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Infectious Diseases Society of America

2006-2007

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November 9, 2006

Chairman Jerry Lewis
House Appropriations Committee
H-218 Capitol
Washington, DC 20510

Dear Chairman Lewis:

I am writing on behalf of the Infectious Diseases Society of America (IDSAs) concerning the Centers for Disease Control and Prevention's (CDC) recently announced plan to cease its enhanced surveillance of children's immunization rates in 22 urban areas.

IDSAs represents 8,000 physicians, scientists and other health care professionals who specialize in infectious diseases. IDSAs's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.

CDC's cities survey is part of the National Immunization Survey's (NIS) early warning system for exposing potential problems in achieving adequate vaccination rates. Although the core NIS survey of childhood vaccination rates will remain untouched, CDC—which has conducted excess monitoring in 28 U.S. urban areas since 1994—now plans to eliminate that enhanced component in 22 out of the 28 cities (see attached Washington Post article of November 1, 2006). Urban areas are deliberately over-sampled in the NIS as a response to a 1989-91 resurgence of measles that led to more than 11,000 hospitalizations and 123 deaths, and which disproportionately affected unimmunized preschool children in the inner cities.

Vaccines are one of the nation's most effective and life-saving preventive measures; nonetheless access to vaccines consistently proves a problem especially in low-income and minority populations. As a result, the nation continues to face the threat of outbreaks of vaccine-preventable diseases. Enhanced sampling of the 22 cities enables these urban areas to measure the effectiveness of outreach to parents and medical providers and to identify and correct obstacles to access to childhood vaccines among large low-income populations.

CDC states that it is necessary to curtail the enhanced collection of childhood data so that it may begin to survey adolescent vaccine rates—which certainly is an important public health strategic goal. Yet IDSAs is dismayed that CDC is

being forced to choose between the protection of adolescent and children's health. As you are aware, the recent budget increases for the CDC stem from large earmarks for bioterrorism preparedness, the strategic national stockpile, and other specific priorities. A closer examination of the funding status of many of CDC's immunization activities reveals conditions of severe fiscal constraints and ongoing reductions at a time when vaccine needs are growing due to the licensing of several new vaccines including those recommended for adolescents and adults.

IDSA respectfully requests the immediate appropriation of an additional \$3 million so that CDC may begin to survey adolescent immunization rates while also continuing its existing surveillance of childhood rates. This request represents only a small part of the overall immunization program shortfall that CDC is facing. For this reason, IDSA also asks that congressional appropriators begin to consider ways to strengthen the nation's programs for adolescent and adult immunizations in general—keeping in mind that the childhood vaccine program must be protected. For instance, additional appropriations for immunization surveillance would enable CDC to adequately monitor immunization rates among children, adolescents and also adults, for existing and new vaccines. New funding for vaccine purchase would ensure that vulnerable populations have access to important new preventatives as they are approved.

IDSA would be pleased to meet with you and your staff in the near future to further discuss immediate immunization funding needs as well as the need to develop a long-term national strategy on adolescent and adult immunizations. Please contact Julie Hantman, MPH, at IDSA at 703-299-0015 with questions or comments as well as to arrange a meeting with our physician experts.

Sincerely,

A handwritten signature in black ink, appearing to read "Martin J. Blaser". The signature is fluid and cursive, with a long horizontal stroke at the end.

Martin J. Blaser, MD
Immediate Past President

Enclosure: Washington Post article, November 1, 2006

CDC Shifts Vaccine-Data Focus

Decision to Survey Teens Instead of Young Children Criticized

By David Brown
Washington Post Staff Writer
Wednesday, November 1, 2006; A10

Federal health officials have decided to forgo gathering detailed data on whether children in 22 big cities are receiving recommended immunizations and instead will survey teenagers, who are the target of several new vaccines.

The decision is drawing protests from local health officials, who say the soon-to-be-lost information is essential to their efforts to make sure that infants and toddlers, many from poor families, are protected against childhood infections.

"Unfortunately, we are going backward here," said Jeffrey S. Duchin, chief of the communicable-disease section of Seattle's health department. "At a time when we need more information, we are getting less about what is happening in little kids."

That view was echoed by Baltimore Health Commissioner Joshua M. Sharfstein, who said that without the data "it will become a guessing game" to figure out which children are being missed. "This is really the measure to see if we're succeeding."

Officials at the Centers for Disease Control and Prevention who made the decision said they are reluctantly choosing between two worthy goals.

"It was really a very, very difficult decision. But we think we have to have information about adolescents because it is such a growth area," said Lance Rodewald, director of the CDC immunization services division.

Historically, most vaccines have been administered to infants and young children and only few to adolescents and teenagers, but that is changing. Under recently approved guidelines, pre-teenage girls should receive the new human papilloma virus (HPV) vaccine; college freshmen should have the meningococcal meningitis vaccine; and most teenagers should receive boosters for tetanus, diphtheria and pertussis, as well as the chickenpox vaccine if they did not receive it as children.

Each year, the CDC contracts a polling company to get data on vaccination rates in various age, demographic and income groups nationwide. While urban children are part of the National Immunization Survey (NIS), too few are sampled in any one place to provide accurate city-specific numbers.

To remedy that, since 1994 the CDC has spent money to "oversample" a list of 22 cities that had historically low immunization rates or were the sites of a series of measles outbreaks between 1989 and 1991. The appearance of measles is evidence that the level of vaccination coverage in young children is too low.

Those cities, which include Baltimore, Boston, Detroit, Los Angeles, Miami and New Orleans, will no longer receive enough data each year to tell them how they are doing. Six cities will still get the information through a special grant, however. Those cities are the District, Chicago, Houston, New York, Philadelphia and San Antonio.

Data on vaccination rates are of more than academic interest.

In a letter to CDC Director Julie L. Gerberding, Sharfstein said Baltimore had increased immunization in toddlers from 65 percent in 2001 to 83 percent in 2004.

"This increase came about as a result of data-driven outreach strategy involving a mobile van and collaboration between clinicians, the city, and the state," he wrote. "Without the survey, Baltimore will lose the best way to measure our continued progress and will have trouble quickly recognizing declining immunization levels."

Duchin said that in Seattle "we've had widely fluctuating rates in the last 10 years of as much as 10 to 13 percent." The data have helped the health department there chart the effects of "parental hesitancy" and other reasons for missed or refused shots, he said.

Anthony Iton, chief health officer for California's Alameda County, which includes Oakland, said authorities there survey children entering kindergarten to get a snapshot of vaccination rates three years earlier, when the children were at the target age for the immunizations. The vaccination schedule, however, changes frequently, as new vaccines are approved and old ones are repackaged into more expensive combination shots.

"We need to know if the new vaccine has helped, or had no change, or hurt [coverage], and we cannot really make those judgments without the NIS data," he said.

CDC officials said they are redirecting about \$3 million to survey adolescents. The only way to pay for the 22-city sampling would be to use money now used to help states buy vaccine, they added.

"We didn't want to rob the implementation in favor of the evaluation," Rodewald said.

The decision comes at a time when the government is spending record amounts on public health.

The CDC's budget has risen 42 percent since 2001 and is now \$8.73 billion. It rose 23 percent the year after the Sept. 11, 2001, attacks as the government invested \$1.1 billion in terrorism preparedness and emergency response.

Public health officials in the 22 cities seem resigned, at least for the moment.

"We're all just hoping that there will be re-prioritization toward some of these core public health programs," said Duchin, the Seattle epidemiologist. "After all, we're not a poor country."

End