Immunization Goals and Coverage

**YOUNG CHILDREN**

**Healthy People 2010 Goals:** 90% for individual vaccines and 80% for the series, which includes:

- Diphtheria, tetanus, pertussis (DTaP, ≥ 4 doses)
- *Haemophilus influenzae* type b (Hib, ≥ 3 doses)
- Hepatitis B (Hep B, ≥ 3 doses)
- Measles, mumps, rubella (MMR, ≥ 1 dose)
- Poliovirus (≥ 3 doses)
- Varicella (≥ 1 dose)

**Vaccination Coverage, Children 19 to 35 months, 2008**

- DTaP, ≥ 4 doses: 84.6%
- Hib, ≥ 3 doses: 90.9%
- Hib, ≥ 3 doses: 93.5%
- MMR, ≥ 1 dose: 92.1%
- Poliovirus, ≥ 3 doses: 93.6%
- Varicella, ≥ 1 dose: 90.7%
- Pneumococcal conjugate vaccine (PCV7)*, ≥ 4 doses: 80.1%
- Series (DTaP, Hib, HepB, MMR, polio, varicella): 76.1%
- Series + PCV7: 68.4%

**ADOLESCENTS**

**Healthy People 2010 Goals:** 90% for individual routinely recommended vaccines, which includes:

- Hep B, ≥ 3 doses
- MMR, ≥ 2 doses
- Tetanus-diphtheria booster (Td or Tdap after age 10 years), ≥ 1 dose
- Varicella, ≥ 1 dose (excluding children who have had varicella)

**Vaccination Coverage, Adolescents 13 to 17 years, 2008**

- Hep B, ≥ 3 doses: 87.9%
- MMR, ≥ 2 doses: 89.3%
- Td or Tdap, ≥ 1 dose: 72.2%
- Tdap, ≥ 1 dose: 40.8%
- Varicella, ≥ 1 dose: 81.9%
- Meningococcal conjugate vaccine (MCV4)*, ≥ 1 dose: 41.8%
- Quadrivalent human papillomavirus vaccine*, ≥ 1 dose: 37.2%

*Recommended by the Advisory Committee on Immunization Practices, but not captured in Healthy People 2010 goals.

**ADULTS**

**Healthy People 2010 Goals:** 90% influenza and pneumococcal vaccination coverage for all individuals ≥ 65 years; 60% for age 18 to 64 years at high risk

**Vaccination Coverage, National Health Interview Survey, 2008**

- Influenza, ≥ 65 years: 66.6%
- Influenza, high-risk, 50–64 years: 48.8%
- Influenza, high-risk, 19–49 years: 30.0%
- Pneumococcal, ≥ 65 years: 60.0%
- Pneumococcal, high-risk, 19–64 years: 24.9%
Barriers to Immunization
- Limited access to vaccines due to socioeconomic circumstances, location, appointment hours, disability, or cost
- Lack of information regarding routine immunization schedules and recommended vaccines by age group and risk factors
- Concerns regarding vaccine safety and efficacy
- Misinformation about vaccine safety
- The increasing number of recommended childhood vaccinations
- Lack of perceived threat from vaccine-preventable diseases for different age groups
- Erroneous contraindications
- Provider attitude
- Lack of provider recommendation
- Reduced frequency of preventive care visits for adolescents
- Provider cost and reimbursement issues

Strategies for Improving Immunization Rates
- **Provider recommendations:** important source of information regarding risks of vaccine-preventable diseases, organizational recommendations, safety and efficacy of vaccines, correcting misunderstandings
- **Standing orders:** written authorizations from physicians that allow nurses or other qualified staff to screen and vaccinate patients per protocol
- **Computerized record reminders:** computer-generated reminders that patients are due for vaccination at upcoming visits or past due
- **Chart reminders:** flags or stickers on patient charts alerting clinicians that vaccines are due or past due
- **Provider assessment and performance feedback:** systematic evaluation of current immunization practices and implementation of best practices to improve immunization coverage
  - AFIX (Assessment, Feedback, Incentives, Exchange)
- **Expanding access in health care settings:** increased locations, expanded hours, and drop-in visits for vaccines
- **Home visits:** bringing education, need assessment, and immunization to individuals with limited access to preventive care
- **Patient/parent reminder and recall:** telephone, letter or postcard communication regarding vaccines that are due or past due
- **Personal health records/personal immunization records:** engage patients/parents in monitoring the timing of preventive services

References