by Deborah Johnson • Correspondent

Should pediatricians vaccinate parents and other family members to protect children from diseases like influenza and pertussis?


**Expanding the options**

Many adults have not received all recommended vaccinations, according to the report. Some may not have the time or resources to seek preventive health care. Others may not have a primary care doctor to review their vaccination status. However, studies indicate these same adults will get vaccinated in order to protect their children.

The report notes that at the start of flu season, clinics offering vaccines to adults are found in pharmacies, supermarkets, department stores, airports and workplaces. Local health departments also offer these services. What if pediatric offices became yet another venue for healthy adults to receive these vaccines?

“Whenever you have an opportunity to vaccinate people in a new setting, that’s always a good thing,” said Kathryn M. Edwards, M.D., FAAP, co-author of the report and a member of the AAP Committee on Infectious Diseases. However, she said the report does not call for a mandate of the practice because some pediatricians are uncomfortable treating adults.

The intent of such a service would not be to undermine the parent’s own medical home, the report states. Rather, it is to offer adults a convenient way to get immunized and ultimately protect the children in their lives. A mother or even grandmother could get an influenza shot when a baby is in for a routine visit. “It’s like one-stop shopping,” Dr. Edwards said.

Although data from the Centers for Disease Control and Prevention indicate that the immunization rate for children 19 through 35 months is greater than 90%, some children remain unprotected. These include infants too young to be vaccinated, children who do not receive all scheduled immunizations at the appropriate times and vaccine recipients who experience vaccine failure. Other children have suppressed immune systems due to cancer, organ transplant and autoimmune diseases. Immunizing the adults around such children is known as “cocooning.”

**Variety of considerations**

A number of issues need to be considered before a pediatric office can begin vaccinating parents, caregivers and family members.

First, pediatric offices need to decide if it is financially possible to offer adult immunizations, given the cost of keeping vaccines in stock. Next, discussion of liability issues needs to take place with malpractice insurance carriers, although pediatricians providing influenza and tetanus toxoid, reduced-diphtheria toxoid and reduced-content acellular pertussis (Tdap) vaccine would be protected by the National Childhood Vaccine Injury Act.

Another issue is payment. Expectations would need to be stated clearly upfront. Submitting insurance claims for adult vaccinations may be burdensome for some practices, so it may be easier to require payment at time of service. If parents wish to submit the claims themselves, they should know that getting a vaccine outside of their primary provider’s office may not be reimbursed.

Finally, a Vaccine Information Statement would need to be provided to parents receiving shots, and “consent for treatment” would need to be documented. Recipients also should get a record of administered immunizations.