Session L3.1

0094_0174_000193
Outreach to Amish and Mennonite Communities’ Under Immunized School Population
Alexandra McFall

Background:
In 2012 the Pennsylvania Department of Health (DOH), Division of Immunizations (DOI) received federal grant funds to enhance its school immunization coverage rate data collection, including quality control. The proposal was, bridge the gap between DOH and Amish and Mennonite communities, respecting their immunization beliefs. Research of the basic cultural and social dynamics of the population began. Initial communication was established ensuring success for future interactions. All Amish and Mennonite schools were visited by DOH nurses to obtain and validate school immunization coverage data.

Setting:
Amish and Mennonite Schools

Population:
Kindergarten and seventh grade children attending schools in Amish and Mennonite communities.

Project Description:
Initial communication focused on establishing a working relationship between the communities and DOH. Secondly, a required face-to-face meeting establishing ground rules for interaction ensured DOI nurses access to all schools to collect immunization data. DOH created its own listing of schools, verified addresses and community contact(s). Annually, visiting nurses confirmed/updated this information. In 2015, an immunization story-book, originally created and written, reflected community literacy competence, featuring culturally-specific vaccine-preventable disease situations. This teaching tool is approved by both communities. They, the hospitals and DOH nurses distribute them. School immunization coverage rates in 2015 established a baseline for comparison with 2016 rates for project progress assessment.

Results/Lessons Learned:
DOH/DOI based location addresses for site visits on data provided by the PA Department of Education, however, the addresses were outdated. Each year as verification of the sites were validated, the number of Amish and Mennonite schools to visit increased. DOH/DOI realized that maintenance of its verified list of addresses was critical. The cultural construct revealed the communities function at a slow pace, preferring not to be rushed. Coverage rates increased in small numbers in certain antigen specific vaccines.
Vaccination Coverage among Unaccompanied Children aged 13–17 Years — April 2016 through March 2017
Lara Misegades, Angela Shen, Curi Kim, Michael Bartholomew

Background:
During 2016, an unprecedented number of unaccompanied children (UC) were referred to the Office of Refugee Resettlement (ORR) for temporary care in ORR-funded shelters. UC are minors aged ≤17 years who enter the U.S. with no lawful immigration status and no parent or guardian immediately available to provide physical custody. Once in ORR care, UC are vaccinated according to the Advisory Committee on Immunization Practices catch-up schedule. ORR requires documentation of administered doses.

Objectives:
To estimate meningococcal conjugate vaccine (MenACWY); measles, mumps, and rubella vaccine (MMR); tetanus, reduced diphtheria, and acellular pertussis vaccine (Tdap); and varicella vaccine coverage among unaccompanied children.

Methods:
We assessed initial catch-up doses of MenACWY, MMR, Tdap, and varicella vaccine among non-pregnant UC aged 13–17 years referred to ORR care from April 2016–March 2017. Hard copy records were reviewed for a 20% random sample of UC with missing electronic documentation of doses administered; the proportion of sampled UC with hard copy documentation was used to calculate an adjusted coverage estimate.

Results:
Of 50,230 children aged 13–17 years included in this assessment, 97.1% (n=48,781) had electronic documentation of all 4 selected vaccine doses (MenACWY, MMR, Tdap, and varicella), 1.6% had 1–3 doses documented, and 1.3% had no doses documented. 71.1% were male and 95.8% were from Guatemala, El Salvador, or Honduras. Of the 20% random sample of UC with any missing electronic documentation (n=290), 228 had all 4 selected vaccine doses documented in the hard copy record, for an adjusted coverage estimate of >99%.

Conclusion:
This assessment provides the first vaccination coverage estimates for the UC population. Coverage for the >50,000 13-17 year-olds referred to ORR care in a 12-month period was high (>97%), reflecting close coordination between public health agencies, community healthcare providers, and ORR programs to rapidly respond and maintain routine vaccination activities during a high UC referral period.