

## **Joint Statement of Medical Societies Regarding Vaccination by Physicians**

### **Summary:**

In an effort to emphasize the importance of adult vaccination against an increasing number of vaccine-preventable diseases, primary care and many subspecialty physicians should take an active role in the discussion and review of their adult patients' vaccination status and in the administration of recommended vaccines. Increased consumer demand for quality care, and guidelines and/or recommendations from the Centers for Disease Control and Prevention and other professional societies provide additional impetus for a renewed and stronger emphasis on provision of vaccines.

### **The Potential Role of Subspecialists:**

Primary care is the most convenient and appropriate setting for delivery of vaccines to most adult patients, since it serves as their "medical home." However, many patients with chronic disease also have a "medical home" with a subspecialist. For example, infectious disease physicians often provide primary and preventive care services for patients with HIV infection. Other subspecialists also may serve as the preferred source of care for their patients with chronic disease, providing an opportunity to serve as a source of vaccination administration or referral.

### **It is proposed that:**

- (1) Primary and subspecialty physicians should conduct immunization review at appropriate adult medical visits to educate patients about the benefits of vaccination and to assess whether the patient's vaccination status is current, referring to the Advisory Committee on Immunization Practices Adult Immunization Schedule.
- (2) When appropriate, physicians should provide or refer patients for recommended immunizations.
- (3) Physicians who administer vaccines should ensure appropriate documentation in the medical record. In addition, documentation of vaccination in other settings, patient refusal and any contraindications is advisable. The use of immunization registries and electronic data systems facilitates access to accurate and complete immunization data.
- (4) Physicians who refer patients for vaccination also should review and document the vaccination status of their patients whenever possible.
- (5) Consistent with the CDC Advisory Committee on Immunization Practices and multiple subspecialty organizations, physicians and their staff should be immunized consistent with CDC recommendations, with particular attention to annual influenza immunization.

### **Signed:**

American College of Physicians

Infectious Diseases Society of America

Society of Hospital Medicine (05/22/08)

American Association of Clinical Endocrinologists (06/10/08)

American Association for the Study of Liver Diseases (06/25/08)

Society of General Internal Medicine (06/25/08)

American Society of Hematology (07/15/08)

Society for Adolescent Medicine (07/21/08)

American College of Chest Physicians (07/29/08)

American College of Allergy, Asthma and Immunology (09/04/08)

American Gastroenterological Association (09/04/08)

The Endocrine Society (09/04/08)

The American Academy of Allergy, Asthma and Immunology (09/05/08)

American College of Gastroenterology (09/09/08)

American Society of Clinical Oncology (09/10/08)

American Society of Nephrology (09/17/08)

American College of Cardiology (09/30/08)

American Thoracic Society (10/06/08)

The Society for Healthcare Epidemiology of America (10/08/08)

Physicians can refer to the following resources for more information on adult immunizations:

1. CDC Adult Immunization Schedule  
([www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm))
2. ACP Adult Immunization Website  
([www.acponline.org/running\\_practice/quality\\_improvement/projects/adult\\_immunization](http://www.acponline.org/running_practice/quality_improvement/projects/adult_immunization))
3. IDSA Adult Immunization Website  
(<http://www.idsociety.org/adultimmunization.htm>)