

Oregon Adolescent Immunization Rates, as of May 2016

Updated adolescent immunization rates for Oregon by county are now available from the Oregon Immunization Program (OIP). Based on ALERT Immunization Information System (IIS) data, OIP produces yearly estimates of immunization rates for adolescents age 13 to 17. These rates correspond to immunizations in grades 7 to 11 in Oregon and cover an estimated population of 236,000 adolescents. From May 1, 2015, to May 1, 2016, adolescent immunization rates increased for meningococcal vaccine (+3.7%), for 1 or more HPV (+5.1%), and for 3 HPV (+4.5%). Other adolescent immunization rates showed less change across the year, including Tdap (-0.4%), seasonal influenza (-0.2%), 2 MMR (+1.3%). This is the third year in a row that meningococcal immunization rates have increased in Oregon. Adolescent female rates for 3 human papillomavirus (HPV) immunizations increased from 37% to 39%, while for males the rate for 3 HPV immunizations increased from 21% to 26%.

Across Oregon counties, Tdap rates range from 83% to 94%. Tdap is a required immunization for school attendance in Oregon. Similarly 2 or more MMR rates are high, ranging from 87% to 98% across counties. For recommended but not school required adolescent immunizations a greater range is observed between Oregon counties. Adolescent meningococcal immunization rates vary from 25% to 85%, with higher rates both in the Portland area counties and in areas with recent history of meningococcal disease, including Crook and Lane Counties. Rates for 3 HPV immunizations among adolescent females ranged from 16% to 49%, while among adolescent males the rates for 3 HPV varied from 6% to 36%.

For 2016 a breakdown has been added for HPV immunization by race and ethnicity among Oregon adolescents age 13 to 17. Hispanic adolescents had the highest HPV immunization completion rates in Oregon (36% male, 48% female). With the exception of White adolescents, other race groups possessed similar HPV rates. White adolescents had the lowest HPV immunization completion rates (25% male, 37% female). However the chances of finishing the HPV series for those who started did not substantially vary by race or ethnicity, supporting the importance of starting the HPV immunization series on-time.

The ALERT IIS starts with children born in Oregon, and receives reports on almost all childhood immunizations given in Oregon. However, estimating Oregon adolescent immunization rates is complicated by mobility in and out of the state that occurs over time. The OIP has pioneered methods to address these and other issues for adolescent rates¹. It is expected that these methods will in the future be used to generate further immunization rates for more populations and vaccines.

References

1: Robison, SG (2015). Addressing immunization registry population inflation in adolescent immunization rates. *Public Health Reports*, March-April 2015, Vol. 130, pg. 161-166.