NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

01-04

STATEMENT OF POLICY

ROUTINELY RECOMMENDED IMMUNIZATIONS

Policy

The National Association of County and City Health Officials (NACCHO) recommends the following:

1) Increased federal funding of local health department (LHD) efforts to ensure that immunization stakeholders and parents/caregivers understand the importance of children and adults receiving all routinely recommended immunizations according to the schedule established by the Advisory Committee on Immunization Practices (ACIP). The increased support will also allow LHDs, in coordination with medical providers, to support the efforts of childcare centers, schools, and workplaces that require certain immunizations for their students and employees according to the recommended schedules;
2) Support to help LHDs promote vaccine administration according to recommended schedules and to discourage providing immunizations according to unproven, untested altered schedules, as these can be a contributing factor to disproportionate disease incidence among sub-groups in the population;
3) Investment in strategies to overcome disparities in immunization caused by delayed or altered immunization schedules. This will also help diminish other associated health disparities in the early health and healthcare of our children;
4) Increased resources at the local level to enhance public health surveillance to conduct surveys of immunization practices in the community via school record reviews and medical practice record audits to monitor compliance with compliance with recommended immunization schedules;
5) Increased resources at the local level to enhance public health surveillance efforts to define disease burden, identify pockets of people with delayed or missed vaccinations, monitor vaccine impact, and improve tracking, sharing, and record-keeping among immunization providers; and
6) Additional federal support to help LHDs address the pressing demand for ongoing education across the spectrum of providers due to a rapidly changing and increasingly complex routine immunization schedule.

Justification

Vaccines have proven to be among the most cost-effective disease prevention tools in public health practice. Immunization has been successful at preventing illness, disability, and death. Vaccines are available to protect against a wide array of diseases, such as influenza, pneumococcal diseases, hepatitis B, polio, mumps, and measles, that have typically caused severe morbidity in communities. Vaccines have led to the global eradication of smallpox and the elimination of polio from the Americas and much of the world. One key to this success has been careful attention to the scientific rationale for establishing vaccine administration schedules that balance maximal protection and minimal harm from vaccines.

However, every year vaccine-preventable diseases still kill thousands of children, adolescents, and adults in the United States.[1] Vaccine-preventable diseases in the cost the United States billions of dollars each year.[2] Immunization levels in many parts of the country remain low. Up-to-date immunization rate levels among some populations and/or in some areas of the country are as low as 54 percent[3] creating pools of susceptible people. This exacerbates existing disparities and increases the risk of dangerous disease outbreaks. Similarly, while many high-priority groups are urged to receive annual doses of influenza vaccine, coverage rates remain low, especially among healthcare workers.[4]

Immunization schedules are designed to maximize protection at the time of greatest vulnerability to the disease and its clinical impacts. Altering the schedule by delaying the vaccination only serves to keep that individual unprotected and leaves the people that they come in contact with at risk of secondary infection. The increased support for LHDs sought by NACCHO will help their efforts to implement the evidence-based immunization strategies that are inherent within the ACIP recommendations. The increased number of newly-licensed vaccines and the advent of more multi-antigen vaccines have caused a pressing demand for ongoing education across the spectrum of providers due to a rapidly changing and increasingly complex routine immunization schedule. It will help provide continuing education for medical providers on immunization policies and practices so that the vaccinations are delivered in the most effective manner following the most current recommendations. This additional funding can also be used to conduct complementary community education aimed at the public to help them fully appreciate the impact of vaccine-preventable diseases. Included in these educational efforts for the medical providers and the public would be issues around vaccine safety and effectiveness, particularly as they relate to following the recommended schedule as established by the ACIP.

Improvements in disease surveillance, vaccine tracking, and record keeping are all essential components of a monitoring system that will assess whether vaccines are being provided according to recommended schedules or if there are gaps in the vaccine delivery system. The additional support to the LHDs will help efforts to ensure that evidence-based vaccination schedules are being practiced.

Record of Action

Based on Resolution 01-04, proposed by Immunization Subgroup of the Community Health & Prevention Advisory Committee
Adopted by NACCHO Board of Directors, March 1, 2001
Revised July 2006
Revised March 2010

References

1. National Vital Statistics Reports. Deaths: Preliminary Data for 2005. Vol. 58(8):1-98.
2. Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/nchs/healthy-people/hp2010/focus_areas/fa14_immunization2.htm
3. National Immunization Survey, January 2008–December 2008 for 4:3:1:3:3:1:4 [4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, 1 Varicella, and 4 Prevnar] http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2008.htm
4. Morbidity and Mortality Weekly Report (MMWR). Prevention and Control of Seasonal Influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices. 2009. 58(RR-8):1-56.