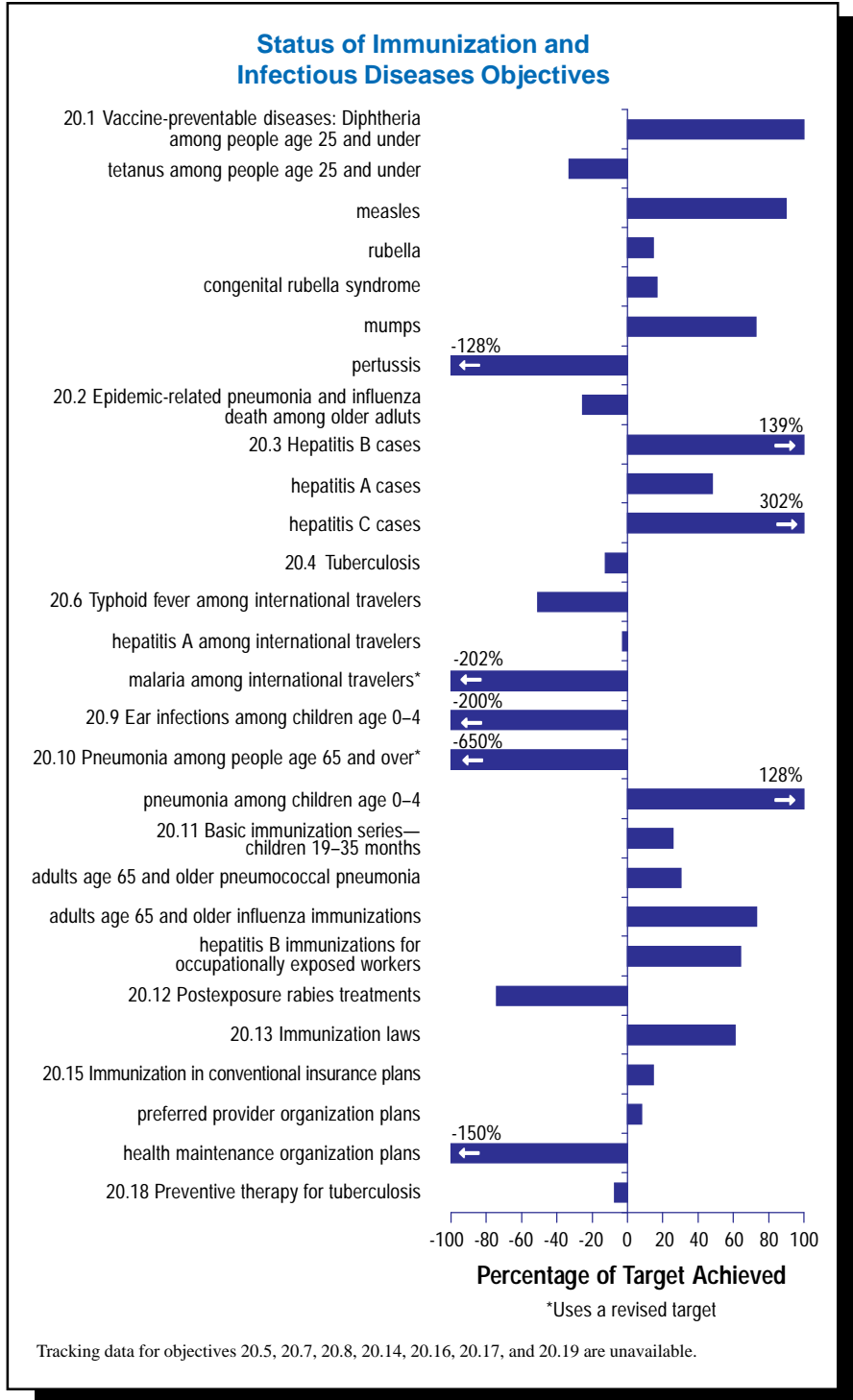


Immunization and Infectious Diseases



IMMUNIZATION AND INFECTIOUS DISEASES

The availability of vaccines and antibiotics, improved hygiene, regulations for food handling, and treated water supplies have led to tremendous inroads in preventing and controlling infectious disease. Constant surveillance and monitoring are necessary to control new, reemerging, and drug-resistant infectious agents currently causing illness and death in the United States. New infectious diseases such as Lyme disease, diarrhea caused by *Escherichia coli* 0157:H7, hantavirus pulmonary syndrome, and the large number of diseases associated with HIV infection continue to be major threats to public health.

The 19 objectives in priority area 20 set targets to decrease the number of cases of vaccine preventable diseases, viral hepatitis, and pneumonia and influenza deaths, and to reduce tuberculosis cases, surgical and nosocomial infections, illness among international travelers, bacterial meningitis, diarrhea in child care centers, and ear infections in children. The priority area also sets targets to increase the number of children and adults who are appropriately immunized and the number of States requiring immunizations.

Review of Progress

As of January 1995, substantial progress has been made in achieving the year 2000 objectives in this priority area. During 1993 and 1994 (provisional data), the number of cases of diphtheria, poliomyelitis due to wild virus, measles, mumps, and rubella had all decreased from the baselines. Although data are not available to assess progress against all causes of bacterial meningitis, the decline of *Haemophilus influenzae* meningitis by over 95 percent since introduction of the new conjugate Hib vaccines in children suggests substantial progress toward the year 2000 target.

The U.S. map shows that 21 States and the District of Columbia had no measles cases in 1993. Eight States had 10 or more cases; no State had more than 100 cases. During 1994, reported measles cases increased but remained the second lowest total ever recorded. The international importation of an average of one measles case each week will continue to result in the spread of measles in the United States until improved coverage is achieved and sustained with the measles, mumps, and rubella (MMR) dose in preschool children and a second MMR dose in school- and college-age children.

In contrast, disease incidence for pertussis reached a 25-year high in 1993 (6,586 cases). But in 1994 pertussis cases decreased by 40 percent to 3,590 cases. Sustaining decreases in pertussis incidence will require that acellular pertussis vaccines are introduced for infants, with booster doses for adolescents and adults. Tetanus in people aged 25 years and younger has shown a slight increase, with 36 cases reported in 1994.

In 1992 the overall immunization rate of children aged 19–35 months was 55 percent; in 1993, 67 percent of children in this age group had received four diphtheria,

1995 Revisions

A number of baselines have been revised, necessitating target revisions for objectives 20.2, 20.3, 20.6, 20.9–20.11, and 20.13. Black and Hispanic subobjectives have been added to 20.3 tracking hepatitis, and to objective 20.11, adult immunizations. Another revision is to track childhood immunizations through age 2 (19–35 months) rather than by age 2 (24 months).