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## Save the Date

**The New York City Department of Health will sponsor an Immunization Conference on Sunday, October 17, at the New York Academy of Medicine.**

This free, half-day conference will focus on ways healthcare providers can better communicate with their patients about the benefits and risks of vaccinations. Topics will include Vaccine Injury Compensation, parent attitudes toward vaccination, communicating effectively with parents, and dealing with the anti-vaccination movement. CME credits will be available. Additional conference information will soon be mailed to NYC VacScene subscribers.

## IMMUNIZATION ASSESSMENTS: A VALUABLE LEARNING TOOL FOR PROVIDERS

By Karin Seastone Stern, DrPH, Research Scientist

Despite improvements in immunization rates, surveys show that only 65–79% of New York City's children are on schedule for immunizations by their second birthday. To assess providers' vaccination efforts while striving for the 90% coverage goal, the NYC Department of Health's Bureau of Immunization conducts immunization record reviews of private providers as an integral part of the Vaccines for Children (VFC) program.

Trained VFC staff go on-site to the private provider's office and review approximately 100 randomly selected charts of two-year-olds (24–35 months). The assessment measures the completion rates for each of the vaccines and the series coverage of 4 DTP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B vaccines (4:3:1:3:3), as well as Varicella. The analysis enhances understanding of immunization coverage by measuring the completion rate by number of visits, length of time children are followed by the practice, VFC eligibility and insurance coverage as well as other variables applicable to private practice.

Results of the assessment process are fed back via a written report and a meeting at the physician's office. The list of children determined to be due for vaccination is reviewed, as are the factors that can affect coverage levels, such as missed opportunities, drop outs, etc. Recommendations are also given on ways to improve coverage rates.

The results of the first 20 private providers assessed are quite interesting and worth exploring. Initial findings show:

- Coverage for the 4:3:1:3:3 series ranges from less than 30% to almost 80%. Most of the practices assessed have a high Medicaid or uninsured patient population.
- In several practices, the series coverage for children followed for at least a year and three visits exceeded 90%.
- Of the entire vaccination series, the fourth dose of DTP has the lowest completion rate for every provider. In addition, there is a significant drop in coverage from the third to fourth dose of this vaccine.
- Many missed opportunities occur during a mild sick visit, which is not a contraindication to vaccinate. However, approximately one-third of the missed opportunities occurred during well-child or follow-up visits.
- High coverage rates appear to be related to the "message" physicians convey to parents about vaccinating their children. None of the private providers utilized a reminder or recall system.

Physician response to immunization assessment has been positive. They feel that the insight gained will be useful in improving coverage levels. Most providers have requested that the team return.

For more information, or to schedule an assessment, call (212) 676-2283.

## *The ACIP recommends an all-IPV schedule by the year 2000.*

### VACCINE HIGHLIGHTS

By Carmen Ramos-Bonoan, MD, FAAP

#### Polio Vaccine

The Advisory Committee on Immunization Practices (ACIP) has recommended that an all-Inactivated Poliovirus Vaccine (IPV) immunization schedule be put in place by the year 2000. The schedule would be IPV at 2 months, 4 months, 6–18 months and 4–6 years. The goal is to discontinue the use of OPV in order to eliminate vaccine-associated paralytic poliomyelitis in this country. While there have been no polio cases due to the wild poliovirus, OPV has been responsible for an average of 8–9 reported cases of paralytic polio each year. After the change to an all-IPV schedule, OPV would be recommended only for use in special circumstances, such as travel to a polio-endemic area. The proposed all-IPV schedule is also supported by the American Academy of Pediatrics. Practitioners should begin to educate parents about the recommended change in the schedule.

#### Rotavirus Vaccine

On July 16, 1999, CDC and the AAP recommended that all medical providers suspend the administration of rotavirus vaccine (Rv) to infants until studies now being conducted to look at a possible link between the vaccine and intussusception are completed. Providers should not begin the series, nor complete the series for partially immunized infants. Recent preliminary data suggest that there may be an increased risk for intussusception during the first three weeks after receipt of the vaccine. Since the vaccine was licensed in August 1998, 15 cases of intussusception in children who received Rv have been reported to the national Vaccine Adverse Events Reporting System (VAERS). All cases of intussusception that occur after rotavirus vaccine administration should be reported to the Bureau of Immunization at 212-676-2273.

#### DTaP-Hib (TriHIBit) Vaccine

There is currently **no** DTaP-Hib combination approved for use in the primary series for infants. The only DTaP-Hib vaccine combination, TriHIBit, that is licensed by the FDA is approved only for the fourth dose, at 15–18 months. The use of this vaccine for the primary series in infants may result in a reduced immune response to the Hib component of the vaccine. The following are the recommendations from the FDA for infants who may have received one or more doses of the DTaP-Hib combination vaccine:

1. For infants who received one dose of the DTaP-Hib combination in the primary series, two more doses of any licensed separate DTaP and Hib products should be given at the scheduled immunization visit to complete the series.

2. Infants who received 2 doses of DTaP-Hib should get a third dose of the separate DTaP and Hib products. (In both of the above situations, the Hib booster should be given according to the recommended immunization schedule, at 12–18 months of age.)

3. If the infant received all three doses of DTaP-Hib for the primary series and is under 15 months of age, an additional (fourth) dose of ActHIB alone or any other Hib product should be given prior to the final booster dose (8–15 months). The child should also receive a booster (fifth) dose at the appropriate age but at least 2 months after the fourth dose of a Hib vaccine.

4. Infants older than 15 months who received all three doses of DTaP-Hib for the primary series should be given only one booster. No additional doses are needed if the child received all three doses of DTaP-Hib for the primary series and a booster dose.

#### Lyme Disease Vaccine

The first vaccine for the prevention of Lyme disease was licensed by the FDA in December 1998. The vaccine, LYMErix, is manufactured by SmithKline Beecham and licensed for individuals aged 15–70 years. It is not approved for children under 15 years, pending safety and efficacy data on this age group. Official recommendations will be published by the ACIP.

#### VACCINE-PREVENTABLE DISEASES

New York City, January 1–December 31, 1998

Disease	Reported Cases <sup>1</sup>	Probable Cases <sup>2</sup>	Confirmed Cases <sup>3</sup>
Measles	43	2	0
Rubella	95	3	17
CRS <sup>4</sup>	5	0	3
Pertussis	92	42	12
Mumps	393	24	143
Diphtheria	2	0	0
Polio	31	0	0
Tetanus	2	0	0

<sup>1</sup> Includes reports of suspected cases from all sources as well as diagnostic test reports from laboratories (including screening antibody titers).

<sup>2</sup> Cases that meet the clinical definition of an illness but laboratory data is non-contributory.

<sup>3</sup> Cases that are laboratory-confirmed or meet clinical definition of an illness and are epidemiologically linked to another laboratory-confirmed case.

<sup>4</sup> Congenital Rubella Syndrome.

*We hope providers will support our efforts  
to raise school vaccination levels  
by immunizing at every opportunity.*

**A MESSAGE FROM  
THE ASSISTANT COMMISSIONER**

**N**ew York City school students will need to catch up on their immunizations in order to meet the State immunization requirements for school admission. For this reason, healthcare providers should expect to see an increase in vaccination visits over the summer and through the start of the new school year.

For the past two years, the Board of Education (BOE) has included immunization records for elementary and middle school students in its computerized database. This year, the BOE and NYC Department of Health began to use this system to identify schools with low immunization levels and students who did not have the required vaccinations. These students received a letter of warning and in some cases were excluded from school until their parent or guardian produced documentation of immunization. Thanks to these efforts, NYC's public school immunization compliance level for 1998-99 surpassed 94%.

Our work continues into this summer, when all public elementary and middle schools received a list of students in need of vaccination and were instructed to exclude these students in September if they have not been vaccinated. Public and private schools will be monitored and students referred to their providers for new or catch-up vaccinations. We hope every healthcare provider will support our efforts to raise school vaccination levels by immunizing at every opportunity.

*Stephen Friedman MD, MPH*  
**Stephen Friedman, MD, MPH**

**MMR VACCINE REMINDER**

If the first dose of measles, mumps and rubella vaccine (MMR) was given earlier than the child's first birthday (365 days), the immunization will not count for compliance with the New York State school immunization law. The child should be revaccinated.

**RETROSPECTIVE SCHOOL  
ENTRANT SURVEY  
SCHOOL YEARS 1993-1998**

**T**he Bureau of Immunization monitors compliance with immunization requirements for all children from grades pre-K through 12. Three different surveys are done each school year. One of these — the Retrospective Survey — determines the immunization levels of kindergarten children at the time they were two years old. The immunization histories of 25 kindergarten students from each of 35 randomly-selected public and private schools are reviewed by Immunization staff. The students' coverage levels for 4 DTPs, 3 Polios, and 1 MMR (4:3:1 series) at 24 months of age are used as an indicator of the immunization levels of preschool children, as shown in Table 1. Table 2 shows coverage for the same children with 3 DTPs and 2 Polios at 12 months of age.

Although the levels represent the children's status three years prior to school entry (1998-99 cohort was born in 1993 and reached two years in 1995), the information is useful to demonstrate the gradual improvement in immunization coverage this decade.

TABLE 1  
IMMUNIZATION COVERAGE OF CHILDREN  
WITH THE 4:3:1 SERIES  
at 24 months

School Year	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
% Coverage	48.7	51.7	58.6	59.7	59.7	64.5

TABLE 2  
IMMUNIZATION COVERAGE OF CHILDREN  
WITH 3 DTP AND 2 POLIO  
at 12 months

School Year	1993-94	1994-95	1995-96	1996-97	1997-98
% Coverage	70.5	76.8	77.9	76.9	78.7

## Programs and Services from the Bureau of Immunization

- The Citywide Immunization Registry (CIR) offers free on-site training to assist healthcare providers in accessing the Registry through personal computer and modem. On-line access to the CIR gives providers the immunization history of a patient, even if they are seeing a child for the first time. Providers can also report patient immunizations to the CIR via computer and print vaccination reports for parents for school, day care or camp entry. To request free on-site training, contact Keisha Luguay at (212) 676-1895. To access a patient's immunization record by phone, call the CIR at (212) 676-2323, Monday through Friday, 8:00 a.m.–5:00 p.m.
- The Bureau of Immunization's Field Services unit has health educators available for presentations and workshops on Hepatitis B. Free fact sheets, brochures and other printed material can also be ordered. Contact Renee Simms at (212) 676-2273/2274.
- Centers for Disease Control Satellite Videoconferences  
September 9, 1999: Immunization Update  
December 2, 1999: Surveillance of Vaccine-Preventable Diseases. Contact Nurys Vidal at (212) 676-2268.

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