The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)

**Immunization Screening and Referral in WIC**

**Objective**

Immunizing children against certain diseases is one important way to help them stay healthy. WIC’s mission is to be a partner with other services that are important to childhood and family well-being, such as immunizations. As an adjunct to services that provide immunizations, the WIC Program’s role is to identify a child’s need for immunizations and share that information with parents, including where to get a child immunized.

**History**

**1974:** The first WIC site opened in Kentucky and shortly after was operating in 45 States.

**1978:** Legislation introduced new elements into the Program, among them WIC partnership and coordination activities with health services. Educating WIC participants about the importance of immunization and providing referrals to immunization services has been a part of WIC’s efforts for over 35 years.

**1990s:** In the mid-1990s, USDA and the Centers for Disease Control and Prevention (CDC) embarked on a coordinated effort to focus efforts to ensure WIC children are immunized. Linking immunization services with WIC services was shown to significantly improve immunization coverage of WIC participants. WIC played a crucial role during the measles epidemic in the 1990s in helping to increase measles vaccination rates among WIC children. Since 2000, measles in the United States is no longer endemic.

**2000:** A White House Executive Memorandum was issued directing the Secretaries of Agriculture and Health and Human Services to further focus efforts to increase immunization levels of children participating in WIC. A national strategic plan was developed to coordinate and focus efforts to carry out the directives. Partners in this effort included the National WIC Association, Association of State and Territorial Health Officials, Academy of Pediatrics, and Every Child By Two. A minimum screening and referral protocol for use in nonmedical settings such as WIC was proposed and validated.
**WIC’s Role in Immunization**

Because WIC is the largest single point of access to preschool children nationally, it is in a unique position to provide access to the high risk population most in need of immunizations. WIC has a helping role in this process by encouraging parents to bring their infant/child’s immunization record to WIC appointments so that WIC staff can screen the record as part of the WIC certification process and provide a referral as appropriate (see figure 1.) Where resources allow, WIC may implement other measures to increase immunization rates of WIC children in conjunction with the State Immunization program. Immunization records and/or an infant/child’s immunization status are in no way tied to the receipt of WIC benefits.

**Impact**

As a result of these efforts, WIC childhood immunization rates have reached all-time highs.

An analysis of the National Immunization survey by Thomas T.N. et al., 2014 concluded that Children in WIC had higher (15% higher for DTaP) vaccination coverage levels than WIC-eligible children who never participated in WIC. Also, WIC participants had vaccination coverage comparable to more affluent children.

**Other Resources**

- State Immunization Programs: http://www.immunize.org/states/
- Immunization Resources for WIC Staff: https://wicworks.fns.usda.gov/topics-z/immunizations
- Centers for Disease Control and Prevention -- childhood immunizations: http://www.cdc.gov/vaccines/parents/

---

**Figure 1. Overview of WIC’s minimum screening and referral protocol. Adapted from Rickert, D., et al. 2003.**