

## Results from the 2012 Bell County Retrospective Immunization School Survey

The Bell County Retrospective Immunization School Survey is a school-based study that measures vaccination coverage levels of kindergarteners retrospectively at 24 months of age. The survey calculates the percentage of children that completed the 4-3-1-3-3, the 4-3-1-3-3-1 series, and the 4-3-1-3-3-1-4 series by 24 months of age.

The 4-3-1-3-3 series is composed of 4 doses of diphtheria-tetanus-pertussis- containing vaccine (DTaP/DTP or DT), 3 doses of polio vaccine, 1 dose of measles-mumps-rubella vaccine (MMR), 3 doses of *Haemophilus influenzae* type b vaccine (Hib), and 3 doses of hepatitis B vaccine (HepB). The 4-3-1-3-3-1 series is composed of the 4-3-1-3-3 series plus 1 dose of varicella vaccine on or after the 1<sup>st</sup> birthday and unadjusted for varicella disease history. The 4-3-1-3-3-1-4 series is composed of the 4-3-1-3-3-1 series plus 4 or more doses of pneumococcal conjugate vaccine (PCV). The 2012 data in this report reflects the vaccination coverage levels of the 2011-2012 school year kindergarten population when they were 24 months of age (**about 3 years prior to the survey date**). These children were born between 9/15/2005 - 9/3/2007.

The survey included 25 Bell County public elementary schools. Approximately 53 vaccination records were analyzed per school to form a total sample size of 1,288 kindergarten students. Weighted county vaccination coverage levels at 24 months of age for all vaccine series and all individual vaccination coverage levels for vaccines routinely recommended for children were as follows:

Vaccine/Vaccine Series	Percent Vaccinated by 24 months of Age
4 DTP/DTaP/DT	72.6%
3 Polio	89.7%
1 MMR	91.4%
3 Hib	67.2%
3 Hep B	92.2%
1 Var	89.4%
3 PCV	88.7%
4 PCV	69.5%
4:3:1:3:3	50.6%
4:3:1:3:3:1	49.2%
4:3:1:3:3:1:4	43.6%

At the time of the survey, 99.4% of kindergarten students in Bell County had received 1 dose of hepatitis A vaccine, and 97.1% had completed the 2 dose series.

These data cannot be used to assess current interventions to raise immunization coverage levels. Questions concerning these results or the methodology may be directed to the Immunization Branch Epidemiologists listed below:

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