Title of Research or Innovation Project Diane J Madlon-Kay MD, MS, Faculty member at the family medicine residency program at Smiley’s Clinic and Emily Smith, M.D. PGY1, U of M, North Memorial Family Medicine Residency

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Abstract

Objective or Hypothesis Somalis have concerns about the safety of the measles-mumps-rubella (MMR) vaccine. Not only do Somali parents seem to believe that MMR causes autism, they also believe that autism is more common in their community. It is thought that these fears have caused a reduction in the number of Somali children who are vaccinated for MMR. The purpose of this study is to improve childhood vaccination rates at a clinic with a large Somali population, and many vaccine hesitant parents. The study evaluated the effectiveness of some of the newly available materials for vaccine hesitant parents in this population. The Immunization Action Coalition’s “Decision to not vaccinate my child” form was used. CDC and Autism Scientific Foundation materials were used to develop “Talking Points” for physician and patient care staff (PCS) to use for common parental concerns and questions.

Population Patients at a family medicine residency clinic in Minneapolis

Methods Educational sessions were given to providers and PCS to give “talking points” and to introduce the vaccine refusal form. Chart reviews were done for notes from 50 random well child visits per month of children less than six years old for 7 months before and 7 months after the intervention began.

Main Results In the 350 charts reviewed before the intervention, 34% of the children were Somali. 85 (24%) of the children received no immunizations at their visit even though 31 of them were due for a shot. 74% of children received all the immunizations they needed at their visits, while 26% had one or more shots omitted. MMR was the most frequent shot omitted; it was not received by 57 children who were due to receive it. In the 350 charts reviewed after the intervention, 34% of the children were also Somali. 112 (32%) of the children received no immunizations at their visits, but only 22 of them were due for a shot. 80% of children received all the immunizations they needed at their visit, while 20% had one or more shots omitted. MMR was again the most frequent shot omitted, with 49 children not receiving it who should have. The vaccine refusal form was signed by 29 parents. 4 parents refused to sign the form. The chart had no documentation about the form for the remaining parents who refused immunizations.

Conclusions The “talking points” and vaccine refusal form were associated with improvements in immunization rates in this challenging patient population that were not statistically significant. Refusal form use was not well documented, so its true value requires further study.

IRB Exemption x□ HIPAA Compliance x□

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