

# Immunization Program CHILD Profile Section



## Facts about Immunization Rates

Immunization rates are determined by measuring the percentage of children in a defined age group who have completed a specific series of vaccinations.

The *Healthy People 2010* goals are to achieve 90 percent immunization rates for individual vaccines and an 80 percent immunization rate for the vaccine series for 2 year olds. The goal for kindergarten entry is 95 percent immunization rate for individual vaccines.

Different vaccine series are used to calculate immunization rates for children aged 19 to 35 months. The following are Washington's rates compared to national rates for three common vaccine series for 2006:

- 4 DTaP, 3 Polio, 1 MMR (4:3:1 series)  
83.2% (WA rate) 83.2% (national rate)
- 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B (4:3:1:3:3 series)  
78.6% (WA rate) 80.6% (national rate)
- 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella (4:3:1:3:3:1 series)  
71.4% (WA rate) 77.0% (national rate)

The immunization rates for children entering school are significantly higher than the overall immunization series rate for 2 year olds. In 2006, the immunization rates for individual vaccines for children entering school were:

- Polio: 93.6%
- DTaP: 93.7%
- Measles: 94.9%
- Mumps: 97.3%
- Rubella: 97.3%
- Hepatitis B: 95.5%
- Varicella: 92.8%

The Immunization Program CHILD Profile (IPCP) Section of the Office of Maternal and Child Health (OMCH) is committed to two primary goals: (1) preventing the occurrence and transmission of childhood, adolescent, and adult vaccine-preventable diseases and (2) ensuring that parents, health care providers, and state and local health agencies are working together to promote healthy families and increase use of preventive health care for children from birth to age 6 years.

## Activities

- Provide health care providers access to data and clinic-based assessments to improve immunization services and increase immunization rates.
- Ensure that public health workers have the information they need to protect the public from vaccine-preventable diseases.
- Perform population-based immunization assessment activities, including measuring immunization rates and identifying factors that contribute to under-immunization.
- Reach and maintain federal and state immunization goals.
- Maintain disease reporting and outbreak control activities.
- Distribute vaccines to public and private providers at no cost for children birth through age 18 years.
- Provide consultation, education, and technical assistance to nurses and support staff regarding clinical immunization practices, vaccine management, rash illness investigation, and outbreak control measures.
- Educate parents, adults, and health care providers about all aspects of immunizations.
- Provide parents of children age birth to 6 years with age-specific reminders about well-child checkups, immunizations, and information on health, development, nutrition, safety, and other parenting issues.

### Approaches to Increasing Immunization Rates and Promoting Children's Health

- Conduct targeted activities such as education campaigns to increase the number of children who receive the fourth DTaP and varicella vaccinations.
- Support immunization verification and documentation by school nurses and child care health consultants by using the CHILD Profile Immunization Registry (CPIR).

### 2007-09 Funding & Staffing

Funding for services comes from a variety of sources, including the State General Fund and Health Services Account, the CDC Immunization Grant (Title 317), Federal Vaccines for Children (VFC) Program, Maternal and Child Health Block Grant (Title V), Title XIX (Medicaid), public partnerships, and private grants.

Immunization Program CHILD Profile staff represent the fields of public health administration, nursing, health education, information systems administration, data and assessment, budget administration, and office administration.

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### Outcomes/Benefits

- Vaccine-preventable disease outbreaks are prevented and the spread of vaccine-preventable diseases is controlled.
- Long-term complications, medical care costs, and disease burden associated with vaccine-preventable diseases such as influenza and pneumonia in adults and high-risk populations are reduced.
- More immunizations are given in children's medical homes.
- Health care providers and public health workers receive the information they need to adequately immunize the children in their care, provide technical assistance, and appropriately distribute immunization resources.
- Parents receive age-specific health and development information, which assists them in making informed decisions about parenting practices and their children's health care.
- Public health programs have a method of getting age-specific information to parents of children age birth to 6 years.

### Trends and Emerging Issues

- Washington's immunization rates are increasing, but generally continue to be below the national average.
- Changes to both vaccine recommendations and manufacturing create fiscal and policy challenges. Specific issues include an increasing number of recommended vaccines per medical visit, licensing of new and/or combined vaccines, and increasing costs of vaccines.
- Access to care continues to be a problem for Medicaid eligible and uninsured populations.
- Health care provider participation in the Immunization Registry continues to increase. This is an important tool for providers to improve immunization rates.
- Limited government funds make it increasingly important to explore partnerships with private organizations to support activities of mutual interest.