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## An Overview of Children's Health Issues in Michigan

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## Immunizations

Immunization is a great success of preventive medicine. Vaccines are among the 21st century's most successful and cost-effective public health tools for preventing disease and death. Vaccine preventable diseases can have dangerous consequences including seizures, blindness, brain damage and death. However, due to the success of the national immunization program many young parents have been able to protect their children from disease. These hard-won gains could be lost if immunization rates fall, and the U.S. could see a resurgence of diseases like measles, meningitis, chickenpox, pertussis and other diseases, with devastating consequences.

Removing the myths about vaccination:

There is a rise of families in Michigan opting not to fully vaccinate children, concerned about possible side effects. Michigan immunization rates have slipped in recent years. Work needs to be done to remove misinformation about immunizations, and ensure parents get accurate, evidence-based information that will empower them to make the best decision for their child:

- More than 30 studies have been published with none concluding that vaccines are a health risk
- Non evidence-based studies have led to concern that the measles, mumps, rubella vaccine caused autism
- Studies by the CDC, NIH, and FDA have concluded there is no relationship between the vaccine and autism
- Recent studies found an increasing number of parents are concerned that infants received too many vaccines. However, a study conducted by a team of 8 pediatricians, led by Dr. Paul Offit and published in *Pediatrics*, the official journal of the American Academy of Pediatrics, "Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?" concluded that multiple vaccines do not overwhelm the immune system.

## Adolescents and Immunizations

Adolescents traditionally do not seek health care on a consistent basis for a variety of reasons. As a result, adolescents are less likely to receive recommended immunizations than when they were young.

### *Barriers to accessing immunizations for adolescents*

#### Consent

As more vaccines are recommended for use in adolescents, the ability or inability of an adolescent to give consent to receive vaccines can become an issue in their utilization. With younger adolescents age 11-13, where parental participation is still prevalent, direct consent is less of a concern. However, older adolescents may be receiving their health care or immunizations in situations where parental or guardian consent is not easily available at school, community clinics, urgent care settings, and pharmacies. In the case of Child and Adolescent Health Centers, also known as School-Based Health Centers, a general consent is provided by the parent or guardian at the beginning of the school year. The right to consent to health care by minors is currently determined by state law.

#### Disparities and Risk factors

According to the Centers for Disease Control and Prevention (CDC) 2010 National Immunization Survey (NIS-Teen), coverage for recommended adolescent vaccines like Tetanus-Diphtheria- Pertussis (Tdap), Meningococcal Conjugate, and Human Papillomavirus (HPV) has increased from the previous survey. However, poor and minority teens continue to receive fewer than the recommended doses for vaccines than their white counterparts. Adolescents who are homeless, substance using, sexually active, and pregnant, are most vulnerable to vaccine-preventable diseases.

#### Cost and Insurance

Vaccines recommended for adolescents are comparatively more expensive than those recommended for infants and young children. Fewer adolescents, compared to younger children, have private health insurance coverage for preventive services. At the same time, fewer adolescents may be eligible for the federal Vaccines for Children (VFC) program.

Adolescents are beginning to take charge of their own health decisions, but may not be aware of their immunization needs and options. Communication to adolescents about immunizations should be tailored to their needs, culture, language, and developmentally appropriate. Adolescents should be fully informed regarding the benefits and any potential risks associated with vaccines they receive. Understanding the value and rationale for immunizations is important to future immunization acceptance by adolescents themselves and for their children in the future.

## NIS-Teen Survey Data (Collected 2010)

#### Tdap

- Coverage for one dose of the Tdap vaccine increased by 13 percentage points, reaching about 69 percent (68.7% in 2010 vs. 55.9% in 2009)
- No differences by race/ethnicity

#### Meningococcal Conjugate Vaccine

- Coverage for one dose of MCV4 (technically referred to as MenACWY in the MMWR article) increased by 9 percentage points, reaching about 63 percent (62.7% in 2010 vs. 53.6% in 2009)
- Coverage higher among Hispanics than among whites (66.1% vs. 61.2%)

#### HPV vaccine

- Coverage for one dose of HPV vaccine for girls increased by only 4.4 percentage points to about 49 percent (48.7% in 2010 vs 44.3% in 2009)
- For girls who received the recommended 3 doses of HPV vaccine, coverage increased 5 points to just 32 percent (32% in 2010 vs 26.7% in 2009)
- Of the girls who began the HPV vaccine series, 30 percent did not receive all three doses
- Completion of the 3 dose HPV series was lower among blacks and Hispanics than whites
- Coverage for 3 doses of HPV vaccine was lower for those living below poverty
- Poor and minority teens are less likely to receive all three recommended doses of the HPV vaccine

## Online sources

<http://www.cdc.gov/vaccines/who/teens/vaccination-coverage.html>

[http://www.ajpm-online.net/article/S0749-3797\(08\)00953-7/fulltext#sec2.1](http://www.ajpm-online.net/article/S0749-3797(08)00953-7/fulltext#sec2.1)

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