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Effectiveness of Standing Orders to Increase Vaccination Coverage In Adults

Despite the availability of safe and effective vaccines and substantial progress in reducing vaccine-preventable diseases, continuing efforts are needed to achieve or maintain high levels of vaccination coverage and low rates of vaccine-preventable disease. Low vaccine coverage (the proportion of the target population that is vaccinated) may be the result of low community demand for vaccines, lack of access to vaccination services, or system- or provider-related factors.

A systematic review of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found that standing orders are effective in improving vaccine coverage among adults used alone or as part of a multicomponent intervention in a number of settings. Based on this review, the **Task Force recommends that this strategy be implemented on the basis of *strong* evidence of effectiveness.**

Background on standing orders

- Standing orders involve programs in which non-physician medical personnel prescribe or deliver vaccinations to clients without direct physician involvement at the time of the visit.
- These programs are carried out in clinics, hospitals, and nursing homes.

Findings from the systematic review

- 8 studies of standing orders programs to improve vaccination coverage rates among adults showed a median percentage point increase in coverage of 28%. There was not enough evidence to determine whether standing orders are effective in increasing coverage among children.
- The body of evidence used to assess effectiveness of standing orders in adults included diverse settings, populations, and vaccines.
- Studies indicate that standing orders are particularly effective in improving the delivery of vaccines for flu and pneumonia. Given the low levels of coverage among at-risk populations, the Advisory Committee on Immunization Practices (ACIP) supports standing orders for these two vaccinations.
- Physical exam requirements and demands on physician time are two administrative barriers that might contribute to missed opportunities to vaccinate. Use of standing orders could reduce the burden on physicians and increase clinic efficiency while reducing missed opportunities.
- The Task Force found *insufficient evidence* to determine the effectiveness of standing orders interventions in increasing vaccine delivery to children.

Publications:

- **MMWR/Recommendations and Reports** – [June 18, 1999/ Vol. 48/ No.RR-8](#). A report on findings.
- **American Journal of Preventive Medicine** – [Am J Prev Med 2000; 18 \(1S\); 97-140](#). A report on evidence and findings.

The **Guide to Community Preventive Services** (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems. For more information about the Community Guide (including links to publications and a variety of resources) see www.thecommunityguide.org and for more information about vaccine preventable diseases see www.thecommunityguide.org/vaccine/

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