

Oregon Adolescent Immunization Rates, as of May 2015

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 233,000 adolescents. As of May 1st, most adolescent immunization rates increased from 2014 to 2015. Overall, tetanus-diphtheria-acellular pertussis (Tdap) immunization rates have increased from 90.5% to 92.1%. Meningococcal immunization rates increased from 67.8% to 70.3%. Adolescent female rates for 3 human papillomavirus (HPV) immunizations increased from 34.5% to 36.4%. Adolescent male rates for 3 HPV continue to show strong increases, going from 13.7% to 20.6%. As a new feature, OIP is also including measles containing immunization rates (MMR) in this year's rate estimates. Across the state, 96% of adolescents have received at least one MMR, and 92% have received two or more MMR. This provides a strong basis of herd immunity to measles among Oregon adolescent populations in total.

Across Oregon counties, Tdap rates range from 87% to 97%. Tdap is a required immunization for school attendance in Oregon. Similarly MMR rates are high, ranging from 93% to 99%. For recommended but not school required adolescent immunizations a greater range is observed between Oregon counties. Adolescent meningococcal immunization rates vary from 24% to 80%, 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 15% to 47%, while among adolescent males the rates for 3 HPV varied from 6% to 28%.

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. ALERT IIS contains many records for teenagers who are no longer resident in Oregon; however determining who is no longer resident is complicated. 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.