

Immunization and Child Profile Update

spring/summer | 2015

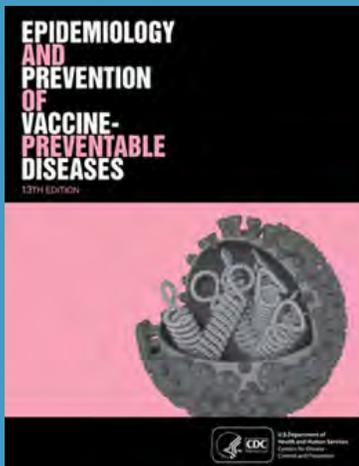
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hot topic >>>

Revised 2015 Pink Book

The 13th Edition Epidemiology and Prevention of Vaccine-Preventable Diseases, also known as the Pink Book, has been released. For more information or to download or view sections of the Pink Book, visit the Center for Disease Control and Prevention Publications website.



Immunization Update from the Office Director

This has been a year of tremendous changes so far. Some of them are organizational, some are customer service, and some are outbreak-related. Through all of these changes, we have been reminded how much we rely on our partners at local health and in the community. You all play a vital part in keeping Washington healthy!



- Organizational – We made the difficult decision at the end of 2014 to transition the day-to-day operations of the Washington Immunization Information System (IIS) and Child Profile health promotion system from Public Health-Seattle & King County to the Office of Immunization and Child

Profile at the Department of Health. This decision was not an easy one. Our community partners have come to rely on the expertise of the staff at PHSKC to operate these systems, and we have, too. The changing fiscal landscape and our realization that the work performed by both DOH and PHSKC to operate these systems has gradually become more intertwined in recent years has led to the decision to consolidate operations at DOH. Planning for this transition began in late 2014; on June 30th, the contract ended. We will continue to let you know of major changes as they come along. We value your use of the IIS, and we

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Ask the Nurses >>>

Q: I was born before 1957, and I'm not sure if I've had the measles. Do I need to get a blood test to find out if I've had measles?

A: Because nearly everyone got measles before a vaccine was available, people born before 1957 most likely had measles disease. You don't need to get MMR vaccine or get tested if you were born before 1957.



Ask the Nurses >>>

Q: Even though I was born in 1956, I was tested for measles immunity and tested negative. Should I get the MMR vaccine?

A: Even though testing is not recommended for people born before 1957, if your blood test was negative, you should get one dose of MMR vaccine if you are not at high risk for measles infection. If you are at higher risk for measles, you should get two doses of MMR vaccine. High risk adults include healthcare personnel, international travelers, and students attending college.

Q: I have had two documented doses of MMR. I was concerned about the measles situation in our state. I asked my doctor for a blood test and the test came back negative. Should I get a third dose of MMR?

A: No. Even though your test is negative, you do not need a third dose if you have documentation of two doses of MMR. There is no recommendation to get additional doses. You might actually be protected if exposed to measles, but should still avoid exposure to measles if possible. For example, a healthcare worker with two doses of MMR that had a negative blood test after receiving both doses should avoid caring for a patient suspected of being infected.

Q: I have patients who think they got MMR vaccine but have no written record, or whose parents report the patient has been vaccinated. Should I accept this as evidence of vaccination?

A: No, self-reported doses or a verbal history of vaccination provided by a parent are not considered to be valid proof of immunity. You should only accept a written, dated record as evidence of vaccination.

Q: My mom said that I had measles as a baby and a doctor confirmed the disease. I'm now 30 years old and working as a nurse. Do I still need to get MMR vaccine since I already had the disease?

A: Even if you had a doctor verify measles in the past, you still need to get two doses of MMR vaccine since you are a healthcare worker and at higher risk of getting infected with measles. With fewer cases of measles in the last 30 years, providers may not be able to accurately diagnose measles infection. Getting documented confirmation of measles disease from a provider may not be possible.

School Staff

Q: I'm a teacher working with students in kindergarten-5th grade. I don't know if I got the MMR vaccine when I was young. Is it better for me to get tested for measles immunity or get vaccinated?

A: Teachers born before 1957 are presumed to be immune and no MMR vaccine or testing is recommended. For those born in or after 1957, one dose of MMR vaccine is recommended, unless you are at higher risk (are a school nurse, travel internationally, or attend college) and need two doses. You don't need to get vaccinated if you have a blood test showing positive immunity.

Immunization and Child Profile Update

spring 2015 >>>

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Ask the Nurses >>>

Q: I'm a school nurse. How many doses of MMR vaccine should I get?

A: When we asked the Centers for Disease Control and Prevention experts, they suggested that school nurses, even those not working in a traditional healthcare setting such as a hospital, should be considered a healthcare worker and therefore are at higher risk. School nurses should get two doses of MMR vaccine.

Q: I'm a school nurse and I have access to the Washington State Immunization Information System (IIS). Can I look up and print immunization records for school staff to help them with proof of MMR vaccine?

A: You may access immunization information through the IIS for other school staff as long as you notify them in advance and get permission from them.

Healthcare Workers

Q: I'm a visiting nurse and was born in 1963. I have two documented doses of measles-containing vaccine. Should I have a blood test to check for measles immunity?

A: Healthcare workers who have two documented doses of measles containing vaccine or evidence of measles immunity do not need a blood test for measles. Testing for immunity after MMR vaccination is not routinely recommended.

Q: I'm a healthcare worker born before 1957 and I tested negative for measles immunity. Should I get a dose of MMR vaccine?

A: Even though testing is not recommended in anyone born before 1957, since you had a negative measles test you should get two doses of MMR vaccine.

Q: If I was born before 1957 in another country, do I still need the MMR vaccine?

A: Anyone born before 1957, either U.S. or foreign born, does not need to get the MMR vaccine or get tested. You are assumed to be immune to measles.

Have a question? Ask the nurses at immunenurses@doh.wa.gov

Legislative Update >>>

The Washington State legislative session began on January 12th, and the Office of Immunization and Child Profile has been very busy. Three pieces of legislation concerning immunization were introduced in 2015:

1. House Bill 2009 proposed to eliminate the "personal choice" exemption from school immunization requirements. The Department of Health supported this legislation, but it did not pass. Despite this, conversations around school exemption rates and on the impact of childhood immunizations on public health were a major outcome of this proposed legislation.
2. House Bill 2108, which proposed to remove the Department of Social and Health Services' requirement to terminate the license of a foster care provider for failing to receive flu shots, did not advance.
3. Senate Bill 5143, which proposed to increase immunization education for pregnant women and their partners through distribution of health promotion materials by healthcare providers, did not pass out of the House.

As of the beginning of June, no new immunization-related legislation has been introduced. The Department continues to monitor bills as the Legislature continues into its extended session.

Contact: Daniel O'Neill, 360-236-3483, daniel.oneill@doh.wa.gov

Perinatal Hepatitis B >>>

Perinatal Hepatitis B Prevention

Program Performance Monitoring

In April, the Department of Health sent the yearly Perinatal Hepatitis B Prevention Program (PHBPP) Performance Monitoring assessment report to participating programs in the state. Please review your data, evaluate your program's current activities, and make changes in order to improve outcomes and eliminate mother-to-child transmission of hepatitis B.

The assessment shows areas for improvement in your PHBPP to help achieve the hepatitis B goals listed in the Centers for Disease Control and Prevention (CDC), Healthy People 2020 and Health and Human Services (HHS) 2014 Viral Hepatitis Action Plan.

The CDC objectives for preventing the

transmission of perinatal hepatitis B include identification of HBsAg-positive pregnant women, newborn treatment with hepatitis B vaccine and HBIG, timely completion of doses two and three, and testing for immunity. This work includes monitoring and evaluating program activities to improve program services.

Specific performance measures are listed in the contract between the Department and local health. Progress in meeting these performance measures is reported to the CDC on a yearly basis.

Thank you for participating in the PHBPP yearly report by submitting data and sharing your progress!

Resources

- "A Comprehensive Immunization Strategy to

Eliminate Transmission of Hepatitis B Virus Infection in the United State: Recommendations of the Advisory Committee on Immunization Practices (ACIP), Part 1: Immunization of Infants, Children, and Adolescents", [MMWR 2005; 54\(RR-16\)](#).

- Immunization Action Coalition's Hepatitis B Birth Dose webpage
- 2013 National Immunization Survey Birth Dose data
- Washington State Department of Health Perinatal Hep B Prevention Program webpage

Contact: Shana Johnny, 360-236-3698, shana.johnny@doh.wa.gov

School and Child Care >>>

2015 Washington State Childhood Immunization Champion

The Centers for Disease Control and Prevention (CDC) recently announced the Childhood Immunization Champions for 2015. This award honors exceptional individuals from each of the 50 states and 8 territories.

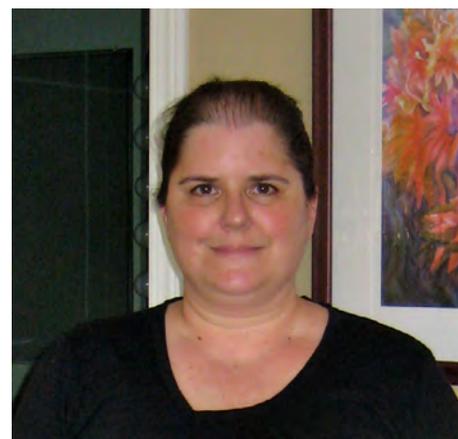
The Champion Award recognizes those who go above and beyond to promote childhood immunizations in their communities. Champions are selected for their leadership, collaboration, innovation, and advocacy.

The Office of Immunization and Child Profile is thrilled to announce that this year's Washington State Childhood Immunization Champion is Kathy Hennessey. Kathy's passion for keeping her community protected from vaccine-preventable diseases has made an important impact in our

state.

Kathy is a second year advocate in the Immunity Community, a program that teaches parents to promote immunizations in their schools, child cares, and parent groups. Kathy campaigned to bring the Immunity Community to Bellingham, which now has eight established pilot sites and seven parent advocates. She has worked with her Parent Teacher Association to write articles about HPV and influenza, and organized an immunization film festival at her local library. She even pitched a story to the *Bellingham Herald*, which resulted in a front-page article about the importance of a well-immunized community.

Recently, she has served as a voice and spokesperson for the Immunity Community. She was interviewed for an article in *The Seattle Times*, and a local Bellingham radio station.



Kathy Hennessey, 2015 Washington State Childhood Immunization Champion

Kathy is truly making a difference as a parent advocate. We congratulate her on this well-deserved Champion Award!

Contact: Kristin Kucklick, 360-236-3812, kristin.kucklick@doh.wa.gov

School and Child Care >>>

Updates to the Chickenpox (Varicella) Requirement for School Year 2015-2016

This fall, all students in kindergarten through eighth grade are required to have two doses of chickenpox (varicella) vaccine or get healthcare provider verification of prior disease. We get lots of questions about whether provider or parent verification is allowed, so let's clarify:

- No parent verification is allowed for students in kindergarten through seventh grade in the fall, even if parent verification was received in a previous school year.
- Parent verification is acceptable only for eighth graders who had parents verify chickenpox disease before the 2014-2015 school year. All other eighth graders without previous parent verification must get provider verification.
- All new students must get vaccinated or get provider verification.
- A provider can give a letter verifying a prior history of chickenpox disease, document prior disease on the Certificate of Immunization Status, or document this information in the Washington State Immunization Information System.
- Look at the [Individual Vaccine Requirements Summary](#) for more details about the chickenpox requirement.

The Department of Health created new chickenpox resources for parents:

- [Sample letter for parents about the varicella requirement](#)
- [Chickenpox flyer for parents](#)
- [Chickenpox postcard for parents](#)

Questions about the Certificate of Immunization Status

As you know, the [Certificate of Immunization Status](#) (CIS) was updated in January 2015. We updated the [Frequently Asked Questions](#) about the CIS and Certificate of Exemption (COE) that you will find useful.

Here are the top questions we've received that are addressed in the FAQs. Please check out the FAQs for many other questions.

Q: Now that there is a new CIS dated January 2015, does a student need to submit the new CIS?

A: No. The current CIS is valid and does NOT need to be redone.

Q: When is the new CIS effective? Should I start using it now or should I only use it for students starting in the 2015-2016 school year?

A: Schools should start using the new CIS for any new students. The new CIS should be sent to parents and used for students starting school in fall 2015. Child care facilities can start using the new CIS for new children.

Q: Do I need to get a CIS from parents every year even if they already have one on file?

A: No. The CIS on file is sufficient and there is no need to get a new CIS

every year. If more immunizations are added, then update the form already on file.

Q: What is the new box for parent signature on the top right of the CIS?

A: This consent box allows school districts involved in using the IIS School Module to get parent consent before adding immunizations to the system. You don't need parent consent if you are not using the IIS School Module. However, we hope to have schools statewide use the School Module in the future, so if you can get parent consent now, you will be more prepared in the future to add immunizations to the IIS.

Q: Do I need to get a verbal or written consent from parents every time I add immunizations that I find in the IIS to the CIS?

A: In the past, the Department required that parent consent be obtained every time school or child care staff adds missing immunizations to the CIS. We recently clarified that parent consent is not necessary. We removed the consent box that staff had to use to document parent consent.

Immunization Recommendations for School Staff

With the recent increase in measles and pertussis cases in our state and nationally, the Office of Superintendent of Public Instruction and the Department sent a joint letter to school superintendents to encourage school staff immunization and documentation of these immunizations in case of an outbreak. The [Immunization Manual for Schools, Preschools, and Child Care Facilities](#) was updated with additional resources for staff immunizations. Please look at the manual for the immunization recommendations for staff and a sample Staff Immunization History Form.

Child Profile Health Promotion>>>

Major Changes to IIS and Child Profile Health Promotion Operations

The Office of Immunization and Child Profile has important information to share about staffing changes to the Washington State Immunization Information System (IIS) and Child Profile Health Promotion. Since 2002, the Washington State Department of Health has contracted with Public Health - Seattle & King County to support some of the IIS operations, including the Help Desk. We made a difficult decision to end that contract this summer. Most of the work has been transferred to the Department, with some ongoing support from Scientific Technologies Corporation (STC), the IIS vendor. This change is necessary to ensure the long-term financial viability of the IIS.

If you are an IIS user, you may have worked for many years with Public Health - Seattle & King County IIS (or registry) staff for training and assistance. We share your appreciation for the depth of their

knowledge and experience and their dedication to our system.

The IIS itself is not changing. It will remain a state system operated by the Department. We will continue all the current functions and user support.

As of July, it's been about two months since the IIS Help Desk has transferred to STC. About 85 percent of the calls have been resolved quickly. Some calls that have been outside the scope of STC's role have been sent on to our Department subject matter experts for further guidance.

We can tell you now that:

- The toll-free phone number for the IIS Help Desk remains the same: (800) 325-5599. Callers to this number will continue to receive the assistance they need. A different group of contractors are answering the calls now that we have made the transition.

- The Help Desk number with a (206) area code is no longer in service after the Help Desk transitions to STC. Callers to the local number are now greeted with a message informing them of the toll-free number.
- The IIS Help Desk email address has changed. The new email address is WAIISHelpDesk@doh.wa.gov.
- Support for your use of the IIS will continue without interruption.
- The system name and current online location (www.waiis.wa.gov) are still the same.

As with any major change, we expect some adjustments as we get used to this new process. We ask for your patience, but we also ask that you let us know if you are having trouble. We want to know how we can make the help desk better meet your needs.

Questions? Contact aicp@doh.wa.gov.

Resources and Updates >>>

Immunization CLAS Standards and Ethnic Disparities Work

Our work around Culturally and Linguistically Appropriate Services (CLAS) and ethnic disparities in immunization keeps growing. In an effort to provide better service to our increasingly diverse communities, the Office of Immunization and Child Profile has made many of its immunization webpages available in Spanish. Also, most of our immunization materials are now available in Spanish and other languages. We encourage you to visit the following links to explore our improved immunization webpages:

- Immunization home page:
 - English: www.doh.wa.gov/Immunization
 - Spanish: www.doh.wa.gov/Inmunizacion
- Flu News:
 - English: www.doh.wa.gov/Flu
 - Spanish: www.doh.wa.gov/Flu/RecursoSenelidiomaEspanol
- Whooping Cough in Washington:
 - English: www.doh.wa.gov/WhoopingCough
 - Spanish: www.doh.wa.gov/WhoopingCough/Latosferina

Contact: Columba Fernandez, 360-236-3548, columba.fernandez@doh.wa.gov

Resources and Updates >>>

The following updated materials are available via the Health Education Resource Exchange (H.E.R.E) website. These materials are free and you can download them and print them directly from your computer.

New or Revised Materials	Format	Language(s)
<p>Off to College? This publication contains facts about meningococcal disease and its vaccine. It provides information primarily for college freshmen and their parents to help them make an informed decision about getting the vaccine.</p>	Electronic	English and Spanish
<p>Grandparents: Protect Your Loved Ones Against Flu and Whooping Cough This publication tells grandparents about the seriousness of flu and whooping cough and the importance of flu and Tdap vaccinations. It talks about how to protect themselves and their families, especially their grandbabies, from these diseases.</p>	Electronic	English and Spanish
<p>If you take care of kids, protect them from flu and whooping cough This publication tells child care providers about the seriousness of flu and whooping cough and the importance of flu and Tdap vaccinations.</p>	Electronic	English and Spanish
<p>Protect Babies from Flu and Whooping cough: Get Vaccinated! This publication reminds parents and caregivers about the seriousness of flu and whooping cough. It addresses the importance of getting the flu and Tdap vaccines to protect their families and themselves from these two diseases.</p>	Electronic	Chinese, English, Korean, Russian, Somali, Spanish, Ukrainian, Vietnamese
<p>Flu (Influenza) Information for Parents and Caregivers of Children and Youth with Special Health Care Needs This publication was created for the parents and caregivers of children with special health care needs to encourage flu vaccination and assist them in answering questions about vaccine safety and who should be vaccinated.</p>	Electronic	English and Spanish
<p>Flu and Pregnancy This publication for pregnant women talks about flu and how it can impact pregnancy. It includes suggestions for preventing flu, self-care during flu season, and when to seek immediate attention. Links to additional resources are included.</p>	Electronic	English and Spanish
<p>Protect Your Family from the Flu This publication describes the importance of getting a flu shot, the two different types of flu vaccine and who should get them, and healthy habits to help stop the spread of flu.</p>	Print, Electronic	English and Spanish

Contact: Columba Fernandez, 360-236-3548, columba.fernandez@doh.wa.gov

Resources and Updates >>>

Vaccine Management >>>

New Measles and Whooping Cough Resources

With recent measles and pertussis cases in our state, we aim to be both responsive and proactive. As a result, we now offer new materials and resources for individuals, families, health care providers, and local health jurisdictions.

On the department's [measles page](#), you will now find:

- [Updated Frequently Asked Questions](#)
- [Do You Have the Measles? \(PDF\)](#)
- [Measles Information for Clinic Staff \(PDF\)](#)
- [Measles Reference for Providers \(PDF\)](#)
- [Measles Assessment Checklist for Providers \(Word\)](#)

Our [whooping cough page](#) features a new [fact sheet](#), along with [comprehensive materials](#) for parents, grandparents, childcare providers, and healthcare providers.

Additionally, DOH has provided sample letters to [camp directors](#), [parents of campers](#), and [child care facilities](#) to prepare for whooping cough outbreaks during the summer.

You can also stay up-to-date on the latest pertussis activity through [Cases in Washington State in 2015 \(PDF\)](#). This weekly report includes the current number of pertussis cases in the state and in each county.

Contact: Kristin Kucklick, kristin.kucklick@doh.wa.gov, 360-236-3812

Flu Pre-Book Results for 2015-2016 Flu Season

We finished our childhood flu vaccine pre-book with the Centers for Disease Control and Prevention (CDC) in February. We pre-booked 11 percent (78,570 doses) more flu vaccine than was ordered in the 2014–2015 season. We used data from a provider survey in addition to population and immunization rates to figure out how much vaccine to pre-book. We also reviewed usage data from the prior season to adjust the amount. We expect the need for vaccine will be slightly higher next season because of new flu virus strains for the 2015-2016 season.

The flu vaccines for the 2015-2016 flu season are:

- 206,000 doses of .25mL Fluzone preservative free (children less than 3 years of age): 15 percent more vaccine than the amount that was ordered in 2014-2015.
- 236,150 doses of 5mL Fluzone multidose vial (children 3 to 18 years of age): 12 percent more vaccine than the amount that was ordered in 2014-2015.
- 262,480 doses of FluMist (for children 2 to 18 years of age): 9 percent more vaccine than the amount that was ordered in 2014-2015.
- 6,000 doses of .5mL Fluzone preservative free for pregnant adolescents: 33 percent less vaccine than the amount that was ordered in 2014-2015.

Contact: Jacki Stockdale, jacki.stockdale@doh.wa.gov, 360-236-3611

Current and Future Vaccine Management Enhancements in the IIS

Current Focus: Online inventory and vaccine doses administered reporting is our current focus for vaccine accountability. With the help of local health, we have made remarkable progress. As of March, 53 percent of providers are submitting inventory reports online. Forty-four percent of providers are completing their doses administered reports online. Use of these essential Washington State Immunization Information System (IIS) tools improves vaccine accountability and helps reduce waste.

Near Future: We also plan to make a number of IIS features available in the near future. These features include:

- Recommended Order Quantity (ROQ): The ROQ feature helps providers order the right amount of vaccine and avoid over- or under-stocking. This feature helps reduce waste and single antigen orders. It supports best practices in vaccine ordering and inventory management. This is currently being tested and will be piloted soon.
- The Vaccine Incident/Return feature: This feature streamlines the way providers report vaccine waste and returns. This feature allows providers to enter the Vaccine Incident Report information online in the IIS. It links the report data to inventory reporting. This supports accurate inventory tracking. The feature will replace the paper forms and the faxing process. This is currently

Vaccine Management >>>

being piloted and will be available very soon.

Looking Forward: We'll continue to improve the ability of the IIS to support vaccine accountability and management in 2016. We expect the following features to be available:

- The Vaccine Allocation tool: This tool supports flu vaccine allocation tracking. We can use it to track all flu vaccine that is under allocation. We can use it to track vaccines that are part of an emergency response effort. It will replace the spreadsheets LHJs use to track flu vaccine.
- The Vaccine Transfers tool: This function supports the tracking and management of vaccine transfers between providers. It supports LHI oversight of vaccine transfers and accurate inventory management.

Contact: *Sasha De Leon, 360-236-3647, sasha.deleon@doh.wa.gov*

Vaccine Order Review Guide

We work together with local health to review provider vaccine orders and make sure the right amount of vaccine is ordered and stocked. This helps reduce the risk of vaccine waste. In June, our staff started a more in-depth review of provider vaccine orders prior to approving them. We are providing feedback to local health staff about vaccine orders that seem out of alignment with our review process. Our goal is to assure providers don't have too much or too little vaccine. We want to avoid vaccine waste, reduce urgent orders, and eliminate multiple orders being placed by the provider.

We review orders to assure each

order has the data we must submit to the Centers for Disease Control and Prevention (CDC). We review the number of doses used in the last month, the amount of vaccine on hand, and the economic order quantity (EOQ) schedule. We allow for one month of safety stock and add 10 percent. This creates a recommended order quantity (ROQ). We are preparing to integrate an ROQ tool in our Washington State Immunization Information System (IIS). Getting providers, local health, and our staff used to the review process will help us be ready for the IIS ROQ tool. We hope to make the IIS ROQ tool available later this year.

Contact: *Steffen Burney, 360-236-3478, steffen.burney@doh.wa.gov*

Meningococcal B Vaccines

The Food and Drug Administration (FDA) recently licensed two meningococcal B vaccines. At this time, they may be privately purchased directly from the manufacturer. The Advisory Committee on Immunization Practices (ACIP) voted on the use of these vaccines for very specific groups, and there is no routine recommendation at this time. The high-risk groups indicated for vaccination are:

- Persistent complement component deficiencies
- Anatomic or functional asplenia
- Serogroup B outbreak

The Centers for Disease Control and Prevention (CDC) has not yet made the vaccine available to the Vaccines for Children Program (VFC). CDC will limit the VFC supply to the high-risk groups. When CDC makes the vaccine available, we will incorporate it into the state's Childhood Vaccine

Program. We will share more about these vaccines as we learn more.

More information about the vaccines:

- Trumenba – manufactured by Wyeth Pharmaceuticals – approved for ages 10 through 25.
- Bexsero – manufactured by Novartis Vaccines – approved for ages 10 through 25.

Contact: *Jan Hicks-Thomson, 360-236-3578, jan.hicks-thomson@doh.wa.gov*

School and Child Care >>>

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Updated Resources for School Year 2015-2016

- [CIS Overlay for Middle School](#)
- [CIS Overlay for High School](#)
- [Individual Vaccine Requirements Summary](#)
- [Immunization Status Reporting Form for School](#)
- [Immunization Status Reporting Form for Preschool and Child Care](#)
- [Measles Letter for Parents](#)

We plan to provide live webinars about the 2015-2016 school year immunization requirements in the spring and fall. We will record these webinars and will replace the current [training videos](#) using these recordings. Please visit our webpage in the future to view these recorded videos if you miss the webinars. Look for email announcements for more information.

Contact: *oicpschools@doh.wa.gov*

AFIX >>>

Child Profile Parent Spotlight >>>

What are Your Clinic's Immunization Rates?

Do you know the immunization rates for your clinic?

There is a quick and easy way to find out using the Washington State Immunization Information System (IIS). Clinics can run an IIS Coverage Rate Report to find out the immunization coverage of their patients.

You may wonder why public health worries so much about improving immunization rates. We care about this because a high percentage of the community needs to be vaccinated in order to prevent disease outbreaks and protect people who cannot get vaccinated. Using the IIS Coverage Rate Report offers a way for you to identify vaccines with lower coverage rates within your patient population and target them for improvement. This report may be especially helpful for estimates of vaccine coverage during a disease outbreak. This report can also help you see if you need to contact certain patients and get them vaccinated.

Find instructions or watch a video on how to run the IIS Coverage Rate Report:

- [Improve Your Immunization Rates Using the Coverage Rate Report](#)
- [Understanding Your Coverage Rate Report](#)

The Immunize WA Provider Recognition Program has announced their [2015 Awardees!](#) Immunize WA celebrates clinics that have reached the Gold (80%) and Silver (70-79%) levels of vaccination coverage for their patients.

Contact: Nicole Freeto, 360-236-3579, nicole.freeto@doh.wa.gov

This summer, the Office of Immunization and Child Profile is proud to highlight Yissel Ortega, mom to Genesies and Kellsie. Yissel is a [Hands and Voices Parent Guide](#). She began her journey as a guide after she received a Child Profile Health Promotion mailing that included a checklist of developmental goals for Genesies. The checklist is part of the Watch & Help Me Grow series of developmental brochures included in the mailings by the Department of [Early Learning Early Support for Infants and Toddlers](#) program. "I only checked one of the things on the list, so I called the number on the pamphlet and was set up with some specialists in my area – that's how it all began." These specialists diagnosed Genesies with profound hearing loss. She was almost totally deaf.

Yissel then began the hard work of helping Genesies with language acquisition. Though Yissel had resistance from her family and community, she committed to learning American Sign Language (ASL) and teaching it to her daughter. After Genesies received a cochlear implant that was rejected, Yissel continued to work with her daughter to help her communicate in ASL. Now, Yissel's whole family is learning how to speak with Genesies in English, Spanish, and ASL. Because of her experience and passion, Yissel has become the first Spanish-speaking Hands and Voices Parent Guide with the [Early Hearing-Loss Detection, Diagnosis, and Intervention](#) (EHDDI) program, a Child Profile Health Promotion partner. She works with parents of newly-diagnosed infants with hearing loss to navigate different communication options. Yissel says, "My little girl is so strong and she had overcome every obstacle in her short period of life. I can say I'm a proud mom!"



Genesies Ortega

In Memoriam >>>

The Office of Immunization and Child Profile honors the memory of Robin Van Liew, longtime immunization coordinator for the Clark County Health Department. Robin passed away in February leaving behind a legacy of more than 25 years of public health and immunization service. She received her nursing degree from Boise State University, and lived with her husband, Dan, in Camas since 1996. Robin worked as the immunization coordinator in Clark County, providing life-saving vaccinations to county residents and making sure babies got their shots with the least amount of pain or fear. She is remembered for her loving energy and generosity by her family and community.

Immunization Update from the Office Director >>>

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are committed to maintaining and enhancing this critical resource in the years to come.

- Customer service – Part of this transition has meant that the IIS Help Desk, on which users have relied for years, has transitioned to STC, the vendor that created the IIS. We know it's a little disorienting to call the Help Desk number and reach a completely different person than you've come to expect over the years, and there have been some bumps while we get the new group up to speed. We are working closely with STC to be sure they can address your Help Desk needs - this will take a little time. We appreciate how patient you have been with this process, and we plan to stay in close touch as we work out further details of this change.
- Outbreaks – Who would have thought ten years ago that measles could once again be a major annual issue for Washington? After 32 people contracted measles in 2014, we prepared for future outbreaks. We've had eleven cases so far this year and very sadly, [that includes one death](#). We are also facing a growing problem with whooping cough. We all know the disease is cyclical, and it peaks every few years. We have been sharing information and resources for response with the media, providers and the public. We know that maternal vaccination against whooping

cough is really the best way to protect a newborn. We all need to continue to make sure all pregnant women and their healthcare providers know this. We also know that the whooping cough vaccine is not as long-lasting as we all wish it was. A study conducted right here in Washington in 2012 shows how the vaccine's protection wanes in just a few years. The challenge we will be facing for some time to come is keeping the focus on vaccination, especially vaccination of pregnant moms, while the public becomes aware of the limitations we are facing with this vaccine.

All of these changes remind me that public health is all about partnership. We can't have healthy communities without community partners joining together to make it happen. We know we will continue to face surprises, but we also know we have a wealth of experience, knowledge and enthusiasm among our public health colleagues. That's what will get us through our next challenge, whatever it may be.

Take care!



Michele Roberts, Director of the Office of Immunization and Child Profile