

Results from the 2014 Lee County Retrospective Immunization School Survey

The Lee 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 1st 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 2014 data in this report reflects the vaccination coverage levels of the 2013-2014 school year kindergarten population when they were 24 months of age (**about 3 years prior to the survey date**). These children were born between 11/24/2007 – 9/1/2009.

The survey included 3 Lee County public elementary schools. A total of 234 kindergarten students were examined. 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	80.3%
3 Polio	94.0%
1 MMR	91.9%
3 Hib	88.9%
3 Hep B	91.9%
1 Var	90.2%
3 PCV	88.0%
4 PCV	76.1%
4:3:1:3:3	73.1%
4:3:1:3:3:1	72.2%
4:3:1:3:3:1:4	66.7%

At the time of the survey, 99.6% of kindergarten students in Lee County had received 1 dose of hepatitis A vaccine, and 97.9% 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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