Maximizing Vaccinations At 18-Month Visit Urged

BY MIIRIAM E. TUCKER
Senior Writer

WASHINGTON — Maximizing efforts to vaccine children at the 18-month well-child visit will dramatically increase the proportion of children who are up to date, Richard A. Schieber, M.D., said at the annual meeting of the American Academy of Pediatrics.

Specifically, if office-based systemic chart reviews and reminder/recall systems, community outreach programs, and individual case management all were focused on bringing children in for immunizations during their 18th month of life, the proportions of those up to date would more than double—from the current 57% up to 87%—for the 4:3:1:3:1 series, which includes diphtheria-tetanus-acellular pertussis, poliovirus, measles-mumps-rubella, Haemophilus influenzae type b, hepatitis B, and varicella.

“We’re really talking about tailoring an approach to raise consciousness among health care providers,” said Dr. Schieber, senior adviser to the Centers for Disease Control and Prevention’s coordinating center for infectious diseases, Atlanta.

A previous CDC study using data from the 1999 National Immunization Survey found that among children who were not up to date for the 4:3:1:3:1 series (all of those listed above except varicella), 74% needed only one more visit and of those, 44% needed just one more vaccination. Based on U.S. census data, that 71% translates to about 1.2 million children.

“That’s not a small number of children we’d be affecting by not doing much more than awareness raising among health care providers,” he noted.

The most common vaccinations the children lacked were DTP/DTaP and varicella.

DR. SCHIEBER

The simulated dosing rules stated that no multiple administrations of the same antigen would be given.

At prebaseline (the day the child turned 18 months), just 40% were up to date with the 4:3:1:3:1 series. If nothing changed after that, 57% would be up to date by the day they turned 19 months.

By 24 months, the proportion would increase to 67%. However, if every child made a visit at age 18 months and received all needed shots (up to four injections) at that time, 87% would be up to date by the day they turned 19 months of age, Dr. Schieber said.

Of the total 43% not up to date by 19 months, 71% needed just one more visit and of those, 44% needed just one more vaccination. Based on U.S. census data, that 71% translates to about 1.2 million children.

“Parents who were not influenced by a health care provider talking about the importance of vaccines are at risk for vaccine-preventable diseases,” Dr. Schieber remarked.

Field trials would be needed to back up the real world effectiveness of this approach. None are currently planned, although “we are entering a new budget year, so it is possible that funding for this might become available,” he told FAMILY PRACTICE NEWS.

Childhood Hepatitis A Down, But Less So Among Hispanics

BY SHERRY BOSCHERT
San Francisco Bureau

S AN FRANCISCO — The incidence of pediatric hepatitis A took a nosedive since the introduction of a vaccine, although it remained above the annual meeting of the Infectious Diseases Society of America.

Now Hispanic children account for 42% of all pediatric hepatitis A cases in nonroutine vaccination states. In the states without recommendations for routine vaccination, pediatric hepatitis A incidence decreased by only 46% in Hispanics, compared with a 78% decline in non-Hispanics.

In 2004, 70 of every 100,000 Hispanic children had hepatitis A, “the highest rate of any demographic” in the study, she said. Hepatitis A in Hispanics accounted for 42% of all pediatric cases of the disease in the prevaccine period and 34% of all cases in 2004. Among Hispanic children, two-thirds of cases are in nonroutine vaccination states.

Although Hispanics constituted 5% of hepatitis A cases in nonroutine vaccination states in 1990-1997, they now account for nearly a third of pediatric cases in those states.

International travel is an important risk factor for hepatitis A disease, especially in Hispanic children, she said. The proportion of cases attributed to exposure during international travel has increased over time, so that travel is now the number one risk factor. The rate of cases due to household contact with an infected person held steady, and the proportion of cases attributed to exposure to the disease in a child day-care setting decreased.

In 2004, 34% of children with hepatitis A had engaged in international travel, compared with 6% in the prevaccine period. Among Hispanic children, hepatitis A and hepatitis B, 43% had traveled internationally, compared with 5% of non-Hispanic children with the disease. Almost all (99%) of all cases were in Central and South America.

The results show great progress in preventing hepatitis A with the vaccine, and highlight the need to reduce higher rates among Hispanic children, she said. “Improved hepatitis A vaccination of Hispanic children nationwide is needed to reduce this disparity,” Dr. Wasley said.

Survey Highlights Parents’ Opinions About Childhood Immunization

WASHINGTON — Even parents who don’t trust vaccines might you vaccinate their children if they trust you.

That was the conclusion drawn from a survey of parents of 7,810 children aged 19-35 months from the 2001-2002 National Immunization Survey, conducted by Philip J. Smith, Ph.D., and his associates at the Centers for Disease Control and Prevention’s National Immunization Program, in Atlanta.

The majority of parents (77%) said they believed vaccines were safe and that their belief was influenced by their child’s health care provider (physician, nurse, or other). However, 5.7% of parents reported believing that vaccines were not safe, with 2% saying they were influenced by their child’s health care provider while the other 3.7% reported they were.

Another 2.2% said that they believed vaccines were safe but their belief was not influenced by a health care provider. This group is of concern, because “One thing we don’t want to happen is that these parents’ opinions migrate to the other side,” Dr. Smith said at the annual meeting of the American Academy of Pediatrics. “Parents who were not influ- enced by a health care provider were significantly more likely to say that vaccines were not safe, compared with parents who were influenced by a provider (10.4% vs. 4.6%). Somewhat surprising, however, were the up-to-date immunization rates among the children of the parents who believe that immunizations are not safe: 71.5% for those who said they were influenced by a health care provider, compared with just 53.4% of those who did not believe vaccines were safe, a highly significant difference. All of this is pointing to the importance of a health care provider talking with the parents,” Dr. Smith said.

Indeed, earlier this year the American Academy of Pediatrics published guidelines on how to respond to parents’ refusal of immunization for their children (Pediatrics 2005;115:1428-31).

Among AAP’s recommenda- tion are to listen respectfully to what parents have to say and not minimize their concerns. Be honest about the safety of immunization, correct any misconceptions or misinformation, and refer the parents to trusted sources such as the CDC’s National Immunization Program page (www.cdc.gov/nip).

—Miriam E. Tucker

Infectious Diseases