EDITORIAL

Addressing the Measles Epidemic

During my public health career, I have been fortunate to be part of a "new world order" in medicine. Through widespread use of the vaccines against childhood diseases, the incidence of diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, and congenital rubella syndrome has dropped 90 percent or more from the days when these infectious diseases killed a significant number of this nation's young.

No measure in public health can compare with the effectiveness of vaccines. Even with the recent resurgence of measles, disease incidence is still only a fraction of what it was in the prevaccine era. Today, approximately 98 percent of children are fully immunized by the time they begin school. These high immunization levels are due to the combined efforts of State and local health departments, education officials, a variety of public and private sector providers, and the Federal Government. That is the good news.

The bad news is that despite the proven benefits of an effective measles vaccine, children in this country are suffering and needlessly dying from the disease. During 1990, more than 27,600 cases and 89 deaths from measles were reported to the Centers for Disease Control of the Public Health Service. This is the largest number of reported cases in more than a decade and the greatest number of deaths in two decades. In further investigating these outbreaks, the Public Health Service found that the principal cause was the public health system's failure to vaccinate preschool children at the recommended ages. We have raised barriers to access that have actually discouraged parents who have not been convinced of the importance of vaccines and, therefore, place a low priority on getting their children immunized.

Since the measles epidemic of 1990, the Public Health Service has taken a number of steps to break down these barriers. Two articles in this issue of *Public Health Reports* speak to this effort. The Public Health Service Action Plan to Improve Access to Immunization Services was developed by an interagency group from across several government agencies. It details action steps that the Federal Government is now undertaking and will continue to expand over the next few years to improve access to immunization services.

The tack this plan takes is to improve coordination among Federal health, income, housing, education, and nutrition programs. The Plan draws heavily from a report issued in January 1991 by the National Vaccine Advisory Committee. The report identified the problems and barriers to access and issued a number of recommendations.

The Committee reported that many existing policies—although well-intended—in practice, actually discourage immunization. For example, about half of the country's public immunization programs reported to the Centers for Disease Control that they required advance appointments instead of immunizing on request. Many clinics required physical examinations, physician referral, or enrollment in comprehensive care well baby clinics before immunization. These services may need scheduling weeks in advance. Inadequate resources, including insufficient clinic staff or inadequate clinic hours were also noted. In short, the clinics were not "user friendly."

The report, in addition, identified some missed opportunities to vaccinate. In some outbreak areas, one-third of children with measles had had at least one previous health care visit at which they could have been immunized but for one reason or another were not. It was also pointed out that the majority of unvaccinated children with measles were enrolled in public assistance programs, such as Aid to Families with Dependent Children, Medicaid, or the Supplemental Food Program for Women, Infants, and Children. If these programs had provided immunizations, many of those children might not have suffered.

The second immunization article in this issue reports on plans that six cities have developed to address barriers to immunization at the local level. This was part of an early childhood immunization initiative announced by President Bush in a Rose Garden ceremony at the White House before congressional leaders and immunization experts last

June 12. Secretary Sullivan, Surgeon General Antonia Novello, Centers for Disease Control Director William L. Roper, and I have witnessed these efforts first hand through site visits. The cities we visited—Dallas, Maricopa County (Phoenix), South Dakota (Rapid City), Detroit, Philadelphia, and San Diego (where the President personally saw the benefits that can result from this joint effort by Federal, State, and local governments and the private sector)—have taken a variety of approaches tailored to their local situation. However, these areas are representative of others around the nation and the immunization problems they face. The plans will be used to guide approximately 90 immunization project areas and large cities as they develop their plans in 1992. The aim is to have local plans in place, nationwide, to address the under-immunized needs of individual communities.

To foster local efforts as well as to implement the related national action plan, the Public Health Service has increased funding for immunization. The Federal immunization budget has more than tripled in the past 4 years, growing from $98.2 million in 1988 to $297 million in 1992. For 1993, the President has requested an additional $52 million. In addition to the grants to States for purchase and administration of vaccines, the $349 million request for 1993 will provide approximately $13 million in grant funds to assist States in controlling outbreaks of measles and approximately $74.3 million to fully implement the recommendations in the "Action Plan to Improve Access to Immunization Services."

The measles epidemic was a tragic way to learn that getting children immunized to enter school is not enough. Our youngest children are vulnerable to fast-moving, potentially crippling epidemics because we are not reaching them at the appropriate times—starting at 2 months and at specific times during the first 2 years of life. One of our key goals in immunization for the year 2000 is to have at least 90 percent of American children under age 2 fully immunized.

Achieving this goal will require the combined efforts of all of us at the Federal, State and local levels. I have often said that we can provide assistance but we cannot immunize children from behind a desk in Washington, DC. If children are not being immunized in the communities across this country, we have no hope of achieving the goal of 90 percent coverage by the year 2000.

James O. Mason, MD, DrPH
Assistant Secretary for Health
Head, Public Health Service