

## Update on Immunization Registries

To the Editor:

Our recent article, titled "Costs of Immunization Registries: Experiences from the All Kids Count II Projects" (*Am J Prev Med* 2000;19(2):94–98), identified a total of \$113.8 million a year in current expenditures in the health care system that would be offset by having a nationwide network of population-based immunization registries. The article went on to say that further major cost offsets (not yet fully quantified) would occur because school personnel would not have to manually retrieve immunization records on all children entering school. The registry could provide summary lists of children whose immunizations are up-to-date with an indication on each immunization certificate that the child is (or is not) up-to-date. We now have more information on the magnitude of the cost offsets to the education system.

Working with the National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC), we requested the 64 NIP Immunization Projects (pertaining to the 50 states, the District of Columbia, Puerto Rico, five cities, seven territories) to provide information about their estimated calendar-year 2000 expenditures for school enterer, daycare, and Head Start immunization assessment activities. Grantees were requested to identify whether the funds came from the CDC immunization grant, state/local health departments, state/local education agencies, social services agencies, or other sources. Information has been received from 43 state and four city/local immunization projects.

The projects reported estimated expenditures of \$168,068,415 for these assessment activities. Of the total, approximately 69% was for school enterers and 31% for daycare and Head Start. More than 75% of the funding for school enterer assessment would come from state/local education agencies and 20% from state/local health departments. Less than 5% would

come from the immunization grants. For daycare/Head Start assessment, approximately 48% would come from state/local health departments and 46% from social services agencies. Less than 5% would come from the immunization grants.

These findings are subject to two important limitations. First, the data represent unverified self-reporting and thus could represent either over- or under-estimates of true expenditures. Although a standardized questionnaire was sent to all projects, the wide variation in responses suggests that different approaches were taken for estimating expenditures in different areas. Second, several large states and cities did not report (including Texas and New York City), which would lead to an underestimate at the national level.

Notwithstanding the limitations, we believe that this survey provides further information about current expenditures that would be offset by a nationwide network of fully operational immunization registries. The total offset to the health care and education systems would be in excess of \$280 million annually. With the annual cost for registries estimated to be approximately \$78 million for children aged 0–5 (approximately \$100 million for children aged 0–6), investing in registries seems both operationally and financially prudent.

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### References

1. Horne PR, Saarlal KN, Hinman AR. Costs of immunization registries: experiences from the All Kids Count II projects. *Am J Prev Med* 2000;19(2):94–98.