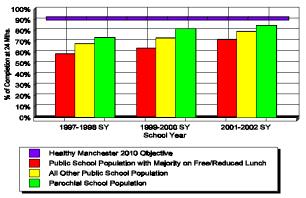


# City of Manchester Department of Health IMMUNIZATION REPORT CARD

Percent of First Grade Children in Manchester Fully Immunized at 24 Months of Age\* School Years 1997-1998, 1999-2000, and 2001-2002



#### HEALTHY MANCHESTER 2010 OBJECTIVE: Achieve immunization rates of at least 90 percent among children 19-35 months of age.

The decline in vaccine-preventable diseases is one of the ten most significant public health achievements of the 20<sup>th</sup> century.<sup>1</sup> Immunizations prevent acute illness and long-term complications, such as hearing loss, that can result from vaccine-preventable diseases. Although diseases like measles and rubella are not as common today due to vaccines, the germs have not disappeared. If vaccination rates were to drop, the diseases would re-emerge. In addition, Manchester is a designated refugee resettlement site, which means residents of our community are continually exposed to persons from other countries where vaccination rates are often low.

Although major achievements have been made to decrease the incidence of vaccinepreventable diseases, many Manchester children continue to be at risk for diseases, which can be prevented by immunization. In the City of Manchester, up to 30% of toddlers may not be adequately vaccinated, and in some neighborhoods, close to 40% of children lack adequate immunizations. Lower immunization rates continue to exist among particular groups in our community, such as racially and ethnically diverse neighborhoods, and neighborhoods where many families earn an income at or below poverty level.

Vaccines protect more than the vaccinated individual. They also protect society. When vaccination levels in a community are high, the few who cannot be vaccinated are often directly protected because of group immunity. Vaccination coverage rates of at least 90% are usually sufficient to protect the public health.<sup>2</sup> Inadequate community immunization levels may indicate a lack of access to routine preventive health care. Vaccines are also very important for our teens, adults, and elderly populations. The flu shot, and the shot to protect against pneumonia, are recommended for some adults and the elderly, and vaccines against meningitis and Hepatitis B are recommended for teens.

#### City of Manchester First Grade School Population Not Fully Immunized\* When They Were at 24 Months of Age

|  | SY 2001-02<br># Students<br>Enrolled | SY 2001-02<br># (%)<br>Screened | SY 2001-02<br>% Not Fully<br>Immunized | Estimated #<br>Not Fully<br>Immunized |
|--|--------------------------------------|---------------------------------|--|---------------------------------------|
| Public School Population with<br>Majority on Free or Reduced Lunch | 698                                  | 702 (101%)                      | 29%                                    | 204                                   |
| All Other Public School Population                                 | 492                                  | 487 (99%)                       | 21%                                    | 103                                   |
| Parochial School Population  | 172                                  | 172 (100%)                      | 15%                                    | 26                                    |
| Total Manchester   | 1362                                 | 1361 (99.9%)                    | 24%                                    | 327                                   |

\* % Complete Immunization Series at 24 months (DTP4+Polio3+MMR1)

**WHO PAYS?** The serious consequences, and risk to the public's health when children are not fully immunized from diseases that are vaccine-preventable became evident during the measles



resurgence of 1989 to 1991. During this time period, there were 55,000 cases of measles nationwide, over 11,000 hospitalizations, and more than 120 deaths. Over \$100 million was spent on direct medical care costs.<sup>2</sup>

Vaccination against childhood diseases is one of the most cost-effective health interventions available. Three childhood vaccines—diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP); measles, mumps, and rubella vaccine (MMR); and *Haemophilus influenzae* type b (Hib) vaccine—result in substantial direct medical savings for each dollar spent to vaccinate children against these diseases. Consideration of indirect savings— prevention of work loss by parents to care for ill children and prevention of death and therefore lost earnings from disability—shows that vaccines routinely recommended for children are very cost effective. Savings range from \$24 for every dollar spent on DTaP to \$2 for the more recently approved HIB vaccine.<sup>3</sup>

### WHAT WORKS? RECOMMENDATIONS FOR THE COMMUNITY:

- □ Improve Access to Immunizations through outreach clinics, increased hours, delivering vaccines where they were not previously provided (e.g., emergency departments, inpatient units, WIC) or reducing administrative barriers (e.g., "drop-in clinics or "express lane" vaccine services). Employ clinic-based and community- wide education to stress the importance of vaccines.<sup>4</sup>
- Ensure Compliance. Ensure that school and child care agencies meet immunization requirements.<sup>4</sup>
- Reduce Immunization Costs. Reduce out-of-pocket costs for vaccinations by providing vaccinations at no cost, reducing administrative costs, providing insurance coverage, or reducing co-payments.<sup>4</sup>
- Implement Reminder or Recall Systems to increase coverage.<sup>4</sup>
- Develop Home Visiting Programs. To provide education, assessment, referrals or the provision of vaccinations.<sup>4</sup>
- □ Support Health Care Providers. Provide assessment activities, feedback, and incentives for vaccination providers.<sup>4</sup>

## **RECOMMENDATIONS FOR THE INDIVIDUAL:**

□ Immunize Your Children. The schedule for shots that is recommended by the American Academy of Pediatrics (AAP) and most doctors targets check-ups at 2 months, 4 months, 6 months, 9 months, 1 year, 18 months, 2 years, and at entry into school.<sup>5</sup> Flu shots are recommended for healthy children 6 months to 23 months, and for children with medical conditions such as asthma.



□ Immunize Yourself. Most teens need a tetanus booster between 14 and 16 years of age, and then at least every 10 years. Hepatitis B and Chicken Pox shots are also recommended for teens who do not have protection from prior vaccines or disease. In addition, the AAP recommends that college freshman receive a shot to protect against meningitis. Teens and adults with underlying medical conditions, all pregnant women, household contacts of children under 2, and adults over 50 years of age such consider getting an annual flu shot. In addition, a vaccine against pneumonia is recommended for adults over 65 years of age.

# FOR ADDITIONAL INFORMATION ON HOW TO INCREASE IMMUNIZATION LEVELS IN THE MANCHESTER COMMUNITY, PLEASE CONTACT:

- ✓ Manchester Immunization Group for Healthy Tots and Youth (MIGHTY), Manchester Health Department (603)624-6466
- ✓ Manchester Health Department Immunization Program (603)624-6466