

## Legislation

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p><b>(Averhoff et al. 2004)</b>  <b>Also reported in (Centers for Disease Control and Prevention 2000) and (Centers for Disease Control and Prevention (CDC) 2001)</b></p> <p><b>Citation:</b>  A middle school immunization law rapidly and substantially increase immunisation coverage among adolescents</p> <p><b>Aim of study:</b>  To assess the effectiveness of a middle school vaccination requirement among young people</p> <p><b>Study design:</b>  Before and after study</p> <p><b>Internal validity score:</b>  -</p>	<p><b>Source population/s:</b>  San Diego, California, USA</p> <p><b>Eligible population:</b>  Young people in a middle school in San Diego, California</p> <p><b>Selected population:</b>  Young people in grade 5 and 6 in a middle school in San Diego, California (first survey) and same population one year later in grade 7 (second survey)</p> <p>Young people in grade 8 through to grade 15 (second survey)</p> <p><b>Excluded population/s:</b>  NR</p> <p><b>Setting:</b>  Middle school in San Diego, California, USA</p> <p><b>Vaccines:</b>  MMR and hepatitis B</p>	<p><b>Method of allocation:</b>  NA</p> <p><b>Intervention/s description:</b>  The intervention comprised a California legislature Assembly Bill 381 (AB381), requiring students entering the seventh grade to have received 3 doses of HB vaccine and 2 doses of MMR vaccine. The law was effective July 1, 1999.</p> <p><b>Control/comparison/s description:</b>  Grades 8-15 who completed grade 7 before vaccination requirement was put in place.</p> <p><b>Sample sizes:</b>  <b>Total n=</b> 489 (survey one)  n=583 (second survey)</p> <p><b>Intervention n=</b> NA  <b>Control n=</b> NA</p> <p><b>Baseline comparisons:</b>  There were no significant differences in demographic characteristics between the three groups</p> <p><b>Study sufficiently powered?</b>  NA</p>	<p><b>Primary Outcomes:</b>  Vaccination coverage (expressed as percentages)</p> <p><b>Secondary outcomes:</b>  NR</p> <p><b>Follow-up periods:</b>  18 months</p> <p><b>Method of analysis:</b>  Before and after using Chi square analysis</p>	<p><b>Primary outcomes:</b>  Vaccination coverage (two doses of MMR and three doses of hepatitis B) was 61.7% (100/162) in grade 7 (post intervention cohort) compared to 13.2% (27/205) in grade 5 &amp; 6 (pre intervention cohort) (P&lt;0.001) and significantly less in grades 8-15 (controls) 4% (58/212) compared to the post intervention cohort (p&lt;0.0001).</p> <p>61.7% (100/162) in grade 7</p> <p>13.2% (27/205) in grade 5 &amp; 6 (P&lt;0.001)</p> <p>27.4% (58/212) ( P&lt;0.0001) in grades 8-15</p> <p>P values are comparisons with grade 7</p> <p><b>Secondary outcomes:</b>  NA</p> <p><b>Attrition details:</b>  Inclusion was if households agreed to participate. Overall, 1610 (61.45) of 2621 households had an eligible young person.</p>	<p><b>Limitations identified by author:</b>  Participation and response rates were relatively low</p> <p>Slightly different data collection methods between first and second survey (not detailed)</p> <p><b>Limitations identified by review team:</b>  No details on who conducted the surveys and there was a lack of detail on the methods generally.</p> <p>No details on how vaccinations were provided i.e. school nurse or primary care provider</p> <p>These are the results for one year in one school , continuity and general applicability of the method was not tested</p> <p><b>Evidence gaps</b></p>

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Applicability: C					<p><b>and/or recommendations for future research:</b> Participation was low and therefore further research to encourage wider participation would be of benefit i.e. the acceptability of such a method</p> <p><b>Source of funding:</b> National Immunization Program of the Centers for Disease Control and prevention</p>

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<p><b>(Bond et al. 2002)</b></p> <p><b>Citation:</b> Increases in vaccination coverage for children in child care, 1997 to 2000: an evaluation of the impact of government incentive and initiatives</p>	<p><b>Source population/s:</b> Australia</p> <p><b>Eligible population:</b> A random sample of 60 child care centres were selected from a list of registered child care centres in Melbourne and invited to participate.</p> <p>15 family day carers were randomly selected from current lists of carers in 19 councils participating.</p> <p><b>Selected population:</b></p>	<p><b>Method of allocation:</b> NR</p> <p><b>Intervention/s description:</b> Parent incentive scheme introduced in April 1998 lining the payment of child care benefits and maternity allowance to immunisation status. From this date families using formal childcare needed to demonstrate that their child was vaccinated according to the Australian Standard Vaccination schedule.</p>	<p><b>Primary Outcomes</b> Proportion of children fully immunised</p> <p>Proportion of children age-appropriately immunised</p> <p><b>Secondary outcomes</b> Proportion of child care coordinators updating immunisation data.</p> <p><b>Follow-up periods:</b></p>	<p><b>Primary outcomes:</b> In 2000, 93% were completely immunised, a 9% (95% CI 6% to 11%, p&lt;0.001) increase from 1997.</p> <p>Less than 1% of children were unimmunised (0.8% in 1997, 0.5% in 2000).</p> <p>For those aged &gt;2 years, 94% were completely immunised before their second birthday in 2000 compared with 80% in 1997.</p>	<p><b>Limitations identified by author:</b> Potential for influence of other factors.</p> <p><b>Limitations identified by review team:</b> Increase may not be generalisable to families of high SES status i.e. were the incentive</p>

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<p><b>Aim of study:</b> To compare vaccination coverage of children in child care before (1997) and after (2000) implementation of government immunisation strategies including parent/providers incentives and surveillance of vaccination uptake.</p> <p><b>Study design:</b> Before and after study</p> <p><b>Internal validity score:</b> ++</p> <p><b>Applicability:</b> B</p>	<p>Parents of children (&lt;3 years old regularly attending child care at least 1 day per week) in 47 child care centres and 13 council operating family day carers in metropolitan Melbourne who returned questionnaires.</p> <p><b>Excluded population/s:</b> Parents of children (&gt; 3 years old not regularly attending child care) in 47 child care centres and 13 council operating family day carers in metropolitan Melbourne and those who did not return questionnaires.</p> <p><b>Setting:</b> Child care centres and council operated family day care in metropolitan Melbourne.</p> <p><b>Vaccines:</b> DTP, Hib, polio, MMR</p>	<p>Childcare benefits ranged from A\$20.50 to A\$122 and the maternity allowance was a one off payment of A\$208. In addition to this the Victorian state government passed legislation in 1998 requiring child care proprietors to record and regularly update the immunisation status of each child in their care.</p> <p><b>Control/comparison/s description:</b> Before and after data</p> <p><b>Sample sizes:</b> <b>Total n=</b> 1,578 in 1997 and 1,793 in 2000 <b>Intervention n=</b> <b>Control n=</b></p> <p><b>Baseline comparisons:</b> Baseline characteristics for the two groups were compared. Small but significant details were found for age beginning childcare (p = 0.002), mothers level of education (p = 0.001), fathers employment status (p= 0.089) and receipt of the Childcare Cash Rebate (p&lt;0.001).</p> <p><b>Study sufficiently powered?</b> NR</p>	<p>18 months</p> <p><b>Method of analysis:</b> Descriptive statistics, weighted least squares regression.</p>	<p>Immunisation levels were 10% (95% CI 6 to 12) higher in 2000 than in 1997 for those receiving child care benefits compared with a 7% (95% CI 3 to 10) increase for families not receiving benefits.</p> <p>In 1997, 8 (17%) child care centres and 4 (21%) councils reported &gt; or = 90% children completely immunised increasing to 33 (70%) and 16 (84%) in 2000 respectively.</p> <p>Fewer families reported delaying immunisations because of minor illness in 2000 (27%) compared to 1997 (44%, p&lt;.001).</p> <p><b>Secondary outcomes:</b> Updating immunisation data by child care coordinators increased from 51% in 1997 to 98% in 2000.</p> <p><b>Attrition details:</b> NR</p>	<p>was not enough.</p> <p><b>Evidence gaps and/or recommendations for future research:</b> Studies exploring broader populations and settings</p> <p><b>Source of funding:</b> NHMRC project grant and the Department of Human Services Victoria.</p>

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<p><b>(Kolasa et al. 2003)</b></p> <p><b>Citation:</b> Do laws bring children in child care centres up to date for immunizations?</p> <p><b>Aim of study:</b> To evaluate the impact of Pennsylvania state law on immunisation coverage among children aged ≤59 months who attend Child Care centres (CCC's) in Philadelphia.</p> <p><b>Study design:</b> Before and after study</p> <p><b>Internal validity score:</b> -</p> <p><b>Applicability:</b> B</p>	<p><b>Source population/s:</b> United States.</p> <p><b>Eligible population:</b> Eligible participants were children less than ≤59 months and enrolled in Child Care centres (CCC's) in Philadelphia.</p> <p><b>Selected population:</b> Children were selected from the 440 CCC'S in Philadelphia by a multi stage probability sampling design in which the primary sampling units were selected probability proportional to size. 75 CCC's were screened and a total of 60 CCC's with 2847 children were selected. Of the 2847 children, 361 (13%) were 0-18 months of age, 766 (27%) were 19-35 months of age, and 1720 (60%) were 36-59 months of age.</p> <p><b>Excluded population/s:</b> Children &gt; 59 months enrolled in CCC's in Philadelphia.</p> <p><b>Setting:</b> Child care centres (CCC) in Philadelphia, USA.</p> <p><b>Vaccines:</b> DTP, Polio, MMR, Hib, Hepatitis B.</p>	<p><b>Method of allocation:</b> NR</p> <p><b>Intervention/s description:</b> Philadelphia state law which requires licensed child care centres (CCC's) to document that each enrolled child is up-to-date for routine immunisations.</p> <p><b>Control/comparison/s description:</b> NA</p> <p><b>Sample sizes:</b> <b>Total n= 2847</b> <b>Intervention n=NA</b> <b>Control n=NA</b></p> <p><b>Baseline comparisons:</b> NR</p> <p><b>Study sufficiently powered?</b> NR</p>	<p><b>Primary Outcomes:</b> Up-to-date fro DTP, polio, MMR and Hib 60 days after enrolment).</p> <p><b>Secondary outcomes:</b> NR</p> <p><b>Follow-up periods:</b> After 60 days enrolment.</p> <p><b>Method of analysis:</b> NR</p>	<p><b>Primary outcomes:</b> There were no statistically significant differences for any vaccine 60 days after enrolment in a CCC compared to at enrolment.</p> <p>For children 19-35 months, 252 (75%) were up-to -date for the DTP, Polio, MMR, and Hib series compared to 241 (72%) at enrolment (p&lt; 0.38); 288 (86%) of the children were up-to date for 3 doses of hepatitis B vaccine (no change from enrolment), and 244 (73%) were up-to-date for varicella vaccine (compare to 72% at enrolment). After 60 days up-to-date coverage levels for DTP, Polio, MMR, Hib series increased just by 4%.</p> <p>For children aged 36-59 months, 1006 (71%) were up-to-date for the DTP, Polio, MMR, and Hib series at enrolment, compared to 1029 (73%) 60 after enrolment (p&lt;0.240). Up-to-date levels for hepatitis B vaccine and varicella vaccine increased only 1% between enrolment and 60 days post-enrolment, (82% to 83% and 62% to 63% respectively). Up-to-date coverage levels for the DTP, Polio, MMR, and Hib series increased just by 2% for this age group (a non significant difference) after 60 days (CI</p>	<p><b>Limitations identified by author:</b> NR</p> <p><b>Limitations identified by review team:</b> Not reported on method used for the calculation of sample size.</p> <p>Not reported on the baseline characteristics of participants.</p> <p>Not reported Confidence Interval and p-values for the results.</p> <p>Intention to treat analysis has not been used.</p> <p><b>Evidence gaps and/or recommendations for future research:</b> Studies exploring broader populations and settings</p> <p><b>Source of funding:</b></p>

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				<p>and p-values not reported).</p> <p><b>Secondary outcomes:</b> NR</p> <p><b>Attrition details:</b> Immunisation records assessed for 60 of the 75 randomly selected CCC's.</p> <p>Data were not assessed in 15 CCC's: 9 had permanently closed, 3 did not accept children ≤59 months, and 3 refused to participate.</p>	NR

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<p><b>(Morita, Ramirez, &amp; Trick 2008)</b></p> <p><b>Citation:</b> Effect Of A School-Entry Vaccination Requirement On Racial And Ethnic Disparities In Hepatitis B Immunisation Coverage Levels Among Public School Students</p> <p><b>Aim of study:</b> To evaluate the overall effect of Illinois' school-entry mandate on hepatitis B vaccination</p>	<p><b>Source population/s:</b> USA</p> <p><b>Eligible population:</b> Young people entering 5<sup>th</sup> grade during the study period 1993-1998 in Chicago.</p> <p><b>Selected population:</b> Young people enrolled in 12th grade in the Chicago public schools system in the study period, 2000-2005.  There were 6 cohorts of Chicago public school pupils with each cohort composed of pupils in 12th grade (aged 17-18 years) for 6 consecutive years, 2000 through 2005 i.e., followed from 5th grade (UK equivalent year 6 - age 9 to 10 years) to 12th grade.</p>	<p><b>Method of allocation:</b> Students were retained in the cohort to which they were assigned on the basis of entry into 12th grade regardless of whether they advanced a grade in each academic year.</p> <p><b>Intervention/s description:</b> The intervention comprised a state law in Illinois that requires pupils to complete the HBV series before October 15 of their 5th-grade year (UK equivalent Year 6). After this date, students may be excluded from school if they cannot provide documentation of having completed or initiated the vaccine series. Students who have medical</p>	<p><b>Primary Outcomes:</b> HBV coverage levels for cohorts in each year.</p> <p><b>Secondary outcomes:</b> HBV coverage levels according to race and ethnicity.</p> <p><b>Follow-up periods:</b> 7 year follow-up</p> <p><b>Method of analysis:</b> Descriptive statistics</p>	<p><b>Primary outcomes:</b> Data is presented in a graph for all cohorts across the study period; however it is not clearly reported.  Data is presented for 5<sup>th</sup> and 9<sup>th</sup> grade entry for the 1996 and 1997 cohorts.  On entry into 5th grade the first postmandate cohort (1997) had significantly higher HBV coverage levels than the final premandate cohort (1996) (38.3% versus 4.3%; difference: 34.0%; 95% CI 33.5% to 34.3%, <math>P &lt; 0.001</math>).  On entry into 9th grade the first postmandate cohort (1997) had significantly higher HBV coverage levels</p>	<p><b>Limitations identified by author:</b> Only Chicago public schools were evaluated, where most pupils were black and many had low socioeconomic status.  Study required enrolment through to the 12<sup>th</sup> grade and it is possible that pupils who left early were less likely to have been vaccinated.  The high school drop out rate ranged</p>

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<p>coverage levels and racial/ethnic differences in vaccination coverage before and after the mandate.</p> <p><b>Study design:</b> Retrospective cohort study</p> <p><b>Internal validity score:</b> ++</p> <p><b>Applicability:</b> B</p>	<p>Each cohort was identified by the year that the students entered 5th grade.</p> <p>4 cohorts entered 5th grade before the requirement (1993–1996; i.e., pre mandate cohorts)</p> <p>2 cohorts entered 5th grade after the requirement (1997–1998; i.e., post mandate cohorts)</p> <p>Students were retained in the cohort they were assigned on the basis of entry into 12th grade regardless of whether they advanced a grade in each academic year.</p> <p><b>Excluded population/s:</b> Young people not enrolled in 12th grade in the Chicago public schools system in the study period, 2000-2005.</p> <p><b>Setting:</b> Chicago public schools, US. No further demographic details provided.</p> <p><b>Vaccine:</b> Hep B</p>	<p>contraindications to vaccination (infection with hepatitis B virus or serious allergy to the vaccine or 1 of its components) or religious beliefs that do not allow them to be vaccinated are permanently exempted from vaccination requirements. To allow students in the process of completing a multiple-dose vaccination series to continue attending school, nurses and administrators are allowed to temporarily exempt students for 1 year.</p> <p>The legislation came into effect in 1997.</p> <p><b>Control/comparison/s description:</b> Cohorts completing grade 12 in 2000, 2001, 2002 and 2003 (pre entry requirement) were compared to those completing in 2004 and 2005 (post requirement).</p> <p><b>Sample sizes:</b> Total n= 106541 Cohort 1993 = 14950 Cohort 1994 = 16733 Cohort 1995 = 17601 Cohort 1996 = 18583 Cohort 1997 = 18971 Cohort 1998 = 19703</p> <p><b>Baseline comparisons:</b> Each cohort represented between 41% and 54% of</p>		<p>than the final premandate cohort (1996) (85.0% versus 37.4%; 95% CI 47.4% to 47.8%; <math>P &lt; 0.001</math>).</p> <p><b>Secondary outcomes:</b> Before implementation of the school-entry vaccination requirement, black and Hispanic students were less likely than white students to have completed HBV by 5th and 9th grades 3% and 4% versus 8% respectively in the 5<sup>th</sup> grade and 32%, 40% and 46% respectively in the 9<sup>th</sup> grade.</p> <p>For both postmandate cohorts, the differences in coverage levels between white and black or Hispanic students decreased</p> <p>In the first postmandate cohort, Hispanic students were almost as likely as white students to have completed HBV by 5th and 9th grades (42% versus 46%).</p> <p>Black pupils had similar vaccination coverage levels by 9th grade 84% compared with 89% of white pupils and 86% Hispanic pupils.</p> <p>For the second postmandate cohort, Hispanic and black students had almost achieved parity with white students by 9th grade, (93%,</p>	<p>from 12.3% to 16.4% and may have overestimated the increasing trend for vaccination.</p> <p><b>Limitations identified by review team:</b> No specific data on uptake in Asian pupils.</p> <p>Data presented graphically and not numerically.</p> <p><b>Evidence gaps and/or recommendations for future research:</b> Studies exploring broader populations and settings</p> <p><b>Source of funding:</b> NR</p>

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		<p>Chicago residents according to the 2005 American Community Survey population estimate, who were 17 years of age.</p> <p>Most students were black (range 50% to 51%), followed by Hispanic (range 30% to 34%), white (range 11% to 13%), Asian (range 5% to 6%). Native American pupils constituted &lt;0.5% of the population in each year.</p> <p>There was a small increase in the percentage of Hispanic students over time; however the racial and ethnic composition of the 6 cohorts was stable.</p> <p>The majority of students were female (range 54% to 55%).</p> <p>The mean age of students who entered 5th grade was 10.4 years, however data relating to this, was not reported.</p> <p><b>Study sufficiently powered?</b> NR</p>		<p>89% and 93% respectively).</p> <p>By 12th grade, hepatitis B coverage levels exceeded 90% for white, black, and Hispanic students (96.6%, 92.3%, and 95.6%, respectively) in the first postmandate cohort and 95% in the second postmandate cohort (97.5%, 95.5%, and 98.1%, respectively). Coverage of Asian pupils is not reported.</p> <p>The percentage of students who were granted medical or religious exemptions remained &lt;3.2% throughout cohorts.</p> <p><b>Attrition details:</b> NR</p>	

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<p><b>(Wilson et al. 2005)</b></p> <p><b>Citation:</b> The impact of a school entry law</p>	<p><b>Source population/s:</b> Kansas City, Missouri , USA</p> <p><b>Eligible population:</b> Young people in middle school in Kansas City, Missouri , USA</p>	<p><b>Method of allocation:</b> A purposive sampling technique was used in which 75 student immunisation records for grade 9 and 12 were reviewed for each school</p>	<p><b>Primary Outcomes:</b> Vaccination coverage between schools from different areas and with different vaccination policy.</p>	<p><b>Primary outcomes:</b> Young people in grade 9 in schools with an immunisation law had higher hepatitis B rates (72.8%) that in those schools without a law</p>	<p><b>Limitations identified by author:</b> Some schools which originally agreed to</p>

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<p>on adolescent immunization rates</p> <p><b>Aim of study:</b> To compare vaccination coverage in different areas with discordant immunisation school entry laws and to evaluate demographic characteristics and young people's immunisation rates</p> <p><b>Study design:</b> Retrospective cohort study</p> <p><b>Internal validity score:</b> -</p> <p><b>Applicability:</b> C</p>	<p><b>Selected population:</b> Young people from grade 9 and grade 12 (UK equivalent year 10 and sixth form) in 11 middle schools in Kansas City and Missouri, USA</p> <p><b>Excluded population/s:</b> NR</p> <p><b>Setting:</b> Eleven middle schools (urban, sub urban, &amp; rural) in Kansas City, Missouri, USA</p> <p><b>Vaccines:</b> Hepatitis B, tetanus and diphtheria (Td) and MMR</p>	<p><b>Intervention/s description:</b> A middle school entry law requiring hepatitis B vaccinations for school entry.</p> <p><b>Control/comparison/s description:</b> Comparison between schools with different immunisation laws or policies.</p> <p>Comparison between grade 9 and grade 12.</p> <p><b>Sample sizes:</b> <b>Total n= 2230</b> <b>Intervention n= NA</b> <b>Control n= NA</b></p> <p><b>Baseline comparisons:</b> NR</p> <p><b>Study sufficiently powered?</b> NR</p>	<p>Vaccination coverage between grades 9 and 12 .</p> <p><b>Secondary outcomes:</b> Evaluating of relationship of demographic characteristics and young people's immunisation rate</p> <p><b>Follow-up periods:</b> Spring 2003 (~three months)</p> <p><b>Method of analysis:</b> Unit of analysis was the school. Mann Whitney tests were used for school immunisation rates per grade</p> <p>Kruskall-Wallis test was used to compare school demographics</p>	<p>(18.6%) (Mann Whitney U=2.0 p&lt;0.01)</p> <p>There were no statistically significant differences between schools or grades for MMR and Td</p> <p><b>Secondary outcomes:</b> NA</p> <p><b>Attrition details:</b> NA</p>	<p>participate in survey dropped out due to insurance issues and therefore schools were more difficult to match.</p> <p>Only school immunisation records were used i.e. young people may have received other immunisation else where and they would not be present in school records</p> <p>One of schools offered hepatitis B vaccination in grade 6 i.e. an intervention which obviously influenced outcomes</p> <p><b>Limitations identified by review team:</b> The study had too many outcomes of interest which the design could not adequately answer. It would have better to look at a few key outcomes.</p> <p>there were many</p>



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					<p>confounding factors which could have influenced vaccination coverage not discussed e.g. health insurance, school health provision/ quality of records</p> <p><b>Evidence gaps and/or recommendations for future research:</b> The evidence suggest school entry law is beneficial but may not be reaching all population of young people across class, further research to ensure complete cover is needed</p> <p><b>Source of funding:</b> Association of teachers of Preventative Medicine /Centers for Disease Control and Prevention Cooperative Agreement</p>

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<p><b>(Yusuf et al. 1999)</b></p> <p><b>Citation:</b> Progress in coverage with Hepatitis B vaccine among US children, 1994-1997</p> <p><b>Aim of study:</b> To assess progress in hepatitis B vaccination of infants from 1994 to 1997.</p> <p><b>Study design:</b> Cohort study</p> <p><b>Internal validity score:</b> ++</p> <p><b>Applicability:</b> B</p>	<p><b>Source population/s:</b> United States.</p> <p><b>Eligible population:</b> Infants (aged 19 to 35 months) and their parents.</p> <p><b>Selected population:</b> Infants (aged 19 to 35 months) and their parents in 78 geographic areas (50 states and 28 selected urban areas) in the United States.</p> <p><b>Excluded population/s:</b> Infants either not aged 19 to 35 months) and their parents, or not living 78 geographic areas (50 states and 28 selected urban areas) in the United States.</p> <p><b>Setting:</b> 78 geographic areas (50 states and 28 selected urban areas) in the United States.</p> <p><b>Vaccine:</b> Hep B</p>	<p><b>Method of allocation:</b> NA</p> <p><b>Intervention/s description:</b> The intervention group comprised children in states where 3 or more doses of hepatitis B vaccination were an entry requirement for day care.</p> <p>By 1995 in time for this to effect vaccination coverage for those aged 19-35 months in 1997 only 11 states had enacted this law.</p> <p><b>Control/comparison/s description:</b> The comparison group comprised states with no day care entry requirement for hepatitis B vaccination.</p> <p>The intervention was evaluated using data collected as part of the National Immunisation Survey (NIS) from 78 geographic areas (50 states and 28 selected urban areas in the United States) for the years 1994 to 1997 to examine the progress in hepatitis B vaccination of children 19 to 35 months of age.</p> <p>Respondents had to be parents more than 18 years old and have children aged 19-35 months.</p>	<p><b>Primary Outcomes:</b> Proportion of infants receiving 3 doses of the hepatitis B vaccine.</p> <p><b>Secondary outcomes:</b> NR</p> <p><b>Follow-up periods:</b> NR</p> <p><b>Method of analysis:</b> NR</p>	<p><b>Primary outcomes:</b> A significantly greater proportion (86.7%, 95% CI 85.7 to 87.7) of children in states with day care entry requirements for hepatitis B vaccination had received 3 doses of hepatitis B vaccine than had children in states without this requirement ((83%, 95% CI 82.4 to 83.6) (P&lt;.01).</p> <p><b>Secondary outcomes:</b> NR</p> <p><b>Attrition details:</b> NR</p>	<p><b>Limitations identified by author:</b> NR</p> <p><b>Limitations identified by review team:</b> The authors have not reported method used for determination of sample size.</p> <p>No baseline comparisons are made in terms of demographic data for states with and without the law.</p> <p><b>Evidence gaps and/or recommendations for future research:</b> NA</p> <p><b>Source of funding:</b> NR</p>

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		<p><b>Sample sizes:</b>  <b>Total n= 32,433</b>  <b>Intervention n= NA</b>  <b>Control n=NA</b></p> <p><b>Baseline comparisons:</b>  NR</p> <p><b>Study sufficiently powered?</b>  NR</p>			

## References

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