

**KRONKOSKY CHARITABLE FOUNDATION
ROUNDTABLE DISCUSSIONS**

TOPIC: Immunizations for Children

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PARTICIPANTS

Invited Agency Representatives

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IMMUNIZATION RATES

- The National Health Interview Survey has a tracking process for immunization rates. Every quarter they select a sample of 110 parents to survey. They send the information received to the providers for verification and many do not return any feedback. The system is fragmented but it is currently the best national yardstick.
- The year 2000 immunization rates were poor. Texas was 50th or at the bottom of the states' listing.
- The school age immunization rate in San Antonio is above 90% and as high as 99% due to school and day care enrollment being contingent upon updated immunization records provided by parents.
- The immunization rate for 24 month olds in San Antonio is 72% to 74% depending on measurement. By 18 to 24 months the basic series of immunizations is over but there is a catch-up schedule.
- Immunizations are funded by the Vaccines for Children Program (VFC), started in 1994, for children zero to eighteen years of age. The program provides services for Medicaid, uninsured, Alaskan Natives, American Indians, and the underinsured. Normally the underinsured receive services through a community health center. However, they are rarely referred to centers as alternate funding sources are used so that they are not turned away.
- Surveys indicate that about 65% of shots are done at a clinic and 35% at private doctor practices. VFC Program provides vaccines (and CHIP provides) to private doctors. The thrust of VFC is to take cost barriers away. Public health agencies give more vaccinations than private practice.

IMPACT OF POOR IMMUNIZATION RATES

- There are no significant outbreaks of illnesses caused by lack of immunization, however, pertussis (whooping cough) is ranked first in illnesses that occur in children that can be prevented with immunizations in Bexar County for those below 4 years old. Adults, however harbor the disease and immunizations may not solely prevent 4 and under from contacting it.
- The 1989 measles outbreak was severe. It could happen again if there is a drop in immunizations.
- Germany is currently going through what the US went through in the 50s and 60s. They are letting as many as possible get exposed to measles to let it run its course. Schools and camps are now requiring immunizations prior to admission. Today there are only 9 confirmed cases of measles in the United States and most of them are foreigners.

FACTORS THAT MAY CONTRIBUTE TO RATES

- The immunization schedule has become a lot more complicated. It is an outcome of all the research with new vaccines. The number of required vaccines continues to expand and there are more combination vaccines that make it difficult to track.
- There is a lot of catch-up on vaccinations. Individuals are late for or miss appointment, or they do not come in on schedule.
- Two important needs are health literacy and communicating immunization schedules to parents.
- There is a vocal minority who think vaccinations are bad because there are myths about how immunizations contribute to the prevalence of other illnesses or disorders.
- Any child who needs immunizations or prescriptions is helped. The problem is not money but the availability of vaccines. When kids are on a schedule and the vaccine is not available they sometimes do not return for follow-up because of the availability of poor information on finding the individuals after they leave their original appointment. A major problem is that there are poor recall mechanisms for follow-up to bring the child back for an appointment. Throughout Texas, the recall systems are poor for physicians.
- A registry maintained by the San Antonio Metropolitan health District is currently available, but many private providers do not use it. The registry was computerized in 1979 and is supposed to be the database for immunizations given. The system starts with the Birth Records and then someone else (Health Department/physician) provides additional information. There are many blank records as there is often no information forwarded or recorded. The San Antonio registry is different from the state registry and many records are incomplete. Filling out the form is not the problem. It is the integrating of forms within databases and the downloading of forms. Bexar County is about two generations behind in integrating software. Ready access to other databases is limited. Texas does not have a standard shot record.
- Bexar County has a Registry that is better than others in Texas. However, within the offices of private physicians the technology level is low. Of 1,158 active practicing physicians surveyed, those working with children had the lowest level of technology sophistication. A better link from the doctor's office to the Registry would improve the recall system. Examples of survey questions included in physician survey: do you have a computer; do you have e-mail; do you have electronic billing; and do you have electronic scheduling? Health systems are spending millions of dollars on bringing updated technology from offices and hospitals. The issue is who will input the data? The data also has to be integrated.
- A successful registry is set up for someone to default in and opt out. In Texas it is the opposite – you must opt in and you default out. About 95% of parents consent to being in the registry as noted on birth certificates.

- Vaccines are expensive. Private physicians typically lose money providing immunizations.
- More than ever, there is a shortage of many vaccines. The FDA is enforcing quality standards that the manufacturers are having difficulty meeting. Many companies say that there is no profit in producing vaccines. Handling of vaccines can be costly and time consuming. Testing of vaccines is also a factor.
- For many private practices the requirements to keep separate inventories, paperwork and admin charges are disincentives to being in the Vaccines For Children program. Private physicians would like to be able to make a profit or at least break even.

SOLUTIONS/IDEAS TO IMPROVE IMMUNIZATION RATES

- Strategies that may help to improve vaccination rates:
 - a. Collaborations with those working with children. Although collaboration has not been emphasized as a strategy to improve immunization rates it may offer some promise. Some communities have had success with coalitions that continuously focused on ongoing immunizations. Coalitions take time, work and funding.
 - b. Recall reminders with registries.
 - c. Clinical assessments, mini national surveys, which look at the impact of procedures on vaccination rates.
- Collaborations take education with outreach to parents, working with daycare centers, working with physicians to identify barriers to giving shots. There is a need to work with Health Departments and also find out what each is doing to develop more effective strategies. Today the system is a patchwork. A coalition approach for community-wide education in San Antonio should include the development/use of literature using third grade level reading and bilingual repetitive messages.
- There is no cookie cutter approach to collaboration or any other single solution. Improving Registries may show some improvement in immunization rates. Populating the database with the right information is critical. Most of the time the information in the registry is incomplete or inaccurate. It is important to have someone sort out the information. There is a state law that doctors must report vaccination information (a law without teeth). The issue is parental consent.
- The San Antonio Metropolitan Health District provides two programs that present immunization 101 in both languages. An outreach coordinator goes to daycare centers and some large industries to talk to individuals. Train the trainer classes are presented on parent education and information to providers. Some local churches will also support talks to their groups.
- On possible alternative is to have vaccines distributed by non-traditional methods, by those who have sequential contact with kids, such as day care centers. An innovative approach is to get to where kids are, i.e. grocery stores where free immunizations could be provided. WIC and other non-traditional access settings can be used using non-traditional providers such as EMTs, Advanced Practice Nurses, Pharmacists, and Medical Assistants.
- Workforce Centers could be another location to give immunizations. In Texas, you are supposed to be up to date with your immunizations in order to receive social services. It is hard to enforce because few people carry their shot records with them and also, there is not the workforce or system to follow through to ensure completeness or accuracy of the data.

Miscellaneous – Other health concerns mentioned by the group were obesity, child mental health and head injury or other safety related injuries to children.