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MAJORITY (202) 225-5074
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October 11, 2006

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The Honorable Julie Gerberding
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Gerberding:

The Centers for Disease Control and Prevention recently announced that as of January 2007 it will no longer conduct annual surveillance of local immunization rates among young children and will instead survey immunization rates among adolescents. While I applaud CDC's decision to focus on adolescent immunization, I do not believe that this should be done at the expense of the needs of the younger children. I am asking that CDC work to ensure that it conduct surveillance of both groups of children.

Why Is Local Surveillance Important?

This year's National Immunization Survey (NIS), released on September 14, 2006, assesses the progress our country has made towards expanding vaccination coverage for Americans.¹ While the NIS for each of the last three years has reported increased vaccination rates, it has also revealed lingering geographic disparities.² In 2004, among 28 urban areas, immunization rates for the most critical vaccines ranged from 64.8% in El Paso County, Texas, to 89.7% in Davidson County, Tennessee.³ Similarly, in 2002, these rates ranged from 57.5% in Newark, New Jersey, to 79.3% in Santa Clara County, California.⁴

¹ Centers for Disease Control. *Press release: Racial disparities in childhood immunization coverage rates closing* (September 14, 2006) (accessed September 18, 2005) (online at <http://www.cdc.gov/od/oc/media/pressrel/r060914.htm>).

² Centers for Disease Control. *Morbidity and Mortality Weekly Report: National, State, and Urban Area Vaccination Coverage Among Children Aged 19-35 Months—United States, 2005* (September 15, 2006).

³ Centers for Disease Control. *Press release: Childhood immunization rates surpass Healthy People 2010 goal* (July 26, 2005) (accessed September 18, 2005) (online at <http://www.cdc.gov/od/oc/media/pressrel/r050726.htm>).

⁴ Centers for Disease Control. *Press release: More U.S. children are getting their shots* (July 31, 2003) (accessed September 18, 2005) (online at <http://www.cdc.gov/od/oc/media/pressrel/r030731.htm>).

In recognition of these geographic disparities, the Surgeon General's Healthy People 2010 emphasizes the importance of ongoing local surveillance of vaccination rates:

Although national coverage levels may exceed 90 percent, variation in the level of coverage among smaller areas may include subgroups of the population at substantially lower levels of protection. These subgroups or pockets of undervaccinated persons make the population vulnerable to major outbreaks of VPDs [vaccine preventable diseases]. Monitoring of coverage at smaller geographic levels within the United States helps ensure that these potential pockets of children are identified to target interventions and reduce the risk of future disease outbreaks.⁵

The prior director of the National Immunization Program (NIP), Dr. Walter Orenstein, has also affirmed the need for local surveillance. According to Dr. Orenstein, "There is a substantial variation in coverage levels between various states and cities. Eliminating the disparity between those with the highest and lowest coverage remains a priority. We need the public health community and private providers in areas of low coverage rates to intensify their efforts."⁶

Local health and immunization program managers have made similar arguments:

If only states (and 5-6 urban areas) are assessed, there will be no basis for assigning value to various interventions by local program. ... Without a way to show that our programs are effective, we are working in the dark. ... Lumping large urban areas such as several in California in with "rest of state" means neither our local program nor the "rest of state" are measured accurately. ...

This policy is a step back from a solid data-driven approach to public health policy. It will leave us guessing as to whether what we are doing is working.⁷

As these experts recognize, local surveillance provides critical data to health officials, allowing for the comparison of efforts in different areas. Cities can compare their rates to determine which strategies are successful, and they can use the data to determine if their own efforts are having effect. Without data on local rates, resources and efforts cannot be directed to

⁵ Department of Health and Human Services. Healthy People 2010: Objectives for improving health, part A: Focus areas 1-14. (November 2000)

⁶ Centers for Disease Control. *Press release: More U.S. children are getting their shots* (July 31, 2003) (accessed September 18, 2005) (online at <http://www.cdc.gov/od/oc/media/pressrel/r030731.htm>).

⁷ National Association of County and City Health Officials. Online questionnaire to local immunization directors (September 19, 2006).

the areas of greatest need. Moreover, monitoring coverage in urban areas is particularly important because past experience demonstrates that these areas are most vulnerable to outbreaks of contagious vaccine-preventable diseases, such as measles. In fact, urban area immunization monitoring was incorporated into the NIS precisely because a resurgence of measles between 1989 and 1991 disproportionately affected children in inner cities.

Proposed Replacement Strategies Are Not Adequate

In place of local surveillance of vaccination rates for young children, CDC scientists have proposed pooling data on young children across years and using statistical modeling to improve the accuracy of these pooled estimates. While I recognize the resourcefulness of the scientists developing these methods, this should not be considered an adequate replacement for direct measurement.

The proposed statistical method assumes that past historical behavior is a predictor of the future. Although this may often be the case, one of the most important functions of monitoring is to detect changes in historical patterns. The statistical techniques proposed by CDC's scientists may smooth out a sharp drop-off in vaccinations in a local area, hiding the immediate dangers of an outbreak. Conversely, a city that has engaged in expensive large scale efforts to improve their rates may see little change in their rates—even if their efforts are working.

Immunization registries are an important tool to help local areas assess their vaccination programs, but they are also not a substitute for local surveillance. The quality of these registries is still widely variable from state to state; in fact, only about 56% of children younger than six years of age currently are participating in a registry.⁸ Moreover, registries are not comparable across regions. This hinders the ability of scientists to judge program effectiveness and the ability of policymakers to distribute funds appropriately.

Conclusion

Dr. Orenstein recently warned that proposed CDC changes could create “a danger” that that the National Immunization Program will “become less focused, and have more bureaucratic obstacles imposed on it,” adding that he was “particularly concerned about budget cuts and redirections of immunization program dollars.”⁹

CDC's proposal to halt surveillance of vaccination rates for young children creates the kind of danger Dr. Orenstein feared. Given the importance of vaccines and the low immunization rates in some parts of the nation, it would be a mistake to drop this vital tool for

⁸ National Center for Immunization and Respiratory Diseases. *Immunization registry annual report (2005)*

⁹ Atlanta Journal-Constitution, *Exodus, morale shake CDC* (September 10, 2006).

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assessing whether young children are receiving potentially life-saving vaccinations. Our nation should never be forced to choose between young children and adolescents.

I urge you to reconsider this decision and to maintain surveillance systems that will ensure we have good data about the immunization rates for all children.

Sincerely,

A handwritten signature in black ink, reading "Henry A. Waxman". The signature is written in a cursive, flowing style with a large initial "H".

Henry A. Waxman
Ranking Member