

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 4:3:1:3:3:1 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 for influenza at 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.):32-40).

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 59% white, 14% black, 21% 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 4:3:1:3:3:1 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. “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 (57%) and varicella (26%). Such a focused program would work for all races, bringing the coverage rates up from 60% to 89% among whites, from 48% to 82% in blacks, and from 56% to 86% among Hispanics. As simulated, all states would achieve at least 80% up-to-date coverage, and 13 states would achieve at least 90%.

Ongoing analysis of the series to include the conjugate pneumococcal vaccine has been hampered by shortages over the last couple of years, but preliminary data suggest that the proportion of children up to date by 19 months would rise from the current 30% to 72% if such a program were implemented. “That’s really dramatic,” 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

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 in 17 states 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 recommendations 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 vac-

nation recommendations. Hepatitis A remained eight times more common in Hispanic children than in non-Hispanics, even though the incidence in states with routine vaccination recommendations declined by 94% in Hispanics in 2004, compared with the prevaccine period. 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 54% 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 most common 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 with hepatitis A, 43% had traveled internationally, compared with 5% of non-Hispanic children with the disease. Almost all of the trips (97%) were to 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 let 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 not influenced by their child’s health care provider while the other 3.7% reported that they were.

Another 17.2% 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 influenced 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, howev-

er, 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 55.8% of those who were not, a highly significant difference. “All this is pointing to the importance of a health care provider talking with the parent,” 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 the benefits and risks 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