

New Mexico Department of Health, Immunization Program
WIC/Immunization Linkage Project
2009 Annual Report

Background

Since 1994, The United States Department of Agriculture (USDA) and the Centers for Disease Control and Prevention (CDC) have partnered to achieve increased immunization coverage rates in children age two years and under. Approximately half an annual birth cohort in our country participates in the Women, Infants, and Children (WIC) Program, which makes it a prime location to assess the immunization status of enrolled children and apply interventions for those identified as behind the recommended schedule.

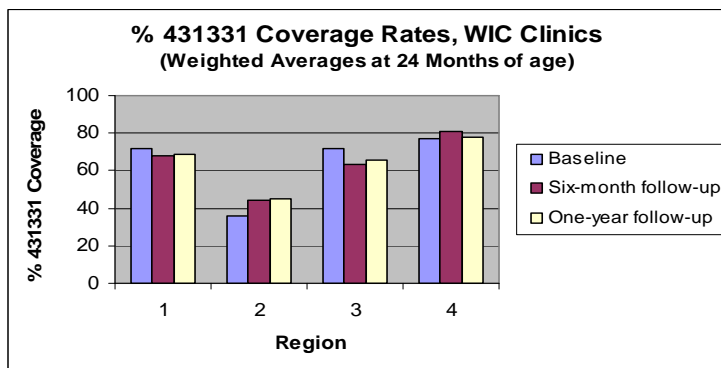
While no single factor will result in increased coverage levels, the linkage of WIC and Immunization programs has proven to be an evidence based strategy¹ that addresses barriers to immunization for a large number of at-risk infants and children.

WIC/Immunization Linkage Project Description

The project identifies WIC clients that are not up-to-date with their children's immunization (using the CDC gold standard) by:

- Updating both the WIC and the New Mexico Statewide Immunization Information System (NMSIIS) databases as necessary. See Situation Analysis below.
- Flagging the WIC database to alert WIC staff that the infant or child is not up-to-date with recommended immunizations.
- Sending WIC clients a reminder/recall postcard about the missing immunizations.
- Requiring clients at some WIC clinics to appear monthly for vouchers (rather than every two to three months) until their child is fully immunized.

Situational Analysis



Aggregate coverage rates have remained level. Site-specific data analysis is recommended. Preliminary analysis indicates that co-location of a WIC site and an immunization provider, alone, is not sufficient to ensure that infants and young children identified as behind schedule with their immunizations will receive necessary vaccinations.

The H1N1 pandemic seriously impacted the work of Department of Health staff, both at central office and in the regions. New Mexico distributed approximately 762,000 doses of the H1N1 vaccine that was administered by providers and public health offices. In 2009, public health office manpower was diverted due to H1N1 planning and implementation efforts.

Other conditions that impacted results include the following.

- There was incomplete regional participation in the WIC/Immunization Linkage.
- Incompatible WIC and NMSIIS databases require double data entry and reconciliation.
- Not every WIC clinic in New Mexico is located in a facility where a nurse is available on-site to give immunizations.
- WIC IZ Clerks report an increase in the number of new WIC clients that have children that are under-immunized.

Conclusion

The WIC/Immunization Linkage has been successful at identifying clients who are not up-to-date in their immunizations, but a stronger, uninterrupted intervention strategy is needed to impact immunization coverage rates for the 22,000 children enrolled in WIC in New Mexico. Capturing WIC clients who are not up-to-date with their immunizations should continue to be a focus for program development. This may be our best and most cost efficient opportunity to raise statewide immunization coverage rates and address barriers to reaching this vulnerable population.

Recommendations

1. Maintain WIC/Immunization Linkage efforts in Public Health Regions 1, 2, 3, and 4. Use existing resources to expand linkage activities into Public Health Region 5. This can be accomplished using the existing WIC/Immunization Clerks.
2. Supplement postcard follow-up and WIC database alerts with a telephone contact (automated or live).
3. Utilize existing resources to strengthen the intervention strategy and facilitate on-site vaccination by scheduling immunization clinic staff visits to coincide with WIC client visits. This will require increased commitment

from both regional and local public health offices as well as the WIC clinics.

4. Meet with individual WIC sites to examine site-specific strategies based on an analysis of WIC Linkage findings.

References

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