

Increasing Appropriate Vaccination: Clinic-based Client Education When Used Alone

Task Force Finding and Rationale Statement

Intervention Definition

Clinic-based client education interventions target individuals or groups served in a medical or public health clinical setting. Educational approaches include the use of brochures, videotapes, posters, vaccine information statements (VIS), and face-to-face sessions to inform clients and motivate them to obtain recommended vaccinations in the clinic. Approaches are usually delivered in advance of, and in addition to, the client-provider interaction.

Educational approaches delivered in other settings (e.g. [schools or child care centers](#)), and multicomponent interventions in which clinic-based education is combined with additional interventions (such as [client reminder and recall interventions](#) or [standing orders](#)) are reviewed elsewhere.

Task Force Finding (May 2015)

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of clinic-based client education when implemented alone in increasing vaccination rates or reducing rates of vaccine preventable illness. Four of the included studies provided sufficient evidence of effectiveness but were limited to immunizations for pneumococcal polysaccharide vaccine among older adults with very low baseline coverage. The Task Force finding reflects concerns about the intervention's applicability to a broader range of vaccinations, populations, and clinic-based settings.

Rationale

Basis of Finding

This Task Force finding is based on evidence from a Community Guide systematic review completed in 2011 (4 studies with 6 study arms, search period 1980-2009) combined with more recent evidence (1 study, search period 2009-2012). Based on the combined evidence, the Task Force reaffirms its finding of insufficient evidence.

The combined Task Force review included five studies. Four studies with six study arms providing a common measurement of change in vaccination rates. Although the median change in vaccination rates was an increase of 10 percentage points (IQR: 3 to 19 percentage points), results were dominated by findings from three related study arms focused on increasing pneumococcal polysaccharide vaccinations among older adult patients in one clinical setting. Changes in vaccination rates from the other three study arms were inconsistent and smaller in magnitude. The final study did not evaluate changes in vaccination rates, and found only a very small change in the proportion of tetanus booster doses administered with the use of an audiovisual message in clinic waiting areas.

Other Benefits and Harms

The Task Force identified no specific evidence on benefits or harms of clinic-based client education interventions.

Considerations for Implementation

Two studies included in this review implemented a potentially useful educational approach to increase vaccination rates by prompting discussions between the client and their vaccination provider. In these studies, an educational brochure

distributed to patients in the waiting area included a specific request for a discussion with their provider about the pneumococcal polysaccharide vaccine. In both studies, use of the brochure increased vaccination rates by 16 percentage points in a client population with very low baseline rates.

Clinic-based client education can be one component of an effective combined approach to increase vaccination rates. The Task Force finds strong evidence to recommend [health care system-based interventions implemented in combination](#) and [community-based interventions implemented in combination](#).

Evidence Gaps

Although the evidence identified in this systematic review is small and inconsistent, at least one format demonstrates sufficient evidence of effectiveness. The Task Force considers the applicability of this educational approach to other vaccines and populations an important question for further study.

The data presented here are preliminary and are subject to change as the systematic review goes through the scientific peer review process.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Document last updated July 15, 2015