Flu Shot Rates Are Low Among High-Risk Teens

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SAN DIEGO — The number of adolescents with asthma and other high-risk conditions who received the influenza vaccine increased between 1992 and 2002, but the coverage remains poor at about 15% overall, results from a large health maintenance organization study showed.

"About 85% of these kids who should have been getting the vaccine weren't getting it," Dr. Mari M. Nakamura said in an interview during a poster session at the annual meeting of the Infectious Diseases Society of America. "A risk-based approach to vaccination isn't working in this population. Universal vaccination … may be warranted instead."

She and Dr. Grace M. Lee reviewed the medical records of 18,703 patients aged 11-17 years with high-risk conditions who were enrolled in Harvard Pilgrim Health Care, the largest nonprofit health maintenance organization in New England, for at least one influenza season and the preceding 1-year period, from 1992 to 2002.

High-risk conditions were indicated by ICD-9 diagnoses, and included asthma or other chronic pulmonary disease; chronic cardiac disease; immunosuppressive disorders or therapy; sickle cell anemia or other hemoglobinopathy; chronic renal dysfunction; or chronic metabolic disease.

They evaluated the changes in influenza vaccination rates over that period, and the number of missed opportunities for vaccination. The patients' mean age was 14 years, and 48% were female, wrote Dr. Nakamura, a Harvard pediatric health services research fellow at Children's Hospital Boston. Most (90%) had asthma or other chronic pulmonary disease; 2% had more than one type of high-risk condition.

Influenza vaccination rates improved significantly from 1992 to 1993 (8.3% to 12.8%, respectively), and from 1993 to 2002 (12.8% to 15.4%). Female gender, younger age, and use of preventive care were associated with a greater likelihood of vaccination.

Adolescents with asthma or other chronic pulmonary disease were less likely to be vaccinated, compared with those who had other high-risk conditions.

The authors noted about half of all unvaccinated patients had at least one missed opportunity for vaccination between 1992 and 2002. "They came in [mainly for] preventive care and … other vaccinations. This tells us that providers are a group to target, to remind them that these patients should [get the] flu vaccine every year."

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ACIP Clarifies Its Suggestions for PCV7 Catch-Up

ATLANTA — Healthy children between 2 and 5 years of age who have been incompletely vaccinated against pneumococcal disease should receive one dose of 7-valent pneumococcal conjugate vaccine, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices voted at its fall meeting.

The panel also voted that children aged 24-59 months with underlying medical conditions who are incompletely vaccinated should receive two doses of 7-valent pneumococcal conjugate vaccine (PCV7) at least 2 months apart, unless they have already received three doses, in which case one dose should be given.

The definition of underlying conditions is unchanged and includes sickle-cell disease or related conditions, splenic dysfunction, HIV infection, immunocompromising conditions, chronic cardiac or pulmonary disease, cerebrospinal fluid leaks, and diabetes mellitus (MMWR 2000; 49(RR-9):1-38).

"Simplifying and expanding the catch-up recommendation may improve PCV7 coverage in healthy, unvaccinated, or incompletely vaccinated children aged 24-59 months," said Dr. Pekka Nuorti of the CDC.

The ACIP vote passed 11-3. Some panel members questioned the extent of disease prevention the change would provide and the cost-effectiveness of the recommendation. No formal cost-effectiveness analysis has been done, and members explained the aim was just to clarify the existing recommendations. ACIP plans to revise its statement on pneumococcal diseases in 2008.

—Melinda Tanzola

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