

## BACKGROUND

There was very high COVID-19–associated hospitalization rates in March and April 2021. The potential for severe disease as well as disease spread among adolescents was pronounced. Vaccination against COVID-19 for adolescents aged 12-18 years was approved, however, the vaccination rate among that age group was limited to 30%. It was crucial to improve the vaccination rate among that age group. This QI project was initiated as an effort to increase the administration of this highly effective COVID-19 vaccine among adolescents 12-18 years of age.

## OBJECTIVES

Our aim is to improve the Covid-19 vaccination rates from then 30 % to 70% amongst the pediatric population aged between 12- 18 years visiting the Woodhull Primary Pediatric Clinic, Woodhull Primary Care Adolescent Clinic and Cumberland Primary Care Pediatric Clinic.

## METHODS

Pre-intervention survey: Screening the health care providers: using a questionnaire for all providers about the current barriers against the vaccine.

Intervention: Encouragement of COVID-19 vaccination in pediatric practice for patients 12-18 years in each well-child visits-Education of pediatricians/residents/nurses about the safety of the vaccine and reminding them through repeated reminder emails.-Education of parents about the safety of vaccines in pediatric clinics (with the help of posters and flyers).

Data collection, analysis, and interpretation: Periodical chart review of patients to determine the vaccination status of the patients aged 12-18 years until the achievement of our aim

## RESULTS

S N	Name of the facility	Total patients	Fully vaccinated	Partially vaccinated	Unvaccinated	Others
1.	Woodhull primary care peds	1104	730(66%)	77(7%)	291(26%)	6(1%)
2.	Woodhull primary care adolescents	212	131(62%)	23(11%)	58(27%)	0
3.	Cumberland primary care peds	623	363(58%)	64(10%)	194(31%)	2(1%)
	Total	1939	1224(63%)	164(8.5%)	543(28%)	8(0.5 %)



## DISCUSSION

As per the latest data obtained from 7/1/2021-3/5/2022, the following are the results of COVID-19 vaccination among adolescents 12-18 years of age in Woodhull primary care pediatrics clinic, Woodhull Primary Care Adolescent Clinic, and Cumberland Primary Care Pediatrics Clinic. 57% of the participants responded that they recommend the vaccine every time, and 36% often to their patients.

64% report having 'injection site pain/tenderness' by patient or parental report following injection being the most common complaint accounting 60%, followed by 'fever' and 'fatigue' each one with 40%.

57% have experienced parental/patient refusal sometimes, and the most common refusal answer that accounts for 70% was 'this vaccine uses new technology never tried before', followed by 'I have not had the vaccine myself' (57%) and 'there is not enough research to support it' (50%). These answers are not distant or different from other publications or CDC information.

## CONCLUSION

If we take into account the combined full and partial vaccination rate, it is 73% in Woodhull Primary Care Pediatric Clinic, 73% in Woodhull Primary Care Adolescent Clinic, 68% in Cumberland Primary Care Peds Clinic, and 71.5% overall, which meets our initial aim of more than 70% vaccination among adolescents 12-18 years of age. Our intervention through posters and flyers in the education of parents/patients, and for providers had a significant impact on the vaccination rate outcomes in our 3 pediatric clinics.