

AAP Immunization Resources Pre-teen Immunization: Addressing Common Concerns

As a parent, you may have questions about vaccines for your pre-teen. Below is the information you need from pediatricians to be confident about your decision to vaccinate.

HPV Vaccine

If my child is not sexually active, why does he/she need HPV vaccine?

While it's difficult to imagine your child engaging in sexual activity, especially since most do wait until they are in the second half of their teen years to have sex, the AAP recommends HPV vaccination at 11-12 years of age for several reasons. HPV is spread by intimate skin-to-skin contact, not just sex. People need all 3 doses of the vaccine *before* ever coming into contact with the virus in order to be protected. Also, the immune system of an 11-12 year old responds better to the vaccine than that of an older teen.^{1,2}

One study found that up to 80% of teens or pre-teens contracted HPV within 2-3 years of the first time they engaged in sexual activity, making it important that pre-teens receive the full series of 3 doses before first sexual activity. The Centers for Disease Control and Prevention (CDC) reports that as many as 64% of teen or pre-teen girls may be infected with HPV, and 75% of new cases of HPV are found in persons age 15-24 years. Even if your child waits until he/she is married and/or only has one partner in the future, your child could still be exposed to HPV by that partner.

Will receiving HPV vaccine give my child permission to engage in sexual activity?

As pediatricians, we understand this concern —we want teens to be mature before sexual activity and to follow their parents' advice about sexual activity. Studies show that children who receive HPV vaccine do not have sex any earlier than those who only received other teen vaccines. This tells us that children do not see this vaccine as a license to have sex.⁵

Why does my son need HPV vaccine if it protects against cervical cancer?

HPV vaccine prevents cervical cancer, which, of course, only females can get. But HPV vaccine can protect both males and females by preventing genital warts and cancers of the mouth, throat, anus, and genitals.

A pre-teen boy who receives HPV vaccine can also protect his future partner. Men and women infected with HPV often have no symptoms. Women can get cervical cancer screening, but there is no such test for men. Men who are infected and don't know it can spread HPV to a partner.

Don't condoms prevent the spread of HPV?

Using condoms can prevent pregnancy and protect against several sexually transmitted infections. Unfortunately, HPV can be spread by intimate skin-to-skin contact and oral sex, not just sexual intercourse. Condoms only cover a limited amount of skin and HPV can be spread even if a condom is used every time a person has sex. For the best protection against HPV, parents should have their children vaccinated.



¹ CDC Press Briefing. ACIP recommends all 11-12 year-old males get vaccinated against HPV. Tuesday, October 25, 2011 – 12:45pm ET. Access on April 4, 2013 at: http://www.cdc.gov/media/releases/2011/t1025 hpv 12vroldvaccine.html.

² Food and Drug Administration. Highlights of prescribing information. Gardasil (human papillomavirus quadrivalent [types 6, 11, 16 and 18]). 2011. Available at http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm111263.pdf Accessed April 5, 2013.

Moscicki AB. HPV infections in adolescents. 207. Disease Markers, 23, 4, 229-34.

Human Papillomavirus. Pink Book. CDC. Available at: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hpv.pdf. Accessed April 9, 2013.

⁵Bednarczyk RA, Davis R, Ault K, Orenstein W, Omer Saad. Sexual Activity–Related Outcomes After Human Papillomavirus Vaccination of 11- to12-Year-Olds. 2012. Pediatrics. http://pediatrics.aappublications.org/content/early/2012/10/10/peds.2012-1516.abstract (login may be required)



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All Pre-teen Vaccines

Do adolescent vaccines have serious side effects?

Pain: Pediatricians do not like to cause discomfort to children of any age. Even though shots may hurt, getting a vaccine is not as bad as suffering from a serious disease such as meningitis or cancer. Talk with your pediatrician about ways to reduce pain during vaccination. Stroking the skin or applying pressure to the skin before the shot reduces the pain. In some offices, medication to numb the skin may be available.

Fainting: Your pediatrician may ask your child to sit for 15 minutes after getting a shot in case your child faints (syncope). Staying seated for 15 minutes reduces the main risk from fainting-- getting hurt from falling.

Vaccination at sick visits: Many families are busy and it is hard to find time to visit the pediatrician's office to get a shot. It is smart to get any vaccines that are due when your child is in the pediatrician's office. This will reduce the chance that your child has to miss school, work, or other activities to receive vaccines.

Safety: All vaccines routinely recommended for pre-teens have been licensed by the Food and Drug Administration and found to be safe. The safety of each vaccine continues to be checked after it is licensed. Your pediatrician can provide you with a Vaccine Information Statement that explains the mild side effects that can occur after receiving shots.

Why is more than one dose of vaccine needed?

HPV vaccine: It is recommended that your child receives 3 doses of HPV vaccine at ages 11-12 for full protection. All 3 doses of the HPV vaccine are needed for the body to build up enough immunity to protect against infection. This is also true of many of the vaccines that babies get.

Meningococcal vaccine: One dose of meningococcal vaccine protects a person, but immunity may wane over time. A booster dose can "boost" immunity so that your child is still fully protected. Children should receive meningococcal vaccine as pre-teens to be fully protected for a few years and another dose at age 16 to boost immunity levels.

Tdap: Recently, there have been several outbreaks of pertussis (whooping cough) throughout the United States. One study has shown that this is due, in part, to waning immunity. It is possible that booster doses of pertussis vaccine (in Tdap) will be recommended in the future. Studies are still underway to determine exactly if and when they will be needed.

What is the cost of these vaccines? I'm not sure if I can afford them or if my insurance will cover them.

Pediatricians realize that healthcare can be costly for families. The Affordable Care Act (ACA) requires insurance companies to cover the cost of all recommended vaccines, which include those for teens and pre-teens. If your insurance plan has been unchanged since March 23, 2010, it may not have to follow these new rules. If this is the case, your insurance plan may require you to pay part of the vaccination cost or meet your deductible before it will pay for vaccinations. Talk with your pediatrician about options for paying this.

If your child does not have health insurance, has Medicaid or insurance that does not cover vaccines, or is American Indian or Alaskan Native, he/she qualifies to receive vaccines at no cost through the Vaccines for Children (VFC) Program. Most pediatricians provide VFC vaccines. If your pediatrician is not a VFC provider, your child should be able to receive vaccines at your local health department. Speak with your child's pediatrician to learn more about the VFC program or visit: http://www.cdc.gov/vaccines/programs/vfc/parents/qa-detailed.html. To contact your VFC state, city or territory coordinator visit: http://www.cdc.gov/vaccines/programs/vfc/contacts-state.html.

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⁶ Taddio A, Ilersich AL, Ipp M, Kikuta A, Shah V. 2009. Physical Interventions and Injection Techniques for Reducing Injection Pain During Routine Childhood Immunization: Systematic Review of Randomized Controlled Trials. *Clinical Therapeutics*, 31, Supplement 2, S48-76.

⁷ Reis EC, Holubkov R. Vapocoolant Spray Is Equally Effective as EMLA Cream in Reducing Immunization Pain in School-aged Children. 1997. *Pediatrics*, 100, 6, e5. ⁸ Tartof SY, Lewis M, Kenyon C, White K, Osborn A, Liko J, Zell E, Martin S. Messonnier NE, Clark TA, and Skoff TH. Waning Immunity to Pertussis Following 5 Doses of DTaP. 2013. *Pediatrics*, 131, 4, e1047-52.