



IMMUNIZATION COVERAGE LEVELS & Increasing Exemption Rates

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New Teen National Immunization Survey Results Released in August 2011

By Jennifer Ralston-King, AIPO Immunization Assessment Coordinator

The Assessment Unit of the Arizona Immunization Program Office collects and analyzes Immunization Data Reports submitted by schools and childcare programs each year. Schools with preschool, kindergarten, sixth and/or tenth grades, and childcare centers with children under age 6, are required to submit an Immunization Data Report each fall by November 15th.

Data collected from schools and childcare centers is used to identify communities at risk for outbreaks of vaccine-preventable diseases, and to evaluate and address compliance with immunization requirements. Because of the importance of immunizations in school settings, the Centers for Disease Control and Prevention (CDC) requires detailed school immunization reports from all state immunization programs.

Arizona's assessment of 2010-2011 childcare and school immunization coverage levels included a total of 314,241 children and adolescents in fifteen counties. Tables on the next two pages display the

statewide coverage and exemption levels for children enrolled in childcare, kindergarten and sixth grades. Religious and personal Immunization exemption rates as high as 9.8% reflect low immunization coverage levels in some Arizona counties. Charts showing the coverage levels for all Arizona counties are posted at <http://www.azdhs.gov/phs/immun/index.htm>.

Health care providers and school nurses experiencing an increase in the number of parents who are refusing the recommended immunization series are advised to provide parents with information about vaccine preventable diseases as well as information about vaccines. Parent-friendly materials are available from many sources including www.immunize.org and www.cdc.gov. It is also recommended that providers document parental refusal by using the form posted at <http://www.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf>.

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2010-2011 Childcare Coverage Levels of 19-59 Month Olds Number: 76,659 Children

	Statewide Mean	County with lowest coverage	County with highest coverage
4+ DTaP	94.7%	90.8%	98.6%
3+ Polio	96.5%	92.1%	100%
1+ MMR	96.4%	94.3%	100%
3+ Hib	94.4%	88.8%	98.6%
3+ Hep B	95.7%	90.4%	100%
1+ Varicella or History	96.2%	91.5%	100%
Religious Exemption	3.4%	0%	9.2%
Medical Exemption	0.6%	0%	0.9%

2010-2011 Kindergarten Coverage Levels Number: 83,348 Children

	Statewide Mean	County with lowest County	County with highest coverage
4+ DTaP	95.6%	90.6%	98.3%
3+ Polio	95.6%	91.1%	98.3%
2 MMR	95.3%	90.0%	97.8%
3 Hep B	96.6%	93.9%	99.0%
1+ Varicella or History	97.3%	94.2%	100%
Personal Exemption	3.2%	0%	8.5%
Medical Exemption	0.3%	0%	0.4%

2010-2011 Sixth Grade Coverage Levels Number: 82,047 Children

	Statewide Mean	County with lowest County	County with highest coverage
1 Tdap	87.8%	59.3%	97.6%
1 MCV	88.2%	59.4%	97.6%
2 MMR	97.7%	94.4%	99.6%
3 Hep B	97.8%	95.3%	97.8%
1+ Varicella or History	98.0%	90.7%	100%
Personal Exemption	3.7%	0%	9.8%
Medical Exemption	0.5%	0%	1.2%

Updates from the Arizona Immunization Program Vaccine Center

VFC Eligibility Categories and Reporting

All VFC providers are required to screen children for VFC eligibility before administering VFC vaccine to the child. Screening for eligibility must be completed each time that a child comes for vaccinations. Reporting the eligibility data to the Arizona Vaccine Center is important for many reasons. 1) It shows that the provider is complying with the federal VFC Program guidelines. 2) Reported data is used to ensure that the Arizona Vaccine Center forecasts provider vaccine need appropriately so that we have enough vaccine available for VFC eligible children. 3) The data is used to ensure that the appropriate funding source is used to purchase vaccine. Without this data, the Arizona Vaccine Center cannot adequately meet the vaccine needs of Arizona children and providers.

A revised VFC Eligibility and KidsCare Reporting form was mailed to providers in June in the

annual flu order mailing. If you did not receive the revised form, it is located on our website at http://www.azdhs.gov/phs/immun/act_aipo.htm. Fax this form along with your temperature logs to the Vaccine Center monthly.

Decrease in 317 Vaccine Funding in 2012

CDC has informed all VFC projects that our discretionary 317 funding will decrease again for 2012. Arizona experienced a 15% funding decrease in 2011 and we will receive a 22.8% decrease in 2012. This funding pays for all newborns to be vaccinated in birthing hospitals, insured children to be vaccinated at county health department sites and a few other public sites, and for children with high-deductible insurance to be vaccinated until the deductible is met in all VFC provider sites. It is probable that we will need to adjust our current vaccine funding policy. We will inform

you if changes are needed after we analyze our available funding. VFC eligible children will not be affected by the 317 funding decrease.

2011-12 VFC Influenza Vaccine

The VFC influenza vaccine ordering packet for 2011-12 influenza season was mailed to providers at the end of June. You should have received the packet by now. If you have not received it, please contact our office to obtain a packet. The influenza orders received after 7/31/11 will be filled after orders received by 7/31/11.

In 2011, 186,000 doses of influenza vaccine went unorderd. Due to the unused supply and funding issues, the VFC Program ordered less influenza vaccine for this upcoming season. The following vaccines and quantities are summarized below.

2011-12 VFC Influenza Order				
Manufacturer	Vaccine	Number of Doses	Price/Dose	Total Cost
Sanofi	Fluzone® .25 syringe	95,000	\$11.68	\$1,109,600
Sanofi	Fluzone® .5 vial	72,000	\$10.97	\$789,840
Sanofi	Fluzone® .5 syringe	50,000	\$10.97	\$548,500
Sanofi	Fluzone® 5.0 MDV	45,000	\$9.30	\$418,500
GSK	Fluarix® .5 syringe	35,000	\$8.90	\$311,500
MedImmune	FluMist®	55,000	\$15.70	\$863,500
Totals		352,000		\$4,041,400



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Reminders from the Arizona Immunization Program Vaccine Center

ACIP Tdap Recommendation

ACIP now recommends that Tdap be administered to children 7 through 18 years of age who have received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series; have received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was administered at age 4 years or older; or have never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td). The preferred schedule is a single Tdap dose, followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series.

ACIP Meningococcal Recommendation

- Administer MCV4 at age 11-12 years with a booster dose at age 16 years.
- Administer a dose at age 13-18 years if not previously vaccinated at 11-12 years.
- If a person receives the first dose at 13-15 years, administer a booster dose at age 16-18 years.
- Administer 2 doses at least 8 weeks apart for children ages 2-10

years with persistent complement component deficiency and asplenia, and 1 dose every 5 years thereafter.

- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.

Haemophilus influenzae type b (HIB)

ACIP recommends HIB vaccine for all children 6 weeks through 4 years of age. Children starting late may not need the entire 3 dose (PedvaxHIB®) or 4 dose (ActHIB®) series. The number of doses required depends on the child's age. AIPO has been informed that some providers do not vaccinate against HIB if the child has reached 3-4 years of age. However, ACIP recommends that all children 15-59 months of age need at least 1 dose if not previously vaccinated. The VFC resolution for HIB can be found at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0608hib.pdf>

NIST Traceable Certified Thermometers

CDC requires monitoring of refrigerator and freezer temperatures where VFC vaccine is stored with thermometers that have been calibrated according to NIST standards. All VFC providers must purchase NIST traceable thermometers and have these

thermometers recalibrated according to the recalibration date stated on the certification. Providers must keep their certifications available for reviewers to review during quality assurance site visits.

Immunization Logs

The Arizona Vaccine Center has not required providers to submit immunization logs for over three years. Please do not fax or mail the logs to our office. Transcribe the number of children seen from the logs to the VFC Eligibility and KidsCare reporting form then fax only this form to our office. Providers must keep the logs at your site for three years to meet federal VFC Program requirements.

VFC Program Forms on ADHS Website

Many of the VFC Program forms are posted on the ADHS website. Some of the forms available are Patient Immunization Log, Wasted/Expired Vaccine Return Form, Vaccine Transfer Form, Forms Request, Temperature Log, Vaccine Availability, Packing, & CPT Codes, and other forms. The new 2011 Arizona VFC Operations Guide will soon be posted. The forms may be found at the following address: http://www.azdhs.gov/phs/immun/act_aipo.htm.

ASIIS Updates

By Lisa Rasmussen, ASIIS Project Leader, AIPO

VOMS (Vaccine Ordering Management System) – more and more providers are entering their vaccine orders into VOMS. Of the over 900 VFC providers, more than 750 have submitted at least one order. Please do not hesitate to call our ASIIS hotline if you need assistance in submitting or receiving an order.

Receipt of Varicella using VOMS – Since the Varicella vaccine is shipped separately from the rest of a vaccine order, there is a process to use the “Receive Order” function in VOMS to receive both portions of an order. Simply indicate the amount of Varicella as ‘rejected,’ and indicate the reason for rejecting that amount as ‘shipment incomplete.’ This process will create a new order number with the current date, and include the Varicella amount

rejected. This order number will have a blank status, thus making it easy to locate when the Varicella shipment is received. This process can be used for any incomplete shipment received.

Inventory clean up – Please try to remember to reconcile your inventory and inactivate expired lots. Our ASIIS user manual provides you with information on how to accomplish this task. Use the link from the ASIIS homepage to access the manual or use the link below to go the page: <http://www.asiis.state.az.us/MANUAL.HTM>

Interoperability – ASIIS staff are working with a number of provider sites and EHR vendors around the state to develop interfaces between the EHR systems and ASIIS. We are very excited about this project since we know that this will

greatly reduce work in provider offices and assist us in receiving better data in a timelier manner. We have also developed a helpful webpage that includes more information and allows for providers to submit files to meet Meaningful Use Stage 1 attestation. We have added a link on the ASIIS homepage, or use the link below to go to the site: <https://app.azdhs.gov/phs/asiis/ehrinteroperability/>

ASIIS staff – We want to welcome Tanisha Lenford as a new permanent member of the ASIIS team. Many of you may have already ‘met’ Tanisha as she has worked as a temporary employee for us for the last 3 years. She will be transitioning into some of Richard Bradley’s old responsibilities over time.

Reasons Why Children Need So Many Vaccines

By Karen Lewis, MD, Medical Director, AIPO

Q: [Why do infants and children need so many vaccines?](#)

A: Because there are so many diseases that can kill and injure children. One hundred years ago, only smallpox and rabies vaccines had been invented. Children and adults frequently died from illnesses such as tetanus, diphtheria, measles, whooping cough, and polio. There were no vaccines to protect against meningitis or pneumonia. Polio paralyzed thousands of people every year. Rubella (German measles) caused blindness, deafness, and brain damage in newborns. Diphtheria caused a throat infection that suffocated people. Tetanus caused lockjaw, painful seizures, and death from not being able to breathe.

Fortunately, many vaccines have been invented over the last 100 years. We rarely see these vaccine-preventable diseases in the United States because of vaccines being easily available and widely used. There are now 16 vaccines that are routinely recommended for use in infants, children, and adolescents.

Q: [Why do babies need to get so many shots when they are so small?](#)

A: Babies need a lot of vaccines because they are susceptible to many infections as soon as they are born. In addition, babies' immune systems are not fully mature, so they need more doses of vaccines in order to develop protective levels of antibodies. Researchers have carefully studied how many doses of vaccines are necessary to keep infants and children as fully protected as possible, and to protect them as soon as possible. The longer that babies and children go without these recommended vaccines, the more likely they are to get infected with serious and life-threatening diseases.

In addition, vaccines often have to be repeated as children get older, because the immunity from the vaccines can wear off over time. Therefore, children often receive over 30 doses of vaccines by the time they are 6 years old. Perhaps in the future, scientists will be able to discover how to keep children protected with a fewer number of doses. However, the recommended schedule of childhood vaccines is the best way that scientists have discovered so far to protect children from 16 different serious diseases.

Q: [Is it safe to give children so many doses of vaccines?](#)

A: Yes. Studies have shown that infants and children can produce protective antibodies against many different diseases at the same time. Serious side effects of vaccines are very rare, while serious side effects of vaccine-preventable diseases are very common. Just because there are fewer vaccine-preventable diseases in the United States today does not mean that unvaccinated children are safe from infections. Vaccine-preventable diseases are still very common in the rest of the world and a life-threatening infection is only an airplane ride away from the United States. Therefore, it is important to start vaccinating infants as soon as possible, and to keep children up-to-date on all recommended vaccines.

Remember that infections are bad and vaccines are good. Protect children by making sure that they get all of their vaccines according to the schedules recommended by the Centers for Disease Control and Prevention (www.cdc.gov/vaccines) and the American Academy of Pediatrics (www.aap.org).

School and Childcare Chicken Pox Immunization Requirements Change on September 1, 2011

By Jennifer Ralston-King, Immunization Assessment Coordinator, AIPO

- As of September 1, 2011, parental recall of chicken pox disease will no longer be accepted to meet the varicella vaccination requirement for children who are enrolling in Arizona childcare or school for the first time.
- Children who were enrolled in an Arizona childcare or school setting with parental recall of chicken pox disease prior to September 1, 2011 will be allowed to continue their attendance without further proof of varicella immunity or vaccination.
- One dose of varicella vaccine, administered at age 12 months – 12 years, meets the requirement for all childcare and school enrollees.
- Two doses of varicella vaccine are required for children who receive the first dose of varicella vaccine at age 13 years or older.

Frequently Asked Questions

Question: Josh is 5 ½ years old and has not received varicella vaccine. Josh was in a Phoenix Head Start program for two years and is now enrolling in Kindergarten. His Head Start record lists history of chicken pox disease, reported by his parents. Is Josh required to be vaccinated against varicella?

Answer: No. Josh was enrolled in an Arizona childcare setting with parental recall of chicken pox disease. He is not required to be vaccinated against varicella.

Question: Alicia is three years old and enrolling in preschool for the first time on September 10, 2011. Her mom reports that she had chicken pox when she was eight months old. She has not received varicella vaccine. Is Alicia required to be vaccinated against varicella?

Answer: Yes. Alicia needs proof of varicella vaccination, laboratory evidence of

immunity or another valid exemption from varicella immunization in order to attend preschool. A medical exemption could be completed by the health care provider who diagnosed chicken pox disease. A religious exemption could be completed if immunizations are against the parent's religion.

Question: Caden is 13 years old and just moved to Arizona from Ohio. He has not received varicella vaccine. His Dad thinks he had chicken pox when he was two years old, but is not certain. Does Caden need varicella vaccine?

Answer: Yes. Caden needs one dose of varicella vaccine before attending school. Because Caden will receive his first varicella dose at 13 years of age, a second dose is required one month later. Laboratory evidence of immunity, a medical exemption or a personal belief exemption may be elected if applicable.

Why Children Need Influenza Vaccine

By Karen Lewis, MD, Medical Director, AIPO

It is not surprising that preschool and school-age children are the major spreaders of influenza. They are not old enough to practice good infection control measures such as covering coughs, keeping nasal drainage under control, or washing hands frequently. In addition, their age group has the highest attack rate for influenza, and they are infectious for longer periods of time when compared with adults¹.

Although patients with underlying asthma, lung problems, heart problems, weak immune systems or other chronic health problems are at the highest risk for complications from influenza, healthy children can also become deathly ill. The website of www.familiesfightingflu.org presents stories and pictures about many healthy children who died from complications of influenza. During the 2010-2011 influenza season, there were 113 pediatric deaths from influenza in the United States² and 4 pediatric deaths in Arizona³.

Many studies have shown that immunizing children decreases the spread of influenza in the community. For example, influenza immunization of Japanese school children provided protection and reduced mortality from influenza among unimmunized

elderly people⁴. Influenza vaccination of day care children reduced febrile respiratory illnesses in unvaccinated household contacts by 42%⁵. In rural areas of western Canada, vaccine coverage of 83% among children 3-15 years old resulted in a 61% reduction in influenza among unimmunized people⁶.

The CDC recommends that all children should be vaccinated every year against influenza. During the 2010-2011 season, approximately 47% of Arizona children 6 months-17 years old were immunized against influenza⁷. This is the highest percentage of Arizona children who have ever received yearly influenza vaccine. However, it still means that over half of Arizona children were not protected against influenza by immunization last season. Immunizing all children six months old and older every year will protect individual children, and the people around them by decreasing the spread of influenza throughout the community.

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Arizona's 18th Annual Immunization Conference- Another Great Year!

By Kaleen Kahl, Health Educator, AIPO

The 18th Annual Arizona Immunization Conference was held on April 27 and 28, 2011 at the Black Canyon Conference Center in Phoenix. Over 300 health care professionals attended the statewide conference to learn the latest information on vaccine-preventable diseases, immunization delivery and vaccines.

The conference covered the importance of immunizations across the lifespan but also had a special focus on pertussis cocooning to complement Arizona's theme for National Infant Immunization Week (April 23-30th, 2011), *Surround Our Babies with Vaccinated Families*. Dr. Melinda Wharton, MD, MPH, Captain, United States Public

Health Service (USPHS) and Deputy Director for the National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC) helped spread this message in her plenary presentation about "Pertussis in the United States." William Atkinson, MD, MPH, Medical Epidemiologist, also from the NCIRD at the CDC, gave an excellent vaccine update. Jon Andrus, MD, Deputy Director for the Pan American Health Organization/World Health Organization (PAHO/WHO), another nationally recognized immunization expert, spoke about adult immunizations.

Other plenary speakers included Karen Lewis, MD, Medical Director for the Arizona Immunization Program Office,

Arizona Department of Health Services who gave an informative speech entitled "*Just Because We're Paranoid Doesn't Mean That They're Not Out to Get Us!*" and Sudha Chandrasekhar, MD, FAAP, IBCLC from Gateway Pediatrics in Mesa who shared "*Strategies and Techniques for Achieving High Immunization Rates*".

We were also pleased to welcome several other local speakers at this year's conference and to thank each of them for their continued dedication to immunizing Arizonans. Please visit our conference webpage for a complete list of speakers and to review some of the wonderful presentations delivered at the conference. <http://azdhs.gov/phs/immun/conf.htm>

Why Measles Vaccination Is Still Important in the United States

By Karen Lewis MD, Medical Director, AIPO



By the late 1990s, the US was no longer seeing the spread of measles from inside the country due to consistently high levels of measles vaccination. However, measles cases and resultant outbreaks continued in the US due to measles being imported from other countries.

Between 2001-2008, the US averaged only 56 measles cases a year. However, between Jan. 1-May 20, 2011, a total of 118 measles cases were reported in 23 states and New York City, the highest number of reported measles cases since 1996.

Of the 118 measles cases, almost all (89%) were associated with importation from other countries, due to either US residents traveling abroad or foreign visitors visiting the US. The source countries of most of the cases were from Europe or South-East Asia.

Of the 118 measles cases, 89% of the patients were unvaccinated. Patients ranged in age from 3 months to 68 years; 15% were under 12 months old, 20% were 1-4 years old, 19% were 5-19 years old, and 45% were 20 years old or older.

Hospitalization was required in 40% of the 118 measles cases. Of the patients who were hospitalized, 9 developed pneumonia. Fortunately, none had encephalitis and none died. All but one of the hospitalized patients were unvaccinated. The single immunized hospitalized patient had only had one dose of measles-containing vaccine. Over half the infants and children under 5 years old with measles were hospitalized (52%). However, many older children and adults were also hospitalized (33%).

Forty-nine percent of the 118 measles cases were involved in nine outbreaks (an outbreak of measles was defined as a chain of transmission with three or more confirmed cases). Measles transmission occurred in

households, child care centers, shelters, schools, emergency departments, and at a large community event. The largest outbreak occurred among 21 persons in Minnesota where many children were unvaccinated because of parental concerns about the safety of measles, mumps, and rubella (MMR) vaccine.

Of the 45 US children (ages 12 months–19 years) who acquired measles, 39 (87%) were unvaccinated, including 24 whose parents claimed a religious or personal exemption and 8 who missed opportunities for vaccination. Of the 42 US adults (ages 20 years old and above) who acquired measles, 35 (83%) were unvaccinated, including 6 who declined vaccination because of philosophical objections to vaccination.

Measles is highly infectious. Following exposure, up to 90% of susceptible persons develop measles. Measles can also lead to life-threatening complications, even in the US with modern medical care. During 1989-1991, a resurgence of measles in the US resulted in over 55,000 cases and over 100 deaths from measles.

Children and adults who remain unvaccinated and develop measles put others in their community at risk. People who travel abroad should be fully vaccinated against measles. Even if unimmunized people never leave the US, they are not safe from measles, because measles (and other vaccine preventable diseases) are only an airplane ride away.

The increased number of measles importations into the US this year demonstrates the importance of maintaining high levels of measles vaccination in the US to prevent the spread of measles and its life-threatening complications.

For more details, see *Morbidity and Mortality Weekly Report* (MMWR), May 27, 2011 at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6020a7.htm?s_cid=mm6020a7_w



SUMMARY OF REPORTABLE VACCINE-PREVENTABLE DISEASES

January – June, 2011 ^{1,2}

	Jan - June, 2011	Jan - June, 2010	Jan-June 5-Year Median
Measles	2	1	0
Mumps	0	4	1
Rubella (Congenital Rubella Syndrome)	0 (0)	1 (0)	0 (0)
Pertussis (confirmed)	436 (52)	203 (31)	146 (24)
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	1 (1)	1 (0)	1 (1)
Meningococcal infection, invasive	8	8	10
<i>Streptococcus pneumoniae</i> , invasive	531	538	628
Hepatitis A	9	41	42
Hepatitis B, acute	98	79	79
Hepatitis B, chronic	378	509	535

¹ Data are provisional and reflect case reports during this period.

² These counts reflect the year reported or tested and not the date infected.

New Teen National Immunization Survey Results Released in August 2011

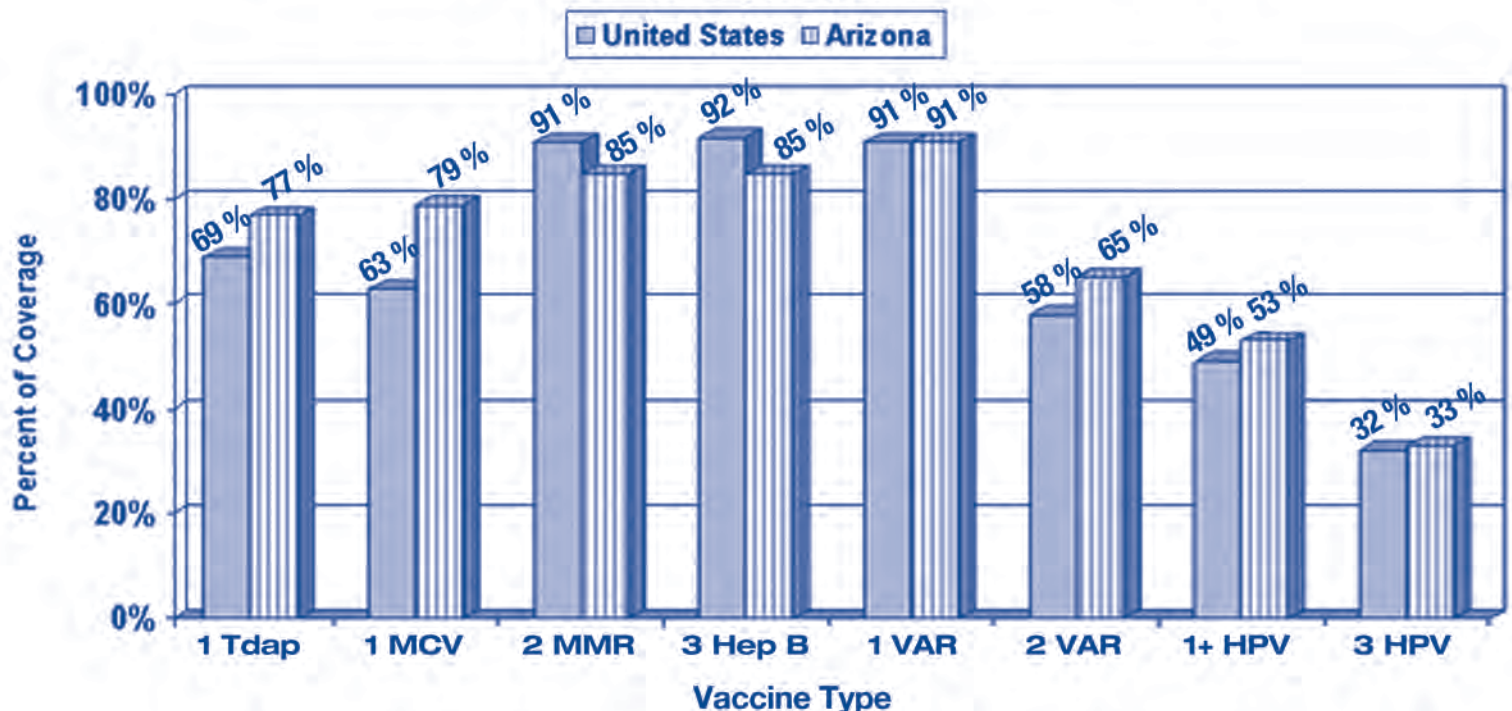
By Jennifer Ralston-King,
Assessment Coordinator

The Centers for Disease Control and Prevention (CDC) released the results of the 2010 Teen National Immunization Survey (NIS) in late August, 2011. The immunization coverage levels of Arizona's 13-17 year olds

coverage levels are compared to the United States in the graph below. Arizona's Tdap and MCV coverage levels are significantly higher than national averages and are only a few percentage points lower than the Healthy People 2020 objective of 80%. Arizona's rates match or surpass those of the U.S. for most of the targeted teen vaccines. However, the Teen

NIS estimates for Arizona's MMR #2 and Hep B #3 coverage levels are several percentage points lower than U.S. averages. The 85% coverage estimates are not consistent with surveys of tenth graders conducted by ADHS. The November 2010 survey of 72,187 tenth graders indicated MMR #2 and Hep B #3 coverage levels were at or above 97%.

**Teen National Immunization Survey Results Released August 2011
13-17 year olds**



Prepared by: Arizona Department of Health Services, Immunization Program Office, Assessment Unit.
Source: Teen NIS data collected in 2010 and released in August 2011.

Immunications

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control Services
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, Arizona 85007-3233
(602) 364-3630
www.azdhs.gov/phs/immun/index.htm

MANAGING EDITOR:
Kaleen Kahl

EDITORS:
Patty Becerra Gast

CONTRIBUTORS:
Cherry Boardman; Kaleen Kahl;
Karen Lewis; Jennifer Ralsten-King;
Lisa Rasmussen; Caleb Wiedeman

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