

Background

Although progress has been made toward achieving the Healthy People 2010 immunization objectives, pockets of under-vaccinated children remain throughout the United States, especially among minorities and those living in large areas. Moreover, vaccination rates continue to be lower in minority children compared to white children and the gap appears to be growing. Failure of providers and parents to recognize that a child is due (or overdue) for vaccinations is a persistent problem and an important underlying cause of inadequate vaccination.

Reminder/recall systems use mail, telephone or computers to encourage appointments for upcoming scheduled vaccinations (reminder) or those that are overdue (recall). There is ample evidence demonstrating the effectiveness of reminder/recall. Still, reminder/recall is not widely used by childhood immunization providers. Studies indicate that perceptions of the staff time and cost requirements are major factors in providers' unwillingness to implement reminder/recall. This suggests that a centralized approach may be more acceptable to providers and, ultimately, more successful. However, a centralized reminder/recall system must meet the needs of both immunization providers and parents, in terms of the content and format of the reminder/recall notices. Research is needed to assess the impact and cost-effectiveness of different reminder/recall strategies on children's vaccine receipt.

Objective

The study will test the effect of 3 different reminder/recall strategies on the immunization rates of children in a racially and socio-economically diverse, urban area with documented low vaccination rates. The overall objective of Improving Childhood Immunization Coverage Using a Statewide Immunization Registry is to evaluate the cost-effectiveness of each reminder/recall intervention strategy. Results from the proposed study will provide reliable cost and effect-size estimates for the use of immunization information systems for centralized reminder/recall efforts.

Methods

Working closely with public health officials, the research team will implement a randomized trial of 3 strategies for reminder/recall. The strategies will include recall of 7-month-old children who have not received all vaccine doses recommended by six months of age; reminder of 12-month-old children, to emphasize vaccination early in the second year of life; and recall of 19-month-old children who are not up-to-date for the primary immunization series. Analysis of data will focus on vaccination trends following each reminder/recall cycle.

Improving Childhood Immunization Coverage Using a Statewide Immunization Registry is funded by the Centers for Disease Control and Prevention.

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