Maximizing Vaccinations At 18-Month Visit Urged

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON — Maximizing efforts to vaccinate children at the 18-month well-child visit would 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 influenza 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 4.3:1:3:3 series (all of those listed above except varicella), 74% needed only one more visit to complete the series, and of those, 62% needed just one more shot.

The authors concluded that if all children who needed one more visit were to receive it, the national coverage for all recommended vaccinations among children aged 19-35 months would be 93%, thus exceeding the 90% Healthy People 2010 goal (Am. J. Prev. Med. 2001;20(suppl.):3-24-40).

In a follow-up to that study using data from the 2003 National Immunization Survey, a simulated birth cohort of children turning 19 months old was used, comprising 99% white, 14% black, 2% Hispanic, and 6% children of other races.

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 4.3:1:3:3 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.

“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.

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Children who were not influenced by a health care provider, 71.5% for those who said they were 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 that they were.

Another 0.2% 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 parent’s opinions migrate to the other side,” Dr. Smith said at the annual meeting of the American Academy of Pediatrics. Additionally, if the proportion of those who were not influenced by a health care provider were significantly more likely to say that vaccines were not safe, that’s a real problem, he added.

“Children 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 53.8% of those who were not influenced, a very highly significant difference. All 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 recommendations are to listen respectfully to what parents have to say and not minimize their concerns. Be honest about all the benefits 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

Childhood Hepatitis A Down, But Less So Among Hispanics

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — The incidence of pediatric hepatitis A took a nosedive since the introduction of a vaccine, Annemarie Wasley, Sc.D., reported at the annual meeting of the Infectious Diseases Society of America.

Now Hispanic children account for an increasing proportion of cases.

The Advisory Committee on Immunization Practices recommended in 1997 that people at high risk of getting hepatitis A (such as international travelers) get vaccinated, and in 1999 recommended routine childhood immunizations against hepatitis A 17 months with high levels of the disease. Dr. Wasley of the Centers for Disease Control and Prevention, Atlanta, and her associates compared data from the National Notifiable Disease Surveillance System for 2004 with average rates in the prevaccine period of 1990-1997.

The national incidence of hepatitis A declined by 82% to 1.9/100,000 children aged 0-18 years old. “It’s now at the lowest rate we’ve seen in more than 40 years of surveillance of this disease,” she said.

Incidence rates declined by 90% in the 17 states with routine vaccination for routine vaccination, compared with a decline of 68% in nonroutine vaccination states. In the prevaccine period, cases in the nonroutine vaccination states accounted for 27% of pediatric hepatitis A cases, compared with 68% of cases in 2004.

“The data support an important role for the vaccine in reducing hepatitis A incidence” and suggest that recommendations to expand routine hepatitis A vaccinations nationwide would further reduce pediatric rates of the disease, Dr. Wasley said.

For the first time, the incidence of hepatitis A in children is as low as, or lower than, rates in adults, she added.

The average annual number of U.S. pediatric hepatitis A cases dropped from 9,996 in 1990-1997 to 1,497 in 2004. The incidence declined in all races and ethnic groups in states with routine vaccin-