

Immunization and Child Profile Update

spring | 2012

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hot topic >>>

Washington Wins National Awards

In February, our state got two awards from the Centers for Disease Control and Prevention (CDC)—one for most improved teen immunization rates and one for adult immunizations.

One award recognizes that more Washington teens aged 13-17 years are protected from life-threatening diseases than ever before. The award highlights three vaccines, based on National Immunization Survey data from 2008 to 2010:

- Human papillomavirus (HPV) vaccine. Our rate increased by 22 percent (from 47 to 69 percent).

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Immunization Update from the Office Director

Even though the new year is only three months old, a lot has happened in a short period of time. In February, our state won two national awards from the Centers for Disease Control and Prevention—one for most improved teen immunization rates and one for adult immunizations.



More teens in our state aged 13-17 years are protected from life-threatening diseases than ever before. The award for this achievement focused on three vaccines: HPV, Tdap, and meningococcal. Our rates for these vaccines increased by 22, 36, and 28 percent, respectively.

The award for adult immunization highlighted our coverage rate for

pneumococcal vaccine in adults aged 65 and older, which is the third highest in the nation. Read more information on our awards later in this newsletter.

These awards are very encouraging, but we know there's more work to do. Current pertussis outbreaks highlight the fact that people in our state aren't getting the

vaccines they need in order to protect themselves and the community.

At press time, there have been 640 pertussis cases reported statewide so far this year. That's compared to 94 reported cases in 2011 during the same time period.

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ask the nurses >>>

Q: Can you tell me about HPV vaccine recommendations for males?

A: The Advisory Committee on Immunization Practices (ACIP) recommends routine use of quadrivalent human papillomavirus (HPV) vaccine (called HPV4 or Gardasil) in males aged 11 or 12. The vaccination series can start as early as nine. It also recommends Gardasil vaccine for males aged 13 through 21 years with an incomplete three-dose series or who

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Washington Wins National Awards, Continued from Page 1



(l-r) Tracey Andrews, Janna Bardi, Jan Hlcks-Thomson, Lin Watson, Dr. Anne Schuchat

Our state had the highest HPV vaccination rate in the nation in 2010.

- Tdap vaccine, which protects against tetanus, diphtheria, and pertussis. Our rate increased by 36 percent (from 35 to 71 percent).
- Meningococcal vaccine. Our rate increased by 28 percent (from 40 to 68 percent).

The other award recognizes adult immunizations. This is CDC's first award for adult coverage. We have

the third highest coverage rate for pneumococcal vaccine in adults aged 65 and older at nearly 76 percent.

The state and national goals are 90 percent for each vaccine. These outstanding increases in our rates reflect the hard work of parents, the public, healthcare providers, schools, and public health. Teens have also become more aware and engaged in their health. Thank you to our partners, providers, youth leaders, and families for your dedication to immunizations. These awards are for all of us!

Contact Wendy Stevens at 360-236-3574 with questions, feedback, or ideas on how to raise adolescent immunization rates. Contact Columba Fernandez at 360-236-3548 with ideas about adult immunizations. Your continued partnership helps protect and improve the health of our communities.

adult & adolescent >>>



Number of Whooping Cough Cases Highest in Six Years

Pertussis (whooping cough) continues to circulate in our state. The number of whooping cough cases increased by more than 50 percent between 2010 and 2011. There were over 950 reported cases in 2011, compared to just over 600 cases reported in 2010.

The disease is persistent and troublesome for adults, but can cause

more serious problems for babies, including pneumonia, seizures, and trouble breathing. In 2010 and 2011, two babies died each year from whooping cough in our state.

Babies suffer the most from whooping cough because their immune systems are still developing and they're too young to get vaccinated or complete

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*A publication of the
Washington State
Department of Health*
DOH 920-915

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Number of Whooping Cough Cases Highest in Six Years, Continued from Page 2

their vaccination series. Most babies who get the disease catch it from a family member.

As a healthcare professional, you can help protect babies against whooping cough:

- Make sure you and your staff are up-to-date with a Tdap booster.
- Check your patients' immunization status and recommend pertussis vaccine to anyone who needs it.
- Give Tdap to all pregnant women after 20 weeks' gestation. Tdap

vaccine recommendations for pregnant women recently changed. Vaccinating them before delivery gives them more time to develop immunity to protect their babies against whooping cough.

- Make sure all other household contacts and caregivers are up-to-date with a Tdap booster.
- Consider pertussis testing for any patient with a persistent cough, especially if it has been present for at least two weeks with or without gagging, vomiting, and trouble breathing. Testing is

recommended if the patient is in close contact with high-risk people, like babies under one year or pregnant women. Many factors can influence test results, so a negative test doesn't rule out the patient's chance of having the disease.

Help protect babies by vaccinating all the people around them. Get more whooping cough information online.

Affordable Care Act Immunization Grant

The Office of Immunization and Child Profile got a two-year, \$1.76 million dollar Affordable Care Act (ACA) immunization grant to improve adult immunization services. Our state was one of five to get this funding. The grant aims to strengthen adult immunization programs by partnering with employers, pharmacies, tribal health, migrant health centers, local health, and other healthcare providers.

Grant activities target decreasing racial and ethnic disparities in adult immunizations. The work supports ACA requirements that people enrolled in new group or individual health plans will have coverage for recommended vaccines without co-payments or other cost sharing. We cannot use these grant funds to buy vaccine.

Data for adult vaccination show fairly low rates. Centers for Disease Control and Prevention data for the 2010-2011 flu season found:

- Only 65.3 percent of adults over 65 in our state got a flu shot.
- Seniors had the highest

vaccination rates out of any adult age group.

- Only 40.9 percent of all adults aged 18 and older in our state got vaccinated.

National Health Interview Survey data from 2008 show that:

- Only about 6 percent of adults aged 18-64 had a Tdap vaccination.
- More Caucasians got vaccinated than any other race/ethnicity.

Find specific project information in the table on Page 4.

In addition, we'll work to:

- Change the name of the Child Profile Immunization Registry to the Washington State Immunization Information System.
- Improve adult immunization information in the system.
- Explore employer use of the system for employee vaccination records.
- Create an insert on adult immunization for the Child Profile Health Promotion mailings.

- Increase use of the system by adult immunization providers.

We'll begin work with local health on the healthcare worker objective later this spring. We plan to gather information from them about current activities going on in their communities and who would be interested in doing more.

Stay tuned for more information over the next few months. For more information, contact Marci Getz at 360-236-3534.

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Affordable Care Act Immunization Grant, Continued from Page 3

ACA Adult Immunization Grant: Prevention & Public Health Fund

Projects	Focus	Target Audience	Partners
Pharmacies	<ul style="list-style-type: none"> • Increase provision of adult vaccines • Increase use of the immunization registry • Increase health plan billing for adult immunizations 	<ul style="list-style-type: none"> • Pharmacies • Pharmacists 	Washington State Pharmacy Association
Employers	Increase employee vaccination and education opportunities	<ul style="list-style-type: none"> • Child care providers • State employees 	Child care workers, Coalition for Safety and Health in Early Learning, Community Pediatric Foundation of Washington, Immunization Action Coalition of Washington, and the Health Care Authority
Community and Migrant Health Centers	<ul style="list-style-type: none"> • Pilot project to expand adult vaccination activities and raise vaccination rates in community health clinics • Promotora (Community Health Workers) training • Community outreach 	<ul style="list-style-type: none"> • Patients • Clinical staff 	Washington State Association of Community and Migrant Health Centers
Healthcare Workers	<ul style="list-style-type: none"> • Improve healthcare worker vaccination rates • Learn more about vaccination policies and practices in clinic settings 	Healthcare workers in clinic settings	American Indian Health Commission, Immunization Action Coalition of Washington, and local health jurisdictions
Improving Hepatitis B Vaccination in High-risk Groups	<ul style="list-style-type: none"> • Improve patient hepatitis B vaccination rates in clinic settings • Community outreach to high-risk groups 	<ul style="list-style-type: none"> • Providers who serve high-risk patients • Communities at high risk 	Hepatitis B Coalition of Washington

Ask the Nurses, Continued from Page 1

are unvaccinated. Males 22 through 26 years can also get the vaccine. Find the HPV vaccine recommendations for males online.

Q What are the HPV vaccine recommendations for special populations?

A Gardasil isn't a live vaccine, so the ACIP makes the same recommendations as for healthy males. The vaccine is recommended for males aged 9 to 26 years who are immunocompromised, who have sex with men, who are already vaccinated, or who have an incomplete vaccination series.

Q A medical assistant in my clinic gave a child MMR and a combo MMR-varicella (Proquad) vaccine at the same visit. What should we do?

A This is a vaccine administration error. Tell the parent, document the error, and put procedures in place to make sure it doesn't happen again. Although the child got an extra dose of measles, mumps, and rubella vaccine, it shouldn't cause a safety problem or affect the child's immunization schedule. If this was the first dose, give the second dose on schedule.

Q What are the hepatitis B vaccine recommendations for people with diabetes?

A The ACIP recommends hepatitis B vaccine to unvaccinated adults with diabetes aged 19 through 59 years. Healthcare providers may also recommend it for unvaccinated adults with diabetes aged 60 and up. Find the hepatitis B vaccine recommendations for adults with diabetes online.

Q One of my providers only gave the liquid component of a DTaP-IPV/Hib combo vaccine (Pentacel). They didn't mix it with the lyophilized Hib component. What should they do now?

A Use of DTaP-IPV solution as the diluent for the Hib component is specifically written on both the Pentacel box and on the DTaP-IPV vial label. The DTaP-IPV component counts as a valid dose of DTaP and IPV vaccines. Any dose of ActHib reconstituted with diluents other than DTaP-IPV or specific ActHib diluents should not be counted as valid and must be repeated. Take measures to prevent this error in the future.

Only reconstitute ActHib with either the DTaP-IPV solution supplied with Pentacel or with specific ActHib diluents. If you have ActHib but neither diluent, contact the manufacturer (sanofi pasteur) to get ActHib diluent.

Q Some adults say they got DTP vaccine as kids in the 1980s, but don't have records to confirm it. Can they get Tdap? Is there a minimum interval between DTP and Tdap vaccines?

A DTP vaccine wasn't licensed or recommended for people aged seven and up. Any DTP doses given to an adolescent in the 1980s would have been in error. It's more likely they got Td vaccine. Vaccinate all adults with a dose of Tdap if they haven't gotten it yet.

Providers often see patients who don't have immunization records. Besides flu and PPSV vaccines, only accept written, dated records as proof of vaccination. Self-reported doses of flu and PPSV vaccinations are

acceptable. Don't put off vaccinations even though records can't be found. Consider these patients susceptible and start them on the age-appropriate vaccination schedule.

Q What are the updated ACIP recommendations for healthcare workers?

A The ACIP's updated recommendations are aimed at the need for vaccinations and control measures in the workplace. Find the Immunization of Health-Care Personnel report online.

Q Is herpes zoster vaccine licensed for people aged 50 through 59 years?

A In March 2011, the Food and Drug Administration approved the use of Zostavax in adults aged 50 through 59 years. However, the ACIP declined to recommend it for adults in this age range based on lack of long-term protection data and supply issues. It only recommends Zostavax for adults aged 60 and up. Find the herpes zoster vaccine recommendations for people aged 50 through 59 online.

The Office of Immunization and Child Profile public health nurses are Shana Johnny, RN, MN; Trang Kuss, RN, MN, MPH; and Diana McMaster, RN, MHA. E-mail questions to immunenurses@doh.wa.gov and look for selected questions in the next newsletter.

child profile health promotion system >>>



Child Profile Health Promotion & WCAAP Work Together

Child Profile Health Promotion Reaches Milestone

We reached our goal to send Child Profile Health Promotion mailings to 90 percent of Washington families with young kids. That's more than 470,000 families. The mailings are our state's reminder system about immunizations and well-child visits.

They provide information about safety, nutrition, oral health, development, and more. They also include materials from 11 other state agencies and partners.

Ongoing evaluation shows that families read the materials and the information is an effective reminder

for parents to get kids immunized on time and schedule preventative health visits.

We're preparing to send Child Profile materials by e-mail to parents who want to get them that way.

Find more information on Child Profile Health Promotion online.

We use the American Academy of Pediatrics' Bright Futures guidelines to develop and prioritize topics in the Child Profile Health Promotion mailings. Members of the Washington Chapter of the American Academy of Pediatrics (WCAAP) give input on the content of specific materials.

In late 2011, we asked WCAAP members who are experts on the topics covered in the mailings to review our materials. Since then, we've worked with pediatricians on injury prevention, oral health, and nutrition messages. We appreciate the willingness of WCAAP members to share their skills and give their valuable time to make sure our messages are correct, up-to-date, and based on best practices.

immunization registry >>>



Status of Provider Participation & Registry Data

Medical Organizations Enrolled in the Registry*

	# Added by Year	Total Medical Organizations Enrolled**
2006 Total	96	574
2007 Total	81	655
2008 Total	102	757
2009 Total	75	832
2010 Total	53	885
2011 Total	93	978

*A single medical organization may have many sites or facilities.

**Not including 254 enrolled school districts, 25 enrolled private schools, 62 enrolled ESD/Head Start agencies, 10 enrolled health plans, DSHS Foster Care Health, Department of Corrections, and HRSA (Medicaid).

Increase in Data

Overall increase of people in the Child Profile Immunization Registry, our state's immunization information system (IIS):

- Demographic records added in the fourth quarter: 128,773.
- Total active records: 5.9 million, excluding those inactivated due to dying or moving out-of-state and including patients of all ages. The total of all records, active and inactive, exceeds 6.9 million.
- The IIS is a lifetime immunization registry with many adolescent and adult records in it.

Overall increase of immunization events in the IIS:

- Immunizations added in the fourth quarter: 2.4 million.
- Total exceeds 55 million immunizations including patients of all ages.

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Status of Provider Participation & Registry Data, Continued from Page 6

Highlights

- School districts now participating: 254, which represent 86 percent of all public school districts and 99 percent of statewide student enrollment.
- Head Start and/or ECEAP grantees enrolled in the IIS: 62 of 70 (89 percent).
- Meaningful Use Incentive Program for Providers (Centers for Medicare and Medicaid Services) brought new providers to the IIS, including some adult immunization providers.
 - Helped over 30 providers submit data to the IIS directly from Electronic Health Records (EHRs).
- EHR products with a live interface with the IIS: 17 different products covering more than 170 different practice sites belonging to 89 medical organizations.

Enrollment by Facility Type as of December 31, 2011

Type of Site/ Facility	Total # in State*	# Enrolled	Up from 12/31/10	% Enrolled	2011 Goal
Public	228	228	+2	100%	100%
Private	1102	1033	+75	94%	95%
Total	1322	1261	+74	95%	95%

*The denominators for both public and private sites are adjusted as new providers participate, including those not on the Vaccines for Children program. Reasons for adjustments include changing the status of some clinics from "private" to "public," adding new clinics, and deleting clinics that close or no longer give immunizations.

Child Profile Immunization Data Trends

As of:	% and # Kids <6 Years with 2 or More Immunizations	% and # Kids Aged 19-35 Months with 2 or More Immunizations
12/31/04	66%	72%
12/31/05	72%	78%
12/31/06	77%	83%
12/31/07	88%*	92%*
12/31/08	93%* (468,897)	98%* (117,317)
12/31/09	94%* (490,374)	100%* (123,844)
12/31/10	94%* (495,729)	99%* (123,115)
12/31/11	95%* (504,726)	96%* (121,096)

*A percent of the population based on Office of Financial Management Census Estimates, January 2011. The adjustment resulted in a higher population estimate, bringing down the percentage of kids who met the criteria, even though the numbers increased. Before 2007, we based data on number of records in the IIS rather than census estimates. Also, in mid-2010, we inactivated a number of records due to out-of-state addresses. This decreased the number of kids in the database.

Completeness of Immunization Registry Data for Kids Aged 19-35 Months

As of:	# Kids with 4:3:1 Series	% with 4:3:1 Series*	# Kids with 4:3:1:3:3 Series	% with 4:3:1:3:3 Series	# Kids with 4:3:1:3:1 Series	% with 4:3:1:3:1 Series
12/31/04			27,574	24%		
12/31/05			33,541	28%		
12/31/06			41,069	33%		
12/31/07	57,081	49%	48,390	41%		
12/31/08	65,254	55%	59,329	50%	57,342	48%
12/31/09	72,276	59%	67,018	55%	65,083	53%
12/31/10	78,220	63%	72,218	58%	69,806	56%
12/31/11	81,556	65%	75,371	60%	73,670	58%

*Population-based denominator from the Office of Financial Management Census Estimates, updated yearly, most recently in January 2011 (126,001 for kids aged 19-35 months). Contact the Child Profile Help Desk at 1-800-325-5599 with questions.

perinatal hepatitis b >>>



2011 Perinatal Hepatitis B Yearly Summary

The Perinatal Hepatitis B Prevention Program gives follow-up and support to babies born to hepatitis B-positive women and their household contacts through case management.

The program reminds hospitals, healthcare providers, labs, and those infected about testing, screening, and follow-up case actions.

Babies born to hepatitis B-positive women get case management for up to age 18 months. In 2010:

- Total babies reported born to hepatitis B-positive women: 318 compared to 332 cases in 2009.
- Percent of babies who got Hepatitis B Immune Globulin

(HBIG) and the first hepatitis B shot within one day of birth: 98 percent.

- Percent of babies who got HBIG and three hepatitis B shots within eight months: 78 percent. This increased to 88 percent by age 12 months.
- Total babies tested after the hepatitis B series: 74 percent, a huge improvement over the 2009 rate of 47 percent.
- No reports of babies infected with hepatitis B.

We thank local health coordinators who work to identify all cases in spite of staff turnover and competing priorities.

Perinatal Hepatitis B Birth Hospital Practice Survey & Chart Review

In 2012, the Office of Immunization and Child Profile will survey hospitals and review hospital-based charts to find out more about current policies and standing orders related to perinatal hepatitis B prevention.

The survey and chart review will look at:

1. Hepatitis B vaccination at birth.
2. Vaccine administration records.
3. Policies and standing orders for hepatitis B virus blood testing of pregnant women who present for delivery.
4. Policies and standing orders for Hepatitis B Immune Globulin and hepatitis B vaccination of babies

born to hepatitis B-positive women.

5. Standing orders for managing hepatitis B-positive women and their babies.
6. Hospital enrollment in the state Childhood Vaccine Program so that babies can get hepatitis B vaccine.

The project will evaluate Perinatal Hepatitis B Prevention Program work and help guide future policy decisions to prevent infection. Contact Shana Johnny at 360-236-3698 or Pat deHart at 360-236-3537 for more information.

Improve Adult Hepatitis B Immunization Project

The problem

1. Too many people get hepatitis B virus in the U.S. and in Washington State:
 - Each year in our country, hepatitis B virus (HBV) infects about 800,000 to 1.4 million people over a long period of time.
 - Since 2000, the Department of Health got over 30,000 reports of HBV and 84,000 reports of chronic hepatitis C.
2. Hepatitis B treatment is very expensive:
 - People with chronic and viral hepatitis cost our state \$124-198 million each year for medical care, including liver transplants.
 - Between 2004 and 2007, Medicaid paid almost \$21 billion for hepatitis B treatment in our state.
3. Our state's large and growing high-risk population:
 - About 10 percent of Asian Americans, Native Hawaiians, and Pacific Islanders are infected with HBV—60 times the rate of other groups.
 - These groups make up more than 7 percent of our state's population.
 - People at higher risk of HBV come from Asia, Africa, and other areas with a 2 percent or higher chronic hepatitis B rate.
 - We project that these high risk and diverse populations will grow by 132 percent by 2030, with over 75 percent living in King, Pierce, and Snohomish Counties.
4. Adult immunization against

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Improve Adult Hepatitis B Immunization Project, Continued from Page 8

hepatitis B infections remain low, which increases the risk for illness to spread to:

- Babies who are more likely to get infected if not treated.
- Contacts in the home.
- Sexual partners.

Addressing the problem

The Hepatitis B Coalition of Washington works with the Office of Immunization and Child Profile to improve adult hepatitis B immunization through an Affordable

Care Act grant.

Improve Adult Hepatitis B Immunization Project

In spring 2012, we'll work with healthcare providers on a project to improve adult hepatitis B immunization.

Project goals:

- Increase hepatitis B awareness.
- Improve adult hepatitis B vaccination rates.
- Prevent hepatitis B by promoting

vaccination.

- Improve communication between community members and providers.
- Improve communication between family and household members. Collaborate with community healthcare clinics and providers who work with high-risk adults, including immigrants, refugees, Asian Americans, Native Hawaiians, Pacific Islanders, and East Africans.



Immunization Materials Update

Free immunization materials are available from the Office of Immunization and Child Profile. Visit the Forms and Publications page to view and order materials.

New or Revised Materials	Format	Language(s)
<p>A Guide to Protecting Your Child: Immunizations Birth through 6 Years</p> <ul style="list-style-type: none"> • Revised to include the 2012 immunization schedule. • Free copies available in April 2012. 	Print and online	English and Spanish
<p>Make an informed decision about childhood immunizations: Learn the Facts</p> <ul style="list-style-type: none"> • Developed by the Washington State Medical Association, the Department of Health, and the Washington State PTA. • Explains the risks of immunization exemptions. 	Print and online	English



Staff Updates

New to the office

Roxie Zarate, Vaccine Quality Assurance and Systems Consultant, joined the office in March 2012. Roxie will work on vaccine storage and handling, quality improvement and evaluation, and materials. Roxie previously worked in the Department of Health's Health Care Associated Infections program. Contact her at 360-236-3549 or roxie.zarate@doh.wa.gov. Welcome, Roxie!

Position changes

Jeniffer Hansen left her temporary position as the office's Vaccine Management Data Specialist in February 2012. Through June 2012, Jeni will be the office's Project Coordinator for the Perinatal Hepatitis B Hospital Policy Survey project. Contact her at 360-236-3569 or jeniffer.hansen@doh.wa.gov. Congratulations, Jeni!

Left the office

Tracey Andrews, CDC Public Health Advisor, left the office in March 2012. As part of her public health advisor training program, Tracey moved on to the Los Angeles County Department of Public Health to get local level experience. We'll miss you, Tracey!

New Department of Health Website

To better serve the public and our partners, we're redesigning our website based on user feedback. We're in the process of moving tens of thousands of elements—including webpages, graphics, and documents—in preparation for our new website launch on April 30. These changes will affect all of our webpage addresses (except our agency home page) when the

new site launches. If you use any bookmarks or links to our site, you'll need to visit the new site in early May to update your links.

We apologize for any inconvenience this may cause, but we think users will like our new topic-driven and streamlined website.

PRAMS Data on Pregnant Women & Flu Vaccine

The Pregnancy Risk Assessment Monitoring System (PRAMS) surveys women two to six months after delivery about their pregnancy. PRAMS has collected data on pregnant women and flu vaccination in our state since 2009.

Data shows that healthcare provider advice makes a big difference in increasing rates of flu vaccination among pregnant women. In our state, when providers offer or recommend flu vaccine to pregnant and postpartum women, these

women are three times more likely to get immunized than women who aren't offered nor have the vaccine recommended to them. To learn more, read a new flu brief for Washington providers based on our state's PRAMS data.

Forward this information to your colleagues and professional organizations. Consider posting a link to the brief on your website. Your efforts will help protect women and their families in our state.

Save the Date!

The Immunization Action Coalition of Washington will celebrate National Infant Immunization Week and have an awards ceremony on April 26, 2012, from 3:00 p.m. to 5:00 p.m.

The coalition will give out two awards and the Office of Immunization and Child Profile will present the Centers for Disease Control and Prevention childhood immunization champion award.

Dr. Ari Brown will provide the keynote speech. She is a pediatrician, spokesperson for the American Academy of Pediatrics, and author of the baby and toddler 411 books. Dr. Brown is a powerful speaker on the importance of immunizations and a great story teller.

Don't miss this opportunity to see her in person at the Shoreline Conference Center or by Web conference. Look for more details soon!

school & child care >>>



Growing Public Interest in School Immunization Data

We continue to get a lot of public interest in school and child care immunization data. We expect more requests for these data in the future. We hear that parents want to know the immunization and exemption rates in their schools, just like they want to know about test scores and teacher/student ratios. Schools and child cares report cumulative data to

the state each year, and these data are public information. Find county- and district-level data online.

A Seattle-based company, SchoolDigger.com, plans to add immunization rate information for Washington State schools to its database. SchoolDigger is a free resource to search, evaluate, and

compare schools, districts, and cities. The site includes test scores, rankings, district boundaries, student/teacher ratios, ethnic makeup, and much more for over 120,000 elementary, middle, and high schools in the United States.

Soon parents will have the opportunity to view kindergarten immunization rate information in this online tool. They can check the percentage of kindergarten students complete for their immunizations at a particular Washington school. They can also see a graph (in school details) of kindergarten immunization rate data over the last five years. We expect SchoolDigger to launch this information in spring 2012. Look for more details soon.

Update: School & Preschool Immunization Status Reports

The school and child care immunization status reports for school year 2012-2013 are changing to find out how many kids are claiming the new religious membership exemption. This is the new exemption category created by the Legislature in 2011. We also want to know how many kids in kindergarten and sixth grade are claiming each of the exemption categories (medical, personal, religious, and religious membership).

These changes are part of our ongoing quality assurance review of what we ask from schools each year. It's important that we capture the right information from schools and child cares. Watch for details of these changes.

You may need to make changes to your tracking processes and electronic systems. Contact Chris Halsell at 360-236-3527 for the technical specifications of the changes.

Download & Accept Only Current CIS & COE

Schools and child cares must download (or encourage parents to download) the Certificate of Immunization Status (CIS) from the Department of Health website. Parents must complete a CIS for each child in child care, preschool, or school in Washington State. Schools and child cares should only accept the CIS dated January 2010. Only the official CIS and Certificate of Exemption (COE) are valid.

Parents who want to exempt their child from the requirements must also download the COE from the department's website, fill it out, and give it to the school. Schools and child cares should only accept the COE dated June 2011.

The department no longer sends the CIS to schools and child cares. Print it directly from our website. Healthcare providers and schools with access to the Child Profile Immunization Registry, our state's immunization information system, can print the CIS for parents already filled out (make sure the parent still reviews and signs).

Immunization Manual Updated

Check out the updated *Immunization Manual for Schools, Preschools, and Child Care Facilities*. The new format is easier to use and (based on many requests) includes page numbers. In many cases we included links rather than attached documents. This means you'll have access to the most current information available and makes it easier for us to update.

The manual has five chapters to answer all your school and child care immunization questions. The first three chapters contain important information on "What is Required?" (Chapter 1), "Who is Responsible for What?" (Chapter 2), and "What Must be Recorded?" (Chapter 3). Each of these chapters starts with a "snapshot" document that gives a visual overview of these main topics.

The other two chapters include "Additional Recommendations" (Chapter 4) and "Resources" (Chapter 5).

E-mail feedback about the manual to Trang Kuss.

Send Yearly Status Reports Using the State's IIS

Starting this fall, submit your School Immunization Status Reports using the Child Profile Immunization Registry, our state's immunization information system (IIS).

All public and private schools will report using the IIS for school year 2012-2013. Schools need to send the reports by November 1, 2012. Preschools and child care facilities won't report this way until fall 2013.

School staff who send reports do not need to know their building or authorization codes when using the IIS. Your IIS user account is tied to the school or schools for which you report.

How to prepare:

1. In April, watch for an e-mail asking you to register for the new system.
2. In August, watch for an e-mail that includes your username,

password, and instructions.

3. Watch a video training or attend a webinar to learn more about the reporting changes in the fall.
4. Log on to the IIS and complete the yearly school status report.

2012-2013 School & Child Care Immunization Requirements

Find the 2012-2013 Vaccines Required for School and Child Care/Preschool charts online.

A simplified chart for parents shows immunizations required by law for school entry. This new chart targets parents and directs them to ask their healthcare provider or school staff specific questions about school immunization requirements for their child.

School staff can use the school chart to review students' immunization requirements. Find detailed

information about vaccine intervals and ages on Page 2. Both child care/preschool staff and parents can use the child care/preschool chart.

Changes to 2012-2013 immunization requirements:

- Kids in Grades 6 through 11 need one dose of Tdap.
- New inactivated poliovirus (IPV) requirements started in the 2011-2012 school year. It affects kindergarteners and first graders in the 2012-2013 school year. A final dose of IPV given on or after August 7, 2009, must also be

given at a minimum of four years of age and a minimum interval of six months from the previous dose.

- The State Board of Health approved the updated school chart on March 14, 2012.
- Kids in child care and preschool may get five total doses of pneumococcal conjugate vaccine. All kids aged 14-59 months who got 4 doses of PCV7 are recommended (but not required) to get a single supplemental dose of PCV13.

School Immunization & Exemption Monitoring Project

In 2009, the Office of Immunization and Child Profile got an American Recovery and Reinvestment Act grant to carry out the statewide School Immunization and Exemption Monitoring Project. The work was done between September 2009 and December 2011.

The project aimed to provide schools access to a singular standardized immunization and exemption system called the School Nurse Module in the Child Profile Immunization Registry, our state's immunization information system (IIS). This will allow school staff to electronically report state-required, aggregate immunization and exemption data to the Department of Health. The office conducted a data validation project to compare immunization coverage as reported by parents on the Certificate of Immunization Status (CIS) with data reported by providers in the module.

The module needed state-specific changes in order for school staff to use the system, especially for reporting immunization and exemption data. We interviewed

school staff to settle on the changes needed. The module is ready for schools to report immunization and exemption data starting in fall 2012.

We'll work with select school staff to test the new reporting feature in spring 2012 before implementing the new reporting feature in the fall. After that, we plan to work with select pilot schools in 2013 to implement the immunization tracking feature of the module, which will move all schools toward using it as a singular immunization and exemption system.

The second part of the School Immunization and Exemption Monitoring Project included the Data Validation Project. We completed it in December 2011. The goals of the Data Validation Project included:

1. Develop a consistent process to validate immunization data that parents report to schools.
2. Determine immunization coverage rates and compare them with the yearly school immunization status report.
3. Compare CIS with immunization data in the IIS.

We got parental consent and collected copies of the CIS from schools. We compared immunizations found on the CIS to the yearly school immunization reports. In addition, we compared CIS data to immunizations reported by healthcare providers in the IIS.

The project results were based on 14 pilot schools statewide, for a total of 699 kindergarteners. We got 348 (49.8 percent) of the total possible consent forms from parents and 329 (94.5 percent) of the requested CISs from schools.

Based on immunizations reported on the CIS alone, the immunization coverage for kindergarteners in the project was high, ranging from 82.8 percent for varicella vaccine to 88.5 percent for DTaP/DT/Td vaccine. One possible reason for the high coverage on the CIS is that parents may get help from healthcare providers to fill it out in order for their kids to start school.

Immunization coverage based on the CIS was lower, but not significantly, when compared to the required

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School Immunization & Exemption Monitoring Project, Continued from Page 12

immunization reports submitted from schools. One possible reason for this is school personnel can access the IIS and may account for missing immunizations found in it.

We found that immunization coverage from the IIS alone was significantly lower compared to CIS data alone. This was surprising—we expected higher IIS data. A possible reason for this is parents may supplement the CIS with immunizations received from out-of-state providers not entered in the IIS.

What parents reported on the CIS matched very well with what providers reported in the IIS. In fact, immunizations matched in both the CIS and IIS about 76.8 percent of the time. Less than 10 percent of students in this project didn't have any immunization records in the IIS. We were pleased that the IIS contained immunizations for 90 percent or more of students in our state.

We achieved the goals of the Data Validation Project. We developed a

process to validate immunization data that parents report to schools. We determined immunization coverage rates and compared them with the yearly school immunization status report. We compared immunizations on the CIS with those in the IIS. We'll use the results of this project to guide future immunization requirement policy decisions.

Find the Data Validation Project final report online.

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management >>>*



2012 VFC Provider Agreements

The 2012 healthcare provider re-enrollment process is off to a great start. Local health jurisdictions (LHJs) that re-enroll providers during the first half of the year will follow the same process used in the past. LHJs will get a Provider Agreement packet in the mail based on the scheduled enrollment period. Packets include Provider Agreements for each provider pre-populated with demographic data and physician list. Packets also include a cover memo, blank 2012 agreement, and blank frozen vaccine agreement.

Contact Wendy Bowman at 360-236-3514 with questions about the Provider Agreements. We hope that online provider enrollment will be up-and-running in the second quarter of 2012. We may ask a few LHJs to pilot the new enrollment process at that time.

HPV Vaccination for Males

On October 25, 2011, the Advisory Committee on Immunization Practices recommended routine use of quadrivalent human papillomavirus (HPV) vaccine (Gardasil or HPV4) in males aged 11 or 12 years.

It also recommended HPV4 vaccine for males aged 13 through 21 years with an incomplete three-dose series or who are unvaccinated. Males aged 22 through 26 years can also get the vaccine. The December 23, 2011 *Morbidity & Mortality Weekly Report* included the recommendation for routine vaccination of males with HPV vaccine.

Find the HPV vaccine recommendations for males online. Find the updated Immunization Guidelines for the Use of State-Supplied Vaccine online.

Transporting Varicella- Containing Vaccines

The Centers for Disease Control and Prevention (CDC) and vaccine manufacturers do not recommend re-packing and transporting varicella or MMRV vaccines. If either vaccine must be re-packed and transported, CDC recommends the use of a portable freezer unit that maintains the temperature between -58°F and +5°F (-50°C and -15°C). Portable freezers may be available for rent in some places. Do not use dry ice for temporary storage or emergency transport.

If a portable freezer unit is unavailable, transport the vaccine at 36°F to 46°F (2°C to 8°C), which is considered a temperature excursion. When it arrives, contact the manufacturer to see if it's viable and if it should be short dated. These vaccines may be in transit at 36°F to 46°F (2°C to 8°C) for up to 72 continuous hours prior to reconstitution. Call 1-800-637-2590 for more information.

FDA Expands Licensure of PCV13 Vaccine

On December 30, 2011, the Food and Drug Administration (FDA) licensed PCV13 vaccine for people aged 50 and older. The Advisory Committee on Immunization Practices has not made a recommendation for adult vaccination yet. Healthcare providers who choose to vaccinate adults with PCV13 (Pevnar13) must purchase private stock for adult patients.

Providers should clearly mark PCV13 they buy for adults as privately-purchased so it's easy to tell the difference between private-purchase and state-supplied PCV13 for kids.

See the Immunization Guidelines for the Use of State-Supplied Vaccine for details on how to use state-supplied vaccine. Find the FDA's announcement of licensure of the vaccine for adults online.

Manage Vaccine Returns & Incident Reports

Wasted, lost, or missing vaccine:

- Healthcare providers must report wasted vaccine doses in the inventory section of the monthly accountability reports. Local health may require providers who repeatedly waste or have lost or missing doses of vaccine complete a Vaccine Incident Report form. Wasted doses include broken or spilled vials or syringes or vials opened and then not used.

Spoiled or expired vaccine:

- Providers must report all spoiled or expired vaccine using the Vaccine Incident Report form.

Vaccine transfers:

- It's discouraged to transfer vaccine between state-supplied and privately-purchased supply. If providers do it, they must document it on the Vaccine Incident Report form.

CDC Bar Coding Project

The Centers for Disease Control and Prevention (CDC) started a vaccine bar coding pilot, which ends in March 2013. The Office of Immunization and Child Profile gave CDC over 100 healthcare provider names for consideration. CDC will contact providers to see if they're interested and if two-dimensional (2D) bar coding is a good fit for them.

The pilot team will give chosen providers free bar code readers, software, and training. The 2D bar codes look different and include more information than 1D bar codes. CDC expects vaccines with 2D barcodes to be available by August 2012. When providers give the vaccines, they can scan the data into their electronic medical record system. The pilot does not include using bar codes for inventory management. We'll use unidentified data from the Child Profile Immunization Registry, our state's immunization information system, to meet the pilot's only reporting requirement.

Disenrollment Forms

We created a new form for local health to use when a healthcare provider leaves the state Childhood Vaccine Program. The form and a formal notification process will help improve accuracy and consistency with this process.

Start using the form right away to document and notify us when a provider leaves the program. Contact Wendy Bowman at 360-236-3514 to get a copy of the new form.

New Vaccine Brands & Packaging

Sanofi pasteur is replacing its Td vaccine, Decavac, with a new product. Tenivac, the new vaccine, is in a 10x1-dose package. McKesson will ship Tenivac when it depletes Decavac inventory. Find prescribing information for the product online.

GlaxoSmithKline is changing the packaging of Cervarix vaccine from a 5x1-dose package to a 10x1-dose package. McKesson will ship the 10x1-dose packaging when it depletes the 5x1-dose inventory.

Free Adult Flu Vaccine Project

Twenty-eight healthcare providers in fifteen local health jurisdictions (LHJs) took part in a sanofi pasteur project introducing the new adult intradermal flu vaccine. Sanofi shipped over 7800 doses of free adult flu vaccine to our providers. Some LHJs set up special clinics for adults. Several community health centers got vaccine. The new vaccine provides an immune response similar to other flu vaccines. Providers use a very short needle (.06mm) to give the vaccine in the dermis rather than the muscle. The micro needle is 90 percent shorter than traditional needles.

2011's Top 10 Accomplishments

The top ten vaccine management accomplishments in 2011:

1. Chosen for one of four national pilots for the Centers for Disease Control and Prevention's new vaccine system.
2. Implemented statewide Economic Order Quantity.
3. Decreased single antigen orders to 3 percent of all orders.
4. Got over 50 percent of healthcare providers to order vaccine online.
5. Created new training videos for online ordering and mass immunizations.
6. Added new bar code and waiting room features in the mass immunization module.
7. Implemented provider vaccine choice.
8. Got provider input and used the new flu vaccine pre-book process.
9. Sent out 565,000 doses of childhood flu vaccine.
10. Sent out over 3 million doses of childhood vaccine valued at about \$124 million.

2012-2013 Childhood Flu Vaccine Pre-Book Planning

The Office of Immunization and Child Profile worked with the Washington Vaccine Association to collect data from healthcare providers to help us develop the childhood flu vaccine pre-book for 2012-2013.

We worked with many stakeholders to get the word out to providers. We faxed all providers enrolled in the state Childhood Vaccine Program and asked local health to remind them about the process. We shared the information with vaccine manufacturers. The process allows providers to give us input about the amount and type of flu vaccine to pre-book for the program. It doesn't guarantee specific products to individual providers.

These data, along with population, immunization rate, and usage data will help us see how much and which types of flu vaccine we pre-book with the Centers for Disease Control and Prevention (CDC) this spring.

Providers that responded to the survey asked for:

- Two percent more multi-dose vial vaccine.
- Three percent more pediatric .25mL preservative-free vaccine.
- Nine percent more FluMist for 2012-2013.

The amount of vaccine pre-booked for 2011-2012 would easily cover these needs. All providers preferred sanofi pasteur Fluzone as the multi-dose vial flu vaccine. Most did not prefer a specific brand of single dose .5mL preservative-free vaccine. The proportion of nasal spray vaccine and injectable vaccines for each age group was consistent with last year's responses.

We completed the flu pre-book process with CDC in March.

Limited Vaccine Loss During Winter Storm Response

The state Childhood Vaccine Program distributes over \$120 million in vaccine each year. During the recent winter storms, millions of dollars of vaccine could have been lost. As of March 1, 2012, healthcare providers reported losing only \$25,000 of vaccine.

Hundreds of thousands of customers, including providers enrolled in the program, lost power during the storm. Some providers lost power for only a few hours and their vaccine was never at risk. Others moved vaccine to places with power or used backup generators to keep refrigerators running.

These emergency backup plans, required by the program, kept vaccine losses low. In 2011, state and local public health visited over 50 percent (600) of the providers enrolled in the program, checking their plans and reminding them of their importance.

When the January storm hit, we sent incoming vaccine shipments back to the distributor and stopped ordering vaccine for two days. After the storm, we asked vaccine manufacturers for guidance about using vaccine affected by the power outages and shared that information with local health.

The quick public health response, provider emergency backup plans,

and shorter power outages for most providers kept us from losing a lot of expensive vaccine.

vfc idea corner >>>

Find tips below about the 2012 Vaccines for Children (VFC) Provider Compliance Site Visits that need corrective action.

Tip: Whenever possible, try to correct issues at the time of the site visit. Arrive at the provider's office prepared with all the materials needed to help them resolve any issues.

Tip: If you can't resolve issues at the time of the site visit, set up corrective actions so the provider can resolve the issues by fax or e-mail. This method works for almost all areas, including:

- Missing or updated policies.
- Thermometer calibration certificates.
- Purchase orders and delivery

receipts for new or repaired vaccine storage units.

- Modified forms and processes.
- Photos of corrections made (a new unit with the thermometer at the correct temperature or the "do not disconnect" sticker on the outlets or circuit breaker). Make sure photos are date stamped and clearly show the unit, outlet, or circuit breaker.

Tip: Make clear your site visit expectations to new immunization coordinators or new clinics. For example, let them know that items on the questionnaire are also in the Provider Agreement. Spend extra time with them up front.

Local health staff who do this usually end up with a stellar clinic and a



community champion. Ask your coordinators and clinics to take the free EZIZ training (lessons three through five address vaccine storage and handling). You can take each 15-20 minute lesson separately.

Do you have ideas, tips, or good resources to share? Do you have something that helps you do your work in an easier and smarter way? Please e-mail them to Katherine Harris-Wollburg at katherine.harris-wollburg@doh.wa.gov.

Immunization Update from the Office Director, Continued from Page 1

All adults and adolescents need to get a Tdap vaccination to protect young babies from the disease. Read more information on whooping cough and how you can protect yourself, your family, and the community from this disease.

A contributing factor to the pertussis outbreaks is increased vaccine hesitancy in our state. We all know that vaccines are among the most effective ways to protect kids from infectious diseases. Misinformation about vaccine is leading to increased parent questions and concerns. Immunization rates and protection from disease can improve if more parents immunize their kids on time.

Just as our improved rates for teen and adult immunization received

national attention, so has our state's high rate of vaccine hesitancy.

An Institute of Medicine committee came to our state in early March to meet with immunization leaders. The committee, sponsored by the National Vaccine Program Office, is assessing the possibility of studying health outcomes in:

- Kids vaccinated according to the recommended immunization schedule.
- Unvaccinated kids.
- Kids vaccinated using an alternate schedule.

It's reviewing the science behind and safety concerns around the recommended immunization schedule for kids. I, along with State Health Officer Dr. Maxine

Hayes and Secretary of Health Mary Selecky, shared information on our state's immunization rates, school requirements, the new immunization exemption law, and our work to help parents get the information they need to vaccinate their kids on time.

The committee will issue its report later this year. Find more information on the project online.

I'm hopeful that our strong partnerships and work on increasing immunizations in young children, adolescents, and adults will continue to improve our immunization rates and protect our vulnerable citizens from disease.

Thank you for your hard work and dedication in these areas!