Non-Medicaid
For women who were under 27 at the time of childbirth, first-born children in the sample were more

Background:
Immunization Study (GIS), a non-experimental retrospective cohort study, which determined the statewide
and regional immunization coverage rates for 24 month old children born in the state of Georgia. Prior
to the 6-month data collection period, the immunization rate for children 24 months of age was

Importance of Conducting GIS:
Since the sample is population based and the data collection process involved direct communication with private providers and providers, these data offer a reliable estimate of immunization coverage rates among 24 month olds in Georgia. While the National Immunization Survey (NIS) is a good source of state-wide immunization data, the GIS provides immunization data that can be used to determine the immunization rates for the Georgia Immunization Office to plan risk based outreach campaigns on a state, district, or county level. These data also provide an estimate of how complete GIS data are relative to provider immunization records.

Results: The 8,819,671 immunization coverage rate at 24 months was 76.2%. The United States Immunization coverage rate by the end of data collection for GA was 91.2%, a 13 percent increase over a six month period. When controlling for other demographic factors, children born to married women under the age of 27 were more likely to complete their immunization series at 24 months than non-Married women born to 27 or older previous children (OR 1.11, 95% CI 1.07-1.15). Maternal education level was positively correlated with United States immunization coverage at 24 months and the results were statistically significant at all levels. Parents reported higher immunization achievement at the time of delivery were almost twice as likely to have been United States born children if they were Medicaid enrolled on their immunizations at 24 months (OR 1.77, 95% CI 1.71-1.83). Hispanic mothers were between 2 and 7 times more likely to have Medicaid children at 24 months. Medicaid children had higher during the 24 month period. While continuous contact with providers and parents is essential for the success of immunization programs, a Medicaid enrolled children were more likely (OR 1.65, 95% CI 1.59-1.71) to be UTD at 24 months than those of the same race/ethnicity but not enrolled in Medicaid.

Analyzing GIS Data:
GIS data were analyzed using SAS version 9.1.3. Data were stratified in 2007 to 2008.

Table 1:

<table>
<thead>
<tr>
<th>Maternal Education†,‡</th>
<th>UTD Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>75.3</td>
</tr>
<tr>
<td>High School</td>
<td>75.4</td>
</tr>
<tr>
<td>Matriculated</td>
<td>75.6</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>75.8</td>
</tr>
<tr>
<td>Professional School</td>
<td>76.0</td>
</tr>
</tbody>
</table>

Maternal Race/Ethnicity†,‡:

White, Non–Hispanic (N=826) Ref. 75.4
Black, Non–Hispanic 82.0 94.1
Other (N=82) 0.97 73.2
White, Hispanic 81.9 94.2
Unspecified, Hispanic 82.1 94.2
Multiracial (N=101) 0.99 77.2

Table 2: Immunization Status at 24 Months by demographic group

Conclusions & Lessons Learned:

• Prior to the 6-month data collection period, the immunization rate for children 24 months of age was 76.2%. Direct contact with providers and parents is vital to ensure prompt action to close the trend gap. Once children are born to Medicaid insured mothers, their immunization rates are higher.

• Maternal education levels were associated with United States immunization coverage at 24 months. While continuous contact with providers and parents is essential for the success of immunization programs, a Medicaid enrolled children were more likely (OR 1.65, 95% CI 1.59-1.71) to be UTD at 24 months than those of the same race/ethnicity but not enrolled in Medicaid.

• Medicaid enrolled children born in white, non-Hispanic mothers were twice UTD on their immunizations at 24 months than those of the same race/ethnicity but not enrolled in Medicaid.

• Children born to Hispanic mothers are between 3 and 7 times more likely to be UTD at 24 months than children born to white, non-Hispanic mothers (Table 2).

• Children who were under the age of 27 months, first-born children in the sample were more likely (OR 1.65, 95% CI 1.59-1.71) to be UTD at 24 months than those who were repeated births (Table 2).

• Children born to Hispanic mothers are between 3 and 7 times more likely to be UTD at 24 months than children born to white, non-Hispanic mothers (Table 2).

• Medicaid enrolled children born in white, non-Hispanic mothers were twice UTD on their immunizations at 24 months than those of the same race/ethnicity but not enrolled in Medicaid.

• United States Immunization coverage rate by the end of data collection was 91.2%, a 13 percent increase over a six month period.

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