

# Increasing Appropriate Vaccination: Client-Held Paper Immunization Records

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## Task Force Finding and Rationale Statement

### Intervention Definition

Client-held paper immunization records document individuals' vaccination status and can be used to increase vaccination rates in target populations. Clients or their families can use these records to track which vaccinations are recommended at which times. Healthcare providers can use them to assess clients' vaccination status. Client-held paper immunization records may be used alone or with more comprehensive health records.

### Task Force Finding (February 2016)

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of client-held paper immunization records in increasing vaccination rates or reducing rates of vaccine preventable disease. Evidence was considered insufficient because of inconsistent findings and variability in the interventions evaluated.

### Rationale

#### Basis of Finding

This Task Force finding is based on evidence from a Community Guide systematic review completed in 2010 (7 studies, search period 1980-2009) combined with more recent evidence (1 study, search period 2009-February 2012). Based on the combined evidence, the Task Force reaffirms its finding of insufficient evidence.

The Task Force considered evidence from 8 studies with 11 study arms. Six studies (nine measurements) provided a common measure of vaccination rates and reported an overall median increase of 5.3 percentage points (interquartile interval: -1.0 to 8.8 percentage points).

Results were considered inconsistent because client-held paper immunization records were used as part of a multicomponent effort and comparison groups received one or more interventions.

#### Other Benefits and Harms

Included studies reported that client-held records used for vaccination and other health purposes increased clients' receipt of some preventative services. It was unclear, however, whether client-held records used for vaccinations alone would lead to similar increases.

In settings where other records of immunization history are not readily available, such as emergency rooms, client-held paper immunization records may reduce administration of unnecessary vaccinations, associated costs, and clients' discomfort.

No harms of client-held paper immunization records were identified.

#### Considerations for Implementation

Several considerations for implementation were identified in the included studies and broader literature. These include clients' declining interest over time and low card retention. Healthcare providers also have expressed concerns about time management when using a preventive services checklist.

With the expansion of population-based Immunization Information Systems and the development of on-line and electronic personal health care records, careful evaluation of client-held paper immunization records effectiveness is needed to achieve high levels of vaccination rates in the US population. However, until issues of privacy, security, and quality of electronic records have been resolved, and for clients on the other side of the "digital divide," traditional client-held paper immunization records will continue to be useful. This may be particularly true for some populations, such as clients with limited computer access and adults whose change in employment status is accompanied by a change in providers.

### Evidence Gaps

Paper immunization records may be useful when they are used consistently—when providers update them and parents keep track of them. Children are more likely to receive recommended vaccinations and avoid being over-vaccinated. This is especially true when children are seen in nontraditional immunization settings, such as emergency departments. Further research should therefore examine the effectiveness of additional activities to increase the retention and use of client-held paper immunization records for children by their parents or other caregivers.

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

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### 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.

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