Current Population Based Surveys in Texas

- National Immunization Survey (NIS)
- Annual Report of Immunization Status
- Validation Survey
- Childcare Assessment (CCA)
- Texas County Retrospective Immunization School Survey (TCRISS) – Small Area Analysis
Agenda

• NIS and TCRISS
  – History
  – Advantages/Limitations
  – Select Results (Small Area Analysis)
NIS History

• In 1993, the NIS was Established as a Joint Effort Between the National Center for Health Statistics (NCHS) and the National Immunization Program (NIP) to meet the federal Childhood Immunization Initiative, which Established Coverage Goals for Preschool Children

• The Survey Began in April 1994 and is Currently On-Going
NIS Background

• National Random-Digit-Dialing (RDD) Telephone Survey
  – Queries Parents of Children 19 to 35 Months on their Child’s Vaccination History and Some Demographics
  – Parental Consent to Contact Child’s Immunization Provider
  – Estimates Coverage By State and 28 Selected Urban Areas
  – Goal is to Complete 34,500 Nationwide Surveys Each Year
NIS

• Limitations
  – Non-Telephone Bias
  – Non-Responses
  – *No Vaccination Coverage Estimates for Population Subgroups or Small Areas*

• Advantages
  – Much Lower Cost than an In-Person Household Interviews / CATI
  – Vaccination Coverage Estimates are Based on Provider Data
Small Area Analysis History

• In 2001, DSHS contracted with the Public Policy Research Institute (PPRI) at Texas A&M
• Developed a new methodology to provide county level immunization rate estimates
• Compared different data collection procedures (school immunization records, telephone interview, household interview)
Small Area Analysis Background

• Advantages:
  – Lower cost compared to other methodologies
  – One immunization record in one location
  – 90% of the birth cohort attend public kindergarten in Texas

• Limitations:
  – Data are at least three years old
  – Not a measure of current vaccination coverage
  – Can’t assess effectiveness of current interventions
TCRISS Process

• DSHS Austin epidemiologists:
  – provide a list of schools to target and the number of records to pull per school
  – Run the analysis of the data using stat software that takes into consideration survey design
  – Provide written report back to LHD/HSR
TCRISS Process

• LHDs/HSRs:
  – contact schools
  – collect immunization records
  – enter data into CoCASA
  – submit CoCASA records to DSHS Austin for analysis
Note on CASA/CoCASA

• Software programs developed primarily for conducting individual provider assessments
• Used for population assessments ONLY as a data collection tool
• The CoCASA reports will not provide an accurate immunization rate for population assessment surveys unless all age eligible children in the county are included
Current Status

• Using the PPRI methodology, to date 26 county retros conducted
  – In 2004, 14 were conducted in HSR 4/5N for KG cohort in SY 2003/2004
  – In 2006, a retro was conducted in McLennan County (HSR 7) for KG cohort in SY 2005/2006
  – In 2006, 11 were conducted in HSR 2/3, 7, and 8 for KG cohort in SY 2006/2007
2006 Retro Immunization Survey Counties

[Map showing various regions of Texas with highlighted counties and city names like Lubbock, Temple, San Antonio, etc.]
## 2005/2006 TCRISS Select Results – Vaccine Series, by 24 Months

<table>
<thead>
<tr>
<th>County</th>
<th>Region</th>
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<td>Goliad</td>
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2005/2006 TCRiSS Select Results

1 Varicella

% Vaccinated by 24 Months of Age

Limestone
Shackelford
Maverick
Gillespie
Milam
Williamson
Bandera
Kendall
McLennan
Karnes
Goliad
Lavaca
2005/2006 TCRISS Select Results Other, by 24 Months

• TCRISS Results Also Include County Vaccination Coverage Levels for:
  – 3 doses of Polio
  – 1 dose of MMR
  – 3 doses of Hib
  – 3 doses of Hep B
  – 3 doses of PCV (when available)
  – 1 and 2 doses of Hep A (when available)
Additional Requests for TCRISS Analysis, SY2006/2007

- Counties that currently have sample sets to complete a 2006 Small Area Analysis

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Implications For TCRISS

• County Level Data can be Available to Better Identify ‘Pockets of Need’ within the State
• Immunization Coverage Rates can be Utilized with Other Demographic Data, when Available, to Further Assess the Needs of Specific Target Populations
• Identify Further Education and Outreach Opportunities
• Baseline Data to Monitor Change of Vaccination Coverage Rates Over Time
Questions?

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