In March 2006, the CDC's Advisory Committee on Immunization Practices (ACIP) issued recommendations on re-vaccinating adolescents and adults who had been previously vaccinated against the tetanus, diphtheria, and pertussis (Td) toxins. The committee suggested age 11-12 years as the preferred age for Td vaccination, and recommended the catch-up vaccination of adolescents aged 13-18 years.

The study involved a mail-based survey of a national sample of 725 pediatricians and 725 family physicians drawn randomly from the American Medical Association's Physician Masterfile. The survey was conducted between January and March 2007. The response rates were 68% for pediatricians and 53% for family physicians. Dr. Dempsey reported in a poster presentation at the joint meeting of the Pediatric Academic Societies and the Asian Society for Pediatric Research.

Survey results showed that 68% of pediatricians were significantly more likely than family physicians to have adolescent patients ages 13-18 years. Among those patients, 96% recommended the vaccine to 18-year-old patients, 95% recommended the vaccine to 17-year-old patients, 93% recommended the vaccine to 16-year-old patients, and 89% recommended the vaccine to 15-year-old patients.

Once again, the differences were statistically significant. A lack of adolescent visits was the most frequently cited barrier to administering the Tdap vaccine, with about 33% of physicians citing this as a major barrier and 38% of respondents reporting that at least 10% of their patients were adolescents.

On the question of Tdap recommendations for 11-12 year-old patients, 12% said they routinely issued such recommendations, 3% said that they sometimes did, and 1% said they rarely or never did. In contrast, 75% of family physicians said that they routinely recommended the vaccine for their 11-12 year-old patients, 12% said they sometimes did, and 13% said that they rarely or never did. These differences were statistically significant.

The results were similar regarding recommendations for Tdap boosters for 13-18-year-old patients without a previous Td booster. Among pediatricians, 57% of those who recommended the vaccine, 3% sometimes did, and 1% rarely or never did. Among family physicians, 80% routinely recommended the booster, 10% sometimes did, and 10% rarely or never did. Once again, the differences were statistically significant.

A lack of adolescent visits was the most frequently cited barrier to administering the Tdap vaccine, with about 33% of physicians citing this as a major barrier and 38% of respondents reporting that at least 10% of their patients were adolescents.

The survey results confirmed the findings of the CDC and Dr. Dempsey reported that she had no conflicts of interest related to her presentation.