VACCINATION COVERAGE AMONG CHILDREN AGED 19-35 MONTHS -- UNITED STATES, 2013

Vaccine-preventable diseases are at or near record low levels due to high rates of childhood immunizations. For twenty years, the National Immunization Survey (NIS) has monitored vaccination coverage for children aged 19-35 months across the nation. The latest survey results have been published in a recent issue of the Centers for Disease Control and Prevention’s *Morbidity and Mortality Weekly Report* (MMWR). The report is based on results from the 2013 NIS and describes national, regional, state and selected local area vaccination coverage estimates for children born between January 2010 and May 2012.

While vaccination coverage nationwide remains high with less than 1% of children receiving no vaccinations at all, children living below the federal poverty level had lower vaccination coverage compared with children living at or above the poverty level for many vaccines. Reaching and maintaining high coverage across states and socioeconomic groups is critical to preventing the resurgence of vaccine-preventable diseases. The following are key findings for the state of Hawai‘i:

- Both Hawai‘i and the nation surpass national target levels (90%) for administering the measles, mumps, and rubella (MMR) vaccine with 92.8% and 91.9% of children aged 19-35 months being vaccinated, respectively.
- Hawai‘i is below target levels (90%) for percentage of children receiving vaccines for hepatitis B at birth (77.3%) and hepatitis A (54.2%), similar to the U.S. (74.2% and 54.7%, respectively).
- Hawai‘i is below target levels (80%) for percentage of children receiving the rotavirus vaccination (73.3%) and the combined vaccine series (66.5%), which includes the following: diphtheria, tetanus toxoids, and acellular pertussis; poliovirus; measles; haemophilus influenza type b; hepatitis B; varicella; pneumococcal conjugate.

The full report can be accessed online at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6334a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6334a1.htm).
UPDATED KIDS COUNT DATA FROM THE 2013 AMERICAN COMMUNITY SURVEY

Data from the 2013 American Community Survey (ACS), released in September, show the first decline in the national child poverty rate since it began to increase in 2008. Between 2005 and 2012, the share of children living in poverty (i.e., below 100% of the federal poverty level) rose from 19% to 23%. In 2013, the rate declined to 22% of children, representing 16.1 million children living in poverty. The 2013 federal poverty level was about $23,600 for a family of four. The Annie E. Casey Foundation’s KIDS COUNT Data Center was recently updated to reflect the economic data compiled from the 2013 ACS. Hawai‘i specific data are highlighted below.

- The child poverty rate in Hawai‘i was 13% in 2005, peaked in 2011 when it reached 17% and decreased to 13% by 2013, a trend similar to the national trend.
- The percentage of children under 18 living in families with incomes less than 200% of the federal poverty level (about $47,200 for a family of four) has decreased slightly from 36% in 2012 to 33% in 2013.
- The share of young people, 18 – 24, in poverty was highest in 2010 when it reached 21%, and decreased to 17% by 2013. Nationally, 25% of young people were in poverty in 2013.

*Information about the 2013 American Community Survey can be accessed online at: http://www.census.gov/acs/www. 
*The updated KIDS COUNT Data Center can be accessed online at: http://datacenter.kidscount.org or via the mobile app at: mobile.kidscount.org.

PROFILES OF ADOLESCENTS WHO ARE NOT IN GOOD HEALTH

Health is the foundation of a child’s well-being and can have a lasting impact on many areas of a child’s success. In their October 2014 research brief, Child Trends uses data from the 2011/2012 National Survey of Children’s Health (NSCH) to describe adolescents who are in fair or poor health and compare their personal, family, and neighborhood characteristics to those of adolescents who are in better health.

The percentage of adolescents aged 12 to 17 described by a parent as being in fair or poor health varies by state ranging from 1% (in Connecticut, Massachusetts, North Dakota, and Virginia) to 9% (Tennessee). According to the research brief, 4% of Hawai‘i’s teens are in fair/poor health, similar to the U.S. average. While this represents a small proportion of teens in the state and nation, these teens face a host of disadvantages. For example, adolescents in fair/poor health are more likely to live in families at or below poverty than their counterparts in much better health. They are more likely to have parents in poor health than their healthier peers. These youth participate in extra circular activities at lower rates and are more often described by their parents as having lower engagement in school than youth in very good/excellent health. Examining trends in adolescent health and understanding the characteristics of those with high needs is critical for measuring progress in this area and the development of health-related policies and services.

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