

**Bobby Jindal**  
GOVERNOR



**Alan Levine**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

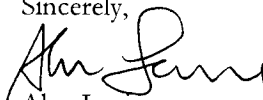
December 30, 2009

The Honorable Kay Katz, Chair  
House Health and Welfare Committee  
State Capitol  
P.O. Box 44486  
Baton Rouge, LA 70804

Dear Representative Katz:

In response to House Concurrent Resolution No. 127 (HCR 127) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The resolution requests DHH, in consultation with the Board of Secondary and Elementary Education, to study issues related to children who are not immunized.

DHH is available to discuss the enclosed report and recommendations with you and the members of the House Health and Welfare Committee. Please contact Dr. Rony Francois, assistant secretary of the office of public health, at (225) 342-8093 with any questions or comments that you may have.

Sincerely,  
  
Alan Levine  
Secretary

Enclosures

**Bobby Jindal**  
GOVERNOR



**Alan Levine**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

December 30, 2009

The Honorable Willie Mount, Chair  
Senate Health and Welfare Committee  
State Capitol  
P.O. Box 94183  
Baton Rouge, LA 70804

Dear Senator Mount:

In response to House Concurrent Resolution No. 127 (HCR 127) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The resolution requests DHH, in consultation with the Board of Secondary and Elementary Education, to study issues related to children who are not immunized.

DHH is available to discuss the enclosed report and recommendations with you and the members of the Senate Health and Welfare Committee. Please contact Dr. Rony Francois, assistant secretary of the office of public health, at (225) 342-8093 with any questions or comments that you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Levine".

Alan Levine  
Secretary

Enclosures

DEPARTMENT OF HEALTH AND HOSPITALS

# IMMUNIZING MORE CHILDREN

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REPORT PREPARED IN RESPONSE TO HCR  
127 OF THE 2009 REGULAR SESSION

**NOVEMBER 1, 2009**

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## EXECUTIVE SUMMARY

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Vaccines prevent serious illness and saves lives. Immunized children grow to be healthy and productive members of Louisiana, protected against vaccine preventable diseases and death. Immunized adults are able to lead healthier lives protected against vaccine preventable disease and death. The Immunization Program is charged with the control or elimination of vaccine preventable diseases by providing vaccines to susceptible persons. This is accomplished by the application of appropriate vaccines and epidemiologic control measures, surveillance, conducting assessments, identification and immunization of clusters of under immunized children, enforcement of immunization laws, promotion of immunizations of persons of all ages, assurance of systematic immunization of susceptible children, adolescents, and adults in organized settings, community outreach/collaboration, and management of vaccines. We must remain vigilant by keeping childhood vaccination rates high to prevent the return or resurgence of vaccine preventable diseases.

House Concurrent Resolution No. 127 urges and requests the Department of Health and Hospitals, Office of Public Health, in consultation with the Board of Secondary and Elementary Education to study issues related to children who are not immunized. The study should focus on recommending new and innovative programs to immunize more children, especially those children living in poverty or otherwise hard to reach. A report of the findings should be provided to the House and Senate committees on health and welfare no later than November 1, 2009.

The fundamental source of addressing the requests of HCR 127 is based on the LINKS System. Louisiana Immunization Network for Kids Statewide (LINKS) is an electronic immunization records registry designed to seamlessly interface with electronic medical records systems, where such systems are deployed. LINKS maintains immunizations records in strict compliance with the National Vaccine Injury Act of 1986 that mandates certain specific information be permanently maintained. In addition, LINKS provides many value-added features. Features include inventory control and lot number accounting; listing of vaccine doses needed by a patient; and appointment reminders, and patient recall for missed appointments.

Providers of immunization services should use LINKS in virtually all situations to assure that their patient population is best served by maintaining permanent records in the most effective and efficient way, especially for infants and pre-school children. LINKS maintains records that are viewable by any registered provider, and is of proven value in emergencies and natural disasters. LINKS provides a permanent repository for recording immunization records of all children and adults after a vaccine provider closes, moves, or retires. LINKS further assures that immunization records are documented and maintained in accordance with the requirements of the National Vaccine Injury Act of 1986 with respect to permanent retention of certain information required by the Act.

For school age children and adolescents, LINKS should be utilized to its fullest potential. LINKS can facilitate efficient process management for school nurses by providing enforcement of deadlines and vaccination appointments. LINKS can provide computer assisted follow up of children enrolled but incompletely immunized or undocumented, and it provides final aggregation of data for school law compliance and provides assistance to public health officials in identifying pockets of need.

This report looks at the various issues related to immunizing children, identification and immunization of cluster of under immunized children, providing immunizations to susceptible children and adolescents, and management of vaccines. The following recommendations were presented as a result of this study.

### Recommendations

- As a part of Best Practices, schools should send letters reminding/advising parents to get their children's shots up-to-date during the summer vacation months.
- School-Based Health Programs should expand their Program by offering vaccine services to students of nearby schools.
- More School-Based Health Clinics should be open to provide health/vaccine services, especially in medically under-served areas and pockets of need.
- As LINKS matures, include routine analysis of immunization levels by zip codes to better determine pockets of need and target those areas for intensive out-reach.

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## REPORT TO THE LEGISLATURE

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### House Concurrent Resolution No. 127

#### Requirements of the Resolution

House Concurrent Resolution No. 127 urges and requests the Department of Health and Hospitals, Office of Public Health, in consultation with the Board of Secondary and Elementary Education, to study issues related to children who are not immunized; and that the study should focus on recommending new and innovative programs to immunize more children, especially those children living in poverty or otherwise hard to reach; and to report its findings to the House and Senate committees on health and welfare no later than November 1, 2009.

#### Methodology

In consultation with BESE and the Department of Education's Office of School and Community Support, Safe and Healthy Schools and Division of Student Learning and Support programs, the Department of Health & Hospital's, Office of Public Health Immunization Program conducted a study to focus on new and innovative programs designed to immunize more children. During the process, the Program contacted other state Immunization Programs, and reviewed federal grant guidance and requirements.

#### Background

The following is a background study and description of activities implemented or being implemented to increase immunization levels among Louisiana children.

The process of immunization can be simply defined as the use of vaccines to control diseases in individuals who are susceptible to the diseases that the vaccines are designed to prevent. The operative term in this definition is the words: "the use of vaccines." Obviously, a vaccine that is not administered is a vaccine that cannot protect. The National Immunization Objective for 2010 is to fully immunize 90% of all children by the age of two years. DHH-OPH public clinics administer only ten percent of the vaccines that are given in the state, while the remaining ninety percent is administered by private and other public clinics. In spite of the complexity and the number of doses of vaccines required to fully immunize a child by two years of age, this *is* an achievable goal. However, the difficulties in continually maintaining 90% immunization levels in children by two years of age cannot be overstated as an ongoing challenge. Every day, in Louisiana and around the nation, thousands of children are born. Thus every day, the immunization process begins anew—with each newborn—and 24 months of challenge lie ahead in the completion of the immunization series. Each and every day, approximately 160+ new Louisiana citizens enter the world and begin this process, *if* they are born healthy and remain so for the next 24 months of life. In the imperfect world that our children are born into, illnesses strike. Some of those illnesses could delay the administration of vaccines, so physicians and clinical nurses must redouble their efforts to assess and properly immunize every child, at every available opportunity. If not, then achieving let alone maintaining 90% immunization levels among two-year old children cannot be accomplished!

The most recent National Immunization Survey (NIS) annual report published in 2009 indicates that Louisiana ranks second in the nation in achieving full immunization levels in children by two years of age with 81.9% having received 4:3:1:3:3:1 doses of vaccine.<sup>1</sup> While this is an enviable achievement, success in and of itself is fleeting—since usually only a fraction of one percentage point separates one state from another in the national rankings.

### **Description of Activities and Innovative Projects**

1. Immunization Survey of Two-Year Old Children. Beginning in 1976, the Office of Public Health, Immunization Program conducted an annual “Immunization Survey of Two-Year Old Children.” This survey was designed to determine by retrospective survey methodology the immunization level achieved in children by the age of two. The surveys were conducted by random selection of children born in the state during a specific time frame. By the late 1980’s surveys of two-year old children were discontinued primarily due to increased population mobility. Population mobility frequently compromised survey validity because of difficulties related to locating many of the selected children, and a prohibitive increase in survey costs.
2. Shots for Tots (SFT) and Community Awareness. The SFT Program was created in 1992 to develop immunization coalitions and partnerships among Louisiana individuals and organizations interested in increasing immunization levels of children by the age two. SFT partnered with “Every Child by Two,” a national coalition founded by former first lady, Mrs. Roslyn Carter and Mrs. Betty Bumpers, wife of former Arkansas Governor and United States Senator Dale Bumpers. The Shots for Tots program obtained its non-profit (501c -3) status in 2007 and works diligently on behalf of Louisiana’s children.
3. CASA (Clinic Assessment Software Application). Beginning in 1992, the Immunization Program began using the newly developed Centers for Disease Control (CDC) software application called CASA. This software replaced the annual “Immunization Survey of Two-Year Old Children.” CASA gave the Immunization Program the ability to determine immunization rates by patient record assessment in all public health units and in some voluntary private practice clinics. The software provided a “near-real-time” assessment of delivery of immunization services to children. Currently, CASA assessments are required for all participants enrolled in the Vaccines for Children (VFC) Program.
4. The National Immunization Survey (NIS). In the mid-1990 the CDC implemented the NIS. This replaced the individually conducted state “Immunization Survey of Two-Year Old Children.” The NIS is a random digit dialing telephone survey methodology that is conducted by an independent contract vendor with a 95% confidence interval of precision. The NIS has become the gold standard by which each state is evaluated and ranked for its achieved immunization level. The NIS is published on a quarterly and annual basis.
5. The Omnibus Budget Reconciliation Act of 1993, (OBRA-93). The Vaccines for Children Program (VFC) was established by OBRA-93 under Title XIX of the Social Security Act and went into effect on October 1, 1994. VFC was intended to address, among other issues, the burden of the cost of vaccines as a barrier to immunizing the nation's children. OBRA-93

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<sup>1</sup> 4-doses of DTaP; 3-doses of polio; 1-dose of MMR; 3-doses of Hib; 3-doses of HepB; 1-dose of varicella.

allowed the federal government to negotiate a fixed contract price to purchase vaccines directly from manufacturer for distribution to the states in support of state VFC Programs.

6. Louisiana Immunization Network for Kids Statewide (LINKS). LINKS was first implemented on a statewide basis in 2001 within all Office of Public Health clinics by on line Internet connectivity. LINKS offers real-time patient immunization records and status to all registered vaccine providers in the state. During local and national emergencies, LINKS provides up-to-the-minute information on vaccines and medical supplies in inventory as a part of the National Strategic Stockpile. Hurricanes Katrina and Rita in 2005 provided lessons learned when thousands of Louisiana school children were displaced to schools in other states. Like Louisiana, other states have stringent immunization laws in place designed to control vaccine preventable diseases. Those states typically refuse to enroll or allow the attendance of a child without documented proof of immunization. LINKS immediately provided thousands of urgently needed immunization records for displaced Louisiana children as they enrolled in their new schools. LINKS also provided support in the aftermath of the hurricanes by providing real-time vaccine inventory reports and the maintenance of immunization records for first responders and emergency workers coming to Louisiana during the recovery.
7. Shots for Tots by One. Shots for Tots by One is a state funded initiative implemented in December 2004 following an Immunization Program Advisory Committee report that examined possible reasons for low immunization rates in the state.
  - one-in-three children were not receiving all recommended vaccinations at two months of age;
  - there was a significant drop-off in clinic visits after two months of age, especially for DTaP;
  - there was a drastic drop-off in clinic visits after one year of age.

As a result of the report, *Shots for Tots by One* was created to encourage all vaccine providers to adopt minimum vaccine intervals and to promote a set of best practices among vaccine providers that encourage:

- the simultaneous administration of vaccines;
  - the recognition and the avoidance of missed opportunities to immunize;
  - the placement of children who are late in the accelerated/catch-up immunization schedule;
  - the administration of the 4<sup>th</sup> dose of DTaP at 12 months of age;
  - all vaccine providers to take ownership and full responsibility for the immunization status of children in their practices.
8. Vaccine Management Business Improvement Plan (VMBIP). VMBIP went into effect in Louisiana on April 1, 2008. VMBIP is a CDC plan designed to improve the national vaccine supply by stockpiling, maintaining inventory control, and providing distribution of all federal government purchased vaccine products. This is accomplished through two centralized national storage facilities operated under contract by McKesson Specialty Distribution, Inc. The contractor receives vaccines from manufacturers, stores them, and distributes vaccine products on a predetermined delivery schedule to all Vaccines for Children providers in the



nation. VMBIP replaced a less efficient and more costly system of purchasing, inventory, and distribution operated by each state's Immunization Program.

9. Medicaid: Pay for Performance (P4P). P4P went into effect in January 2007. This Medicaid initiative is designed to provide a financial incentive to VFC/LINKS enrolled providers. The P4P initiative financially rewards providers who aim to complete early childhood vaccinations for their patients timely, and to increase the overall immunization rate among the children they serve. CASA software assessment and reports determine the incentive amount awarded. The P4P award provides the following per child payment:

*Pay For Performance – The percentages are the immunization levels that have been achieved by the Pay for Performance (Provider) Payment Amount—The percentage is determined by a CASA Assessment Report  
The amount of payment is determined by the percentage of immunizations achieved in their practice.*

≤74% level – \$0.25  
75% - 89% level - \$0.50  
≥90% level - \$1.00

10. LINKS School-Based Module. The LINKS School-Based Module was introduced in 2005, but was delayed into 2006 by Hurricanes Katrina and Rita. The purpose of the school-based module was to further integrate the use of LINKS as a tool to assist school nurses and school administrators in maintaining records of children who, at enrollment, should be fully immunized and in compliance with L.R.S. 17:170. Those students provisionally attending school while in the process of completing their immunizations present a challenge with record maintenance and upkeep. However, the LINKS School-Based Module provides school nurses and administrators with the tools needed to assist them in ensuring provisionally enrolled children are being appropriately immunized, and in preparation of the school's final compliance report. The LINKS School-Based Module also generates all the data elements and the documentation needed to file an electronic compliance report for compliance with L.R.S. 17:170. The report is filed through LINKS to the Office of Public Health. Currently, one hundred percent of all public schools and ninety-three percent of all private schools are using this module.
11. School-Based Health Program. On September 28, 2007, the Office of Public Health, Immunization Program began designating all School-Based Health Programs as “health unit-like” entities in an innovative approach to enroll the School-Based Programs into the VFC Program. This allowed the Immunization Program to provide VFC-funded vaccines directly to the schools for administering booster doses and appropriate new vaccines to adolescents. Currently, there are 62 operational School-based Health Clinics, with three additional clinics to open this school year for a total of 65 clinics.
12. American Recovery and Reinvestment Act of 2009 (ARRA). The Immunization Program was eligible and applied for three ARRA grants. These grants were both competitive and non-competitive:
  - One Non-Competitive ARRA Grant – The Immunization Program received ARRA supplemental immunization funding for *Reaching More Children and Adults*. Applications

for grant awards were made by all 64 CDC Grantees (States and U.S. Territories). Each grantee will receive a portion of the funding available. Funding received will be used for vaccines and for improvements to LINKS. This one-time award was granted at \$610,836.

- Two Competitive ARRA Grants – There were two competitive grants available to grantees. Louisiana submitted applications for:
  - *“Supplement for Immunization Projects To Improve Reimbursement In Public Health Department Clinics.”* This application was limited to 15 awards. All 64 grantees applied. Louisiana was one of the 15 successful applicants. The one-time funding was granted at \$202,707 and was awarded as financial assistance.
  - *“Supplement to Develop Best Practices For Monitoring School Vaccination Coverage And Exemption Rates.”* This application was limited to three awards. All 64 grantees applied. Louisiana was an unsuccessful applicant because of the state’s low exemption rate of less than 1%. The exemption rate is the number and/or percent of students who have applied for exemption under the school law, i.e., philosophical, medical or religious.

Since 1976, the Immunization Program has conducted immunization coverage rate assessments in both public and private schools on first-time entering students in grades K-12. Coverage rates have usually been 90% or higher in accordance with the CDC Immunization Grant Requirement.

**Immunization Compliance Reports With Louisiana R.S. 17:170  
In Public and Non-Public Schools by School Year and Percent  
Combined Summary Report  
Louisiana  
1994 – 2008**

<u>School Year</u>	<u>Percent of Students in Compliance</u>
2008	93.3
2007	94.3
2006	94.2
2005	No Report (Hurricanes Katrina and Rita)
2004	92.3
2003	90.4
2002	95.0
2001	97.3
2000	97.0
1999	96.7
1998	96.5
1997	96.3
1996	95.3
1995	95.8
1994	94.1

Over the years, less than 1% of all children enrolled in Louisiana schools have sought exemption from the school law for medical, religious or philosophic reasons. This year, in accordance with recent legislation, the Immunization Program will evaluate middle school compliance for age appropriate doses of DTaP, Varicella, and Meningococcal vaccines. Vaccination updates (if needed) are required for students entering the 6<sup>th</sup> grade, or at age 11-12 years. The table below presents exemptions/dissent from 1996 through 2008.

**Medical, Religious, and Philosophic Exemptions To Louisiana R.S. 17:170  
In Public and Non-Public Schools by School Year, Number, and Percent  
Summary Report  
Louisiana  
1996 – 2008**

<u>Public and Non-Public Summary by School Year</u>	<u>Medical Exemption or Dissent</u>	<u>Percent of Exemptions</u>
2008	226	0.37
2007	*1036	0.895
2006	173	0.23
2005	No Reports - Hurricanes Katrina/Rita	
2004	121	0.1481
2003	206	0.25
2002	149	0.181
2001	101	0.123
2000	75	0.09
1999	111	0.1268
1998	99	0.11
1997	108	0.12
1996	149	0.16

\*The increase in exemptions in 2007 is attributed to public and media concern about possible links between vaccines and autism.

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## CONCLUSION

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### Recommendations:

The Office of Public Health, Immunization Program recommends the following to improve immunization rates among infants, pre-school children, school-age children, and adolescents enrolled in public schools, and private schools where health services are available:

#### Infants and Pre-School children - Use LINKS!

1. LINKS maintains records viewable by any registered provider. This access has proven valuable in emergencies;
2. LINKS provides a permanent repository for recording immunization records of all children and adults, after a vaccine provider moves, retire, in emergencies and natural disasters, etc;
3. LINKS assures that immunization records are documented and maintained in accordance with the requirements of the National Vaccine Injury Act of 1986 with respect to permanent retention of certain information required by the Act;
4. As LINKS matures, routine analysis of immunization levels by zip codes will be included to better determine pockets of need and target those areas for intensive out-reach.

#### School-Age Children and Adolescents – Use Links!

1. Schools should utilize LINKS to its fullest potential. LINKS can facilitate efficient process management for school nurses by providing:
  - Computer assisted follow up of children enrolled, but incompletely immunized;
  - Enforcement of deadlines and vaccination appointments;
  - Final aggregation of data for school compliance with the law;
  - Assistance to public health officials in identification of medically underserved areas and pockets of need;
2. As a part of best practices, schools should routinely send letters reminding/advising parents to get their children's shots up to date during the summer vacation months.
3. School-based health programs should be expanded by offering vaccine services to students of nearby schools.
4. Open more School-based health clinics to provide health services in underserved areas and pockets of need.

Following the receipt of HCR 127, the Immunization Program conducted a survey of all 64 grantees nationwide to learn about other innovative ways their states' immunization programs work with their school systems to help achieve high immunization coverage rates.

The following is a summary of their responses:

- Send out reminders to parents at the end of the school year advising them to have their

children immunized before the next school term.

- School nurses review records and identify students due for immunizations, and follow them until being brought up to date.
- Ensure that students are immunized by having schools conduct an initial review of immunization records and send exclusion letters to parents.
- Exclusion of recalcitrant students occurs 4 to 8 weeks after the school's parental immunization notification.
- School-based vaccination programs are set up.
- “No Shots, No School, It's the law” media campaigns prior to school opening.
- Health departments conduct special clinics before the beginning and during early weeks of the school year to accommodate age appropriate school vaccination requests. The process prevents absenteeism and suspension due to incomplete vaccine status.
- Designate a month as Immunization Month.

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## APPENDICES

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APPENDIX A: HCR 127, 2009 Regular Session

Regular Session, 2009

HOUSE CONCURRENT RESOLUTION NO. 127

BY REPRESENTATIVE TUCKER

A CONCURRENT RESOLUTION

To urge and request the Department of Health and Hospitals, office of public health, in consultation with the Board of Secondary and Elementary Education, to study issues related to children who are not immunized and report its findings to the House and Senate committees on health and welfare no later than November 1, 2009.

WHEREAS, immunizing children is one of the most important strategies to improving Louisiana's overall health and is an invaluable tool in preventing the morbidity and mortality associated with many infectious diseases; and

WHEREAS, the current immunization schedule calls for multiple recommended immunizations over the course of a child's lifetime from birth to eighteen years old; and

WHEREAS, according to the National Immunization Survey, between the third-quarter of 2007 and the second-quarter of 2008, nearly seventy-nine percent of Louisiana children between seventeen and thirty-five months received the 4:3:1:3:3:1 vaccination series; and

WHEREAS, while programs like Shots for Tots and computerized databases like Louisiana Immunization Network for Kids Statewide (LINKS) have improved vaccination rates statewide, state officials should always examine ways to improve compliance rates; and

WHEREAS, Louisiana should continue to explore new and innovative programs, like CommunityCARE Immunization P4P Initiative, to keep increasing the number of children who are vaccinated.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Department of Health and Hospitals, office of public health, in consultation with the Board of Secondary and Elementary Education, to study issues related to children who are not immunized and report its findings to the House and Senate committees on health and welfare no later than November 1, 2009.

BE IT FURTHER RESOLVED that the study should focus on recommending new and innovative programs to immunize more children, especially those living in poverty or are otherwise hard to reach.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the assistant secretary of the Department of Health and Hospitals, office of public health.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE