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Statement on Childhood Immunization Rates

Today, we have more good news on the health of our children. The latest report confirms that childhood immunization rates are at their highest levels ever. More importantly, most childhood vaccine-preventable diseases are at all-time lows. Provisional data for 1995 show that only 301 cases of measles were reported in United States -- the lowest number ever.

With the help of doctors, parents, and community groups, we're working hard to build on this progress, and early indicators give us reason to believe that our rates are continuing to improve. The Clinton Administration is committed to ensuring that all children get the shots they need to lead safe and healthy lives.

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National, State, and Urban Area Vaccination Coverage Levels**Among Children Aged 19-35 Months****United States, July 1994-June 1995**

Findings from the National Immunization Survey (NIS) indicate that the 1995 interim coverage goals, set as part of the Childhood Immunization Initiative (CII), have been met or exceeded for diphtheria and tetanus toxoid and pertussis vaccine (DTP), *Haemophilus influenzae* type b vaccine (Hib), poliovirus vaccine, and hepatitis B vaccine (1). The coverage estimate for the measles, mumps, and rubella (MMR) vaccine is within 1 percentage point of the objective. Compared with previous data, the greatest changes in vaccination coverage was an increase in Hep B coverage from 42% (95% confidence interval [CI]= $\pm 1.2\%$) for the reporting period April 1994-March 1995 to 51% (95% CI= $\pm 1.1\%$) for the period July 1994-June 1995.

The NIS is an ongoing survey that provides quarterly national estimates of vaccination coverage among children aged 19-35 months, as well as quarterly coverage estimates based on the data for the most recent 12 months, for each of the 50 states, the District of Columbia, and 27 selected urban areas (2,3). NIS was implemented in April 1994 to provide data on continuous and current vaccination coverage levels as one element of the CII, a national strategy to assure high immunization coverage of children during the first two years of life (1). NIS monitors the interim goals set by CII (Table 1) (1). This report provides vaccination coverage estimates for July 1994-June 1995 among 19 to 35 month old children (median 27 months), born between August 1991 and November 1993.

NIS uses a two-phase sample design. The first phase of the sample includes

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quarterly contacts of a random sample of telephone numbers for each survey area and use of a screening questionnaire to identify households with one or more children 19-35 months of age. Vaccination information is then collected for all age-eligible children. Adult respondents are requested to refer to the child's written vaccination record, if available; otherwise, the vaccination information is obtained from respondent's recall. In order to be representative of all children aged 19-35 months residing in the United States, survey responses are weighted to account for household nonresponse, birthrate data, and the relative levels of vaccination coverage among children in nontelephone and telephone households (2,3,4). The second phase of the survey involves collection of vaccination information from health-care providers from those eligible children in surveyed households who provide name, addresses, and consent to approach their health care providers. However, during 1994, providers were not contacted if the household vaccination information was based on a written record and indicated that the child had received all recommended doses of four specific vaccines.¹

During July 1994-June 1995, in order to identify households with children of the appropriate age, more than 1.6 million telephone numbers were called, resulting in contacts with 951,818 households; of these, 36,410 were households with at least one eligible child. A total of 35,463 interviews were completed (an average of 455 interviews per survey area). The overall response rate for eligible households for all 78 survey areas was 71% (range: 57%-86%). Overall, 53% of the surveyed children had either a written record reporting all four recommended vaccines (14%) or had

¹ The recommended vaccines referred to here are: four doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), three doses of poliovirus vaccine, one dose of measles-mumps-rubella vaccine (MMR), and three doses of Haemophilus influenzae type B vaccine (Hib).

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information based on provider records (39%). The demographic characteristics and the reported vaccination histories were similar for children in households with and without provider information. As previously described, these provider data were used to adjust responses for the entire group of children surveyed (2,3,4,5).

Compared to the previous reporting period (April 1994-March 1995), significant changes include an increase in ≥ 3 doses of poliovirus vaccine from 84% (95%CI= $\pm 0.9\%$) to 86% (95%CI= $\pm 0.8\%$), and an increase in ≥ 3 doses of Hepatitis B vaccine from 42% (95%CI= $\pm 1.2\%$) to 51% (95%CI= $\pm 1.1\%$) (Table 1). The series complete coverage estimates for 4:3:1 (i.e., four doses of DTP, three doses of poliovirus vaccine, and one dose of MMR) and 4:3:1:3 (i.e., four doses of DTP, three doses of poliovirus vaccine, one dose of MMR, and three doses of Hib), remained stable over the two periods.

Estimated vaccination coverage for the most recent quarter (April-June 1995) was equal to or higher than the latest 12-month estimate for every vaccine or series of vaccines. The largest increase was for Hepatitis B vaccine [62% (95% CI= $\pm 1.5\%$) vs 51% (95% CI= $\pm 1.1\%$)] (Table 1).

For the 12-month period July 1994-June 1995, state-specific estimated coverage levels for the 4:3:1:3 series ranged from 61% (95% CI= $\pm 5.3\%$) to 87% (95% CI= $\pm 3.8\%$), with a median of 75%, and for the 4:3:1-series ranged from 64% (95% CI= $\pm 5.2\%$) to 88% (95% CI= $\pm 3.7\%$) with a median of 77% (Table 2). Estimated coverage levels among selected large urban areas ranged from 51% (95% CI= $\pm 7.7\%$) to 86% (95% CI= $\pm 5.1\%$) for the 4:3:1:3 series, with a median of 72%, and for the 4:3:1 series ranged from 55% (95% CI= $\pm 7.9\%$) to 86% (95% CI= $\pm 5.1\%$), with a median of 76% (Table 3).

When comparing these estimates for states and urban areas with the last report (3), the largest changes occurred in Illinois (including Chicago) where coverage increased from 64% (95% CI= $\pm 5.2\%$) to 72% (95% CI= $\pm 4.5\%$). Increases occurred not only in Chicago, from 55% (95% CI= $\pm 8.7\%$) to 65% (95% CI= $\pm 7.4\%$) (3), but also for the rest of the state (not shown).

The 1995 interim goal for ≥ 3 doses of DTP was met by all states and all except one of the 27 urban areas, and for ≥ 3 doses of Hib vaccine the goal was met by 49 states and 24 urban areas. However, for ≥ 3 doses of polio vaccine the 1995 interim goal was met by only 30 states and 16 urban areas, for ≥ 1 dose of MMR vaccine by only 25 states and 16 urban areas, and for ≥ 3 doses Hepatitis B vaccine by only 20 states and 16 urban areas.

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Editorial Note:

The NIS data show that all goals for calendar year (CY) 1995 (1) were met, with the exception of MMR which is within 1 percentage point of the goal. In large part, these findings reflect the recent surge in Hepatitis B coverage which rose 9 percentage points among 19-35 month old children for the last three months of April 1995 to June 1995 compared to the 12 month period; July 1994 to June 1995. In addition, coverage for three doses of polio vaccine exceeded the 1995 goal for the first time and the results for the second quarter of 1995 suggest that this upward trend is continuing.

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This increase occurred prior to 1994 Advisory Committee on Immunization Practices (ACIP) changes in polio recommendations that encourage administration of the third dose of oral polio vaccine at six months of age rather than in the second year of life (6). As this recommendation is implemented, the coverage rate of three doses of oral polio vaccine will likely reach the coverage of three doses of DTP, which are recommended at the same age.

Because other results for the July 1994-June 1995 period are, generally similar to those published for the 12-month period ending March 1995 (3), it is expected that when complete calendar year 1995 data become available, results will be at least as good, if not better, than those for the most recent analysis. While this accomplishment would be noteworthy, the national vaccination coverage for 4:3:1 series completion showed no change for the 12-month period. Thus, over one million children still need one or more of the recommended doses of vaccine.

The NIS is effective in identifying variability between states and urban areas, leading to interventions in some areas where low coverage is seen (3). States and urban areas that did not meet the 1995 interim goals for 3 doses of polio, 1 dose of MMR, and/or 3 doses of hepatitis B will need to intensify efforts to meet the 1995 and 1996 goals. Strategies known to be effective include avoiding missed opportunities for immunizations by making every contact with a health care provider count (7,8). Linking immunization and WIC programs is another effective measure to improve immunization coverage (9,10). NIP will continue to monitor state and local area immunization coverage levels using the NIS as strategies are implemented to improve vaccine coverage.