

PHAST Measures—Immunization

One of HealthyPeople 2020's goals is to "increase immunization rates and reduce preventable infectious diseases,"¹ but we cannot accurately assess progress towards this goal without reliable, comparable data to tell us how far we have to go or where the gaps are.

THE DATA GAP

Childhood immunization coverage data at the sub-state level (county, municipal, etc.) are not consistently available nationwide.²

Different levels of geographic detail are available in different states—individual school, school district, county, and state. Six states provide no data at the sub-state level: Alaska, Delaware, Hawaii, Montana, New Hampshire, and Rhode Island. Data can be difficult to obtain.

- Only about half of states make their data available online.
- Personal requests for data are sometimes required.
- Freedom of Information Act requests have to be filed to obtain several states' data.
- Some states require data use agreements (DUAs) in order to access their data.

Data are often inconsistent in what they measure.

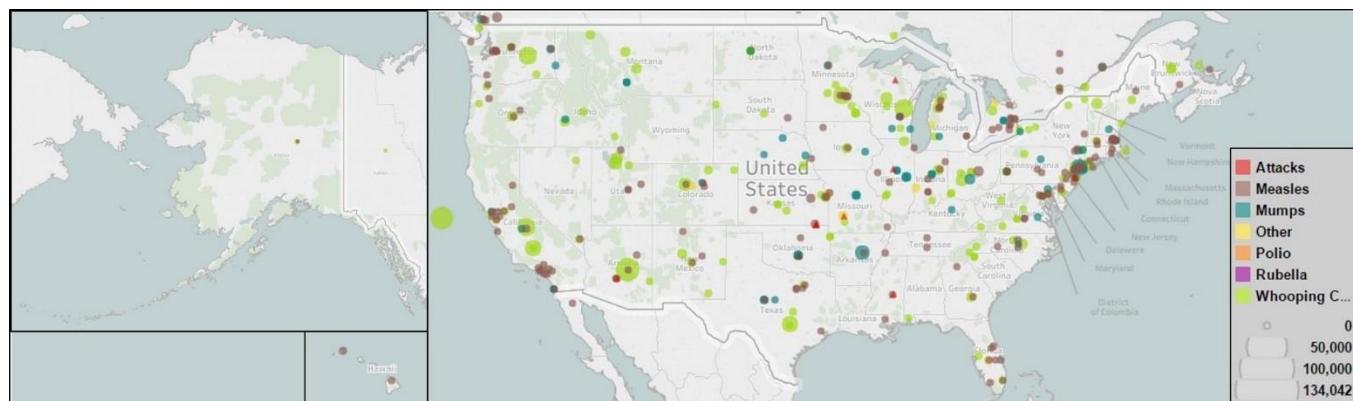
- About half of states measure the proportion of students fully immunized according to state standards.
- About half of states report immunization rates by vaccine or disease type.

PHAST has found that the lack of data about immunization completeness for toddlers prevents public health practitioners from assessing the effectiveness of their agencies' efforts against vaccine-preventable diseases such as measles and whooping cough, to which children are vulnerable long before they reach school-age.³

RECOMMENDATION

In light of increasing vaccine-preventable disease outbreaks in recent years,⁴ including measles and whooping cough, we strongly urge all 50 states and the District of Columbia to **adopt standard measures** for evaluating the immunization rates and helping stop very preventable outbreaks.

Vaccine-Preventable Outbreaks, 2008–2016⁵



CLOSING THE GAP—Standardized Measures

PHAST is promoting a set of standardized measures (PHAST Measures), established by public health agency leaders, that can be used for “apples-to-apples” comparisons among local health departments (LHDs) across space and time.⁶ To make data from these measures accessible, PHAST is developing an online data capture tool to facilitate data collection. Three specific measures for immunization, in particular, are collected at the LHD level:

Childhood immunization completeness

Percentage of children age 19 to 35 months who are up-to-date on immunizations per the Advisory Committee on Immunization Practices (ACIP).⁷ The numerator and denominator must both be reported. Using ACIP’s standard of up-to-date immunization provides consistency and comparability, since states’ definitions vary.⁸

Childhood immunizations administered by agency

Number of immunizations, including those for influenza, the LHD administered to children 0–5 years and children 6–18 years during the past 12 months. This includes all total childhood immunizations administered, and age ranges if they differ from the 0–5 and 6–18 brackets. Reporting the number of immunizations administered helps identify an aspect of many public health agencies’ contributions to combatting vaccine-preventable diseases and can help highlight different public health agency approaches to promoting immunization completeness.

Confirmed vaccine-preventable disease cases

Number of vaccine-preventable disease cases in the past 12 months for all ages (including cases of rubella, measles, congenital rubella, mumps, tetanus), by vaccination status, if possible. Providing the immunization status of those infected helps to guide responses to outbreaks.

ADOPT THE MEASURES AND SHARE DATA

Please consider adopting these standard PHAST Measures for toddler immunizations in your agency, or submit your current immunization data as PHAST builds a nationally comparable database and visual data dashboard.

To share your data:

- Visit <http://phastdata.org/measures> for data guidelines
- E-mail Melinda Schultz at schulm5@uw.edu
- Ask to test our new data capture tool

¹ <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

² Timothy F. Leslie, Erica J. Street, Paul L. Delamater, Y. Tony Yang, and Kathryn H. Jacobsen. Variation in Vaccination Data Available at School Entry across the United States. American Journal of Public Health: December 2016, Vol. 106, No. 12, pp. 2180-2182. doi: 10.2105/AJPH.2016.303455. Available online at: <http://ajph.aphapublications.org/doi/10.2105/AJPH.2016.303455>.

³ Betty Bekemeier, Athena Pantazis, Michelle Pui-Yan Yip and Tao Kwan-Gett. Developing the Evidence for Public Health Systems to Battle Vaccine Preventable Disease at the Local Level: Data Challenges and Strategies for Advancing Research. Journal of Public Health Management and Practice. Forthcoming.

⁴ http://www.cfr.org/interactives/GH_Vaccine_Map/index.html#introduction

⁵ www.cfr.org/interactives/GH_Vaccine_Map/index.html

⁶ <http://phastdata.org/measures>

⁷ <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

⁸ <http://www.immunize.org/laws/>