

Texas Department of State Health Services

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Prevention and Preparedness Division

Texas Department of State Health Services (DSHS), Created September 1, 2004



Public Health Agency

Substance Abuse Agency

Mental Health Agency

Health Care Information

Four Guiding Principles

Sound Mind-Sound Body-Sound Environment

Prevention first, treatment where necessary

Partnership

Community Focus

10 Greatest Public Health Achievements 1900-1999



Healthier moms and babies



Vaccinations

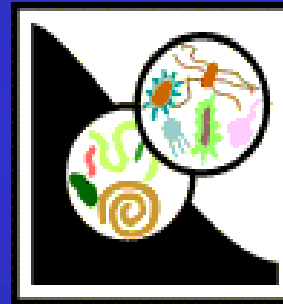


Tobacco as a health hazard



Safer workplace

&



Control of Infectious Disease



Decline in deaths from coronary heart disease



Safer and healthier foods



Motor-vehicle safety



Family Planning



Fluoridation of drinking water

Comparison of 20th Century Annual Morbidity and Current Morbidity, VPD, USA

Disease	20th Century Estimated Annual Morbidity †	2004 Reported Cases ††	Percent Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Measles	4,000,000	37	99.9%
Mumps	162,344	258	99.8%
Pertussis	200,752	25,827	87.1%
Polio (paralytic)	16,316	0	100%
Rubella	47,745	10	99.9%
Congenital Rubella Syndrome	152	0	100%
Tetanus	580	34	94.1%

Numbers in yellow indicate at or near record lows in 2004

† Unpublished CDC data, reported December 2005

††CDC. *MMWR* August 12, 2005. 54(31); 770 and CDC. *MMWR* December 2, 2005. 54(47);1214

Comparison of 20th Century Annual Morbidity and Current Morbidity, Vaccine-Preventable Diseases, Texas

Disease	Highest Case Count during 20 th Century	2005*	Percent Decrease
Measles	88,000 (1958)	3	100%
Rubella	8,408 (1970)	0	100%
CRS	12 (1974)	0	100%
Mumps	32,939 (1950)	25	99.9%
Pertussis	21,588 (1947)	2,224	89.6%
Diphtheria	1,544 (1946)	0	100%
Tetanus	55 (1954)	0	100%
Polio (paralytic)	2,778 (1950)	0	100%

* Provisional data as of 5/2006

Economics of Immunizations

- For each birth cohort vaccinated in accordance with the schedule*
 - 33,000 deaths are prevented
 - 10.5 million cases of diseases are prevented
- Vaccinations have huge cost savings
 - \$10.5 billion in direct costs
 - \$42 billion in societal costs

*(DTaP, Td, Hib, MMR, Hep B and Varicella)

Zhou F, et al. Archives of Pediatrics and Adolescent Medicine, in press

Economics of Immunizations

- For every \$1 spent on an individual vaccine:
 - DTaP saves \$27
 - MMR saves \$26
 - Perinatal Hep. B saves \$14.70
 - Varicella saves \$5.40
 - Inactivated Polio (IPV) saves \$5.45

Vaccine-Preventable Diseases in the Routine Schedule

- 1985 (7)
 - Measles
 - Rubella
 - Mumps
 - Diphtheria
 - Tetanus
 - Pertussis
 - Polio
- 1995 (10)
 - Measles
 - Rubella
 - Mumps
 - Diphtheria
 - Tetanus
 - Pertussis
 - Polio
 - Hib (infant)
 - Hepatitis B
 - Varicella
- 2006 (14)
 - Measles
 - Rubella
 - Mumps
 - Diphtheria
 - Tetanus
 - Pertussis
 - Polio
 - Hib (infant)
 - Hepatitis B
 - Varicella
 - Pneumococcal Disease
 - Influenza
 - Meningococcal
 - Hepatitis A
 - Rotavirus

Recommended Childhood Immunizations

United States, 1991

Vaccines are listed under the routinely recommended ages. Bars indicate range of acceptable ages for vaccination.

VACCINE	AGE										
	Birth	1 month	2 month	4 month	6 month	12 month	15 month	18 month	4-6 years	11-12 years	14-16 years
Diphtheria, Tetanus, Pertussis			DTP	DTP	DTP		DTP		DTP		TD
H. influenzae type b			HbCV	HbCV	HbCV		HbCV				
Polio			OPV	OPV			OPV		OPV		
Measles, Mumps, Rubella						MMR				MMR	

Approved by the American Academy of Pediatrics (AAP),

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B ¹	HepB		HepB	HepB ¹	HepB			HepB Series							
Diphtheria, Tetanus, Pertussis ²			DTaP	DTaP	DTaP		DTaP		DTaP		DTaP	Tdap	Tdap		
<i>Haemophilus influenzae</i> type b ³			Hib	Hib	Hib ³	Hib									
Inactivated Poliovirus			IPV	IPV	IPV					IPV					
Measles, Mumps, Rubella ⁴						MMR				MMR	MMR				
Varicella ⁵						Varicella				Varicella					
Meningococcal ⁶												MCV4		MCV4	
Pneumococcal ⁷			PCV	PCV	PCV	PCV				PCV	PPV				
Influenza ⁸						Influenza (Yearly)				Influenza (Yearly)					
Hepatitis A ¹										HepA Series					

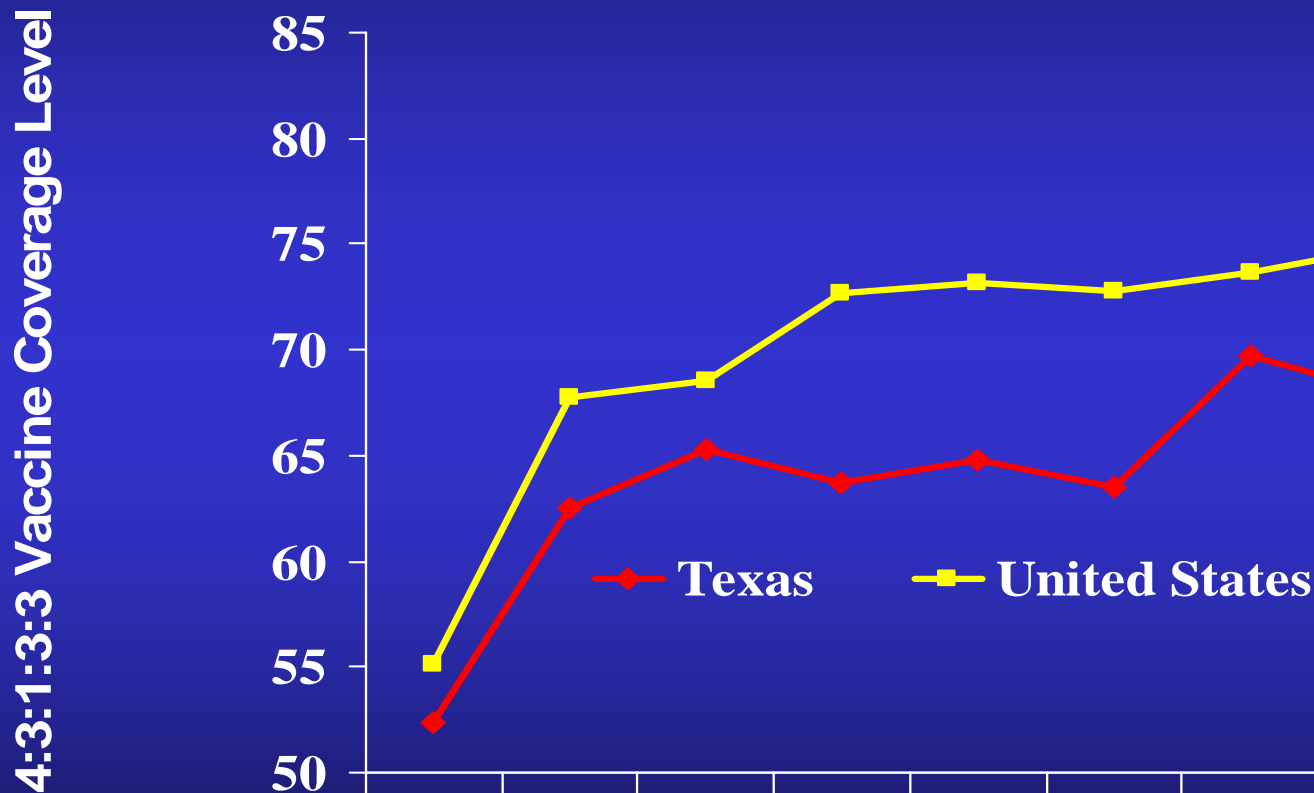
This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

■ Range of recommended ages ■ Catch-up immunization ■ 11–12 year old assessment

The Childhood and Adolescent Immunization Schedule is approved by:

National Immunization Survey 1995–2004, Texas and US Rates Compared

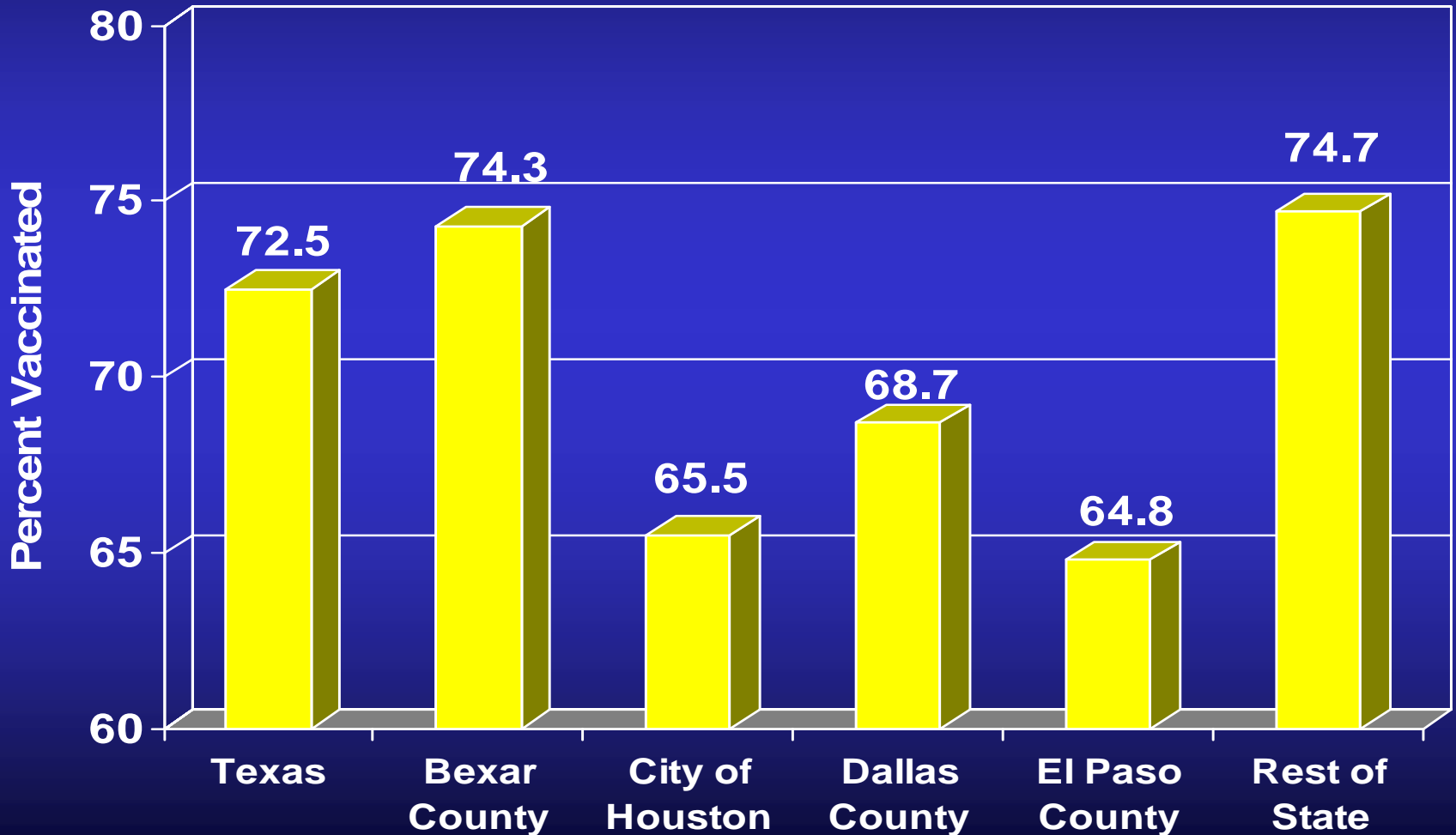


	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
◆ Texas	52.4	62.5	65.3	63.7	64.8	63.5	69.7	67.9	74.8	72.5
■ United States	55.1	67.7	68.5	72.7	73.2	72.8	73.7	74.8	79.4	80.9

◆ Texas	52.4	62.5	65.3	63.7	64.8	63.5	69.7	67.9	74.8	72.5
■ United States	55.1	67.7	68.5	72.7	73.2	72.8	73.7	74.8	79.4	80.9

◆ Texas	52.4	62.5	65.3	63.7	64.8	63.5	69.7	67.9	74.8	72.5
■ United States	55.1	67.7	68.5	72.7	73.2	72.8	73.7	74.8	79.4	80.9

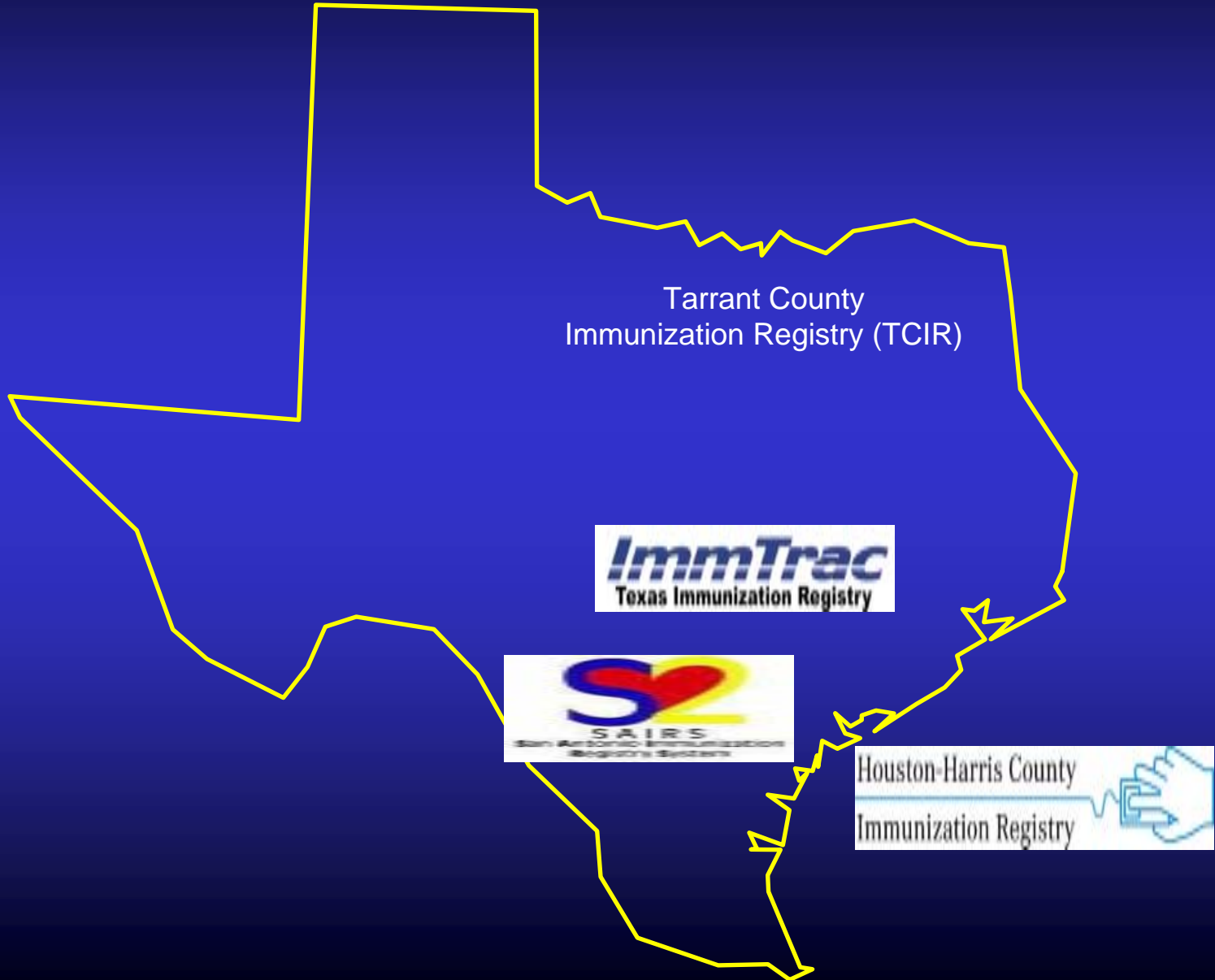
Vaccine Coverage Levels among Texas Children 19-35 months of age using 4:3:1:3:3 National Immunization Survey, 2004



Six Strategies to Increase Vaccine Coverage Levels

- Promote the use of registries
- Promote reminder/recall
- Public education
- Provider education
- Promote the medical home concept
- Utilize community partners to improve in the strategies listed above

Immunization Registries In Texas



Registry Legislation

- HB 3054 from the 75th Legislature
- HB 1920 from the 78th Legislature
- HB 1921 from the 78 Legislature.

Summary

- Immunizations are cost effective
- Immunizations are key to disease prevention
- Community partners can make a difference in lasting health improvement
- Registries are tools to simplify complex service delivery that will increase vaccine coverage levels if implemented appropriately

Closing

Questions?

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