, will likely follow up with their doctors. But in case all these things are missed, then the pharmacist can play a great role in ensuring that even that age group, like 18 years and up, are well protected. For instance, if they need a Tdap or tetanus protection every 10 years or something, or in case they need their RSV, vaccines for the older people or other vaccines in that setting, or yearly flu shots for adults, for that matter. So that's a population where they can play a great role.

Shingles vaccination, for instance, for 50 and over adults. So I would highly encourage pharmacist partnerships in that age group.

For pediatrics, I think it's a very different scenario. And that's why we do not want the pharmacist to be unnecessarily be held liable for a pediatric patient, because they are little kids, and you don't really want to go around handling a two-year-old, or 18-month-old for that matter, or even younger kiddos. So we start vaccines all at birth, and then we continue till 18, and we have a very well demarcated or very well laid out schedule. And of course, it's through adulthood as well.

Dr. Leuchars:

For those just tuning in, you're listening to *On the Frontlines of Pediatric Vaccines* on ReachMD. I'm Dr. Mary Leuchars, and I'm speaking with Dr. Ashlesha Kaushik. So, Dr. Kaushik, some clinicians worry if you split vaccination across different providers, that means losing continuity of care or maybe the complete record. Do you think that's a fair concern?

Dr. Kaushik:

So, as I said, only flu shots or influenza vaccines are at the annual vaccine. And in case somebody has access issues, they are older, or they just need a shot, in those circumstances, pharmacists are allowed to give that. But other than that, they should be given at the pediatric offices always, or at the clinician's offices.

And in Iowa, that's being followed mostly. Suppose a pharmacist gives a shot, and over 18 years, as I said, they can give the shots. Most of the pharmacies do carry vaccines for adults, and they can give them.

Now, if they are giving any shots, if they are not comfortable, they are free to say, "Please go back to your clinicians for your well visit or if there's anything going on." If they do give a flu shot, for instance, and they are healthy and they have no other issues and they get it, then mostly, they do enter it in the immunization registry. So they are supposed to do that, from the pharmacy. And then also, in most of the cases, they're supposed to notify the doctor's offices.

In case that does not happen, then the doctor's office nurses at the time of the patient visit in the office can go back and close the loop, or just make sure that they have all the records. So it's a little bit not completely perfect, because it's not a very smooth two-way flow. So I would encourage every pharmacist in the pharmacies to be making sure that if they are giving immunization and then to also connect with their primary care doctors or whoever the patient's primary care doctor is if they are on file, and then just relay back the information, because that's always very helpful.

And then, of course, the clinician's offices should also make sure that they have their records updated, and that's mostly the case. So clinician's offices in the medical chart, mostly, have a very robust system of charting and of reconciling. It's called reconciling medications, reconciling vaccinations, et cetera. So the nurses and the other staff do a great job with that. So I think it could be a little bit improved. There's a scope for improvement.

Dr. Leuchars:

So before we do wrap up, Dr. Kaushik, what are the other key takeaways you want listeners to walk away with?

Dr. Kaushik:

I would just say that, unless there are very pressing access issues and stuff, I would encourage all the parents to keep bringing their children to the pediatric offices and to the clinician's offices for their vaccines and for well checks. And then, again, encourage our pharmacist colleagues to continue giving the influenza vaccines, et cetera, to populations that are having access issues, et cetera.

For all vaccines in kids, go to the pediatrician. If you have anything that's going on, they will be able to help you out. And pharmacists are our partners in terms of provision of care as well as if they are seeing any of these populations that are having access issues, are really underserved, et cetera. Then they can also be a very big catalyst for referring them to their nearest provider or nearest... They can certainly see, okay, this patient probably doesn't look great, so they really need medical attention. And then certainly, advise them to follow up with their clinicians as soon as possible.

I would say that all the medical personnel, or all the healthcare personnel, affiliated pharmacists, dentists, everybody, they should be echoing the importance of vaccinations and really directing them to the medical home for the vaccinations, and then help us cover the access care gaps whenever possible.

Dr. Leuchars:

That's a wonderful way to round out our discussion. I want to thank my guest, Dr. Ashlesha Kaushik, for sharing her insights on improving childhood immunization rates. Dr. Kaushik, it was really great having you on the program. Thank you.

Dr. Kaushik:

Thank you so much.

Announcer:

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