

Improving Childhood Vaccination Rates in Oklahoma

STRATEGIC TARGETED ACTION TEAM GOAL

Long-Term Goal

Increase the percentage of Oklahoma children 19 through 35 months of age who are up-to-date with the primary vaccination series to 77.5% by 2015. Currently, 70.3% of Oklahoma children in this age group are up-to-date with the 4:3:1:3:3:1 series, which consists of:

- 4 doses of DTaP vaccine
- 3 doses of polio vaccine
- 1 dose of MMR vaccine
- 3 doses of Hib vaccine
- 3 doses of hepatitis B vaccine, and
- 1 dose of varicella vaccine

Immunization Service Objective

Reduce the number of missed opportunities to vaccinate among children at patient visits to health-care providers enrolled in the Oklahoma Vaccines for Children (VFC) Program.

REDUCING MISSED OPPORTUNITIES

- A missed opportunity to vaccinate is a healthcare encounter in which a person is eligible to receive a vaccination, but is not vaccinated at that visit or not vaccinated completely.
- If missed opportunities to vaccinate are reduced, the number of children up-to-date on immunizations will increase.
- Vaccine providers can be educated to reduce missed opportunities and promote recommendations of the national Advisory Committee on Immunization Practices (ACIP).
- Immunization Service staff visit each of the 820 Oklahoma VFC providers an average of four times each year for quality assurance and education.

OSDH STRATEGIC MAP GOALS

Focus on Core Public Health Priorities and Achieve Improvements in the Oklahoma Health Improvement Plan Flagship Issues

IMPLEMENTATION

Quality Assurance Visits to VFC Providers

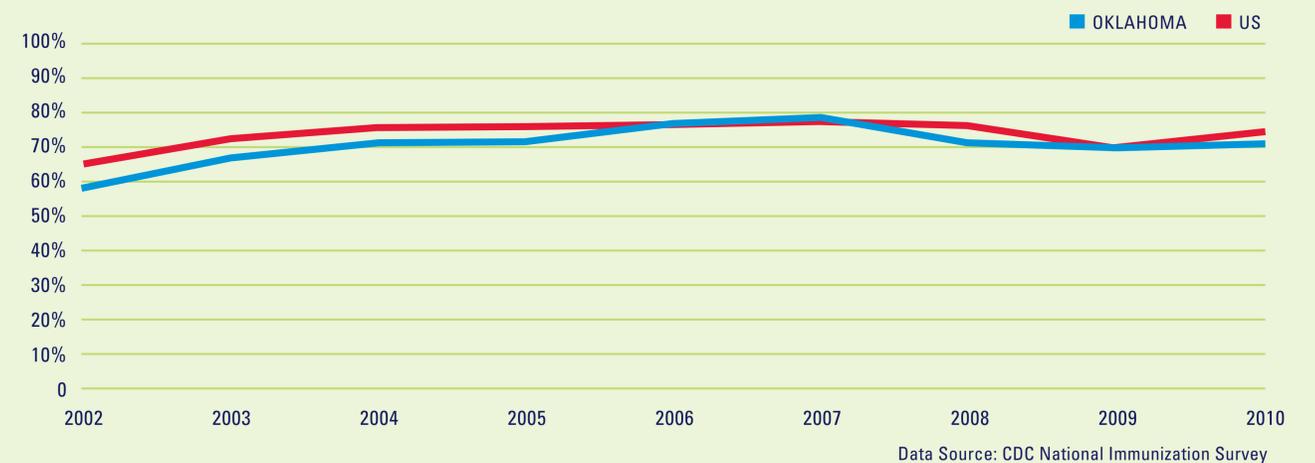
- 1) Assess the number of each provider's missed opportunities for the past 3 months at each quarterly visit.
- 2) Educate providers using four standard educational messages to provide consistent messaging state-wide at each quarterly visit:
 - When scheduling appointments, remind parents to bring their child's immunization record and provide parents with updated shot records at the end of each visit.
 - Administer all vaccines due at each visit and follow only true contraindications for vaccination.
 - Prior to each patient visit, review the immunization record and flag the charts of those who are due or past due as a reminder.
 - Complete timely data entry into the Oklahoma State Immunization Information System (OSIIS) and enter all shots the patient has received previously. Update patient demographic information as needed.
- 3) Record the number of missed opportunities at each visit.

OHIP Objective 4.2

To achieve this objective of increasing immunization coverage of adolescents, several policies were implemented:

- All vaccines recommended by ACIP for adolescents are available in all County Health Departments.
- In 2011, Oklahoma began a requirement for a tetanus-diphtheria-acellular pertussis (Tdap) immunization for all students entering the 7th grade. Each following year, the next grade level is added until all students through 12th grade are included.
- Meningococcal vaccine recommendations were implemented in 2011 and promoted for children 11-12 and 16-18 years of age.
- The 2011 human papillomavirus (HPV) vaccine recommendation is promoted for both girls and boys beginning at 11-12 years of age.

VACCINATION* COVERAGE OF CHILDREN 19-35 MONTHS OLD, OKLAHOMA VS. NATIONAL AVERAGE



OHIP CHILDREN'S HEALTH GOAL FOR ADOLESCENTS

By December 2013:

- increase 1 dose Tdap vaccine coverage rate among adolescents 13-17 years of age to 60%;
- increase 1 dose meningococcal vaccine (MCV4) coverage rate of adolescents to 55%; and
- increase HPV vaccine coverage of full 3 dose series among girls 13-17 years of age to 35%.

According to the 2010 National Immunization Survey, Oklahoma's rates were:

- Tdap (54.8%)
- 20% improvement from previous year
- MCV4 (42.6%)
- 13% increase from previous year
- HPV (31.1%)
- 15% increase from previous year

OTHER TEAM GOALS

- Develop targeted strategies to increase 4:3:1:3:3:1 immunization rates of African American children 19-35 months of age by 5% or greater by 2015.
- Implement new OSIIS with capacity for full electronic data exchange with other electronic medical systems by 2015.
- Develop new OSIIS feature for capture of cell phone numbers to send parental reminders of child's immunizations that are due.

