



2003 Immunization Comprehensive Plan

April 15, 2003



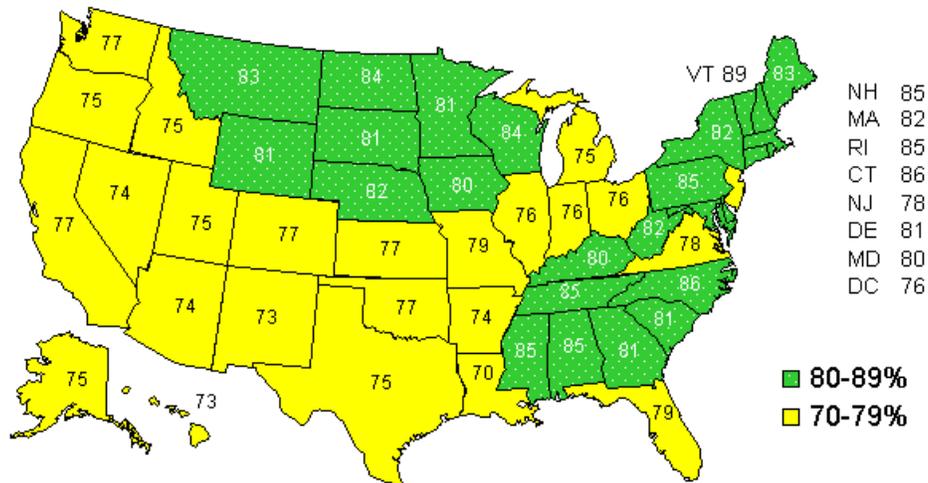
**Houston Department of
Health and Human Services**

Comprehensive Plan to Decrease Vaccine Preventable Diseases: Improving Childhood Immunization Levels

Current Status

Results of the most recent National Immunization Survey revealed that 71% of Houston's children age 19-35 months completed the 4:3:1 series of vaccination (four doses of diphtheria-tetanus-acellular pertussis vaccine, three doses of polio vaccine and one dose of measles-mumps-rubella vaccine). The state of Texas had a coverage level of 75%, ranking Texas 45th in the nation in terms of vaccine coverage. The goal of 90% coverage for our nation's children has not yet been achieved by any state in the United States. Unvaccinated children threaten the health of all Houstonians and Texans because the higher the number of susceptible individuals in a community, the greater the ability of a disease-causing organism to persist and spread within a community. Unvaccinated children in Houston are susceptible to vaccine preventable diseases that cause serious illnesses and death. Medical problems such as pneumonia, carditis, meningitis and seizures can cause irreparable harm to a child, affecting the quality of life of both the child and his/her family. A high immunization level is essential in order to prevent vaccine-preventable diseases (VPDs) from occurring.

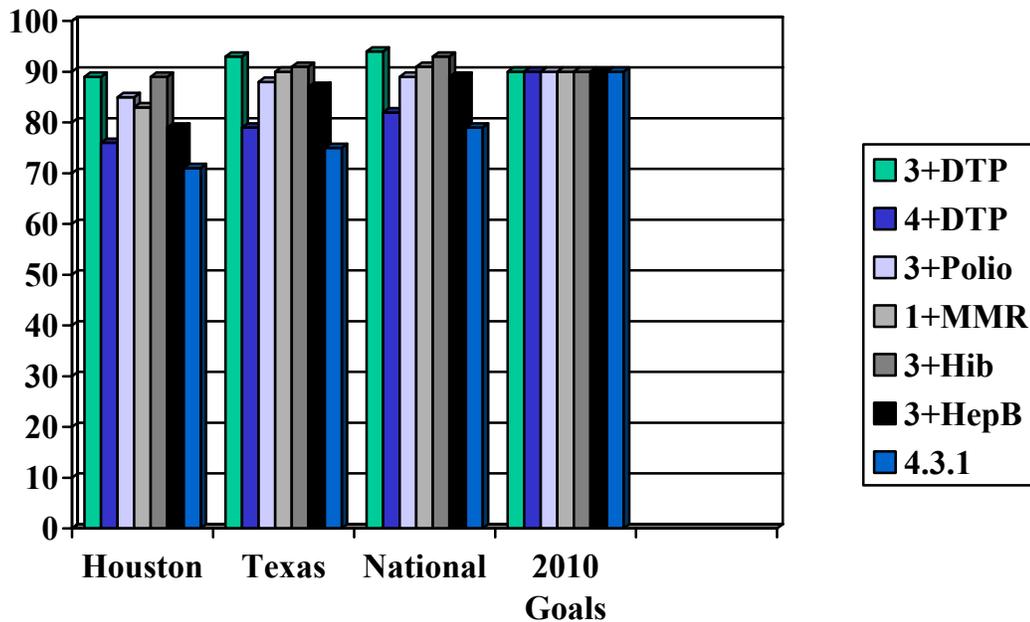
Estimated Vaccination Coverage with the 4:3:1* Series, by Coverage Level and State National Coverage = 79%



A measles outbreak in 1988-89 infected 55,000 people across the United States, including a confirmed 1,776 in Houston. It is estimated that many more children and adults were infected, but not counted. Many of the infected were young children who had not received the vaccine. This includes those who could not receive the vaccine because of medical reasons and those that elected not to receive the vaccine for personal reasons. The measles outbreak brought to light that a choice to not get immunized is a choice that not only affects the individual, but the whole community with very serious medical and economic consequences. During the measles outbreak there were 550 hospitalizations, as well as 100 persons that required ventilation assistance. By the time the outbreak was contained, 10 deaths were reported locally and medical costs exceeded eight million dollars.

There are certain issues that must be addressed when analyzing the reasons for low immunization levels in Houston. Houston has a total population of 1,953,631 according to 2000 Census Data. There are 160,797 children under the age of 5. 71% coverage levels means that approximately 12,990 children in Houston are vulnerable to vaccine preventable diseases.

Estimated Vaccine Coverage Among Children 19-35 Months (NIS-2001)



*2010 Goals are antigen specific.

Factors Contributing to Low Immunization Coverage Levels in Houston's Children

- **Lack of Adequate Parent/Caregiver Education**

Today's young parents tend to disregard vaccine importance because they have not seen first hand some of the devastation that these diseases can cause. In Houston 3,733 babies are born monthly to parents. It is important that we continue to educate parents, providers and caregivers of children to understand the importance of timely immunizations in helping to keep their children healthy.

- **Lack of Adequate Healthcare Provider Education**

Healthcare providers as well as parents and caregivers must be educated on "best practices", to include taking full advantage of all opportunities to vaccinate. We must dispel the myths that children can't receive immunizations with a mild fever, or they can only receive one or two shots at a time. Healthcare providers must be able to provide appropriate responses to concerns that parents may have about receiving all necessary immunizations. We must have a quality assurance system in place to help healthcare providers and to provide them with the tools to increase immunization coverage levels in their practices.

- **Record Fragmentation**

Incomplete documentation of immunizations received is a major contributing issue to both over and under immunization status. Multiple paper records of immunization documentation can be easily lost and destroyed. Lack of a fully populated, centralized and electronic record that can be accessed by all immunization providers is a barrier to maximizing immunization coverage levels.

- **Failure to Provide Immunizations in the Medical Home**

Data indicates that the most effective and efficient manner to administer immunizations is in the medical home. Immunization referrals by physicians to public agencies lead to immunization delay and lower immunization coverage levels.



The federal Vaccines for Children (VFC) program makes public purchased vaccines available at no cost to public and private healthcare providers for administration to eligible children in their medical home. Participation in the VFC program must be maximized to prevent immunization delay and low coverage rates.

Comprehensive Plan

The Houston Department of Health and Human Services (HDHHS) Immunization Bureau has developed several strategies to address Houston's low immunization coverage levels. These strategies are based on proven best practices that have helped raise immunization coverage levels in other communities. The implementation of these strategies will help Houston reach the following goals and objectives:

Long Range Goals

1. Increase to 90% the coverage levels for children over the next seven years, using National Immunization Survey levels as the indicator.
2. Reorganize and expand Assessment, Feedback, Incentives and Exchange (AFIX) activities to include at least 90% of VFC provider sites, on an annual basis by the end of CY 2005.
3. Expand VFC recruitment to affect a 25% increase in the number of VFC provider sites by the end of CY 2005. (n=87)
4. Expand the community outreach activities through contracts with community-based organizations targeting 0-2 year old populations by the end of CY 2004.
5. Expand participation in the Houston – Harris County Immunization Registry by 150 private provider sites by the end of CY 2005

Short Range Objectives

To meet the long-range goals, a number of activities have been implemented. HDHHS will work to reach these goals with attention to populations that have been identified as being at risk for not completing the recommended vaccination series. It is vital to include groups and organizations that provide immunizations, advocate for immunizations or otherwise have an interest in efforts to improve immunization rates. Types of organizations include low-income housing agencies, ministerial alliances, community-based organizations, faith-based organizations and coalitions.

All program within the city that provides or contracts for children's services, or provides information to children and their parents have an opportunity and a responsibility to promote immunizations. Such groups include Women, Infants and Children (WIC), Texas Health Steps, the Children's Health Insurance Plan (CHIP), Medicaid Managed Care and school health programs that coordinate school-based clinics.

The five specific objectives of the Immunization Comprehensive Plan are:

1. Engage communities that have historically low immunization coverage levels in understanding and promoting the importance of age-appropriate childhood immunizations.
 - Develop and disseminate educational material specific to different populations that emphasize the importance of timely immunization.
 - Develop media campaigns that utilize billboards and radio spots with appropriate messages on the importance of timely immunization.
 - Provide community based organizations an opportunity to receive funds to provide immunization education in the communities that they serve.
 - Continue to provide educational sessions to parents in organizations such as Early Head Start that serves the high priority population of 0-2 year olds.
 - Continue to be active participants in coalitions such as the Greater Houston Alliance for Healthy Communities.
 - Participate in the local immunization summit and stakeholders activities.
2. Improve the knowledge of healthcare providers on the immunization schedules and increase participation in the VFC program.
 - Expand the number of participants in the Raising Immunizations Through Education Program (RITE). RITE is a peer based educational tool used by physicians, nurses and office administrators to provide educational strategies to their peers. Through this process, medical practices are provided with tools and “best practice” strategies that will facilitate their ability to improve immunization levels within their own practices.
 - Expand AFIX and CASA activities to include 90% of VFC providers. Conduct bi-annual review of public and private healthcare provider immunization coverage levels.
 - Provide access to periodic training opportunities for healthcare providers that provide the opportunity to receive the latest information and training related to immunization.
 - Work to eliminate or modify perceived barriers to participation in the VFC program by eligible healthcare providers.
 - Continue VFC healthcare provider recruitment activities. Seek assistance from professional organizations and other partners to assure that eligible healthcare providers are aware of the VFC program
3. Increase the knowledge of parents and the general public about the availability of vaccinations and the importance of immunization.
 - Improve the knowledge of parents and the general public about the availability of vaccinations and the vital importance of immunization to maintaining good health.
 - Continue to provide educational information in the elementary and middle schools at various health and parent fairs.

- Ensure that parents are aware of the VFC program to remove cost as a barrier to immunizations.
- Provide regular, local educational sessions to anyone that has a vested interest in learning more about immunization.



4. Fully implement the Houston-Harris County Immunization Registry (HHCIR)

- Continue to provide information that gives the general public an opportunity to understand the importance of fully populated registries.
- Continue to educate healthcare providers on the importance of providing immunization information into a registry and utilizing the registry for quality assurance and reminder/recall purposes.
- Work with Texas Department of Health (TDH) and Centers for Disease and Prevention (CDC) to develop and implement an electronic linkage between the Pharmacy Inventory Control System (PICS) and HHCIR to improve vaccine accountability.
- Work with TDH to facilitate a linkage with State Vital Records data to more fully populate HHCIR.
- Continue to work with Texas Children’s Hospital to improve and enhance the Houston – Harris County Immunization Registry (HHCIR).
- Work with all public and private collaborative partners to facilitate additional enhancements to HHCIR.
- Market HHCIR to maximize healthcare provider participation.

5. Enhance the coordination of all TDH programs impacting childhood immunization rates in order to maximize utilization of resources.

- Foster collaboration with programs such as WIC, Head Start and Early Head Start to avoid unnecessary duplication of services.
- Continue to participate in periodic immunization summits.
- Provide education and training to public and private providers to facilitate the implementation of the TDH Pharmacy Inventory Control System (PICS).
- Evaluate HDHHS immunization service delivery activities and assure that these activities do not contribute to fragmentation of care and that services are directed to populations of greatest need.

Evaluation

- Collect and analyze benchmark data to measure progress toward tested and proven best practice activities to raise immunization coverage rates.
- Expand membership in the Houston-Harris County Immunization Registry development group to generate new revenue streams and resources.

- Provide financial and programmatic support to the peer-based educational activities of the RITE program.
- Support the development of a local Immunization Registry Commission to provide public health management of the registry.
- Monitor and provide education, training and assessment to affect a 10% increase in coverage rates at WIC sites.
- Monitor and support HHCIR recruitment and educational activities to affect a greater level of client and provider participation.
- Facilitate and support efforts to obtain CDC Registry Certification status for HHCIR.
- Monitor the expansion of assessment and follow-up activities in healthcare provider offices to increase education and implementation of immunization best practices.
- Monitor compiled data from a customer satisfaction survey to receive feedback from clients in non-traditional sites. Non-traditional sites are those sites other than the health centers where immunizations are given (i.e. grocery stores, libraries and churches).
- Monitor feedback from consumer satisfaction ratings for educational community outreach activities.
- Monitor vaccine preventable disease surveillance indicators to ensure appropriate data collection, reporting and information dissemination to facilitate intervention.
- Monitor and provide education, assessment and feedback in HDHHS clinics to facilitate raising and maintaining immunization coverage rates to 90%.
- Monitor and evaluate effectiveness of educational activities in childcare facilities, schools and Head Start programs by providing assessment activities in 25% of licensed facilities identified by TDH.
- Monitor and expand provider education by conducting follow-up assessments for a minimum of 70% of private healthcare provider practices that do not reach established minimums for vaccine coverage.