

III. KEY MEASURE ANALYSIS

Agency Mission: Assisting people to become independent, healthy and safe.

KPM #22	CHILD IMMUNIZATIONS	Measure since: 2002
The percentage of 24-35 month old children served by local health departments who are adequately immunized.*		
Goal	People are healthy.	
Oregon Context	Immunizations, Child mortality	
Data source	Public Health Division, Office of Family Health (ALERT Registry)	
Owner	Public Health Division, Office of Family Health, Immunization Program, Martha P. Skiles, 971-673-0304	

* The wording of this measure was corrected last year to accurately reflect the data. It captures 24-35 month old children, not 19-35 months.

1. **OUR STRATEGY**

Vaccines, funds, and technical assistance are provided annually to local health departments to improve immunization coverage rates for children. Each year an assessment of each local health department’s immunization rates and practices are conducted with results provided back to the agency to help improve performance.

2. **ABOUT THE TARGETS**

The goal is to continue to increase immunization rates to meet the Healthy People 2010 objective of 90%. In 2006-07 the methods for calculating this rate will change. Currently the CDC-supplied software simply counts the number of each shot found in the ALERT Registry. Starting with 2006 data, the software will count only valid doses, meaning it will discount any doses that do not meet minimum spacing or minimum age requirements. This will result in a drop in the calculated rates.

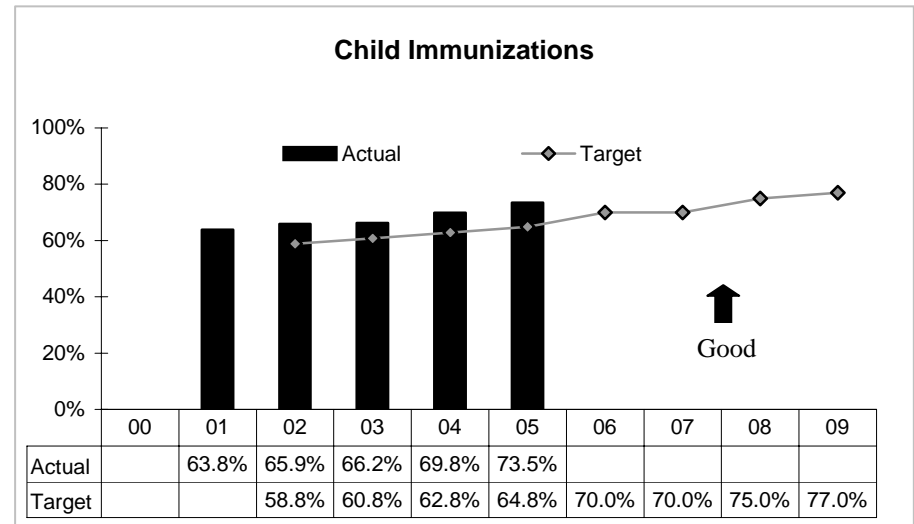
3. **HOW WE ARE DOING**

In 2005, the percent of children immunized with four or more doses of diphtheria, tetanus and pertussis (DTaP); three or more doses of polio; one or more doses of measles, mumps, rubella (MMR); three or more doses of *Haemophilus Influenzae* type b; and three or more doses of hepatitis B (4:3:1:3:3) reached 73.5% for those children served by local health departments. This up-to-date rate continues to steadily increase.

4. **HOW WE COMPARE**

This KPM reflects children 24-35 months olds, served in the public sector based on data reported to the statewide registry. A national comparison is difficult because national data is based on a phone survey of a selected sample of Oregon residents 19-35 months of age, regardless of where they seek care. However the national rate for 4:3:1:3:3 in 2004 (last data point available) was 80.9% and 78.9% for Oregon.

5. **FACTORS AFFECTING RESULTS**



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In the majority of cases, children served in local health departments do not have a medical home, which means they have additional barriers, preventing timely immunizations and require more state and local agency resources. Additionally, vaccine shortages in 2003-04 were a barrier that all children in Oregon may have faced in receiving timely immunizations.

6. WHAT NEEDS TO BE DONE

To continue our success, DHS needs to:

- Continue to provide funding, vaccines, and consultation to all local health departments.
- Maintain the new computerized record system for the public sector, which includes reminder postcards for overdue shots.
- Increase private provider participation in the statewide ALERT immunization registry so that we can produce a consolidated record and improve providers' ability to identify under-immunized children.
- Continue to work with the Centers for Disease Control (CDC), vaccine manufacturers, and providers to assure that appropriate strategies are in place for a potential vaccine shortage.

7. ABOUT THE DATA

Reporting cycle – calendar year. This measures the immunization rate for children 24-35 months of age who have received at least one immunization at a local health department. The data source is the ALERT registry, a statewide immunization registry that records reported immunization data from 100% of public providers and 88% of private providers. The immunizations assessed include 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B (4:3:1:3:3). All immunizations reported (from both private and public sources) for the health department population are counted in the assessment. The data are generally available in April.