

Immunization Program CHILD Profile Update

Washington State Immunization Program CHILD Profile

Inside this issue:

Summer 2007

CHILD Profile Health Promotion Updates	2
NWIC a Success!	4
Adult and Adolescent Immunizations	4
Head Start/ECEAP Access to CHILD Profile	5
Ask the Nurses	5
Resources	6
New Ways to Order Immunization Materials	6
IPCP Staff Changes	8
Benchmarking in November	8
New CHILD Profile Module	10
Spotlight on Local Health	10
For LHJs: Q&A Forum on AFIX, CoCASA, and VFC	11
Vaccine Management Updates	12
New Vaccines and CHILD Profile	14

Working Together—Immunization Highlights from the Program Manager



By Janna Bardi, Program Manager
Together we have managed a tremendous amount of change in the last two years!

As I attend community meetings with immunization providers, local public health, school nurses, child care providers, and immunization stakeholders, I am struck by the knowledge, skill, perseverance, and flexibility you exhibit. Thank you for the

amazing and challenging work you do every day and for your continued efforts to improve interventions, information, processes, systems, and activities that will improve health and immunization coverage in Washington.

The Immunization Program CHILD Profile (IPCP) happily implemented rotavirus and HPV vaccines, and the second dose of varicella vaccine as routinely recommended. There now may be a little bit of a breather—after two years of implementing new vaccines each legislative

session, there are no new vaccines that I know of that will need to be presented for funding in the 2008 session.

Work continues to assure immunization requirements for school and child care are in sync with current best practice and to improve Washington's immunization rates. IPCP is working with the Washington State Board of Health to develop an annual schedule for assuring immunization requirements reflect the current immunization schedule. Also, the Board is currently

Continued on Page 15

2007–08 Flu Update

A report in CDC's *Morbidity and Mortality Weekly Report* updates the ACIP influenza recommendations for prevention and control of influenza. Estimated vaccination coverage remains **less than 50 percent** among certain groups for whom routine annual vaccination is recommended, including young children and adults with risk factors for influenza complications, health care personnel, and pregnant women.

The 2007 recommendations include new and updated information, specifically:

1. Reemphasizing the importance of administering 2 doses of vaccine to children ages 6

months through 8 years if they have not been vaccinated previously at any time two doses in the same flu season.

2. Recommending that children ages 6 months through 8 years who received only 1 dose in their first year of vaccination receive 2 doses the second year of vaccination.
3. Recommending that children who are in their third or more year of being vaccinated and who received only 1 dose in each of their first 2 years of being vaccinated should continue receiving a single annual dose.
4. Highlighting a previous recommendation that all

- persons should be vaccinated.
5. Emphasizing that immunization providers should offer influenza vaccine and schedule immunization clinics **throughout the season.**
6. Recommending that health care facilities consider the level of vaccination coverage among health care providers to be one measure of a patient safety quality program and implement policies to encourage vaccination.
7. New 2007–08 trivalent vaccine virus strains.

The full report and other information are available at CDC's influenza Web site at www.cdc.gov/flu.



CHILD Profile Health Promotion

CHILD Profile Operations Has Moved, But Not Very Far!

On July 16, 2007, as part of Public Health—Seattle & King County, CHILD Profile Operations moved their offices to 401 Fifth Avenue, Suite 1000, Seattle, Washington 98104.

CHILD Profile staff continue to welcome your calls on the existing Help Desk number (1-800-325-5599 or 206-205-4141) and look forward to your e-mails at cphelpdesk@kingcounty.gov.

Please note that the fax number has not changed (206-205-4146). Staff phone numbers have changed and e-mail addresses use a standard `firstname.lastname@kingcounty.gov` format. Please be sure to update your address books. However, previous e-mail addresses will forward for the next 90 days.

Welcome New CHILD Profile Staff

Jodi Warren, CHILD Profile Data Quality Coordinator. Jodi will be working to ensure that the quantity and quality of data continues to grow and improve. Jodi has been working collaboratively with other staff at the Immunization Registry to identify data quality issues and explore solutions. Jodi can be reached at jodi.warren@kingcounty.gov.

Javier Amaya, Outreach Coordinator. Javier will be

working to increase the number of parents who receive health promotion mailings, ensure Spanish-speaking parents receive materials in Spanish, and support efforts to increase materials usage by health and child care providers.

If you have questions or suggestions for reaching parents in your area with the CHILD Profile materials, please contact Javier at javier.amaya@kingcounty.gov.

CHILD Profile Mailings: New Materials and an Old Favorite

By Denise Farrand
In May 2007, the Healthy Kids Now! insert was added to CHILD Profile mailings targeting ages 3–5 years. The insert informs parents about how to access free or low-cost health insurance and promotes the www.parenthelp123.org Web site—the new online benefits calculator for parents.

A new insert reminding parents about the importance of getting their child's varicella immunization, will soon be included in every mailing targeting ages 1–6 years.

In partnership with the Department of Health Tobacco Program, a new insert will soon be included in

an early mailing informing parents about the dangers of secondhand smoke to young children and steps to prevent their exposure.

A new insert is being developed in conjunction with Common Sense Media about the impact of media on children's health and development and how to select age-appropriate media.

Getting School Ready
Beginning in August 2007, the Getting School Ready booklet will once again be included in the 4 year CHILD Profile mailing.

The booklet was revised based on comments from a parent survey on the booklet and a parent focus group on

child development.

In addition, the new booklet includes a letter to parents from Washington State Superintendent of Public Instruction, Terry Bergeson, and expanded health information.

The inclusion of the booklet in CHILD Profile was made possible by the Foundation for Early Learning and the Boeing Company, who provided printing of the booklet.

Bookmark Available to Promote CHILD Profile Mailings

A bookmark-sized handout is available to inform parents of the CHILD Profile mailings, and how to begin receiving the mailings if they aren't already. The bookmark is printed with English on one side and Spanish on the other. All children born in Washington are automatically enrolled in CHILD Profile, and currently about 82 percent of Washington children under age 6 receive the mailings.

The bookmark may be ordered free of charge by e-mailing child-profile.health@kingcounty.gov or by calling 206-296-2785.

Reach and Outreach of CHILD Profile Mailings

By Denise Farrand

As of May 30, 2007:

- 413,144 parents of children ages birth to 6 are sent mailings (17 mailings in all) each year.
- 1,334,711 mailings were sent in 2006.
- 20,921 parents were receiving the mailings in Spanish, or 5.1 percent of the total children receiving mailings.

Work underway to expand reach of CHILD Profile mailings

CHILD Profile Health Promotion mailings are sent

to over 80 percent of Washington parents and guardians of children between birth and age 6. These mailings serve as our state's centralized reminder system about immunizations and well-child visits, and also provide information about safety, nutrition, oral health, development, and more.

While over 80 percent is impressive, the goal is to mail to 90 percent of these parents. For the first time, the percent of the target audience receiving CHILD Profile mailings by county has been

analyzed, and this information is being shared with partners.

Please visit www.childprofile.org/cp_countymailing.pdf to see details on the reach of mailings by county, along with information about potential outreach strategies to increase the reach to both English- and Spanish-speaking parents.

A new CHILD Profile staff member, Javier Amaya, has joined CHILD Profile to lead these outreach efforts. The strategies listed on the

CHILD Profile Web site are not an exhaustive list. The hope is to gather suggestions for additional outreach activities from community partners.

If you have any suggestions for how parents of young children might be reached in your area, or if you are interested in partnering on outreach activities, please contact Denise Farrand at 206-296-2788 or denise.farrand@kingcounty.gov.

CHILD Profile Immunization Registry Upgrade

Since the Web-based CHILD Profile Immunization Registry was upgraded in early 2004, many of you have become familiar with registry updates.

CHILD Profile always works to enhance features of the Immunization Registry and respond when things aren't working exactly as they should. This fall, another new release will become available that will include the vaccine ordering module, HPV forecast, a new calendar feature on the view/add screen, corrections to reporting issues, and much more!

In the meantime, the forecast for rotavirus and the second dose of varicella have been "turned on." If you have questions, call 1-800-325-5599.

CHILD Profile Immunization Registry Status of Provider Participation

Medical Organizations Enrolled in the Registry*:

	Added Each Month	Added YTD	Total Enrolled**
2006 Total		96	574
2007:			
January	8	8	582
February	6	14	588
March	7	21	595
April	3	24	598
May	9	33	607
June	8	41	615

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

** Not including 113 school districts enrolled, 5 ESD/Head Start agencies, and 9 health plans.

Enrollment by Type of Site As of 6/30/07:

Type of Site/Facility	Total # in State*	# Enrolled	↑ from 12/31/06	% Enrolled	2007 Goal
Public Sites/Facilities	203	202	+7	99%	195 (96%)
Private Sites/Facilities	948	658	+45	69%	721 (76%)
Total Sites/Facilities	1151	860	+52	75%	916 (80%)

2007 Northwest Immunization Conference a Huge Success!

The 2007 Northwest Immunization Conference, held May 15-16 in Portland, Oregon, was a huge success. Over 500 nurses, immunization providers, local health staff, students, and more, attended from as near as Portland, Oregon and from as far as Australia!

A lot of hard work went into planning the conference; a

great example of teamwork and how two states can form a partnership and work together toward a common goal.

The opening keynote address featured Dr. Susan Allan, Oregon Public Health Director and State Health Officer; Dr. Maxine Hayes, Washington State Health Officer; and Dr. Anne Schuchat, National Center for

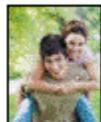
Immunization and Respiratory Diseases (NCIRD) Director.

Throughout the two days, attendees were treated to excellent breakout session presentations as well as featured and keynote presentations from Dr. William Atkinson, CDC NCIRD; Dr. David Fleming, Public Health—Seattle & King County; Dr. Alan Hinman, The Task Force for Child

Survival and Development; and Dr. Paul Offit, The Children's Hospital of Philadelphia.

The Oregon and Washington immunization coalitions sponsored an awards luncheon on the first day of the conference. Those honored received awards for leadership, advocacy, collaboration and

Continued on Page 15



Adult & Adolescent Immunizations

HPV Education Legislation Passed in 2007 Session

By Nicole Pender
During the 2007 legislative session, a bill was passed amending RCW 28A.210.080 to require public schools to provide information on human papillomavirus (HPV) and its vaccine to parents of students in Grades 6–12 at the beginning of every school year.

Private schools are required

to notify parents that information on HPV and its vaccine is available. The Department of Health is required to develop the educational materials for schools in consultation with the Office of Superintendent of Public Instruction. The amendment became effective on July 22, 2007.

A sample letter for public schools is posted on the

Immunization Program's School and Child Care Webpage at www.doh.wa.gov/cfh/immunize/schools.htm.

The sample letter has been translated into 9 languages (Spanish, Russian, Ukrainian, Chinese, Tagalog, Somali, Cambodian, Vietnamese, and Korean).

A sample notification letter

for private schools has also been developed and will be available to download from the School and Child Care Webpage.

To view the DOH HPV Fact Sheet, go to www.doh.wa.gov/cfh/immunize/documents/hpvpvaccinefactsheet.pdf. The fact sheet is designed to educate the general public about HPV and its vaccine.

Partnering with Washington's Lottery to Promote Flu Vaccination

By Nicole Pender
Washington's Lottery and the Department of Health are working together to plan a retail-focused flu vaccination pilot project for the upcoming flu season.

The campaign is intended to encourage people to get

vaccinated after November. Vaccination clinics will be held on November 30 and December 1, 2007 in participating Safeway, Albertsons, Fred Meyer, and QFC stores throughout the state.

Vaccinations will be administered by store

pharmacists. This public/private partnership provides a unique opportunity to reach the public with messages about the importance of seasonal influenza vaccination and provide vaccinations in convenient locations.

Over the next few months, more information on this pilot

project will be provided to local health partners and health care providers.

If you have any questions, please contact Nicole Pender at 360-236-3548 or nicole.pender@doh.wa.gov.

Head Start/ECEAP Access to the CHILD Profile Immunization Registry

By Pamela Johnson

The Washington State Department of Health Immunization

Program CHILD Profile has developed a process to allow Head Start, ECEAP, Early Head Start, Tribal, and Migrant programs access to the CHILD Profile Immunization Registry. The goal of this process is to have

all Head Start and/or ECEAP programs accessing the Immunization Registry by mid 2008.

More information is located on the CHILD Profile Web site at www.childprofile.org. Clicking on the Head Start/ECEAP building block icon will open a step-by-step guide. Training is available online as a

part of this process.

This access allows the program nurse, or program staff assigned by the program nurse, to look up a child's record in the Immunization Registry and print selected children's vaccination reports, including a Certificate of Immunization Status form for parent signature.

This access will save staff time, assist parents, eliminate potential duplicate immunizations for children, and ease the number of requests for immunization records to providers and local health jurisdictions.



Ask the Nurses

The Immunization Program CHILD Profile public health nurse consultants are: Shana Johnny, RN, MSN; Karen Arbogast, RN, MSN; and Ruth McDougall, RN, BSN (as pictured left to right above).

If you would like to submit a question to the public health nurse consultants regarding vaccines, diseases, school requirements, or other issues, please contact Karen Arbogast at karen.arbogast@doh.wa.gov. Questions chosen will be answered in the following newsletter.

Q Who should get the human papillomavirus (HPV) vaccine?

A The Advisory Committee on Immunization Practices (ACIP) recommends three doses of the quadrivalent HPV vaccine for all girls ages 11 and 12 years. Vaccination is also recommended for females ages 13–26 years who have not been previously

vaccinated or who have not completed the full series. Females as young as 9 years can also be vaccinated. State supplied HPV vaccine can only be given to girls under age 19 years.

The vaccine is not licensed for boys. There is not enough data to determine how effective and safe the vaccine is for boys. Ongoing studies of the vaccine will include boys.

Q How and when should the HPV vaccine be given?

A Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to HPV, is to be given IM as a 0.5 ml dose in a series of 3 injections over 6 months. The second and third doses should be given at ages two and six months, respectively, after the first dose.

Q Is the HPV vaccine effective?

A The FDA has licensed Gardasil as safe and effective in preventing four types of HPV in young women who have not been previously exposed to HPV. This vaccine targets HPV types that cause up to 70 percent of all cervical cancers and about 90 percent of genital warts.

The vaccine will not treat existing HPV infections or their complications.

Q Is Washington State considering making the HPV vaccine mandatory for school entry?

A The Washington State Board of Health sets school and child care immunization requirements in Washington (WAC 246-1000-166). The Board uses criteria to determine when to consider making a vaccine a school or child care requirement. Generally, a requirement is not considered until a vaccine has been available through the

Universal Childhood Vaccine program for two years.

Q Did the Washington State Legislature pass any HPV-related laws during the 2007 session?

A Yes. A bill was signed by Governor Christine Gregoire that requires public schools to provide information on HPV disease and its vaccine to parents of students in Grades 6–12 at the beginning of every school year. Private schools are required to notify parents that information on HPV and the vaccine is available and where to find it.

To view the bill, go to www.leg.wa.gov/pub/billinfo/2007-08/Pdf/Bills/Session%20Law%202007/1802-S.SL.pdf. To download the Department of Health HPV letter for public schools or the notification letter for private schools, go to www.doh.wa.gov/cfh/immunize/schools.htm.



Resources

New Ways to Order Immunization Materials

The Department of Health Immunization Program CHILD Profile is now offering three easy, fast, and secure ways to order free immunization materials.

Online

To order materials online, go to <https://fortress.wa.gov/prt/printwa/wsprt/default.asp> and register or log in. From here, you will be able to place your

order just as you would while shopping online for other products.

E-mail

To order materials by e-mail, simply send an e-mail to ImmuneMaterials@doh.wa.gov. Include the material(s) you want to order; the quantity and language of each material; and your name, address, and phone number. You will receive an e-mail

confirmation that your order has been placed. Keep this confirmation for your records.

Fax

If you do not have Internet access, you may order materials by fax. Fax a current order form to Lonnie Malone at 1-866-630-2691 (toll-free) or 360-236-3590. You will receive a faxed confirmation that your order has been

placed. Keep this confirmation for your records.

Please allow 1–2 weeks for delivery of all orders. To download a current order form and for more information on ordering options, go to www.doh.wa.gov/cfh/immunize/formpubs.htm or contact Lonnie Malone at 360-236-3529 or lonnie.malone@doh.wa.gov.

Immunization Materials Update

Free immunization materials are available from the Department of Health Immunization Program CHILD Profile (IPCP). Materials include everything from parent fact sheets and Vaccine Information Statements to Immunization Reminder/Recall and Lifetime Immunization Record cards. A number of materials have recently been revised and re-printed. Visit the Forms and Materials page on the IPCP Web site at www.doh.wa.gov/cfh/immunize/formpubs.htm to view materials and obtain ordering information.

Material	Format	Language(s)
Adolescent Immunization Fact Sheet	Online and print versions available	English and Spanish
Tdap Flyer for Child Care Providers	Online and print versions available	English and Spanish
Tdap Poster	Online and print versions available	English
Start Protecting Your Baby at Birth with Hepatitis B Vaccine brochure	Currently being printed. Online and print versions available soon.	English and Vietnamese
Immunizations: A Guide to Protecting Your Child	Online and print versions available	English, Russian, Spanish, Vietnamese
Lifetime Immunization Record Card	Online and print versions available	English
Recommended Childhood Immunization Schedule	Online and print versions available	English
Recommended Adolescent Immunization Schedule	Online and print versions available	English
DTap Tip Sheet for Providers	Online and print versions available	English
VIS—DTaP, Meningococcal, Varicella, Hepatitis B (interim), Inactivated Influenza	Updated versions currently being printed. Print versions available soon.	English

New Immunization Brochure Available in Four Languages

The new, expanded version of the “Immunizations: A Guide to Protecting Your Child” brochure is now available to order for free in English, Russian, Spanish, and Vietnamese.

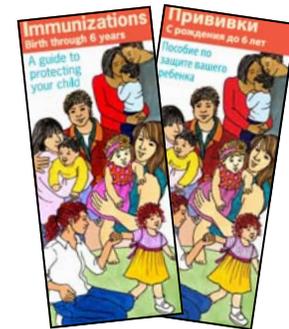
The brochure focuses on children ages birth through 6

years and includes:

- Disease information.
- Comfort measures.
- The new recommended childhood immunization schedule (ages 0–6) in a fold-out poster.
- Information on how vaccines work.

- Reasons to immunize your child.
- The importance of immunizing on time.

To view or download the brochures go to www.childprofile.org. To order the brochures, go to <https://fortress.wa.gov/prt/printwa/wsprrt/default.asp>.



Correction to Recommended Adolescent Immunization Catch-Up Schedule

Please note and correct an error in the 2007 Recommended Adolescent Immunization Catch-Up Schedule. Change “years” to “months” in the last column of the Td, Tdap row. The correct schedule should look like this:

For children or adolescents who start late or who are ≥ 1 month behind
Catch-up schedule for ages 7 – 18 years

Minimum Age Dose 1	MINIMUM INTERVAL BETWEEN DOSES		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4
Td, Tdap - 7 years¹	4 weeks	8 weeks if first dose given at age <12 months 6 months if first dose given at age ≥12 months	6 months if first dose given at age <12 months

VIS Forms Available in Alternate Formats

The National Network/Library of Medicine and Healthy Roads Media have collaborated on a project that provides Vaccine Information Statements (VIS) in alternate formats.

The Web-Based Immunization Information Resource Library Project offers VIS forms in video, handout, multimedia, and audio formats in English and Spanish.

To access the Web site, go to www.healthyroadsmedia.org/topics/immunization.htm.

CME-Certified Pediatric Immunization Activity

Early last fall, a continuing medical education (CME) activity jointly sponsored by the University of Pennsylvania School of Medicine Office of Medical Education and SCIOS Continuing Education was introduced.

This three-part series of CME-certified case-based learning opportunities designed to improve childhood immunization rates is available online at www.PedsVaccinesCME.com.

Outcome measurements indicate the majority of participants (77%) who participated in Cases 1 and 2, indicated that they made a significant change in their clinical practice. Their likelihood of participating in future case studies was 8.7 (on a scale of 1 to 10, with 1

being “not likely” and 10 being “very likely.”)

This activity, titled “A Boost Up: Optimizing Childhood Immunizations,” features a series of three patient cases that are interactive and engaging to the viewer. The patient cases provide immunization tools and resources for family practice physicians, pediatricians, nurse practitioners, physician’s assistants, and nurses who treat pediatric patients.

Polling and knowledge questions are included throughout each case to keep the viewer actively involved in the outcome of each patient case.

Experts in the field of pediatrics and public health developed this program. The online activity features short

video clips depicting typical provider/parent encounters. Clinical commentary follows each video clip with a discussion on the barriers and misconceptions that stand in the way of optimizing immunizations for all children.

Participants are eligible to receive CME/continuing education credit based on their needs. All three of these multi-media activities are certified for AMA PRA Category I, AAP, NAPNAP, and AAFP credit. There is no charge passed on to the viewer for participating or for receiving credit for these activities.

Immunization Program CHILD Profile Staff Changes

New to IPCP

Chris Halsell, Vaccine Management Consultant. Chris will be working on vaccine forecasting and budgeting, and coordinating vaccine management and accountability quality improvement activities. He comes from the Department of Health in public health emergency preparedness. Chris can be contacted at 360-236-3549 or chris.halsell@doh.wa.gov.

Wendy Rude, Adolescent Immunization Outreach

Coordinator. Wendy will be developing an adolescent immunization work plan, leading outreach efforts to healthcare providers, and supporting quality assurance and VFC staff on adolescent immunization activities. She comes from the Department of Health in public health emergency preparedness. Wendy can be contacted at 360-236-3574 or wendy.rude@doh.wa.gov.

Jeff Wise, Policy and Planning Coordinator. Jeff will be working on policy, rules, and

legislative issues and will provide staff support to the Vaccine Advisory Committee. He comes from the Office of the Secretary of State. Jeff can be contacted at 360-236-3483 or jeff.wise@doh.wa.gov.

Left IPCP

Vicki Bouvier, Policy and Planning Coordinator. Vicki left the Immunization Program CHILD Profile earlier this year to become the rules coordinator for the Department of Health Division of Environmental Health. We wish her well in

her new position.

Paul "Chief" Gardipee, Vaccine Consultant. Paul resigned from his position with the Immunization Program CHILD Profile in early July. We wish Paul well in his future endeavors.

Other

Michele Perrin, Health Promotion and Communication Team Manager, has changed her last name to Roberts. Michele's e-mail address is now michele.roberts@doh.wa.gov.

Benchmarking in November

Mark your calendars! Benchmarking will be done November 1–30, 2007. The format will be the same as 2006, including the Benchmarking Log and the influenza question.

An electronic copy of the materials will be e-mailed to

local health jurisdictions, about one month before the packets are mailed to providers. The target mailing date to providers is October 1, 2007. If you have questions, please contact Katherine Harris-Wollburg at 360-236-3513 or katherine.harris-wollburg@doh.wa.gov.

Hepatitis Resource for Health Care Workers

The Seattle STD/HIV Prevention Training Center and the University of Washington recently announced the release of the Hepatitis Web Study at www.hepwebstudy.org.

The site was designed for health care workers who provide clinical care to persons with viral hepatitis. It features case studies, continuing education credit, figures to download as PowerPoint slides, and links to references.

Hepatitis B and Pregnancy

When a pregnant woman is hepatitis B surface antigen positive (HBsAg+), her child can be exposed to hepatitis B in utero or at the time of delivery. About 20,000 hepatitis B infected mothers give birth each year in the US, and these babies are at risk of becoming infected.

Without intervention, up to 90 percent of infants born to HBsAg+ women become infected; among persons chronically infected at birth, 25 percent will die from liver cancer or cirrhosis. These infections can be

prevented by providing a newborn with post-partum prophylaxis. Hepatitis B immune globulin (HBIG) and hepatitis B vaccine are 90 percent effective in preventing perinatal hepatitis B infections. The key recommendation is to screen pregnant women for HBsAg in each pregnancy, not just the first.

In order to do this, Washington designated being pregnant when HBsAg+ a notifiable condition, reportable to the local health jurisdiction (LHJ) and routed to the coordinator of the

LHJ's Perinatal Hepatitis B Prevention Program (PHBPP).

The pregnant woman will be enrolled in the program to assure that her infant receives both HBIG and the first dose of vaccine within 12 hours of birth, as well as the second and third doses of vaccine at age 1–2 months and promptly after reaching age 24 weeks.

Once a high-risk infant completes the 3-dose series, post-vaccination serologic testing is essential to determine the success of prophylaxis and the absence of HBsAg.

Local PHBPP coordinators assure that follow-up serology is obtained to identify the five percent of vaccinated infants who do not develop immunity even after receiving vaccine, and also to determine if the infant is one of the six percent born to HBsAg+ women who become infected despite proper prophylaxis. Either of these outcomes warrants additional interventions for re-vaccination or medical management of hepatitis B virus infection.

CHILD Profile Growth and Development Charts Available to Child Care and Health Care Providers

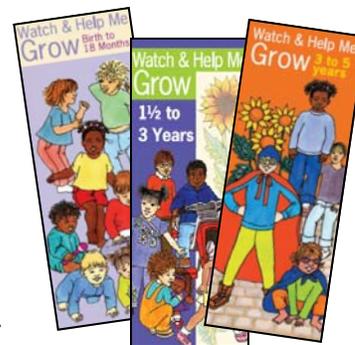
Free copies of the CHILD Profile Watch and Help Me Grow growth and development charts are available to child care and health care providers. The charts are

available in English and Spanish.

Up to 100 copies of each development chart can be ordered online at <https://fortress.wa.gov/prt/printwal>

wsprt/default.asp.

Results from a recent survey of child care and health care providers who received these development charts can be found at www.childprofile.org.



Vaccination Coverage in 207 Selected US Counties: Results from the 2003–04 National Immunization Survey

CDC released county-level estimates from the National Immunization Survey (NIS). The following is information on the study.

Outbreaks of vaccine-preventable diseases (VPDs) begin in small geographic areas. While a state’s estimate of vaccination coverage is useful for administrative purposes, it may conceal low vaccination coverage among its counties, particularly in counties where many children have characteristics that are associated with low vaccination coverage.

Information on vaccination coverage in small geographic areas is important in order to evaluate the extent to which children in those areas are at risk for acquiring VPDs. It also provides local public health officials relevant data that can be used to assist in identifying potential areas with low vaccination coverage.

This was a CDC undertaking to explore how vaccination coverage among children ages 19–35 months varies within selected US counties, to evaluate the extent to which Healthy People 2010 objectives of 90 percent vaccination coverage for individual vaccines and 80

percent for vaccine series have been achieved in those counties, and to study how county-level characteristics are associated with variation in vaccination coverage.

Six Washington counties were included: Clark, King, Kitsap, Pierce, Snohomish, and Spokane.

Methods

- Data collected from n=28,886 children with adequate provider data from the 2003 and 2004 NIS were analyzed.
- Vaccination coverage in counties where the combined 2003 and 2004 NIS was ≥35 was estimated.
- The James-Stein estimation methodology was used. Averages of the county’s “direct” estimate and a “modeled” estimate obtained from the regression model of county estimates on significant predictors of county estimates.

Results

- The 207 counties included 88 of 100 counties with the largest populations of children ages 19–35 months and 51.3 percent of all

- children living in the US.
- None of the 207 counties had vaccination coverage significantly lower than 90 percent for the polio, MMR, Hib, and hepatitis B vaccines.
- However, the estimated DTaP/DTP coverage for 35 counties and the estimated varicella vaccine coverage for 38 counties was significantly less than 90 percent.
- For the 4:3:1:3:3:1 vaccination series, 58 counties had an estimated vaccination coverage significantly lower than 80 percent.
- **If children who had received 3 doses of DTaP/DTP had received a fourth dose, and if all children received 1 dose of varicella vaccine, none of the 207 counties would have had an estimated 4:3:1:3:3:1 coverage significantly less than 80 percent.**
- County-level socioeconomic factors associated with low vaccination coverage were a high percentage of black or Hispanic children; a low percentage of white or Asian children; low per

capita income; the percentage of households experiencing economic stress; a designation as either having no economic specialization or as a retirement destination; low per capita income, and low per capita pediatricians.

Conclusions

- County-level estimates from the NIS may be useful in assessing local vaccination coverage and identifying potential areas with low coverage.
- These estimates can be used with other county-level data, such as registry data. Identified areas with low coverage can be targeted for further assessment or program activities.
- The county-level estimates should be interpreted carefully and have their own limitations. While they provide an indication of what the coverage levels are within the bounds of statistical error, they are not designed to track year-to-year changes.

For more information or to get county estimates, contact Michele Roberts at michele.roberts@doh.wa.gov.

Participation of Planned Parenthood/Family Planning Clinics in the Childhood Vaccine Program

By Jan Hicks-Thomson
Planned Parenthood and Family Planning Clinic providers may participate in the childhood vaccine program.

To participate, they must have a signed Vaccines for Children (VFC) Provider Agreement in place and be willing to meet the requirements for participation. In addition, they must be prepared to institute best practices in vaccine storage, handling, and administration.

These providers should be encouraged to offer all vaccines recommended for adolescents, but they are not required to do so. Many of these clinics will be small, and they should be placed on a quarterly or twice yearly ordering schedule, to reduce the number of small orders placed from such clinics.

Local health jurisdictions (LHJs) may want to establish an interim or training period for the clinics during which the LHJ orders and receives

vaccines for the clinic and distributes them to the clinic on a monthly basis.

This is not encouraged, but if the LHJ has concerns about storage and handling that might result in vaccine losses for new providers, they can use this interim step.

New CHILD Profile Module

A new module for the CHILD Profile Immunization Registry will allow providers to electronically place vaccine orders. All ordering and approval is done within the Immunization Registry. Select local health jurisdictions (LHJs) will pilot the module this fall. Roll-out to all LHJs and providers will start in 2008 based on the results of the pilot activities. For more information, contact Chris Halsell at

chris.halsell@doh.wa.gov.



Spotlight on Local Health

Clinics and Providers Receive Award for Excellence in Immunization Service Delivery

By Gary Gant
Several clinics and providers throughout the state received an award for excellence in immunization service delivery because of their commitment to reducing the incidence of vaccine-preventable diseases in children and adolescents.

See Page 15 for a list of other recipients of the Award for Excellence in Immunization Service Delivery.



Odessa Clinic, Lincoln County
 Left to right: Barbara Schlimmer, Jolene Erickson, Jean Starkel



Yakima Neighborhood Health Center, Yakima County



SeaMar Community Health Clinic, Clark County
 Left to right: Ron Potrue and Jamie Sentner

We need your articles! To spotlight your local immunization work in the next *Immunization Program CHILD Profile Update* newsletter, contact Lonnie Malone at 360-236-3529 or lonnie.malone@doh.wa.gov.

Feel free to reprint articles from this publication in newsletters or for provider outreach.

Guidance for LHJs: Question & Answer Forum on AFIX, CoCASA, and VFC

AFIX Q&A by Gary Gant

Q Am I required to provide feedback to providers following an AFIX assessment?

A Local health jurisdictions (LHJs) are expected to provide written feedback and are strongly encouraged to schedule face-to-face feedback to all health care facilities that are assessed, reviewing data entered manually or downloaded into CoCASA, and information about other suggested practice improvements.

Using the assessment data during the feedback session allows the LHJ and provider to develop strategies for improvement specific to that particular provider. Effectiveness can be measured during subsequent assessments.

Q What type of documentation must LHJs send to the Department of Health (DOH) for my AFIX visits?

A LHJs must provide DOH with a CoCASA Diagnostic Report for the 4:3:1:3:3:1 series, along with a written narrative of the feedback given to the provider. Simply sending a CoCASA report will not suffice.

CoCASA Q&A by Ros Aarthun

Q What is an easy way to determine the birthdate range for children ages 19–35 months when downloading CHILD Profile Immunization Registry data?

A CoCASA will calculate the birthdate range for you. In CoCASA under the Provider Setup tab, select "Sample Clinic." Under the Assessment Setup tab, click on "Add;" for Type of Assessment, click on "Standard;" then click "OK."

Under Assessment Date, enter the date the assessment will take place. Under Age Range for this Assessment, enter 19 and 35 under From and To, and click on "Months." Tab to "Earliest Date of Birth" and you will see that CoCASA has automatically computed the birthdate range.

Q When completing a CoCASA assessment, how or where do I indicate that a child has had chickenpox disease?

A In CoCASA under the Data Entry tab, click on "Selected Child's Name." Click the drop down arrow under the Vaccine Not Given column and select "Varicella." Next, click on the drop down arrow under the Reason Not Given column, and select "History of Varicella (Chickenpox)."

Q What if the provider disagrees with the CoCASA assessment coverage rate?

A Use the following two reports to address provider disagreements: the Missing Immunizations Report and the Invalid Doses Report.

These reports give the names of children who are incomplete in their series, date of birth, and missing antigen. The Invalid Doses

Report will give the reason shots are not valid, most of which are "interval not compliant" or "age not compliant."

The reports can give you an opportunity to review the ACIP Recommended Schedule with the provider and to discuss proper shot intervals.

VFC Q&A by Katherine Harris-Wollburg

Q According to the Cover Sheet for Site Visits, I need to submit a copy of the 4:3:1:3:3:1 Series Diagnostic Report. How do I run that report?

A Below are step-by-step directions on how to run the 4:3:1:3:3:1 Series Diagnostic Report:

1. After the assessment is completed, click on the Reports tab.
2. Click on "Provider Name."
3. Click on "Standard Reports" and double click on "Diagnostic Reports."
4. Click on "Diagnostic Report Childhood."
5. In Age Range, enter 19 and 35 under From and To.
6. Make sure "Months" is marked and the "As Of" date is the same as the assessment date.
7. Click on the box next to Series and click on "4:3:1:3:3:1."
8. Go to Compliance and click on "By Date." Then click on "Run Report."
9. Click on either "Save Report" or "Export Report."
10. If you haven't already, click on the "Create

New Folder" icon. Name the new folder Reports and hit Enter.

11. Click on the Reports folder and click "Open."
12. Click on the box next to File Name. Type in the provider site name and its VACMAN ID. Then click on "Save." (This will help you locate the file later.)
13. A message box will appear saying, "The report has been saved." Click "OK."
14. Before closing the report, click on "Print." Then click "OK."
15. After the report is printed, click on "Close Report," "File," then "Exit."
16. Save the printed report. (Other reports can also be printed and used during the feedback session.)
17. After the feedback session, attach copies of the 4:3:1:3:3:1 Diagnostic Report to the documentation of feedback (narrative, summary, letter, etc.) and completed Site Visit Cover Letter.
18. Send to DOH Immunization Program CHILD Profile, attention Gary Gant, at PO Box 47843, Olympia, Washington 98504-7803 or 360-236-3590 (fax) or gary.gant@doh.wa.gov (e-mail).

If you have questions or would like more information, contact Gary Gant at gary.gant@doh.wa.gov, Ros Aarthun at ros.aarthun@doh.wa.gov, and Katherine Harris-Wollburg at katherine.harris-wollburg@doh.wa.gov.



Vaccine Management

Vaccine Supply Update

MMRV

Due to MMRV supply issues, the Department of Health (DOH) continues to strongly advise providers to transition back to single component MMR and Varicella vaccine with their next vaccine orders.

Providers should not order both MMRV and single component varicella, and should not attempt to stockpile MMRV. Updates will be provided on the timing of deliveries as new information is available. MMRV is not expected to be available until 2008.

Human Papillomavirus

Providers should assess the number of female adolescents typically seen in their practice in a given month to determine how much HPV vaccine to order. Vaccination should occur during the course of routine well-child visits for

adolescent females.

In the new CDC funds management environment, Washington receives monthly allocations of vaccine. DOH will be monitoring the demand for the new vaccines based on these allocations, and working with CDC to make adjustments to Washington's monthly allocations for HPV and rotavirus vaccine.

At this time, LHJs are being contacted individually to inquire about provider order amounts when there are questions about the order.

DT

McKesson began shipping longer dated DT vaccine during the week of May 29, 2007. The expiration date is November 2007.

Pediarix

Pediarix backorders are now

being shipped by McKesson.

The vaccine was put on backorder because of a time lag between the depletion of the formula that contained trace amounts of thimerosal and the new preservative-free formula. No disruptions in availability are expected in the future.

FluMist

DOH is *considering* making a limited amount of FluMist available during the 2007–08 season for local health jurisdiction (LHJ) clinics only. Please e-mail Jan Hicks-Thomson at jan.hicks-thomson@doh.wa.gov to indicate your interest in participating. Interested LHJs would need to agree to:

- Screen each patient for eligibility for the VFC Program (Medicaid eligible, uninsured, underinsured, Alaska Native or American

Indian).

- Screen each patient for eligibility for the vaccine (age, chronic conditions as appropriate, etc.).
- Provide feedback from the parents about acceptability of the vaccine as well as observations about the child's acceptance of the vaccine.
- Pre-determine the number of doses they would like to receive (and agree to receive the vaccine in one or more shipments depending on availability).
- Provide a written summary of the experience, including data on the number of children vaccinated and a narrative description of the parent/child responses.

Human Papillomavirus (HPV) Vaccinations Provided by DSHS

The DSHS Health Recovery Services Administration (HRSA) will pay for administration of HPV vaccine for both Fee for Service (FFS) and Healthy Options clients for children up to the 19th birthday receiving the vaccine from the universal childhood vaccine program.

Medicaid is obligated to cover all recommended vaccines for

children up to the 21st birthday because of EPSDT requirements. After that age, there is no federal requirement.

Under Medicaid policy, HRSA will pay for vaccination of females aged 19–20 years using the fee-for-service model, whether the client is Healthy Options or FFS. Vaccination coverage will be in alignment with the ACIP

schedule for administration of the vaccine for covered individuals. HRSA will not reimburse for 21–26 year-olds to receive this vaccine.

There is no grace period for the HPV vaccine once it is available from the universal childhood vaccine program. Providers may use their privately purchased stock for 19–20 year-olds who are Medicaid eligible.

HRSA will reimburse for the cost of the vaccine according to the price listed on the HRSA fee schedule, plus the administration fee. Providers could also use existing privately-purchased stock for females ages 19–26 years who have private insurance coverage for vaccination.

For more information, contact Margaret Wilson at 360-725-1658.

December 2006 Windstorm: State-Supplied Vaccine Losses

By Ellen Gish

In December 2006, the Pacific Northwest experienced hurricane-force winds resulting in power outages for over 3 million residents in Oregon, Washington, and British Columbia.

Power outages affected many immunization provider offices, resulting in loss of state-supplied vaccine. As part of the Department of Health's (DOH) responsibility for vaccine management, it became apparent that a standardized process for recouping vaccines losses during a federally-declared disaster needs to be established and fully implemented across all local health jurisdictions (LHJs).

After the storm, the Immunization Program CHILD Profile (IPCP) contacted LHJs to determine the dollar amount of loss of state-supplied vaccine. Since IPCP has several funding sources for its state-supplied vaccine, it was necessary to determine the amount of vaccine for each funding source so that the state could apply through FEMA for vaccine loss that would not be recovered by federal VFC funds.

During the storm, IPCP had approximately \$4 million of vaccine at potential risk. The loss of state-supplied vaccine from each county was tabulated. Not all counties met the minimum loss threshold to receive declaration and recover storm-related losses. The total net dollar amount of the vaccine loss was \$136,181.97. The total dollar amount IPCP recovered was \$37,398.68.

The compromised vaccine was returned to the DOH Distribution Center to be inventoried, photographed, and displayed for an anticipated FEMA inspection before being returned to the manufacturer for excise tax credit.

FEMA claims cover only a portion of the state's supplied vaccine that will not be replaced by the federal VFC program. Staff salaries, shipping, and warehouse costs were not permissible recoverable losses.

Approximately one month after the storm, Governor Gregoire requested a federal disaster declaration. The counties included in the request were Chelan, Clallam, Clark, Grant, Grays Harbor, Island, King, Klickitat, Lewis,

Mason, Pacific, Pend Orielle, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, and Wahkiakum.

On February 14, 2007, the President declared the December 2006 Windstorm a federal disaster, and authorized public assistance and mitigation funds. This disaster declaration included public and private losses, which allowed IPCP to apply for FEMA funds to recover 75 percent of the documented loss.

Information post-windstorm has circulated about mitigation and preparedness efforts. In hindsight, this storm was unlike an earthquake or other natural disaster where there is no warning prior to the event. Weather warnings for this storm afforded some immunization providers the opportunity to heed the warning and move their vaccines according to their emergency protocols.

IPCP will continue to work within the agency to address some mitigation planning as it relates to backup protocols and recommendations for immunization partners to use during emergency events requiring vaccine handling

and storage.

The major reason losses occurred was that backup plans were insufficient to last the duration of the power outage. Backup protocols should take into consideration a longer scenario for an emergency event. Contingency planning should consider an extended period of time without power since this region is an earthquake- and volcano-active area.

In addition to the mitigation planning that will occur within the agency, IPCP will work to address some key lessons learned. In a larger scale emergency it might not be possible to count products and recover costs associated with loss. IPCP will continue to work on having backup plans in place so that information is readily available to recover potential losses.

Thank you! Overall, providers did a great job of moving and ensuring vaccine was handled appropriately.

If you have questions, contact Ellen Gish at ellen.gish@doh.wa.gov.

A-133 Audit Inquiries

The Immunization Program CHILD Profile (IPCP) has received a lot of questions regarding A-133 audit inquiries. Guidance from CDC is that direct assistance vaccines are exempt from the A-133 audit requirement. IPCP continues to work with CDC to answer the questions

raised.

Please keep in mind that DOH does not have individual provider data on vaccines prior to February 5. Providers should maintain records of vaccine received through the childhood vaccine program.

DOH can provide

documentation to assist you in meeting the audit requirements and the funding sources used to purchase the vaccines received in lieu of cash and considered federal assistance.

Providers should multiply the total doses of vaccine received by 70 percent to

provide the estimated federal assistance. This percentage accounts for both the Vaccines for Children and Title 317 DA funds used to support the childhood vaccine program.

If you have questions, contact Jan Hicks-Thomson at 360-236-3578 or jan.hicks-thomson@doh.wa.gov.

Information for Providers: New Vaccines and How CHILD Profile Can Help

On May 1, 2007, a combination of federal and state funds added three new vaccines to the Washington State Universal Vaccine for Children (VFC) program: rotavirus, human papillomavirus (HPV), and a second dose of varicella.

This program provides recommended vaccines to all children under age 19, regardless of their ability to pay. CHILD Profile, Washington's Health Promotion and Web-based Immunization Registry system, provides tools for effectively managing these and other vaccinations for children in your practice.

"Adding these vaccines to the universal program is an excellent demonstration of Washington's commitment to children," said Dr. Neil Kaneshiro of the Washington Chapter of the American Academy of Pediatrics. "Access to these new vaccines will help to improve our immunization rates and prevent outbreaks of illness in our children and also our

community at large."

CHILD Profile can assist you by providing:

- **Parent Mailings.** Educate parents about immunizations, health and safety through age-specific mailings sent to parents of all children under age 6 in Washington.
- **Forecast tools.** Determine the vaccines a child needs at a given visit automatically, based on the specific immunization history of the child. This is especially helpful with vaccines such as RotaTeq that have complicated rules for administration.
- **Reminder-recall.** Produce mailing and phone lists of children who need immunizations. Do you need to remind parents of kids ages 4–6 years that need a second dose of varicella to be up-to-date? The CHILD Profile Immunization Registry offers an easy, automated way to do this, while excluding

children who have a documented history of chickenpox disease.

Vaccine ordering coming soon!

Order state-supplied vaccine through the CHILD Profile Immunization Registry.

The following is a snapshot of each vaccine. For more information, visit www.cdc.gov/vaccines/vpd-vac/default.htm.

Rotavirus vaccine (RotaTeq)

RotaTeq is recommended for all infants without contraindications and is given in three oral doses at ages two, four, and six months. The first dose cannot be given later than age 12 weeks and no dose should be given after age 32 weeks. The vaccine contains five strains of live human-bovine reassortant rotavirus. This vaccine is not the same as the previous rotavirus vaccine called Rotashield.

Varicella vaccine

The new Advisory Committee on Immunization

Practices' recommendations are: (1) the routine age for the first dose will change from 12–18 months to 12–15 months and (2) a second routine dose is added for all children ages 4–6 years.

The vaccine is a live virus (Oka-Merck strain) and immunity lasts for at least ten years. The purpose of the second dose is to boost immunity, reduce breakthrough infection (or shingles among highly vaccinated school children), and help eliminate varicella infection.

HPV vaccine (Gardasil)

Gardasil, the HPV vaccine, protects against 4 types of HPV which cause 70 percent of cervical cancers (types 16 and 18) and 90 percent of genital warts (types 6 and 11).

Three doses of the quadrivalent HPV vaccine are recommended for all girls ages 11–12 years. It is also recommended for girls as young as 9 years and women up to 26 years.

Help Kids Meet School Requirements—Don't Forget to Give Tdap!

As of July 1, 2007, the Tdap (Tetanus, Diphtheria, acellular Pertussis) vaccine is a school requirement for children ages 11 years who are attending Grade 6 and have not received a tetanus-containing vaccine in the last 5 years.

Each year, the Tdap requirement will expand to include an additional grade until all students attending

Grades 6–12 have proof of Tdap vaccination.

For additional information about the Tdap requirement, go to www.doh.wa.gov/cfh/immunize/schools.htm or call 360-236-3595.

Vaccine Education Links from CDC

Vaccine education resources specific to providers can be found on CDC's Web site at www.cdc.gov/vaccines/ed/default.htm.

One example is the Teaching Immunization Delivery and Evaluation (TIDES) course. It is a great resource for local health jurisdictions to use with providers to educate them on the importance of assessment and best practices

for raising immunization rates. There are several levels of practitioners that can get continuing medical education credit.

The course is made available by the Ambulatory Pediatric Association and The Society for Adolescent Medicine. It has some good resource links within the training piece and can be found at www2.edserv.musc.edu/tide/menu.lasso.

Award for Excellence in Immunization Service Delivery

The following clinics and providers received awards for excellence in immunization service delivery. These clinics and providers are committed to reducing the incidence of vaccine-preventable diseases in children and adolescents. Congratulations!

2006 Award Recipients

Chelan-Douglas County

-Diane Sanders, RN, BSN
Columbia Valley Community Health

Clark County

-LaCamas Medical Group

-SeaMar Community Health Clinic

Grant County

-Quincy Community Health Clinic

Island County

-Pediatric Associates of Whidbey Island
-South Whidbey Pediatrics

Lincoln County

-Odessa Clinic

NE Tri-County Health District

-Northeast Washington Medical Group

Seattle-King County

-East Hill Multicare Clinic
-Evergreen Health Care Access Program
-Holly Park Medical Clinic
-North Bend Medical Clinic
-Pediatric Associates/Sammamish Highlands

Snohomish County

-Providence Everett Health Care Clinic
-Monroe Pediatrics

Spokane County

-Spokane Falls Family Clinic
-Valley Young People, Main Clinic
-Valley Young People, Liberty

Lake Clinic

Thurston County

-Black Hills Pediatrics and Capital Pediatrics
-Healthy Futures Pediatrics
-St. Peter's Family Practice

Yakima County

-Yakima Valley Farm Workers Clinic, Grandview
-Yakima Valley Farm Workers Clinic, Nob Hill
-Yakima Valley Farm Workers Clinic, Toppenish
-Yakima Pediatrics
-Sunnyside Pediatrics
-Swofford Clinic

2007 Northwest Immunization Conference, Continued from Page 1

partnerships. Attendees had the option of participating in two wellness activities—Latin Moves and a riverfront walk with Dr. Maxine Hayes.

The conference was well received by the attendees, and feedback given through the conference evaluation will be used to plan future conferences.

"I heard nothing but positive comments from all of those around me. It was one of the most positive and upbeat conferences I have ever attended...Congratulations, I was proud to be a part of it. Thank you," said Elizabeth Nucci, CHILD Profile Health Marketing Specialist, Public Health—Seattle & King County.

Thank you to everyone who attended the conference and helped make it such a great success. We look forward to seeing you next time!



Working Together—Immunization Highlights from the Program Manager, Continued from Page 1

considering making pneumococcal conjugate vaccine (PCV7) a requirement for child care. A decision is planned for this fall.

One of the things I look forward to most at community meetings is hearing about the innovation and commitment to raising immunization rates. Some large clinics in our state use the CHILD Profile

Immunization Registry to support monthly assessment of immunization coverage and pay for performance.

IPCP's work to improve vaccine delivery via direct shipment to providers and initiate provider ordering through the registry are improvements intended to make immunizing children easier by streamlining processes.

More school districts are signing up to participate in the registry to quickly access the immunization history of children enrolling or attending school and print the required form so the process of submitting records is easier for parents. More than 115 school districts in Washington are now participating. This represents over 55 percent of our school-age children!

Thank you for continuing to share ideas about how to improve the work IPCP does and also improve immunization coverage. I greatly appreciate these partnerships to improve outcomes for children!