

Date: Thursday, October 16, 1997  
FOR IMMEDIATE RELEASE  
Contact: CDC Press Office (404) 639-3286

*File Immunization*

## VACCINATION LEVELS FOR MINORITY CHILDREN IN THE U.S. AT ALL-TIME HIGH PARTNERSHIP EFFORTS HELPING TO CLOSE THE IMMUNIZATION GAP

---

The CDC MMWR reported today that vaccinations for minority children in the United States have reached record high levels and met or exceeded most of the 1996 national immunization goals. In the United States today, vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap that was estimated to be as wide as 26 percentage points a generation ago.

For children living at or above the poverty level, all of the 1996 national immunization goals were met or exceeded in the five racial and ethnic groups. However, vaccination coverage levels for children living below the poverty line were as much as 13 percentage points lower than the coverage levels for children living at or above the poverty line.

"These are compelling findings. We've shown that when Americans put their mind to it, and are equipped with adequate resources, gaps in health care for minority children can be narrowed," said Health and Human Services Secretary Donna E. Shalala. "Although our immunization partners around the nation should be exhilarated by this progress, disparity continues. We must continue to reach out to our neediest families to ensure all children have equal access to life-saving vaccines."

In 1993, the United States launched the Childhood Immunization Initiative (CII) to increase the number of preschool children protected through routine vaccination. Goals were set to vaccinate at least 90 percent of U.S. children for most vaccines by 1996, and for all recommended vaccines by 2000.

According to CDC's National Immunization Survey, the 1996 goals for diphtheria, tetanus, pertussis vaccine (DTP) and hepatitis B vaccine were met or exceeded for African-American, Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander children. The goal for polio vaccines was met or exceeded for all groups except Hispanic and American Indian/Alaskan Native who were within one percentage point of the goal. For Haemophilus influenzae type b vaccine (a vaccine that protects against meningitis), all groups met or exceeded the 90 percent goal except Hispanics, who were within one point of the 90 percent goal. The measles vaccine goal was exceeded for all except for Hispanic, African-American and American Indian/Alaskan Native children who were within three percentage points.

Among children living below the poverty level, the goal for hepatitis B vaccine was met in all five racial and ethnic groups. The DTP goal was met in all groups except Asian/Pacific Islander children. For individual vaccines, the vaccination coverage levels across the racial ethnic groups for children living below the poverty level were up to 13 percentage points lower than children living at or above the poverty level.

However, minority children still lag behind white children when overall vaccination rates are compared. While 79 percent of white children have received the full series of vaccinations by age 2, only 74 percent of African-American children and 71 percent of Hispanic children are fully vaccinated against childhood disease.

"The relatively small gaps in coverage for each vaccine among the racial/ethnic groups reflect positively on the nationwide efforts to increase vaccination levels. State and local health departments and many community and professional organizations have partnered to improve immunization levels among minority children," said Dr. David Satcher, director, Centers for Disease Control and Prevention. "Each day in the United States, some 11,000 children are born. Parents and our immunization partners everywhere must continue their work to improve immunization levels."

The National Immunization survey is the first national survey measuring vaccination coverage for five racial and ethnic groups and is the first national survey to report coverage for children of Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander origin.

"Every parent wants the best for their children's health. These data tell us that we have reached a new milestone for public health -- the virtual achievement of the 1996 goals for children in these five racial and ethnic groups," said Jose Cordero, M.D., acting director of CDC's National Immunization Program. "This is the first time, CDC has reported national immunization levels by racial and ethnic category. The National Immunization Survey is a critical tool in monitoring public health status for children of all populations."

The CII was launched in August 1993. This initiative is working to increase and sustain infant immunization rates by: (1) improving the quality and quantity of immunization services; (2) reducing vaccine costs for parents; (3) increasing community participation, education and partnerships; (4) improving systems for monitoring diseases and vaccination; and (5) improving vaccines and vaccine use.

Parents and health care providers can learn more about vaccines and the diseases they prevent through CDC's National Immunization Information Hotline: 1 800-232-2522 for information in English or 1 800-232-0233 for information in Spanish. Information on childhood immunization is also available via the internet at <http://www.cdc.gov/nip/home.htm>.

###

---

Note: HHS press releases are available on the World Wide Web at: <http://www.dhhs.gov>.

*File Immunization*



DEPARTMENT OF HEALTH & HUMAN SERVICES

**Melissa T. Skolfield**

Assistant Secretary for Public Affairs

Phone: (202) 690-7850 Fax: (202) 690-5673

To: *Chris Jennings*  
\_\_\_\_\_

Fax: *456-5557* Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Total number of pages sent: \_\_\_\_\_

Comments:

10/15/97

NOTE TO ELENA KAGAN AND CHRIS JENNINGS -

Since you two have been dealing with the possible "racial disparities" initiative, Bill Corr asked me to be sure you knew about an article to be published in tomorrow's MMWR. It is basically a surveillance report, but it will stress that child immunization rates for minorities are almost equal to whites for the most crucial vaccines.

We're finalizing the accompanying press release now, which I hope will highlight the good news, but also set up the new initiative by noting that we still have work ahead. As I understand the facts, all ethnic groups are quite close to meeting the previously announced 1996 goal of 90 percent for the most critical vaccines, but racial disparities still exist when it comes to meeting the year 2000 goal of reaching 90 percent for all vaccines. Here, the rate is 78 percent overall, but just 74 percent for African-Americans and 71 percent for Hispanics.

Any way, it's unlikely this will get a lot of media attention.

Melissa Skolfield

Victor 3

→ 2pm 3pm

# HHS NEWS

## DRAFT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR RELEASE: 4 p.m.  
Thursday, October 16, 1997

Contact: CDC Press Office  
(202) 639-3286

### VACCINATION LEVELS FOR MINORITY CHILDREN AT ALL-TIME HIGH PARTNERSHIP EFFORTS HELPING TO CLOSE THE IMMUNIZATION GAP

The CDC *MMWR* reported today that vaccinations for minority children in the United States have reached record high levels and met or exceeded most of the 1996 national immunization goals. In the United States today, vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap that was estimated to be as wide as 26 percentage points a generation ago.

For children living at or above the poverty level, all of the 1996 national immunization goals were met or exceeded in the five racial and ethnic groups. However, vaccination coverage levels for children living below the poverty line were as much as 13 percentage points lower than the coverage levels for children living at or above the poverty level.

"These are compelling findings. We've shown that when Americans put their mind to it, and are equipped with adequate resources, gaps in health care for minority children can be narrowed," said Health and Human Services Secretary Donna E. Shalala. "Although our immunization partners around the nation should be exhilarated by this progress, disparity continues. We must continue to reach out to our neediest families to ensure all children have equal access to life-saving vaccines."

In 1993, the United States launched the Childhood Immunization Initiative (CII) to increase the number of preschool children protected through routine vaccination. Goals were set to vaccinate at least 90 percent of U.S. children for most vaccines by 1996, and for all recommended vaccines by 2000.

According to CDC's National Immunization Survey, the 1996 goals for diphtheria, tetanus, pertussis vaccine (DTP) and hepatitis B vaccine were met or exceeded for African-American, Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander children. The goal for polio vaccines was met or exceeded for all groups except Hispanic and American Indian/Alaskan Native children who were within one percentage point of the goal. For *Haemophilus influenzae* type b vaccine (a vaccine that protects against meningitis), all groups met or exceeded the goal, except for Hispanic children, who were within one point of the 90 percent goal. The measles vaccine goal was exceeded for all except for Hispanic, African-American and American Indian/Alaskan Native children, who were within three percentage points of the goal.

- 2 -

Among children living below the poverty level, the goal for hepatitis B vaccine was met in all five racial and ethnic groups. The DTP goal was met in all groups except Asian/Pacific Islander children. For individual vaccines, the vaccination coverage levels across the racial ethnic groups for children living below the poverty level were up to 13 percentage points lower than children living at or above the poverty level.

However, minority children still lag behind white children when overall vaccination rates are compared. While 79 percent of white children have received the full series of vaccinations by age 2, only 74 percent of African-American children and 71 percent of Hispanic children are fully vaccinated against childhood disease. Overall, the rate is 78 percent, up from 55 percent in 1992, but still short of the 90 percent goal for the year 2000.

"The relatively small gaps in coverage for each vaccine among the racial/ethnic groups reflect positively on the nationwide efforts to increase vaccination levels. State and local health departments and many community and professional organizations have partnered to improve immunization levels among minority children," said Dr. David Satcher, director, Centers for Disease Control and Prevention. "Each day in the United States, some 11,000 children are born. Parents and our immunization partners everywhere must continue their work to improve immunization levels."

The National Immunization survey is the first national survey measuring vaccination coverage for five racial and ethnic groups and is the first national survey to report coverage for children of Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander origin.

"Every parent wants the best for their children's health. These data tell us that we have reached a new milestone for public health -- the virtual achievement of the 1996 goals for children in these five racial and ethnic groups," said Jose Cordero, M.D., acting director of CDC's National Immunization Program. "This is the first time, CDC has reported national immunization levels by racial and ethnic category. The National Immunization Survey is a critical tool in monitoring public health status for children of all populations."

The CII was launched in August 1993. This initiative is working to increase and sustain infant immunization rates by:

- (1) improving the quality and quantity of immunization services;
- (2) reducing vaccine costs for parents;
- (3) increasing community participation, education and partnerships;
- (4) improving systems for monitoring diseases and vaccination;
- and (5) improving vaccines and vaccine use.

Parents and health care providers can learn more about vaccines and the diseases they prevent through CDC's National Immunization Information Hotline: 1-800-232-2522 for information in English or 1-800-232-0233 for information in Spanish. Information on childhood immunization is also available via the internet at <http://www.cdc.gov/nip/home.htm>.

###



inconsistent  
regulation  
controls on

rates -  
don't  
know  
whole  
lot  
rate  
socialization

the market →  
gray market

buy  
profit

# Showdown Is Set as Clinton Nominates Weld

By STEVEN LEE MYERS

WASHINGTON, July 23 — President Clinton today went ahead with the nomination of Gov. William F. Weld of Massachusetts to be Ambassador to Mexico, setting up a confirmation showdown in the Senate and putting himself in the middle of an ideological fight within the Republican Party.

The White House formally sent Mr. Weld's nomination to Congress despite the determined opposition of Senator Jesse Helms, the North Carolina Republican who is chairman of the Committee on Foreign Relations.

As chairman, Mr. Helms, one of the Senate's most conservative members, has the power under Senate rules to block the nomination indefinitely by refusing to hold a hearing on it. And he has vowed to deny confirmation to Mr. Weld, a Republican known for his liberal views on social issues like abortion and the civil rights of homosexuals.

Mr. Weld, who last week challenged the White House to defend him and sharply criticized Mr. Helms, said today that he was determined to make his case, promising to travel to Washington to meet with influential senators, including Mr. Helms, if possible. He acknowledged the difficulties, however, sounding alternately resigned and defiant.

"I know this thing is not a certitude, given the position of the chairman," Mr. Weld said at a news conference in Boston, where he and Lieut. Gov. Paul Cellucci announced legislation to address domestic violence.

"I think there is a heck of a case to be made for the proposition that the American way is to have a hearing and let the issues get thrashed out," he said. "And that's a point where I

intend to put my thumb on the scale and not take it off until somebody can give me a good reason why."

Aides at the White House and the State Department insisted that Mr. Clinton would fight for Mr. Weld, arguing that his background as a prosecutor and his fluency in Spanish would make him an excellent ambassador. But there were already signs that the Administration did not have much appetite for a brawl.

Mr. Clinton did not make the announcement himself, leaving it to a perfunctory statement released by the White House press office that detailed Mr. Weld's record. And officials played down the possibility that the President would resort to the only route around Mr. Helms: a recess nomination, which would allow Mr. Clinton to bypass the Senate entirely and place Mr. Weld in the post without confirmation.

While not unprecedented, a recess nomination would be highly provocative, angering not only Mr. Helms but also the entire Republican leadership in the Senate by sidestepping the Senate's powers to approve nominations. And with a relatively cooperative atmosphere between Senate Democrats and Republicans in matters of foreign affairs these days, one Senate aide said the Democrats did not consider the appointment of a Republican worth fighting for.

"It is going to be a difficult confirmation fight, and we recognize that," the President's spokesman, Michael D. McCurry, said. "But it's one that's well worth making, given the superior quality of the nominee."

Mr. Clinton had intended the nomination as a gesture of bipartisanship for a sensitive diplomatic post. Mr. Weld is a prominent, popular Republican who was considered a potential Presidential candidate in 1996 before

he removed himself from the running and who might be considered one again in the future.

Ever since the prospect of his nomination became public in April, it was clear Mr. Weld would face opposition not from Democrats, but from conservatives in his own party, who have long viewed him as too liberal. In June, Mr. Helms made his opposition explicit, saying in a television interview that he did not consider Mr. Weld "ambassador quality."

Mr. Helms's aides have since cited Mr. Weld's handling of drug cases as a Federal prosecutor and his willingness to support the medical use of marijuana as reasons for blocking the nomination, but Mr. Helms's opposition appears to run deeper, personally and ideologically.

At one point last year in his futile effort to unseat Senator John Kerry, a Democrat, Mr. Weld sought to distance himself from Mr. Helms, who is not a popular figure in a state so liberal as Massachusetts. In the television interview, Mr. Helms appeared to refer to that when he complained that Mr. Weld was "a little loose with his lips."

The White House floated the idea of appointing Mr. Weld to another post, perhaps Ambassador to India, but Mr. Weld himself rejected that in an extraordinary news conference last week. That essentially forced the Administration to go ahead or risk the appearance of balling out on a nominee.

A senior Administration official said today that the White House now hoped that enough Republicans would step forward to fight for Mr. Weld, persuading Mr. Helms to allow the nomination to at least face a vote rather than risk the sort of internal divisions dogging House Republicans.

# Immunization Of Children Rises Slightly

By JAMES BENNET

WASHINGTON, July 23 — After climbing sharply in the previous three years, immunization levels edged upward last year, to 78 percent of children from 75 percent in 1995.

But at a White House ceremony today, President Clinton announced that the Centers for Disease Control and Prevention had achieved its immunization goal for 1996: more than 90 percent of 2-year-olds received what the Government defines as the most critical doses of vaccines against preventable diseases.

"Now, record numbers of our children, our youngest and most vulnerable children, are actually safe from potentially deadly diseases," Mr. Clinton said.

The overall immunization level, which Mr. Clinton did not mention, was lower than 90 percent because many children did not receive a fourth dose of vaccine against diphtheria, tetanus and pertussis, or whooping cough, according to the Federal health agency. The Government considers that fourth dose less important than the previous three.

In 1992, the overall immunization level was 55 percent. And the results summarized at the White House today underscored the progress against particular preventable diseases. For polio, immunization rates among 2-year-olds climbed to 91 percent in 1996 from 72 percent in 1992. For diphtheria and tetanus over the same period, rates of those receiving three doses of vaccine rose to 95 percent from 83 percent; for mea-

sles, the vaccination rate went from 83 percent.

Appearing with her husband, Hillary Rodham Clinton noted today that in 1991 the Government was not even tracking immunization rates nationally. It had stopped doing so in 1986 because of the cost.

Mr. Clinton has set the year 2000 as the goal for immunizing at least 90 percent of 2-year-olds against all 10 preventable diseases: chicken pox, diphtheria, hepatitis B, measles, mumps, polio, rubella, spinal meningitis, tetanus and whooping cough.

In 1993, Mr. Clinton made raising immunization rates a priority. He proposed that the Government buy up all childhood vaccine and distribute it. Congress rejected that plan, but approved regular annual increases in Federal spending for immunization.

From about \$500 million in 1993, such spending increased to \$840 million this year. Having decided last year that it had asked for more than necessary, the White House is seeking \$794 million to spend on vaccinations in 1998.

Mr. Clinton announced two new measures today that he said would increase immunization rates. He proposed a regulation requiring that children in federally subsidized day care be immunized according to state public health agency standards. That rule, which will not require Congressional approval, will affect up to 1.5 million children, according to the Department of Health and Human Services.

Mr. Clinton also called on Donna E. Shalala, the Secretary of Health and Human Services, to convene a meeting of state officials and others to improve sharing of information nationally about which children have been vaccinated.

PHOTOCOPY  
PRESERVATION

File Immunization

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

July 23, 1997

REMARKS BY THE PRESIDENT  
IN ANNOUNCEMENT ON IMMUNIZATION-CHILD CARE

The East Room

2:20 P.M. EDT

THE PRESIDENT: Thank you very much. Thank you, Dr. Guerra, Senator Kennedy, Senator and Mrs. Bumpers, Secretary Shalala; to all the childhood immunization advocates, the state and local officials, all of you who have worked in this garden for so long, we welcome you here.

Hillary and I were the first -- part of the first generation of Americans to receive the polio vaccine. Some you, perhaps, are in our age group and you were also. I remember when I got the polio vaccine. I remember being a child and having seen the pictures of all the children who were afflicted with polio. And I remember being very conscious that some enormous burden was being lifted off of my life, that I was being given a chance that people just a little older than me didn't have.

And it made me grateful in an incredibly personal way for immunizations -- I think in a way that nothing else ever could have, although, to be sure, my mother saw that I got all my other shots and I screamed and squalled with the best of children. But I was old enough to know what I was doing when I got my first polio vaccine.

And I'll never forget -- I think Betty Bumpers was the first person who ever talked to me about this whole immunization issue, and I just never could figure out what the problem was. To be honest, I didn't understand -- even 20 years later I'm not sure I fully understand why it has been as hard as it has been. But I now know what all the elements of this endeavor have been and I cannot thank those of you who have labored as long as you have to make this day come to pass.

The American people will never know that countless number of people who have harbored the dream that every child could be immunized, have labored to break down all the barriers, have struggled against all the problems so that we could come here today and say that the new statistics released by the Centers for Disease Control tell us that more than 90 percent of our 2-year-olds have actually received the critical doses of routinely recommended vaccines. But you know what it means and America is in your debt, and we thank you. (Applause.)

Now, record numbers of our children, our youngest and most vulnerable children, are actually safe from potentially deadly diseases, such as diphtheria, tetanus, measles, polio and meningitis.

We set a goal, and we're meeting it. And all of you who have been part of it deserve a lot of the credit. I want to join what Hillary said and again thank Dale and Betty Bumpers for what they've done and for their personal inspiration to us. And I thank you, Dr. David Satcher, for all you've done as head of CDC, for your personal inspiration to so many.

PHOTOCOPY  
PRESERVATION

MORE

Today, we have to look ahead to see what challenges are left for our children and their health. Almost a million children under the age of two are missing one or more of their recommended shots still. Too many children across America continue to fall ill with diseases that a simple immunization could have prevented. We have to make sure that every child now is safe from every vaccine-preventable disease.

We're taking two steps to help close the gap. As parents move from place to place, they often leave their children's immunization records behind. Their new doctors often cannot get access to these records. So I'm directing Secretary Shalala to start working with the states on an integrated immunization registry system. That's the kind of thing most people can't remember, but it may have something to do with whether their children live or die. And we have to do it and do it right.

We're also requiring that all children in federally subsidized child care centers be immunized. Since so many of our youngest children spend at least part of their days in child care outside the home, this, too, can be an important step in our efforts to reach some of the children still falling through the cracks.

The progress we've made in immunization is one of our proudest achievements, and we have the opportunity this summer and fall to take even bolder steps. But let us remember, we have to finish this job. We are celebrating a milestone today, but we have not completed the job. Let me also say that we are on the verge, as Hillary said, of enacting the single largest investment in health care for children since Medicaid was passed in 1965. Today, 10 million of our children have no health insurance.

The balanced budget agreement that we reached with the leaders of Congress and that passed both Houses with large majorities takes dramatic and concrete steps to right this wrong. Originally, it included \$16 billion for child health care. Then in the United States Senate, a strong bipartisan majority passed a \$.20-per-pack increase in the cigarette tax to add \$8 billion more for a total of \$24 billion. That will clearly give us enough money to cover another 5 million children. That is the right thing to do.

I regret that some now believe they should back away from it. It would be a mistake. I intend to fight to keep that money in the budget, and fight for our children. And I want to thank Senator Kennedy for his leadership -- (applause) -- and ask all of you to join us. Thank you.

Let me say that in some ways, as many of you understand, this is a problem not unlike the immunization problem, because there is more than money involved. That is, what does it mean to provide health care coverage to 5 million more children? How can we make sure that they're 5 million kids that don't have insurance now and not just children that are being dropped from insurance and picked up on a public program? And what kind of insurance should they have anyway?

The Congress has some very challenging, substantive policy issues before it. But I think in the end the goal ought to be pretty simple: We want the children without health insurance to have the kind of health care we want for our own children. This means everything from regular check-ups to surgery. Some in Congress want a very watered-down package of benefits at a level well below that now provided by Medicaid and federal employee health plans. I think that would be a big mistake. It is not necessary and we shouldn't do it. I am also determined that this money be invested wisely, truly providing new medical insurance and not simply replacing benefits already covered.

Finally, let me say that this \$.20 increase in the cigarette tax not only will provide necessary resources to protect and improve children's health; by raising the price of cigarettes it will discourage children from starting to smoke in the first place. It is the right thing to do. (Applause.)

This is the opportunity of a generation. It has literally been a generation since we did anything this much for children's health insurance. We mustn't waste it. The balanced budget plan, the tax cut, all these things we have to keep in mind putting our children first. In the days to come, as we try to hammer out the final details, a breakthrough for children's health should be at the heart of our objectives.

We also ought to make sure that the tax cut we pass is good for our children. I have proposed a plan that focuses on the needs of families, to help them raise their children and send them to college. It is responsible; it is affordable. We don't want a return to the days when, under the guise of helping people, we gave them endless exploding deficits. Fiscal responsibility helped to produce a strong economy and fiscal irresponsibility would surely weaken it. We can have the right kind of tax cut plan, but we ought to keep the children in mind there, too.

Finally, let me say that, as I said earlier, one of the things we expect to do that will really help us close the remaining gaps in immunization is to require children in federally subsidized child care centers to be immunized.

I'm convinced the next great frontier we have to cross to really, truly enable American families to reconcile the demands that they face in the workplace and the demands they face at home is to make sure we have quality, affordable, available child care for all the American people who need it. (Applause.)

One of the reasons I've supported this children's tax credit and one of the reasons I want it to be given to people of modest means who are working hard out there for salaries of less than \$30,000 is I want to help people pay for the right kind of child care. This is very important.

On October the 23rd, the First Lady and I will convene the first-ever White House Conference on Child Care, to discuss the strengths and weaknesses of the present system in America and to try to find ways to translate that discussion into action to achieve our goal, just as we have achieved this goal today.

Immunization, health care, child care -- all these reflect our faith in the potential of every child and honor our obligation to every family. For all the work you have done to help make this remarkable day come to pass, I thank you, your fellow citizens thank you, and I hope someday the American people will truly understand the magnitude of the endeavors that so many of you in this room have undertaken for the next generation of our children.

Thank you all, and God bless you. Thank you.

END

2:32 P.M. EDT

PHOTOCOPY  
PRESERVATION

# Child Immunizations Rise Sharply, U.S. Says

By Peter Baker and Judith Havemann  
Washington Post Staff Writers

The number of young children being immunized for dangerous diseases has risen sharply the last four years, with three of four now receiving a full series of recommended shots by age 2, the government reported yesterday.

Since 1992, the immunization rate for toddlers has increased from 55 percent to an all-time high of 78 percent, and it exceeds 90 percent for such critical vaccines as polio, measles and tetanus, according to the federal Centers for Disease Control and Prevention.

"Now record numbers of our children—our youngest and most vulnerable children—are actually safe from potentially deadly diseases," President Clinton said. "We set a goal and we're meeting it."

The president and first lady, Hillary Rodham Clinton, announced the new statistics at a White House ceremony where they credited the administration's first-term health care initiatives for the improvement. To further boost the vaccination rates, Clinton unveiled two modest proposals to help meet his goal of ensuring that 90 percent of toddlers receive immunizations by the end of his second term in 2000.

With the first lady's encouragement, Clinton made child immunizations a key part of his agenda early in his presidency, launching a plan aimed at making vaccines more effective, affordable and widely available. Toward that end, federal vaccine funding has nearly

doubled since 1993. However, some specialists said a variety of other factors also are behind the increasing immunization, including the growing number of states that now require children to be vaccinated before their parents can receive welfare.

Moreover, according to Senate aides familiar with the issue, the trend of increasing immunizations began in 1991 under then-President George Bush, who beefed up federal public education programs and increased clinic staffs and hours after a measles epidemic killed 89 people in 1990.

Clinton expanded on the effort in 1993 with a program promising free shots for every child, but it was widely criticized as overly broad and ill-conceived. Instead, a delayed and pared-down version of Clinton's plan went into effect only last year, Senate aides said, too recently to account for the full increase in immunization.

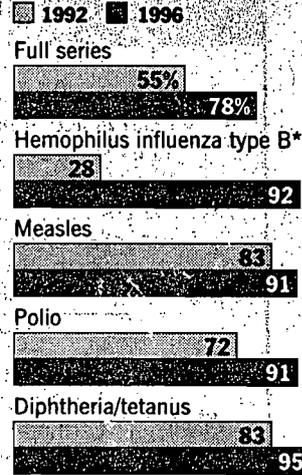
Since 1992, according to CDC figures, immunization rates for toddlers rose from 83 percent to 95 percent for diphtheria and tetanus; 72 percent to 91 percent for polio; and 83 percent to 91 percent for measles. Vaccines for *hemophilus influenzae B*, a bacteria that causes a form of meningitis, and hepatitis B, were not widely used four years ago, but now are given to 92 percent and 82 percent of toddlers, respectively.

Clinton's new proposals would require all children in federally subsidized day care to be immunized and would set up a nationwide records system to track

## SHOT IN THE ARM

More toddlers than ever are receiving routinely recommended vaccines, President Clinton announced.

### Percentage of U.S. toddlers receiving immunizations



\*Major cause of meningitis.  
SOURCE: Centers for Disease Control and Prevention

THE WASHINGTON POST

whether children are given vaccines on schedule. Although most child-care centers already require immunizations, White House officials said the new regulations would be aimed at less formal arrangements such as in-home providers who are exempt from state licensing requirements.

"The progress we've made in immunization is one of our proudest achievements, and we have the opportunity this summer and fall to take even bolder steps," Clinton said. "But let us remember we have to finish this job. We are celebrating a milestone today, but we have not completed the job."

## N. Ca Swam Dann

CHARLOTTESVILLE, Va. (AP) — A flood water road bridge locomotive cue teams missing after swamped N. Carolina. At least 200 people attributed to the hurricane Dan through the state. The 90-mile-long project neared completion. The head of the project and under where a... between... about 2,000 evacuated... to 10 inches... south-cent... As the... moves... the mid... moderate... and... Thus... tional W... issued a... Virginia... western... fice of... said... cause... low-lyl

Fannie's make-up

3 DAYS!

SPRING

Chris - you is already working on this

Pam

Fashion