INTRODUCTION

In the United States immunization levels for children entering kindergarten are high. However, immunization levels for 2-year-olds are poor. Approximately 15 to 30 percent of 2-year-old children have not been adequately vaccinated against individual diseases such as measles, mumps, rubella, polio, diphtheria, tetanus and pertussis (whooping cough). In addition, about 35 percent of such children have not been fully immunized against all 7 of these diseases. Coverage is lower for more recently introduced vaccines; approximately 50 percent of 2-year-old children have not received the recommended doses of Haemophilus influenza type b vaccine and 90 percent are inadequately vaccinated against hepatitis B. As a result, millions of American children are not adequately protected against illness and possible death despite the availability of vaccines to prevent these diseases.

With increasing numbers of American children more readily exposed to infectious disease in day-care settings, complete immunization of children by age 2 becomes critical. An effective system is needed to assure that children receive 11-15 doses of recommended vaccines by their second birthday in about 5 visits to a health care provider. In response to this need, President Clinton launched the Childhood Immunization Initiative (CII) -- a national comprehensive approach to increase vaccination levels for children under the age of two years.

Critical goals have been set (See Attachment, p. 15):

By 1996 - reduce most diseases preventable by childhood vaccination to zero;
- increase vaccination levels for 2-year-old children to at least 90 percent for the initial and most critical doses in the vaccine series, and 70 percent for more recently introduced vaccines; and
- begin building a vaccine delivery system to maintain these achievements in the United States within a reformed health care system.

By 2000 - maintain zero levels of disease preventable by childhood vaccination;
- further increase immunity by increasing