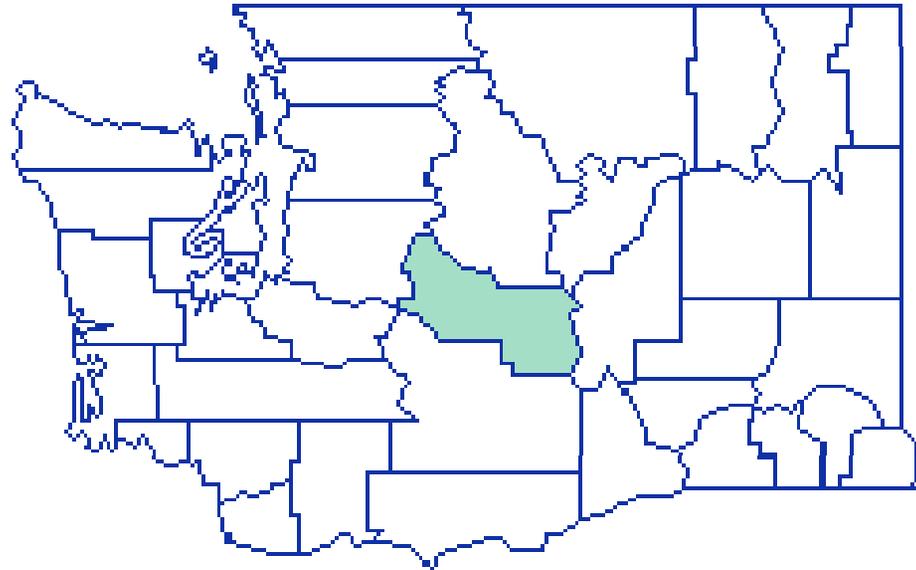


# ADOLESCENT IMMUNIZATIONS IN KITITAS COUNTY

Kittitas County Public Health Department

# Kittitas County

- ▣ Total population: 39,900
- ▣ 44% residing in unincorporated areas
- ▣ 16.1 FTEs, \$1.6 million annual budget
- ▣ QILT group, also participated in MLC-2

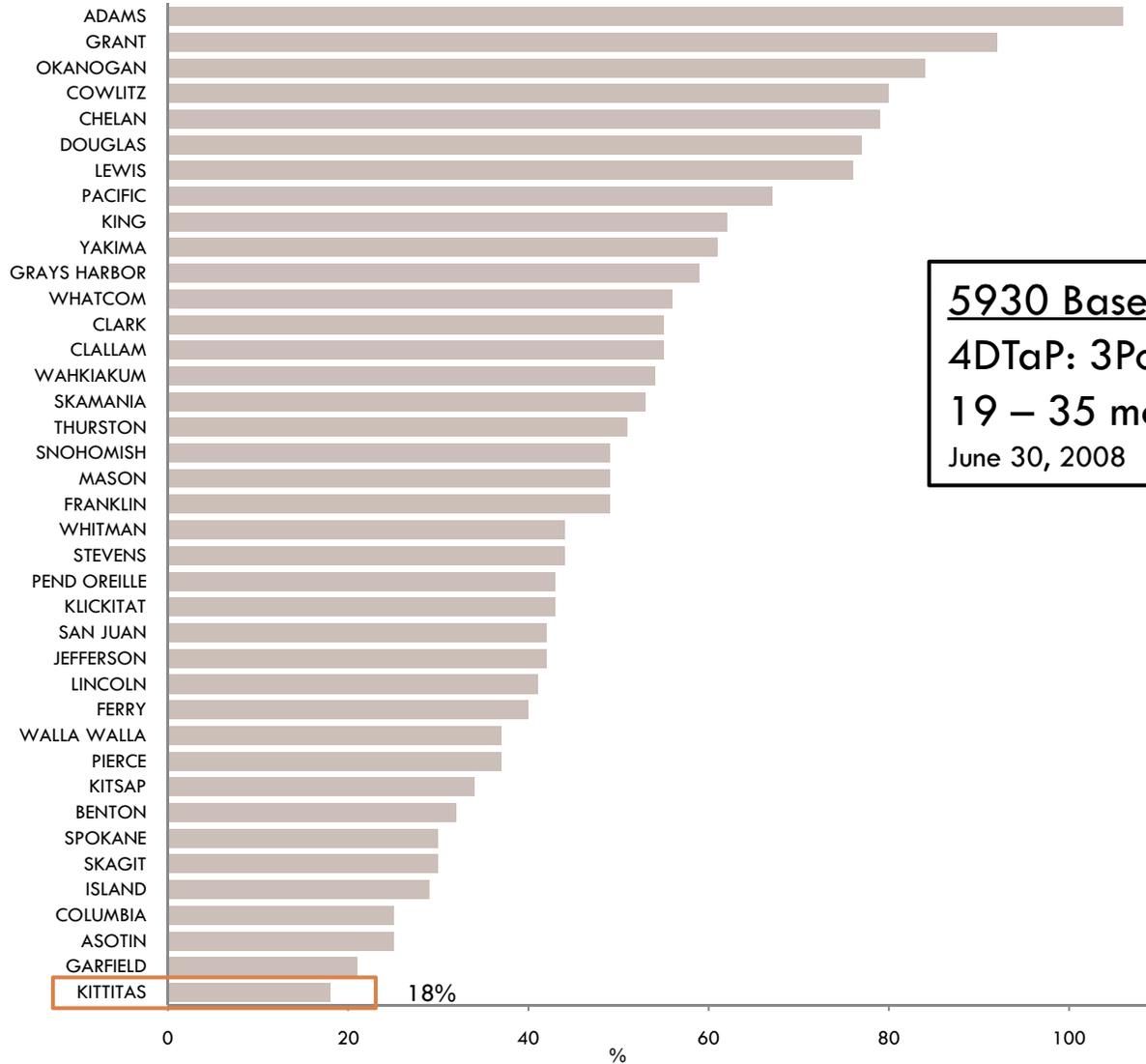


# Project Team

- Dr. Mark Larson, Health Officer
- Cathy Bambrick, Administrator
- Linda Navarre, Community Health Services Supervisor
- Amy Diaz, Assessment Coordinator
- Candi Blackford, Administrative Assistant
- Erin Moore, Public Health Clerk II



# Project Identification



5930 Baseline Data from Child Profile  
4DTaP: 3Polio: 1MMR series  
19 – 35 months of age  
June 30, 2008

# Aim Statement



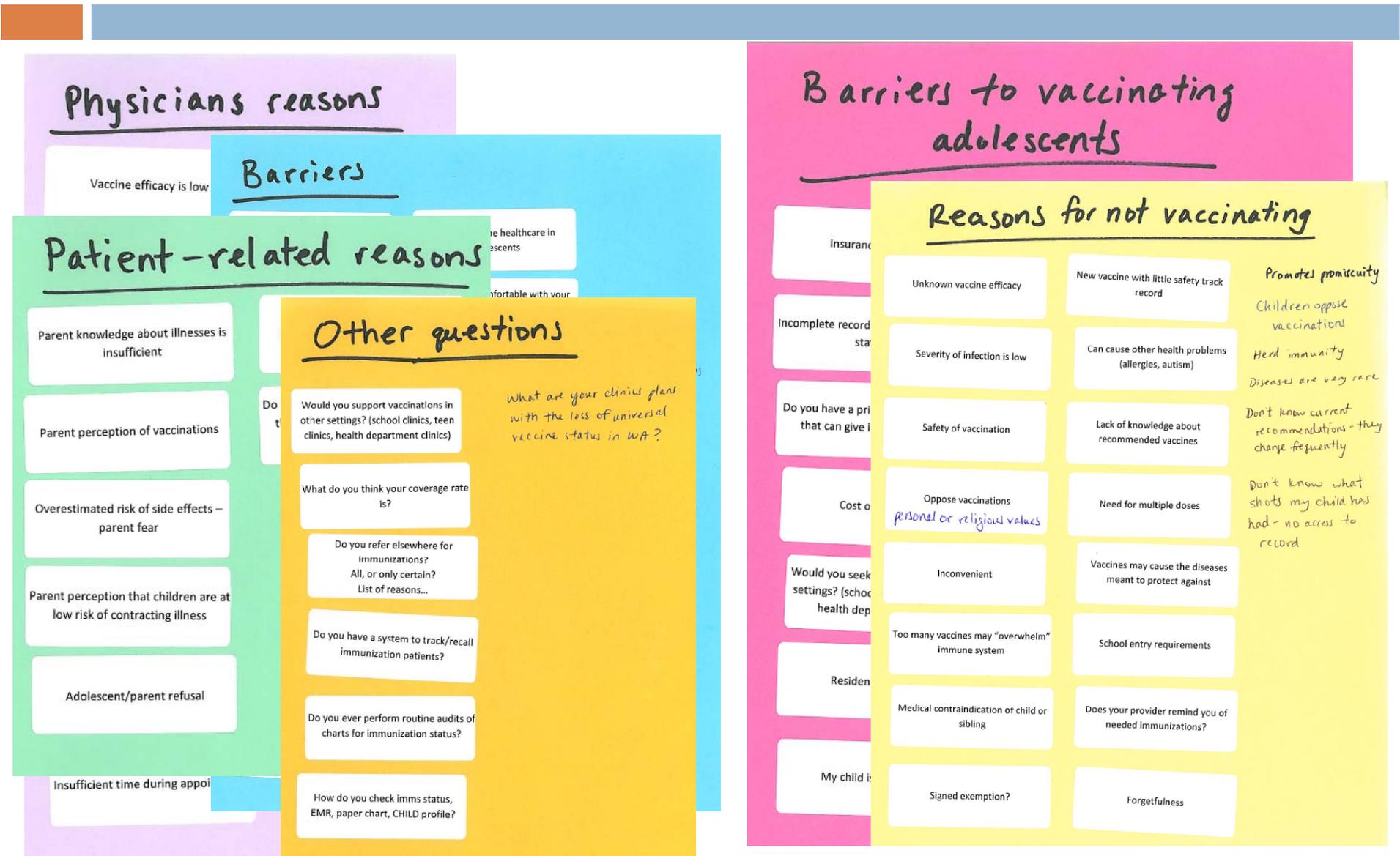
- ▣ We will increase the uptake of recommended vaccines given to adolescents age 13 – 18 in Kittitas County in 2010 by 10% per antigen from the corresponding monthly 2009 value by **assessing parents and providers to identify reasons and barriers resulting in under vaccination, addressing identified problem areas with an educational campaign, facilitating the adoption of a protocol for each clinic related to adolescent immunizations, and targeting provider offices for education if need is determined by a patient records review.**

# Project Activities



- ▣ Conduct a chart review of 15% of all “active” adolescent records at clinics seeing four or more adolescents per month
- ▣ Survey providers who see four or more adolescent patients per month (age 13 – 18)
- ▣ Survey parents of adolescents enrolled in grades 9 – 12
- ▣ Use information from above activities to focus efforts on one to three areas for health care providers and parents
- ▣ Work with primary care facilities to establish an adolescent immunization protocol if one is not already in place

# Root Causes – Affinity Diagram





# Results – Chart Review

15% random sample at participating clinics

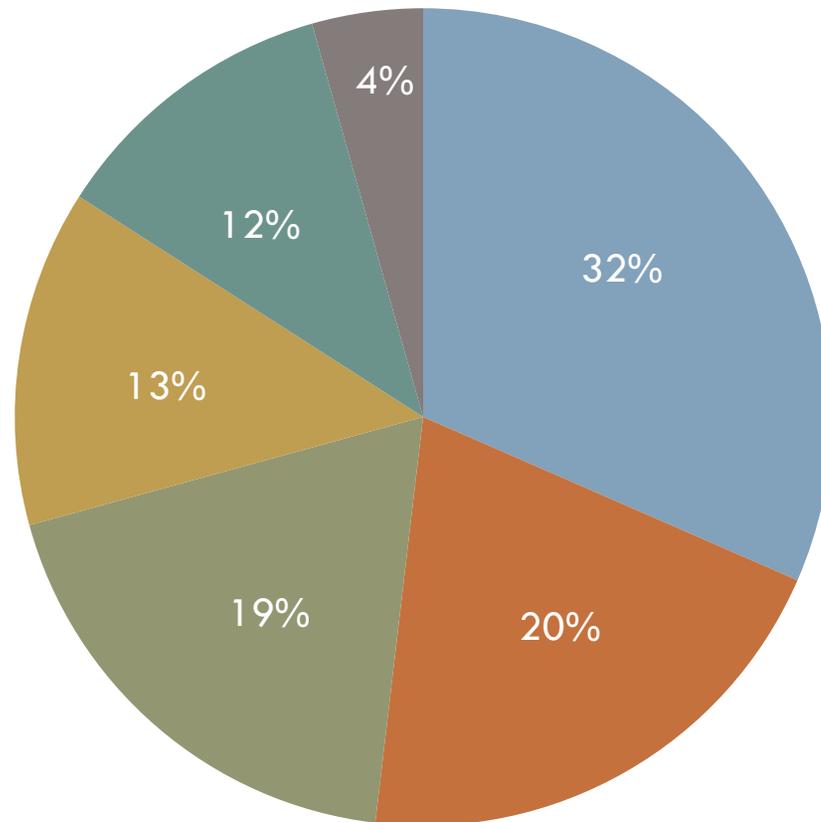
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6 clinics visited  
637 total charts reviewed  
22 duplicate records

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52% boys  
48% girls

**Proportion of total sample size by clinic**



# Results – Chart Review

## Vaccines recommended by ACIP

Vaccine	Up-to-date
DTaP, 5 doses	61%
Hep A, 2 doses	23%
Hep B, 3 doses	70%
Hib, 4 doses	55%
HPV, 3 doses	15% (girls only)
Influenza	19% (any dose)
Meningococcal	39%
MMR, 2 doses	70%
Polio, 4 doses	67%
Tdap	47%
Varicella, 2 doses*	25%

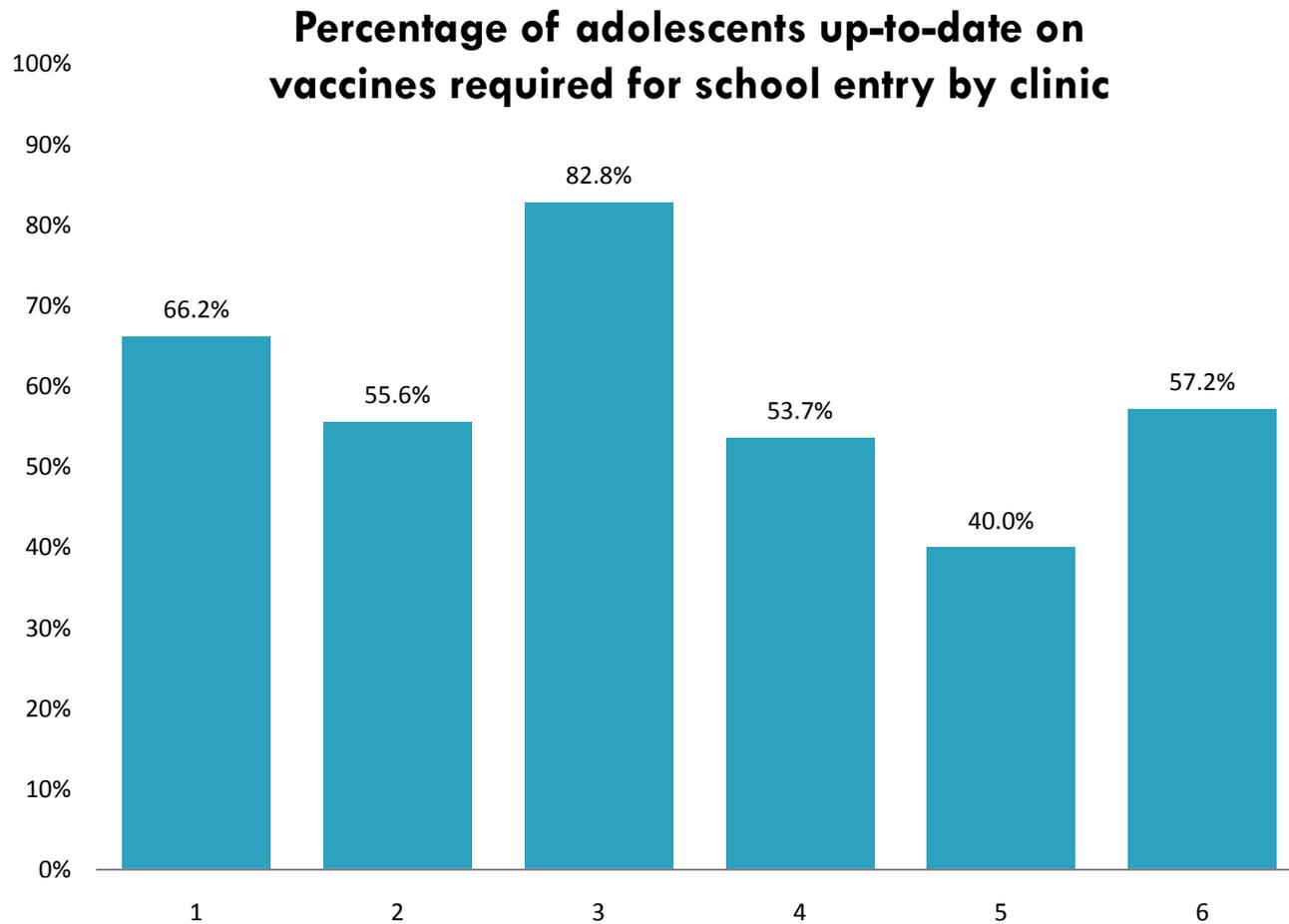
\*includes adolescents with history of varicella illness

## Vaccines required for school entry

Vaccine	Up-to-date
DTaP*	76%
Hep B, 3 doses	70%
MMR, 2 doses	70%
Polio, 4 doses	67%
<b>All required vaccines</b>	<b>59%</b>

\*includes adolescents with either 3DTaP vaccine or 2DTaP + 1 Tdap

# Results – Chart Review



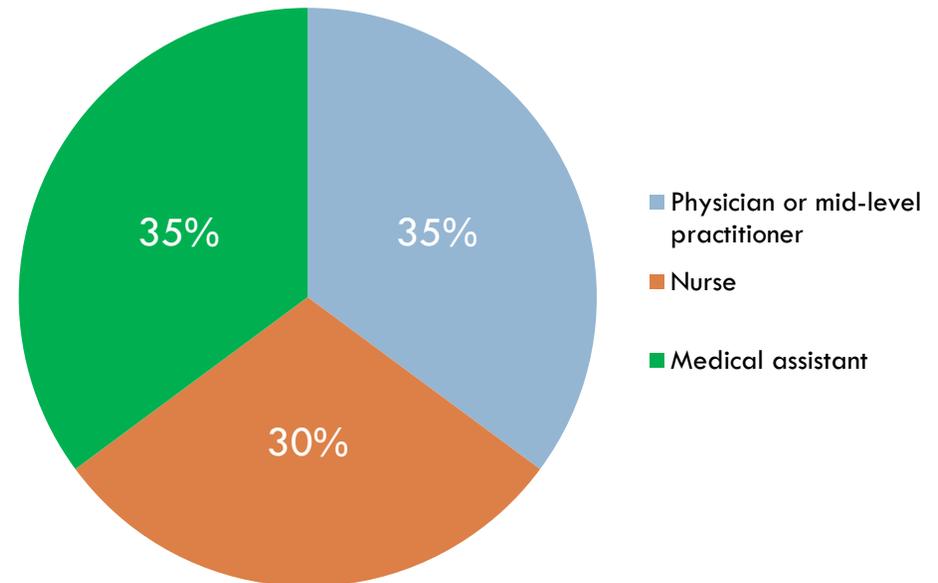
3 Hep B, 2 MMR, 4 Polio, 3 DTaP or 2DTaP + 1 Tdap

# Results – Provider Survey

67 surveys distributed  
40 surveys returned  
**Response rate = 59.7%**

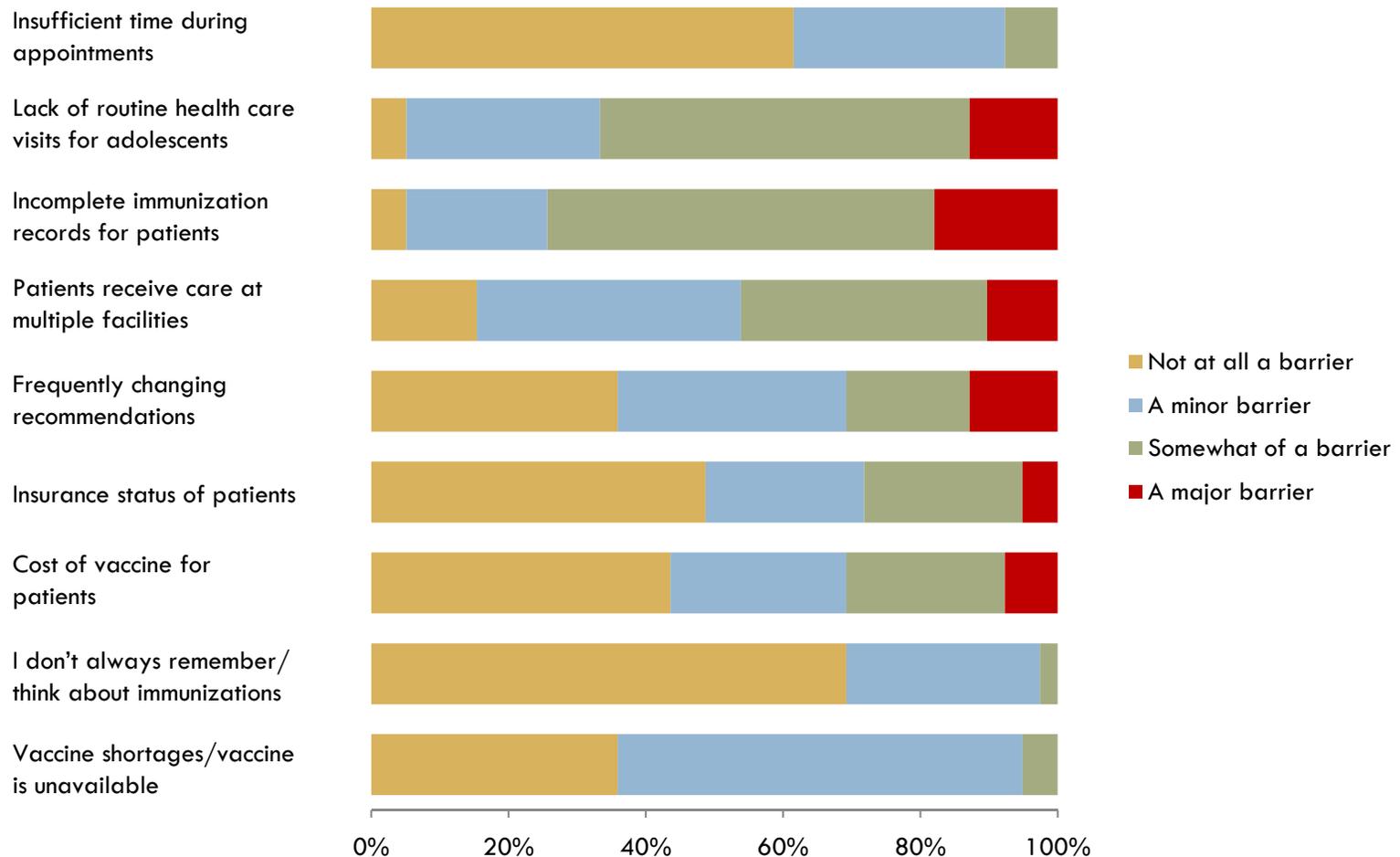
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Response method	Returns
Online	1 (2.5%)
Mail	36 (90.0%)
Fax	3 (7.5%)



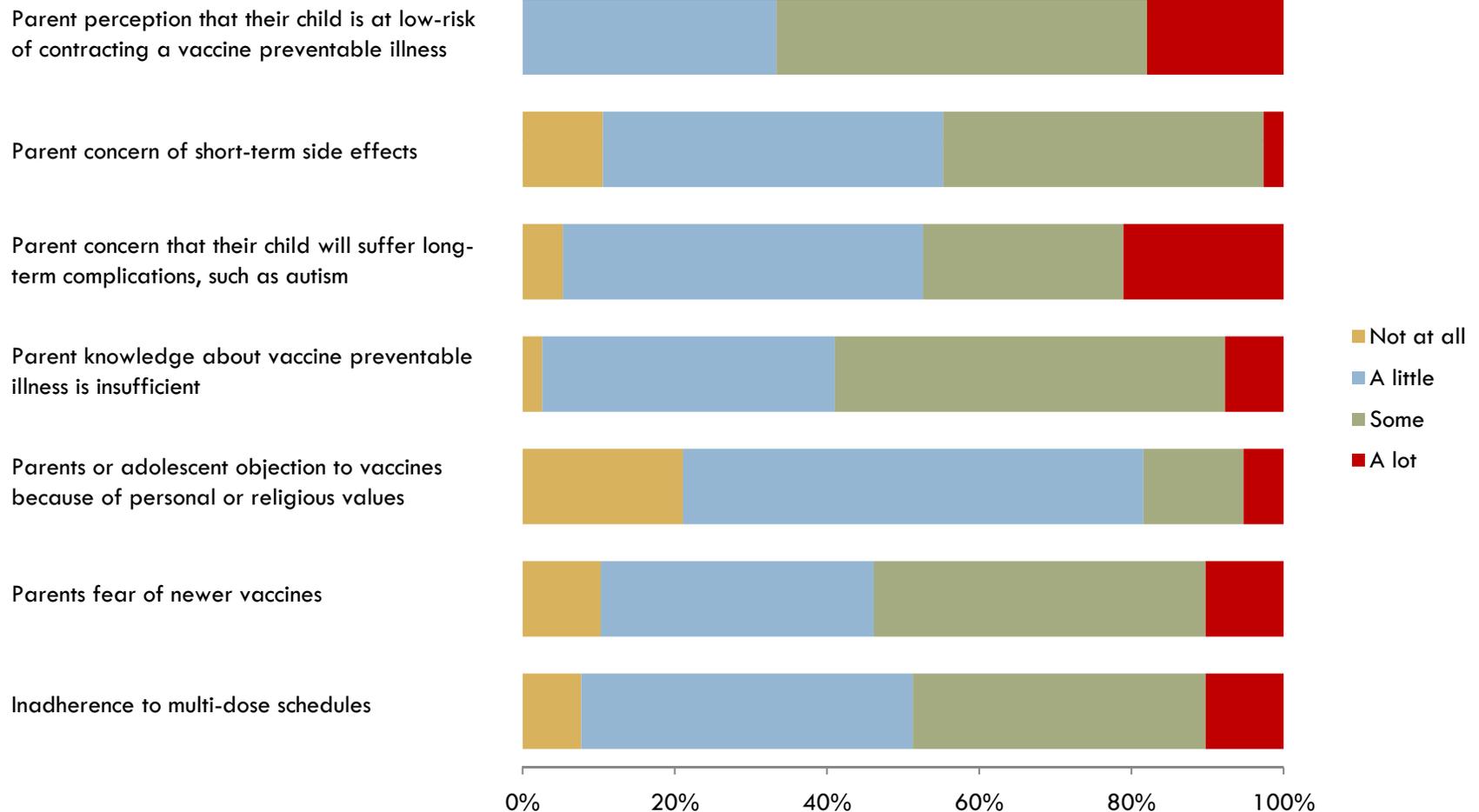
# Results – Provider Survey

**How much do each of the following factors impact your ability to administer ALL recommended immunizations to adolescents aged 13 – 18?**



# Results – Provider Survey

Based on your experience, how much do each of the following contribute to under-immunization of adolescent children aged 13 – 18?



# Next Steps



- ▣ Conduct a chart review of 15% of all “active” adolescent records at clinics seeing four or more adolescents per month
- ▣ Survey providers who see four or more adolescent patients per month (age 13 – 18)
- ▣ Survey parents of adolescents enrolled in grades 9 – 12
- ▣ Use information from above activities to focus efforts on one to three areas for health care providers and parents
- ▣ Work with primary care facilities to establish an adolescent immunization protocol if one is not already in place



**Thanks to:**

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National Network of Public Health Institutes

**For more information, contact:**

Amy Diaz or Linda Navarre

509-962-7515

[www.co.kittitas.wa.us/health](http://www.co.kittitas.wa.us/health)