

TEXAS PUBLIC SCHOOL IMMUNIZATION REPORT 1982-83 SCHOOL YEAR

The Texas Department of Health (TDH) in cooperation with the Texas Education Agency (TEA) recently published the eleventh annual Texas Public School Immunization Report. This report contains immunization data for the 2,969,969 students enrolled in 1,099 Texas public school districts. Approximately 1,500 copies of the report were distributed to each school district, regional and local health jurisdictions, and TEA staff members in May 1983.

High protection levels have produced dramatic decreases in reported morbidity for the seven vaccine-preventable diseases — diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella (Table 1). In 1971, the first year of implementation of the Texas School Immunization Law, immunization levels were in the 70 percentile range; a total of 23,582 cases of vaccine-preventable diseases were reported that year. In 1982, immunization levels were 98% for DTP/Td and polio vaccines and 99% for measles, mumps, and rubella vaccines. Only 592 cases of vaccine-preventable diseases were reported last year, representing a 97.5% reduction in morbidity as compared with 1971 figures. These high levels of immunization are evidence of concern on the part of school officials for the health of Texas children and students.

School districts which reported immunization protection levels less than 95% in one or more vaccine category were referred to regional immunization staff for follow-up. Upon referral regional staff help school administrators delineate reasons for the low immunization levels and suggest remedial action which may be as simple as updating record systems or as involved as conducting special immunization clinics. During the 1982-83 school year, 77 districts were referred for follow-up, a 49% reduction from the 150 districts referred the previous year.

Table 2 shows the number of students incompletely immunized and the reported reasons for noncompletion. In 1982, school administrators were asked for the first time to include the number of "delinquent" students in their counts of incompletely immunized students for each vaccine category. Delinquent students are those who are past due for required immunizations and have no medical, religious, or provisional exemption to continue attending school. These children should be excluded from school until they receive appropriate vaccination.

The school immunization report format and requested information will remain the same during the 1983-84 school year. With continued cooperation, the number of school districts referred for low protection levels is expected to continue to decrease.

For further information or copies of the report, contact the Immunization Division, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756, (512) 458-7284 or STS 824-9284.

Texas Department of Health

NON-CIRCULATING

Table 1. Immunization Protection Levels Compared to Reported Cases of Vaccine Preventable Diseases, Selected Years - Texas

0.5		971*				1979†		1982								
PROTECT: LEVEL	PROTECTION NUMBER OF LEVEL CASES OF DISEASE		PROTECT: LEVE		NUMBER CASES OF D	PROTECT:		NUMBER OF CASES OF DISEASE								
DTP/Td	79%	Diphtheri	ia 56	DTP/Td	98%	Diphtheri	a 0	DTP/Td	98%	Diphtheria	1					
		Tetanus	10			Tetanus	17			Tetanus	8					
		Pertussis	282			Pertussis	104			Pertussis	79					
Polio	74	Polio	4	Polio	98	Polio	0	Polio	98	Polio	0					
Measles	79	Measles	9,585	Measles	99	Measles	670	Measles	99	Measles	129					
Rubella	78	Rubella	4,414	Rubella	99	Rubella	212	Rubella	99.	Rubella	120					
Mumps		Mumps	9,231	Mumps	96	Mumps	908	Mumps	99	Mumps	255					
		Total	23,582			Total	1,911			Total	592					

^{*}First year of school immunization law. *First year mumps vaccine required.

1071#

Table 2. Number of Texas Students Incompletely Immunized, by Vaccine Category and Reasons for Non-Completion, 1982-1983 School Year

VACCINE CATEGORY	REQUIRED AGES	SCHOOL POPULATION	INCOMPLETE SERIES	MEDICAL EXEMPTIONS	RELIGIOUS EXEMPTIONS	PROVISIONAL EXEMPTIONS	DELINQUENT	TOTAL NUMBER INCOMPLETELY IMMUNIZED (%)
DTP/Td	ALL	2,969,969	24,030	1,867	2,250	14,766	10,081	52,994 (1.8%)
Polio	18	2,916,887	24,493	1,285	2,184	10,189	6,601	44,752 (1.5)
Measles	ALL	2,969,969		2,906	2,071	14,010	5,177	24,164 (0.8)
Rubella	12	1,606,099	_	846	1,230	6,542	2,134	10,752 (0.6)
Mumps	11	1,355,821	_	4,094	1,034	7,174	2,980	15,282 (1.1)

* * *

AIDS CASES IN TEXAS BY YEAR OF DIAGNOSIS

1980	<u>1981</u>	<u>1982</u>	1983
1	5	20	33

PATTERNS OF ALCOHOL USE AMONG TEENAGE DRIVERS IN FATAL MOTOR VEHICLE ACCIDENTS -- UNITED STATES, 1977-1981

The following article first appeared in the Centers for Disease Control (CDC) publication, Morbidity and Mortality Weekly Report, Vol. 32/No. 26, July 8, 1983.

From 1977 to 1981, data from the Fatal Accident Reporting System (FARS)* show that the overall proportion of drivers with measurable blood alcohol concentrations (BACs)† steadily increased. The percentage of 16- to 19-year old drivers (defined as "teenage") tested who had positive BACs rose from 20% in 1977 to 28% in 1981 — an 8% increase. Comparable increases occurred among young adult (20-24 years of age) and adult drivers (25 years of age or older). During this same time period, the percentage of drivers reported to have a BAC test (including persons whose reported BAC was zero) also increased — e.g., the proportion of teenage drivers with reported BAC test results increased 9%.

In 1981, BAC results showed that 21% of the 8,790 teenage drivers involved in fatal motor vehicle accidents had been drinking alcoholic beverages. However, the extent of alcohol use among drivers involved in fatal motor vehicle accidents varied markedly depending on the driver's sex and age, number of vehicles involved, time of day, and day of the week the accident occurred. More single vehicle fatal accidents (SVFAs) than multiple vehicle fatal accidents (MVFAs) have been estimated to involve drivers with high BAC levels. In 1981, 28% of the 4,199 teenage drivers involved in SVFAs had positive BACs, in comparison with 14% of the 4,591 teenage drivers involved in MVFAs.

A more detailed analysis of teenage and other drivers involved in SVFAs is illustrated in Figure 1 and shown in Table 1. Five times as many male drivers as female drivers were involved in SVFAs in 1981. Teenage male drivers involved in SVFAs were as likely as adult male drivers to have been drinking an alcoholic beverage. Approximately 29% of each group had positive BACs. Fewer teenage female drivers than male drivers were involved in alcohol-related SVFAs, although 23% of the former had positive BACs. Sixteen percent of adult female drivers involved in SVFAs had positive BACs.

The greatest risk of involvement in an alcohol-related SVFA for all male drivers was at night on weekends: 35% of teenage male drivers, 40% of young adult male drivers, and 37% of adult male drivers involved in SVFAs at such times had positive BACs. In contrast, across the three age groups of females analyzed, 24%-35% of those involved in SVFAs on weekday nights had positive BACs, compared with 25%-31% of those involved in SVFAs on weekend nights. A higher proportion of male drivers involved in SVFAs on weekday nights were more likely to have a positive BAC, with percentages ranging from 30-36 across the three age groups examined.

Results of two national probability surveys confirm the FARS findings. In these surveys, a larger proportion of young adult drivers generally reported alcohol use than did teenage or adult drivers. Although the survey data indicate that alcohol use among teenagers is a widespread national problem, proportionately more people in their twenties report higher levels of alcohol use and problems related to it than do

^{*}Department of Transportation, National Highway Traffic Safety Administration, 1977-1981 data tapes.

[†]A BAC of 0.10% (grams/100ml%) is designated as the level of legal intoxication in most states. Drivers with "positive" BAC test results of equal to or greater than 0.01 include not only legally intoxicated drivers but also other drivers with measurable levels of blood alcohol below that defining legal intoxication.

members of any other age group. The FARS data demonstrate that the risk of a fatality from an alcohol-related motor vehicle accident is high for teenagers and that the risk of fatality further increases in the 20-24 year age group.

MMWR Editorial Note: Interpretations based on the FARS data cannot be relied upon strictly because of the data's incompleteness. However, these findings could indicate 1) that an increase in the number of drivers using alcohol before being involved in a fatal crash led to an increase in the number of drivers suspected of alcohol use and, therefore, given a BAC test or 2) that the increase in the number of drivers who use alcohol and then drive is an artifact of improved BAC testing and reporting. The findings in Figure 1 indicate that the 1981 BAC data are more complete than FARS data for earlier years and, therefore, may be more representative of patterns of alcohol use.

Recent FARS data indicate a rapid decrease of 15% in the total number of fatal accidents in the period 1980-1982, with the major decrease occurring in 1982. After adjusting the 1980-1982 data for population changes in specific age groups, the decrease in fatalities is 5% greater among 15-19 year olds than among other age groups. One interpretation of the 1981 FARS data suggested that loss of work and discretionary income related to the recession may have had a greater impact on the ability of teenage drivers to afford to operate a motor vehicle and to purchase alcoholic beverages than on older drivers. Data on changes in mortality rates lend support to this theory; death rates from traffic fatalities among 16-19 year olds decreased from 50/100,000 persons in 1979 to 43/100,000 in 1981. If subsequent analyses show that economic factors influence these events, numbers of fatal motor vehicle accidents may increase with economic recovery and growth.

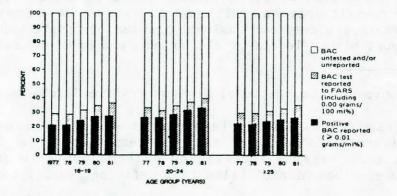
Table 1. Percentage of drivers in single vehicle fatal accidents (SVFAs) who had used alcohol, by age, sex, and time the accident occurred* - United States, 1981 (Fatal Accident Reporting System).

		Week	days		Weekends								
	Total	Day* (Percentage	Total	Night† (Percentage	Total	Day§ (Percentage	Total		ght ¶ centage				
	Drivers	BAC 0.01)**	Drivers	BAC 0.01)	Drivers	BAC 0.01)	Drivers	BAC	0.01)				
		40 T T	A A	Males									
Age (years)													
16-19	703	(15.7)	830	(29.9)	537	(28.8)	1,35	7	(34.6)				
20-24	1,033	(22.2)	1,350	(35.9)	882	(34.7)	1,886	5	(39.6)				
25	3,500	(16.6)	3,227	(34.2)	1,808	(27.2)	3,59	3	(36.8)				
				Females									
Age (years)													
16-19	197	(12.7)	188	(28.2)	120	(24.2)	23	35	(28.1)				
20-24	226	(13.7)	230	(35.2)	158	(21.8)	280		(31.8)				
25	993	(6.8)	563	(24.3)	426	(16.9)	545	5	(26.3)				

^{*3:00} a.m.-5:59 p.m. Monday through Friday †6:00 p.m.-2:59 a.m. Monday p.m. through Friday a.m. §3:00 a.m.-5:59 p.m. Saturday and Sunday.

§3:00 a.m.-5:59 p.m. Saturday and Sunday. ¶6:00 p.m.-2:59 a.m. Friday p.m. through Monday a.m.

Figure 1. Percentage of all single vehicle fatal accidents (SVFAs) for which blood alcohol concentrations (BACs) were reported to the Fatal Accident Reporting System (FARS), by age, group and year - United States, 1977-1981



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CUMULATIVE 1983	16	13	*	42	29	27	₹	41 -	•	1	*	2,124	135	*	1,793	46
OTHER COUNTIES:	NO	COMMUNI	CABLE	DISEAS	ES:	O	o	THER DISEAS	SES ONL	Y: 0		NOT	REPORTI	NG:	6	

	ASEPTIO	MENINGO	- 1	нЕ	PATITIS	S :	I	MMUNIZABLE:	RICKE	TISIAL:	1	VENER	EAL:	1	MISC.	
	MENIN- GITIS	COCCAL INFEC	Ì	Α	B SERUM L		 MEAS	LES RUBELLA	ENDEM	RMSF	İ	e C	P&S Syph	-	.U & _U-LIKE	TUBER- CULOSIS
							+-+-				•					
PUBLIC HEALTH REGION :	11 ROS	SENBERG,	тх	PHON	E: 713	3/342-8	685	POPUL	ATION =	3,642,9	76					
COUNTIES																
CHAMBERS			*				*		*		*	1		*		
FORT BEND			*		1	1	*		*		*	•	1	*		
GALVESTON			*	1			*		*		*	1		*		
HARRIS	10	1	*	1	2	5	*		*		*	175	43 1	*		6 1
MONTGOMERY Walker			*				*		*		*	5 1	•	*		•
WALLER			*				*		*		*	ž		*		
CASES THIS WEEK	10			2	3	6	*		*	_	*	185	45	*	2 100	7
CUMULATIVE 1983	144	¥ 38	*	173	195	263	*	32 2	*	5	*	18,468	1,597	*	2,199	444
OTHER COUNTIES:	N C	COMMUNI	CABL	E DISE	ASES:	2		OTHER DISE	ASES ONL	Y: 0		NOT	REPORTI	NG:	4	
AUDI TO UEU TU DESTAN										7/11 7						
PUBLIC HEALTH REGION 1	12 MIL	LAND, TX		PHON	E:			POPUL	ATION =	364,3	24					
COUNTIES																
ANDREWS			*				*		*		*			*	5	
ECTOR			*			3	*		*		*			*	•	
MIDLAND		1	*		1		*		*		*		1	*	3	
CASES THIS WEEK		. 1			1	3		-	*		*	586	1	*	8 2,316	16
CUMULATIVE 1983	6	5 1	*	46	15	73	*	5	•		•	200	86	•	2,310	10
OTHER COUNTIES:	N C	COMMUNI	CABL	E DISE	ASES:	3		OTHER DISE	ASES ONL	Y: 0		NOT	REPORTI	NG:	11	
OTHER REPORTING SOURCE	I S															
ARMED FORCES			*		1	1	*		*		*	20	2	*		
V.A. HOSPITALS			*		-	-	*		*		*		_	*		
MACHE THE LINE			*				*		*		*			*		
CASES THIS WEEK CUMULATIVE 1983	5	5 2	*	18	1 18	1 21		1	*		*	20 1,641	2 106	*	5,051	

OTHER REPORTABLE DISEASES	REPORTED			LATIVE
	1982	1983	1982	1983
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)		1		33
AMEBIASIS	1	ī	325	251
ANTHRAX	Õ	0	0	0
BOTULISM	٥	1	0	1
BRUCELLOSIS	1	2	13	57
CHICKENPOX	61	8	9751	13652
CHOLERA	0	O	a	0
DIPHTHERIA	D.	0	1	. 0
ENCEPHALITIS, ST. LOUIS	2	Ō	2	1
ENCEPHALITIS, WESTERN EQUINE	0	O	1	Ō
ENCEPHALITIS, VENEZUELAN EQUINE	0	O	0	0
ENCEPHALITIS, ALL OTHER	6	10	96	75
LEPROSY (HANSENS DISEASE)	4	2	22	21
LEPTOSPIROSIS	3	0	9	0
MALARIA	0	0	.0	.0
MALARIA ACQUIRED OUTSIDE USA	2	O	37	33
MUMPS	1	2	153	153
PERTUSSIS	3	4	50	50
PLAGUE	٥	0	1	0
POLIONYELITIS, PARALYTIC	Q	٥	0	0
PSITTACOSIS	٥	1	6	3
Q FEVER	0	Ō	1	0
RABIES IN MAN	0	0	0	0
RELAPSING FEVER	<u> </u>	0	1	0
RHEUMATIC FEVER	0	0	7	11
RUBELLA CONGENITAL SYNDROME	0	0	0	0
SALHONELLOSIS	36	59	1215	1345
SHIGELLOSIS	55	50	1388	988
STREP THROAT & SCARLET FEVER	657	332	34143	26 799
REYE SYNDROME		٥		13
TETANUS	O	0	5	3
TRICHINOSIS	0	0	0	1
TULAREMIA	2	1	4	7
TYPHOID FEVER	2	0	19	27
TYPHUS, EPIDEMIC	٥	Ð	. 0	0
YELLOW FEVER	0		0	O
RABIES IN ANIMALS	16	13	523	557
meree en internet				