Immunization and Infectious Diseases

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IID–3	Meningococcal disease
IID–4	Invasive pneumococcal infections
IID–5	Antibiotics misuse for ear infections
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IID–7	Vaccination coverage among young children
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Topic Area: Immunization and Infectious Diseases

IID–1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.

IID–1.1 Maintain elimination of cases of vaccine-preventable c ongenital rubella syndrome (CRS) among children under 1 year of age (U.S.-acquired cases).

Target: 0 cases.

Baseline: 0 cases of confirmed and probable U.S.-acquired cases of congenital rubella syndrome.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.2 Reduce serotype b cases of *Haemophilus influenzae* (Hib) invasive disease among children aged 5 years and under.

Target: 0.27 cases per 100,000 children under age 5 years.

Baseline: 0.3 confirmed and probable cases of *Haemophilus influenzae* invasive disease were reported per 100,000 children under age 5 years in 2008.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core Surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–1.3 Reduce new hepatitis B cases among persons aged 2 to 18 years.

Target: 0 cases per 100,000 persons aged 2 to 18 years.

Baseline: 0.06 cases of new symptomatic hepatitis B per 100,000 population aged 2 to 18 years were reported in 2007.

Target setting method: Total elimination.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.4 Reduce cases of measles (U.S.-acquired cases).

Target: 30 cases.

Baseline: 115 confirmed U.S.-acquired measles cases were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.5 Reduce cases of mumps (U.S.-acquired cases).

Target: 500 cases.

Baseline: 421 confirmed and probable U.S.-acquired cases of mumps were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.6 Reduce cases of pertussis among children under 1 year of age.

Target: 2,500 cases.

Baseline: An annual average of 2,777 confirmed and probable cases of pertussis (including cases identified in outbreak settings) were reported among children under age 1 year during 2004–08.

Target setting method: 10 percent improvement.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–1.7 Reduce cases of pertussis among adolescents aged 11 to 18 years.

Target: 2,000 cases among adolescents aged 11 to 18 years.

Baseline: An annual average of 3,995 confirmed and probable cases of pertussis (including cases identified in outbreak settings) was reported among adolescents aged 11 to 18 years during 2000–04.

Target setting method: Projection.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.8 Maintain elimination of acute paralytic poliomyelitis (U.S.-acquired cases).

Target: 0 cases.

Baseline: 0 cases of U.S.-acquired acute paralytic poliomyelitis were reported in 2008.

Target setting method: Total elimination.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.9 Maintain elimination of rubella (U.S.-acquired cases).

Target: 10 cases.

Baseline: 10 confirmed U.S.-acquired cases of rubella were reported in 2008.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Disease Surveillance System (NNDSS), CDC.

IID–1.10 Reduce cases of varicella (chicken pox) among persons aged 17 years of age and under.

Target: 100,000 persons aged 17 years of age and under.

Baseline: 582,535 persons aged 17 years of age and under were reported to have had chicken pox (varicella) in the past year in 2008.

Target setting method: Projection/trend analysis.

Data sources: National Health Interview Survey (NHIS), CDC, NCHS.

IID–2: Reduce early onset group B streptococcal disease.

Target: 0.25 new cases among newborns aged 0 through 6 days per 1,000 live births.

Baseline: 0.28 newly reported cases of laboratory-confirmed early onset group B streptococcal disease were diagnosed among newborns aged 0 to 6 days per 1,000 live births in 2008.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–3: Reduce meningococcal disease.

Target: 0.3 cases per 100,000 population.

Baseline: An annual average of 0.34 cases of new laboratory-confirmed meningococcal disease per 100,000 population were reported in 2004–08.

Target setting method: 10 percent improvement.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–4: Reduce invasive pneumococcal infections.

IID–4.1 Reduce new invasive pneumococcal infections among children under age 5 years.

Target: 12 cases per 100,000 children under age 5 years.

Baseline: 20.3 cases of laboratory-confirmed invasive pneumococcal infection were reported per 100,000 children under age 5 years in 2008.

Target setting method: Projection/trend analysis.

Data sources: National Notifiable Diseases Surveillance System (NNDSS), CDC; Active Bacterial Core surveillance (ABCs), Emerging Infections Programs (EIP) Network, CDC, NCIRD.

IID–4.2 Reduce new invasive pneumococcal infections among adults aged 65 years and older.

Target: 31 new cases per 100,000 adults aged 65 years and older.

Baseline: 40.4 new cases of laboratory-confirmed invasive pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data source: Active Bacterial Core Surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–4.3 Reduce invasive antibiotic-resistant pneumococcal infections among children under age 5 years.

Target: 6 new cases per 100,000 children under age 5 years.

Baseline: 8.2 new cases of laboratory-confirmed invasive antibiotic-resistant pneumococcal infection per 100,000 children under age 5 years were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data source: Active Bacterial Core surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–4.4 Reduce invasive antibiotic-resistant pneumococcal infections among adults aged 65 years and older.

Target: 9 new cases per 100,000 adults aged 65 years and older.

Baseline: 12.2 new cases of laboratory-confirmed invasive antibiotic-resistant pneumococcal infection per 100,000 adults aged 65 years and older were diagnosed in 2008.

Target setting method: Projection/trend analysis.

Data sources: Active Bacterial Core Surveillance (ABCs), Emerging Infections Program (EIP) Network, CDC, NCIRD.

IID–5: Reduce the number of courses of antibiotics for ear infections for young children.

Target: 35 courses per 100 children under age 5 years.

Baseline: 47 percent of children under age 5 years who had an ear infection were prescribed antibiotic courses in 2007.

Target setting method: Projection/trend analysis.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IID–6: Reduce the number of courses of antibiotics prescribed for the sole diagnosis of the common cold.

Target: 864 courses of antibiotics per 100,000 population.

Baseline: An annual average of 1,728 courses of antibiotics per 100,000 persons diagnosed with the common cold was prescribed in 2007.

Target setting method: Projection/trend analysis.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

IID–7: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

IID–7.1 Maintain an effective vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 85 percent of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.2 Achieve and maintain an effective vaccination coverage level of 3 or 4 doses of *Haemophilus influenzae* type b (Hib) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90.9 percent of children aged 19 to 35 months in 2009 received 3 or more, or 4 or more doses of Hib antigen, depending on product type received.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Program Annual Progress Assessments, CDC, NCIRD.

IID–7.3 Maintain an effective vaccination coverage level of 3 doses of hepatitis B (hep B) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 92 percent of children aged 19 to 35 months in 2009 received at least 3 doses of hepatitis B antigen.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.4 Maintain an effective coverage level of 1 dose of measles-mumps-rubella (MMR) vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90 percent of children aged 19 to 35 months in 2009 received at least 1 dose of measles-mumps-rubella (MMR) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.5 Maintain an effective coverage level of 3 doses of polio vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 93 percent of children aged 19 to 35 months in 2009 received at least 3 doses of polio vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.6 Maintain an effective coverage level of 1 dose of varicella vaccine among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 90 percent of children aged 19 to 35 months in 2009 received at least 1 dose of the varicella antigen.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.7 Achieve and maintain an effective coverage level of 4 doses of pneumococcal conjugate vaccine (PCV) among children by age 19 to 35 months.

Target: 90 percent.

Baseline: 80 percent of children aged 19 to 35 months received at least 4 doses of pneumococcal conjugate vaccine in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.8 Achieve and maintain an effective coverage level of 2 doses of hepatitis A vaccine among children by age 19 to 35 months.

Target: 85 percent.

Baseline: 47 percent of children aged 19 to 35 months in 2009 received 2 or more doses of hepatitis A vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.9 Achieve and maintain an effective coverage level of a birth dose of hepatitis B vaccine (0 to 3 days between birth date and date of vaccination, reported by annual birth cohort).

Target: 85 percent.

Baseline: 58 percent of the 2006 birth cohort received the first dose of hepatitis B vaccine within 3 days of birth based on National Immunization Survey data from 2007–09.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–7.10 Achieve and maintain an effective coverage level of 2 or more or 3 or more doses rotavirus vaccine among children by age 19 to 35 months.

Target: 80 percent.

Baseline: 44 percent of children aged 19 to 35 months in 2009 received 2 or more, or 3 or more doses of rotavirus vaccine by age 19 to 35 months, depending on product type received.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD.

IID–8: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV).

Target: 80 percent.

Baseline: 44 percent children aged 19 to 35 months in 2009 received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

IID–9: Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months.

Target: Not applicable.

Baseline: 0.6 percent of children age 19 to 35 months in 2009 in the United States received 0 doses of recommended vaccines by age 19 to 35 months.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

IID–10: Maintain vaccination coverage levels for children in kindergarten.

IID–10.1 Maintain the vaccination coverage level of 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten for the 2009–10 school year received 4 or more doses of DTaP vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.2 Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 95 percent of children enrolled in kindergarten for the 2009–10 school year received 2 or more doses of MMR vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.3 Maintain the vaccination coverage level of 3 doses of polio vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten for the 2009–10 school year received 3 or more doses of polio vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.4 Maintain the vaccination coverage level of 3 doses of hepatitis B vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 97 percent of children enrolled in kindergarten for the 2009–10 school year received 3 or more doses of hepatitis B vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data Source: School Immunization Assessment Survey, CDC, NCIRD.

IID–10.5 Maintain the vaccination coverage level of 2 doses of varicella vaccine for children in kindergarten.

Target: 95 percent.

Baseline: 96 percent of children enrolled in kindergarten for the 2009–10 school year received 2 or more doses of varicella vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–11: Increase routine vaccination coverage levels for adolescents.

IID–11.1 Increase the vaccination coverage level of 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine for adolescents by age 13 to 15 years.

Target: 80 percent.

Baseline: 62 percent of adolescents aged 13 to 15 years in 2009 received 1 or more doses of a Tdap booster.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.2 Increase the vaccination coverage level of 2 doses of varicella vaccine for adolescents by age 13 to 15 years (excluding children who have had varicella).

Target: 90 percent.

Baseline: 52 percent of adolescents aged 13 to 15 years in 2009 received at least 2 doses of varicella vaccine (excluding adolescents who had had varicella).

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.3 Increase the vaccination coverage level of 1 dose meningococcal conjugate vaccine for adolescents by age 13 to 15 years.

Target: 80 percent.

Baseline: 55 percent of adolescents aged 13 to 15 years in 2009 received 1 or more doses of meningococcal conjugate vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–11.4 Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years.

Target: 80 percent.

Baseline: 23 percent of females aged 13 to 15 years in 2009 received 3 or more doses of human papillomavirus (HPV) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS)–Teen, CDC, NCIRD and NCHS.

IID–12: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.

IID–12.1 Increase the percentage of children aged 6 to 23 months who are vaccinated annually against seasonal influenza (1 or 2 doses, depending on age-appropriateness and previous doses received).

Target: 80 percent.

Baseline: 25 percent of children aged 6 to 23 months received 1 or 2 doses of influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS), CDC, NCIRD and NCHS.

IID–12.2 Increase the percentage of children aged 2 to 4 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 43 percent of children aged 2 to 4 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.3 Increase the percentage of children aged 5 to 12 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 30 percent of children aged 5 to 12 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.4 Increase the percentage of children aged 13 to 17 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 13 percent of children aged 13 to 17 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Immunization Survey (NIS) –Teen, CDC.

IID–12.5 Increase the percentage of noninstitutionalized adults aged 18 to 64 years who are vaccinated annually against seasonal influenza.

Target: 80 percent.

Baseline: 27 percent of noninstitutionalized adults aged 18 to 64 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview survey (NHIS), CDC, NCHS.

IID–12.6 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 42 percent of noninstitutionalized high-risk adults aged 18 to 64 years received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.7 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 66 percent of noninstitutionalized adults aged 65 years and older received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.8 Increase the percentage of institutionalized adults aged 18 years and older in long-term or nursing homes who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 70 percent of institutionalized adults 18 years and older in long-term or nursing homes received influenza vaccine for the 2008–09 influenza season.

Target setting method: Retention of Healthy People 2010 target.

Data source: Minimum Data Set (MDS), CMS.

IID–12.9 Increase the percentage of health care personnel who are vaccinated annually against seasonal influenza.

Target: 90 percent.

Baseline: 53 percent of health care personnel received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–12.10 Increase the percentage of pregnant women who are vaccinated against seasonal influenza.

Target: 80 percent.

Baseline: 11 percent of pregnant women received influenza vaccine for the 2008–09 influenza season.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13: Increase the percentage of adults who are vaccinated against pneumococcal disease.

IID–13.1 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease.

Target: 90 percent.

Baseline: 61 percent of persons aged 65 years and older in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13.2 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease.

Target: 60 percent.

Baseline: 17 percent of high-risk persons aged 18 to 64 years in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–13.3 Increase the percentage of institutionalized adults (persons aged 18 years and older in long-term or nursing homes) who are vaccinated against pneumococcal disease.

Target: 90 percent.

Baseline: 72 percent of persons in long-term care facilities and nursing homes certified by the Centers for Medicare and Medicaid Services (CMS) in 2009 had ever received a pneumococcal vaccination.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Minimum Data Set (MDS), CMS.

IID–14: Increase the percentage of adults who are vaccinated against zoster (shingles).

Target: 30 percent.

Baseline: 10 percent of adults aged 60 years and older in 2009 had received zoster (shingles) vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–15: (Developmental) Increase hepatitis B vaccine coverage among high-risk populations.

IID–15.1 (Developmental) Increase hepatitis B vaccine coverage among long-term hemodialysis patients.

Potential data source: Healthcare Quality Survey, DHQP, CDC.

IID–15.2 (Developmental) Increase hepatitis B vaccine coverage among men who have sex with men.

Potential data source: National Notifiable Disease Surveillance System (NNDSS) CDC.

IID–15.3 Increase hepatitis B vaccine coverage among health care personnel.

Target: 90 percent.

Baseline: 74 percent of health care personnel in 2009 had received at least 3 doses of hepatitis B vaccine.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

IID–15.4 (Developmental) Increase hepatitis B vaccine coverage among injection drug users.

Potential data sources: National HIV Behavioral Surveillance System (NHBS) CDC.

IID–16: (Developmental) Increase the scientific knowledge on vaccine safety and adverse events.

Potential data sources: FDA Sentinel Initiative, FDA; Vaccine Adverse Event Reporting System (VAERS), CDC and FDA; Vaccine Safety Datalink Project (VSD), CDC; and Vaccine Analytic Unit (VAU), CDC, DHQP.

IID–17: Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year.

IID–17.1 Increase the percentage of public health providers who have had vaccination coverage levels among children in their practice population measured within the past year.

Target: 50 percent.

Baseline: 40 percent of public provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–17.2 Increase the percentage of private providers who have had vaccination coverage levels among children in their practice population measured within the past year.

Target: 50 percent.

Baseline: 33 percent of private provider sites that routinely provided immunizations to children aged 6 years and under participated in a provider assessment at least once in the past year in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Annual Immunization Assessment Reports, CDC, NCIRD.

IID–18: Increase the percentage of children under age 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS).

Target: 95 percent.

Baseline: 75 percent of children under 6 years of age had two or more immunizations recorded in immunization information system (IIS) in 2008.

Target setting method: Projection/trend analysis.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–19: Increase the number of States collecting kindergarten vaccination coverage data according to CDC minimum standards.

Target: 51 (States and the District of Columbia).

Baseline: 13 States (including the District of Columbia) collected kindergarten vaccination coverage data according to CDC minimum standards in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: School Immunization Assessment Survey, CDC, NCIRD.

IID–20: Increase the number of States that have 80 percent of adolescents with 2 or more age-appropriate immunizations recorded in an immunization information (IIS) system among adolescents aged 11 to 18 years.

Target: 40 (States and the District of Columbia).

Baseline: 14 States (including the District of Columbia) recorded 80 percent of among adolescents aged 11 to 18 years with 2 or more age-appropriate immunizations in an immunization information system (IIS) in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: Immunization Program Annual Reports, CDC, NCIRD.

IID–21: Increase the number of States that use electronic data from rabies animal surveillance to inform public health prevention programs.

Target: 49 States (excluding Hawaii), the District of Columbia, Puerto Rico, and New York City.

Baseline: 8 States used electronic data from rabies animal surveillance to inform public health prevention programs in 2010.

Target setting method: Projection/trend analysis.

Data source: Rabies Surveillance Network (RSN), CDC, NCEZID.

IID–22: Increase the number of public health laboratories monitoring influenza-virus resistance to antiviral agents.

Target: 25 public health laboratories.

Baseline: 3 public health laboratories monitored influenza virus resistance to antiviral agents in 2009.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: State Laboratory Reports, Influenza Division, National Center for Immunization and Respiratory Diseases, CDC.

IID–23: Reduce hepatitis A.

Target: 0.3 cases per 100,000 population.

Baseline: 1.0 cases of hepatitis A virus per 100,000 population were reported in 2007.

Target setting method: Projection/trend analysis.

Data source: National Notifiable Diseases Surveillance System (NNDSS), CDC.

IID–24: Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections).

Target: 400 cases.

Baseline: 799 cases of chronic hepatitis B virus (HBV) infection were estimated among infants and children aged 1 to 24 months who were born to mothers with HBV infections in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: Perinatal Hepatitis B Prevention Program, CDC, NCHHSTP; National Vital Statistics System-Natality (NVSS-N), CDC, NCHS.

IID–25: Reduce hepatitis B.

IID–25.1 Reduce new hepatitis B infections in adults aged 19 and older.

Target: 1.5 cases per 100,000.

Baseline: 2.0 symptomatic cases of hepatitis B per 100,000 persons aged 19 years and older were reported in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–25.2 Reduce new hepatitis B infections among high-risk populations—Injection drug users.

Target: 215 cases.

Baseline: 285 symptomatic cases of hepatitis B were reported among injection drug users in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS); Viral Hepatitis Active Surveillance Sites.

IID–25.3 Reduce new hepatitis B infections among high-risk populations—Men who have sex with men.

Target: 45 new infections.

Baseline: 62 new hepatitis B infections were reported among men who indicated homosexual or bisexual preference in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Diseases Surveillance System (NNDSS).

IID–26: Reduce new hepatitis C infections.

Target: 0.2 new cases per 100,000.

Baseline: 0.3 new symptomatic hepatitis C cases per 100,000 population were reported in the past 12 months in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data sources: National Notifiable Disease Surveillance System (NNDSS), CDC, Funded Viral Hepatitis Surveillance Sites.

IID–27: Increase the proportion of persons aware they have a hepatitis C infection.

Target: 60 percent.

Baseline: 49 percent of National Health and Nutrition Examination Survey respondents who tested positive for chronic hepatitis C reported that they were aware of their hepatitis C infection status prior to the laboratory confirmation in 2002–07.

Target setting method: Projection/trend analysis.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

IID–28: (Developmental) Increase the proportion of persons who have been tested for hepatitis B virus within minority communities experiencing health disparities.

Potential data source: Racial and Ethnic Approaches to Community Health (REACH) U.S. Risk Factor Survey.

IID–29: Reduce tuberculosis (TB).

Target: 1.0 new case per 100,000 population.

Baseline: 4.9 confirmed new cases of tuberculosis per 100,000 population were reported to CDC by local health departments in all 50 States and the District of Columbia in 2005.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Tuberculosis Indicators Project (NTIP), NCHHSTP, CDC.

IID–30: Increase treatment completion rate of all tuberculosis patients who are eligible to complete therapy.

Target: 93 percent.

Baseline: 83.8 percent of persons with confirmed tuberculosis completed curative therapy in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National TB Surveillance System and national Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP.

IID–31: Increase the treatment completion rate of contacts to sputum smear-positive cases who are diagnosed with latent tuberculosis infection and started LTBI treatment.

Target: 79.0 percent.

Baseline: 68.1 percent of contact to sputum smear-positive patients who are diagnosed with latent tuberculosis infection completed a course of treatment in 2007.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National TB Surveillance System and National Tuberculosis Indicators Project (NTIP), CDC, NCHHSTP

IID–32: Reduce the average time for a laboratory to confirm and report tuberculosis cases.

Target: 75 percent.

Baseline: 32 percent of patients with a positive nucleic acid amplification test (NAAT) had their test results confirmed within 2 days of specimen collection in 2008.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: CDC Electronic Report of Verified Case of Tuberculosis, NCHHSTP, CDC.