

Immunization and Child Profile Update

summer/fall | 2013

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hot topic >>>

Encourage Flu Vaccination Now

Flu season is fast approaching. Flu vaccine is already in provider offices and there are more choices this year. Get the word out now about the importance of flu vaccination to help communities prepare.

Flu vaccine communication messages

Messages about flu vaccination for the 2013-2014 season are similar to last year:

- Yearly flu vaccination is recommended for everyone six months and older as soon as it's available
- Flu vaccination is very important for

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Working Together—Immunization Highlights from the Office Director

Last month, the Centers for Disease Control and Prevention (CDC) released [2012 immunization coverage rates for teens](#). Our state made some gains, but we still have work to do to reach our goals.

Not surprisingly, our teen coverage rate for Tdap vaccine significantly

increased from 75 percent in 2011 to 86 percent in 2012. This is most

likely due to last year's outbreak and the improved awareness of the need to vaccinate that came from the work of public and private health. Vaccination against meningococcal disease also increased



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	Boys and Girls (13-17 years)		Girls (13-17 years)		Boys (13-17 years)
	≥1 Tdap	≥1 MenACWY	≥1 HPV	≥3 HPV	≥1 HPV
U.S. 2012	84.6	74	53.8	33.4	20.8
WA 2012	86	71.2	64.5	43.5	14.9
WA 2011	75	69.4	66.5	40	8.9

	Boys and Girls (13-15 years)		Girls (13-15 years)		Boys (13-15 years)
	≥1 Tdap	≥1 MenACWY	≥1 HPV	≥3 HPV	≥1 HPV
Healthy People 2020 goals	80	80	N/A	80	N/A

newsletter update >>>

Starting with this summer/fall 2013 issue, the *Immunization and Child Profile Update* will be published three times a year instead of quarterly. The first issue of the year will be published in April, the second in August, and the third in December.

ask the nurses >>>

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

This edition of Ask the Nurses focuses on combination vaccines Pediarix and Pentacel. With the recent shortage of both vaccines, we answer commonly asked questions about them and how to give monovalent vaccines if kids already got these combination vaccines. Find guidance from the Centers for Disease Control and Prevention about [vaccinating kids during Pentacel, Daptacel, and Pediarix shortages](#) online.

Pediarix

Q: What can you tell me about Pediarix and the recommended immunization schedule?

A: Pediarix contains DTaP, IPV, and hepatitis B vaccines. Give it as the first three doses in the DTaP and IPV series and give at two, four, and six months of age. Do not use Pediarix for the fourth or fifth (booster) doses of the DTaP or IPV series. Use it for kids aged six weeks through six years.

Q: Can I use Pediarix for the hepatitis B birth dose?

A: No, give Pediarix at a minimum age of six weeks.

Q: A child got hepatitis B vaccine at birth then Pediarix at two and four months. Does he or she need another dose of hepatitis B vaccine?

A: Yes, give another dose of the vaccine since the third dose did not meet the minimum age of 24 weeks. The Advisory Committee on Immunization Practices (ACIP)

considers a total of four doses of hepatitis B vaccine acceptable in this scenario.

Q: A child got hepatitis B vaccine at birth then Pediarix at two months. He or she got DTaP and IPV monovalent vaccines at four months, then got a Pediarix dose at six months. Does he or she need another dose of hepatitis B vaccine?

A: No, in this scenario, the child got the hepatitis B vaccines at the appropriate ages and intervals, so does not need a fourth dose.

Q: A four-year-old fell behind on the third dose of DTaP, IPV, and hepatitis B vaccines. Can I still give Pediarix even though this child didn't get it at the recommended ages of two, four, and six months?

A: Yes, you can use Pediarix in kids aged six weeks through six years for DTaP and IPV doses one, two, and three. As long as you go by the recommended minimum intervals for all the vaccine components (such as DTaP, IPV, and hepatitis B vaccines), you can use Pediarix for this child.

Q: We gave Pediarix to a child overdue for DTaP dose four, IPV dose three, and hepatitis B dose three. Do we need to repeat these doses?

A: No, as long as you met the recommended minimum intervals for each vaccine component (DTaP, IPV, hepatitis B). If you met the minimum intervals, count the doses as valid. However, remember that you should give Pediarix only for doses one, two, or three of the DTaP vaccine primary series. You made an administration error and should take measures to prevent this from happening in the future.

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Immunization and Child Profile Update

summer/fall 2013 >>>

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adult and adolescent >>>

Adult Immunization Training for Health Promoters & Community Workers

The Office of Immunization and Child Profile continues to work on adult immunization activities in our state. We partnered with the Washington Association of Community and Migrant Health Centers to raise adult immunization awareness and rates.

One focus is to educate Spanish-speaking health promoters and community workers about the importance of adult immunization.

Thanks to funding from the Prevention and Public Health Fund grant, we provided training again this year for these groups.

We held the training at the Southeast Community Center in Yakima on June 25. Trainees had the chance to:

- Get an adult immunization refresher.
- Be part of interactive exercises

focused on vaccine facts and myths.

- Evaluate and give feedback on adult immunization materials.

For more information or to get a copy of the training, contact [Columba Fernandez](#) at 360-236-3548.

Surveying Tribal Healthcare Clinic Directors & Staff

The American Indian Health Commission and the Office of Immunization and Child Profile finished a project to help raise tribal healthcare worker immunization rates. With funding from the Affordable Care Act Adult Immunization Grant and support from our office, a commission workgroup developed and evaluated a thorough survey. It had 46 questions and 2 distinct parts.

The commission e-mailed the survey to Tribal and Urban Indian Healthcare Directors. They took the survey online. [Findings and a project report](#) were presented to tribal leaders.

Direction for this project came from ongoing commission work and strategic planning to raise immunization rates. Improving immunization rates of healthcare workers is very important. It not only

protects them, but also protects the people they serve, like older adults, young kids, and people with weak immune systems.

For more information about this project, contact [Brandon Prall](#) at 360-236-3796.

Survey information:

Focus Area	Target Audience	Number of Surveys Completed
Knowledge, attitudes, and practices about healthcare worker immunization	Healthcare workers--all staff, including clinic directors	89
Organizational and administrative practices and policies	Tribal and Urban Indian Healthcare Directors	13

Adult Immunization Leadership Summit

Our state has a strong, integrated system for giving vaccines to kids, but adults are more likely to go without immunizations that can protect them and their families. To help bring people together to raise adult immunization rates, the Immunization Action Coalition of Washington held an Adult Immunization Leadership Summit on February 1. Eighty-nine people from across Washington came.

The program, planned by the coalition’s Adult Immunization Committee, included presentations and breakout sessions.

Use the [tools](#) shared to come up with your own action plan. From the summit evaluation, 82 percent of participants strongly agreed that their time at the summit was well spent, and 18 percent agreed. One participant added, “Thank you for

a great day of shared learning and group strategizing--excellent!”

The coalition continues to follow up with participants to offer resources and track progress on their action plans. For more information, contact [Sara Jaye Sanford](#), coalition Program Coordinator, at 206-830-5175.

ask the nurses >>>

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Pentacel

Q: What can you tell me about Pentacel and the recommended immunization schedule?

A: Pentacel contains the vaccines DTaP, IPV, and Hib. Give this vaccine at ages 2, 4, 6, and 15 to 18 months. Pentacel is licensed for doses one, two, three, and four of the DTaP vaccine series and for kids aged six weeks through four years. Do not use Pentacel for the fifth dose of the DTaP vaccine series or for kids five and older.

Q: What can you tell me about the interval between doses of Pentacel?

A: The first three doses must be separated by at least four weeks. The fourth dose must be given at least 6 months after the third dose and should not be given before age 12 months. Pay attention to the DTaP vaccine component as you figure out the minimum intervals for Pentacel.

Q: A child already got DTaP, IPV, and Hib as separate vaccines for doses one and two. Can we give Pentacel for doses three and four?

A: Yes, you can switch back and forth from monovalent vaccines at one visit to combination vaccines at another visit as long as you stick

to the recommended minimum intervals.

Q: When we give Pentacel at ages 2, 4, 6, and 15 months, the child gets a total of 4 doses of IPV. Does he or she still need a booster dose of IPV before kindergarten?

A: Yes. ACIP recommends that all kids get at least one dose of IPV vaccine at ages four through six years, even if they already got four doses. The interval between the final doses should be at least six months. This means that some kids may get a total of five doses of IPV, but ACIP considers that acceptable.

afix >>>

Preventing Invalid Vaccine Doses

Vaccine doses may be invalid if given outside the Advisory Committee on Immunization Practices' (ACIP) recommended schedule. Invalid doses can also be due to medication errors. This article focuses on invalid doses related to patient age and spacing between doses.

Common invalid doses

The following examples show some of the more common reasons for invalid doses:

- Giving the fourth dose of DTaP vaccine less than six months after the third dose
- Giving the third dose of hepatitis B vaccine at less than 24 weeks old
- Giving MMR or chickenpox vaccines to kids less than one year old
- Giving two live virus vaccines less than four weeks apart (if not given on the same day)

Why do invalid doses matter?

- Vaccines may not work as well when given at the wrong ages

and intervals

- Kids with invalid doses on their immunization records may not meet school and child care immunization requirements
- Healthcare providers have to use extra vaccine, schedule revaccination visits, and use extra staff time to repeat invalid doses
- Patients given invalid doses may need to get extra doses of vaccine and injections

Tools to prevent invalid doses

- Use the Vaccination Forecast tool in the Washington State Immunization Information System. Review and print the forecast before each patient visit to see which vaccines are due now and which ones are due in the future.
- Run a monthly Vaccination Data Quality Detail report. This report shows invalid doses. Review this report and educate staff to prevent future errors.
- Avoid scheduling appointments when patients are too young to

get vaccinated. For example, do not schedule a 12 month well-child visit one week before the child's first birthday. This child would be too young to get MMR and chickenpox vaccines and staff may think it's OK to give the vaccine early.

- Post resources for clinic staff, like the minimum ages and intervals between doses chart.
- Make sure clinic procedures reflect minimum age and interval recommendations for each vaccine. Train staff on these procedures often.
- Pay special attention to combination vaccines and train staff on how to use them along with single component vaccines.

For more information, see the [ACIP Recommended and Minimum Ages and Intervals Between Doses](#) chart, the [ACIP General Recommendations on Immunization](#), and the [Immunization Action Coalition: Vaccine Information for Health Professionals](#) website.

child profile health promotion system >>>

Child Profile Health Promotion Gets Lean

Lean is a strategy to improve quality, cost, product and service delivery, and staff engagement. It removes waste from processes while always keeping the customer number one.

The Office of Immunization and Child Profile and contractors from Public Health—Seattle & King County held a three-day lean exercise in June. We focused on material development processes and aligning hard copy and electronic Child Profile Health

Promotion materials. The group walked through current processes and created value stream maps, spotted kaizens (opportunities for efficiencies), and assigned tasks. The group will check in at 30-, 60-, 90-, and 120-day intervals.

The lean exercise helped spot a number of efficiencies that will free up staff time and assure that parents continue to get high-quality, timely, and relevant materials.



(l-r) Laura Hutchinson, Michelle Harper, Pam Walker, Lonnie Peterson, Michele Roberts, Cristina Del Alma, Columba Fernandez, Marci, Getz, Denise Hawthorne

immunization information system >>>

Inactivating Patient Records in the IIS

The Washington State Immunization Information System has more patient records for certain age groups (like kids under six) than state population estimates. To address this difference and improve data quality in the system, we regularly inactivate records.

Inactivation of death records

The Immunization Information System adds data on deaths it gets from the Department of Health Center for Health Statistics.

We check the Early Notification of Childhood Deaths system weekly for child deaths up to age 18. We update records with any new information. This also helps stop the Child Profile Health Promotion System from mailing to a family whose child died.

Also, data on all deaths that happen in our state is added to the system quarterly and made available to the system yearly. We use a careful matching process to make sure records get appropriately inactivated from death data. This results in improved practice and facility-level reports, since deceased patients get

excluded. If you see a problem with patient records, contact the [Help Desk](#) at 1-800-325-5599.

Other inactivation steps

Besides loading death data, we take steps to inactivate records in the system. We look at several things that show a record is inactive: records with primary addresses outside of our state, people with no vaccines on their record, and records with no indication of recent service by a provider in our state. Last spring and in early 2012, the system inactivated about 48,000 records.

What can providers do?

Healthcare providers can also help keep high-quality patient records for their practice.

If your clinic no longer cares for a patient and still owns the patient's record in the system, set the patient as inactive. When you do that, your clinic no longer "owns" the record.

Consider these options when you decide whether or not to inactivate a patient:

- When a patient moves out of

your area, he or she (or the patient's parent) may request a medical records transfer. Use these requests to identify and inactivate patients. Select an inactive reason of, "moved or gone elsewhere."

- Look for the Patient Detail report (the second report on the right side of the page). Run this report by "ownership" and set a date range to look at your two-year-old patients (for example, 01/01/2010 to 12/31/2010). Check the "Only Show Patient Info" box. Click the "Create Report" button. Review the report results and find any patients you think have left your practice.
- Run reports like Reminder/Recall or use CoCASA to help find patients to inactivate.

If you need help inactivating patients or running reports, contact the [Help Desk](#) at 1-800-325-5599.

Do You Speak EHR & HL7?

More and more healthcare providers use Electronic Health Records (EHRs). We estimate 90 to 95 percent of immunizations submitted to the Washington State Immunization Information System will come from EHRs within 3 to 5 years. Electronic data submission grows each month as new EHR interfaces or connections get brought into the system.

Here are some basics about EHRs and the messages they send:

1. EHRs share data in a message format called HL7, which stands for Health Level 7.
2. HL7 messages can go in two directions:
 - Unidirectional or “uni,” which

means the provider’s EHR sends an update message to the Immunization Information System.

- Bidirectional or “bi,” which means the system responds to a query from the provider’s EHR and sends messages back to the EHR when a patient match is found.
3. HL7 messages include a number of segments. To review a message, see a series of segments or sentences, which complete a paragraph. Each sentence starts with a capital letter and may look like: PID, PD, PV, NK, RXA, RXR, OBX, etc. Sentence fragments or

incomplete paragraphs may cause errors.

4. All segments of an immunization message are important, but the most important is an RXA. That segment tells the system the vaccine administration date, the vaccine name, the lot number, vaccine manufacturer, and more. When that information is included, with high accuracy, the provider gains electronic inventory management.
5. HL7 data exchange is the future. The system already interfaces with 103 healthcare organizations’ and 546 clinic locations’ EHRs.

Tips from the Help Desk

The Washington State Immunization Information System Help Desk staff enjoys hearing from their customers. We came up with this list of helpful tips from commonly-asked questions.

Internet browsers

The Immunization Information System uses a sophisticated software program that stays updated. As of September 1, 2013, the system no longer supports Internet Explorer 7. If you use this version at work, you will have problems using the system. Consider upgrading to a newer version of Internet Explorer to avoid this problem. Contact your organization’s IT staff to find out which version of Internet Explorer you use and get it updated.

Certificate of Immunization Status (CIS)

If you use the CIS often, check your version of Adobe Reader. Older versions cause trouble with displaying the form. The current version is 11.0.03. Upgrade your software for free. Visit the [Adobe website](#) for more information.

Reasons to call the Help Desk

- If you lost a patient or only one twin displays. Call the Help Desk instead of manually re-entering the record.
- Too many vaccines on a patient record may be an incorrect merge of two or more records. Call the Help Desk to check.
- Vaccine lot number and inventory management issues. For help with vaccine ordering and receiving, call the Department of Health at 1-866-397-0337.
- Wrong dose administered or vaccine components not reconstituted. Call your local health agency first for medical advice. Then call the Help Desk to correct the record and balance inventory. E-mail the department’s public health nurses for clinical advice at immunenurses@doh.wa.gov.

Things the IIS Help Desk can do

- Help with patients inaccurately marked as deceased
- Birth order editing
- Editing a lot number after it has

been used

- Help with inaccurate merging of records

Training

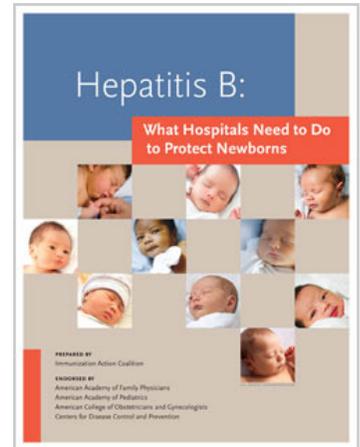
Find training resources at the top of the [Immunization Information System home page](#). After you click on “Training,” go to “Training Materials & Modules” and choose the module of most interest to you. For more information, contact the [Help Desk](#) at 1-800-325-5599.

perinatal hepatitis b >>>

Give Birth to the End of Hep B Campaign Launches

The hepatitis B birth dose project began in 2008 with a grant from the Centers for Disease Control and Prevention. The grant aimed to increase implementation of the Advisory Committee on Immunization Practices' (ACIP) recommendation to get newborns the hepatitis B birth dose. The Immunization Action Coalition created a guide book for hospitals and birthing centers on how to improve coverage of the birth dose.

The grant also focused on enrolling hospitals in the hepatitis B birth dose honor roll, which is included in the launch of the birth dose campaign. Organizations and professional groups gave input on the book. For more information, find a [Webinar from July 16, 2013 and copies of the guide online](#).



Hepatitis B Annual Report

Through case management, the Perinatal Hepatitis B Prevention Program follows up and supports babies born to hepatitis B-positive women and household contacts. Follow up and support makes sure exposed infants get services and helps reduce barriers that result in perinatal hepatitis B-infected kids.

Getting rid of mother-to-child transmission of hepatitis B is a recommendation of the Advisory Committee on Immunization Practices, the Institute of Medicine, and is a goal of the Department of Health and Human Services. Find [step-by-step guidelines](#) online to help local health program coordinators with reporting and case management.

Annual report highlights (2010 and 2011 birth cohorts)

- In 2011, 343 infants born to hepatitis B-positive women were reported, compared to 318 cases in 2010.
- About 60 percent of expected births to hepatitis B-positive women were identified in Washington State. This has held steady over the last few years.
- Ninety-eight percent of infants born to hepatitis B-positive

women get the first dose of hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. Our state continues to outdo the national standard of 95 percent.

- Ninety infants born to hepatitis B-positive women in 2010 were active and open to case management in 2011. We are pulling together information on infants and their outcomes from the year before.
- Eighty-five percent of infants got HBIG and finished the hepatitis B series by twelve months. Nationally, 83 percent of infants finished dose 3 by 12 months.
- In 2011, 65 percent (n=222) of infants born to hepatitis B positive-women got post-vaccination serology testing to check for immunity to hepatitis B after getting the vaccine series. Nationally, 58 percent of infants finished testing.
- One infant tested positive for hepatitis B infection.

Local health-specific reports will be ready once national birth certificate data is available.

resources and updates >>>

HealthMap Vaccine Finder Needs You!

Flu season is around the corner. Populate the online HealthMap Vaccine Finder with data on vaccine services. Last year, the free, online tool helped direct over 500,000 users to vaccine providers in their area. This year, HealthMap Vaccine Finder is asking for information on seven kinds of flu vaccines:

- Trivalent
- Quadrivalent
- High dose
- Intradermal
- Cell culture-based
- Recombinant
- Nasal spray

It's also asking for ten other adult vaccines:

- Hepatitis A
- Hepatitis B
- HPV
- MMR
- Td
- Tdap
- Mening
- Pneumo
- Varicella
- Zoster

If you participated last year, [log in to your account](#). New providers must first [register for an account](#). Once you get your password and login, upload the required information to your account. If you have questions, e-mail vaccine@healthmap.org.

Office of Immunization & Child Profile Staff Updates

Changed positions

Marci Getz has worked in the office as the Affordable Care Act Adult Immunization Grant Coordinator for the last two years. She recently became the Immunization Health Promotion Supervisor. Marci now supervises staff in the Health Promotion and Communication Section. Contact Marci at 360-236-3534 or marci.getz@doh.wa.gov.

New to the office

Adriana Avelar, Secretary Senior, returned to the office in June to help with administrative work during the summer. Adriana is filling in for Jennifer Blaine who's on temporary

assignment in a different office at the Department of Health. Contact Adriana at 360-236-3551 or adriana.avelar@doh.wa.gov.

Nikki Poulin, Public Health Associate Program trainee, joined the office in July. Nikki will work in the office for a year before she transfers to the department's Division of Environmental Public Health. Contact Nikki at 360-236-3574 or nikki.poulin@doh.wa.gov.

Brandon Prall, Health Educator, joined the office half time in May to help finish up the Affordable Care Act Adult Immunization Grant

work. He also works half time in the department's Health Promotion, Practice, and Policy Section. Contact Brandon at 360-236-3796 or brandon.prall@doh.wa.gov.

Left the office

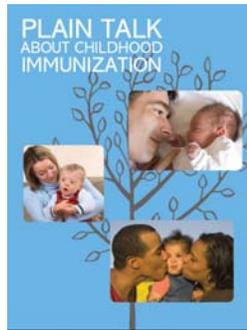
Jennifer Blaine, Secretary Senior, left the office temporarily to work in the department's Office of Healthy Communities. Jenn will return to her position in mid September.

Wendy Stevens, Adolescent Outreach/Tribal Liaison, left the office in June to work for the Department of Homeland Security Federal Emergency Management Agency.

Immunization Materials Update

Free immunization materials are available from the Office of Immunization and Child Profile.

Visit the [Forms and Publications webpage](#) to view and order materials.



Updated: Plain Talk About Childhood Immunization

The Office of Immunization and Child Profile worked with the Immunization Action Coalition and other partners to update the [Plain Talk About Childhood Immunization](#) booklet. The office is finalizing the booklet format and getting it ready to print. The new version of the booklet will be available in English, Spanish, and Russian. You can order hard copies once the booklet is printed and it will also be available in an easy-to-read online format.

New or Revised Material	Format	Language(s)
Plain Talk About Childhood Immunization, booklet (available in fall 2013)	Online and print	English, Spanish, and Russian

school and child care >>>

Q&A: Hepatitis B & DTaP/Td/Tdap School Immunization Requirements

This article focuses on the most frequently asked questions about the new hepatitis B and DTaP/Td/Tdap school immunization requirements.

Hepatitis B

Q: Why did the hepatitis B vaccine requirement get changed for this school year (2013-2014)?

A: It was changed to make sure kids in middle and high school are not incorrectly counted as out-of-compliance with school immunization requirements.

In 1994, when current middle school and high school students were toddlers, the Advisory Committee

on Immunization Practices (ACIP) allowed hepatitis B vaccine dose three as early as age four months. Since 2005, ACIP recommended the third dose at a minimum age of 24 weeks.

Until now, the school requirement followed the current ACIP recommendation of 24 weeks. The

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Q&A: Hepatitis B & DTaP/Td/Tdap School Immunization Requirements

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Department of Health heard from schools that many older students got dose three as early as age four months, and student information systems flag older kids as out of compliance if they got dose three too early. Schools asked students to get another dose of vaccine or get an exemption. Some healthcare providers didn't want to give another dose because they believed the student got enough vaccinations.

The Centers for Disease Control and Prevention (CDC) gave guidance to the Office of Immunization and Child Profile that doses given under a previous ACIP recommendation should still be counted as valid. To more closely follow CDC guidance and prevent systems from flagging older students as out of compliance, the State Board of Health and the department agreed to change the hepatitis B requirement for this school year. It allows older students in Grades 7 through 12 to be in compliance if they got hepatitis B vaccine under the previous ACIP recommendation.

Q: Can you explain the new hepatitis B requirement for this school year (2013-2014)?

A: Students in Grades 7 through 12 are in compliance if they got dose 3 as early as age 4 months because that was the recommendation at the time they were vaccinated. The hepatitis B requirement for students in kindergarten through Grade 6 are the same as last year.

Q: Several kindergarteners at my school got hepatitis B vaccine dose 3 between ages 4 and 5 months, not 24 weeks of age as required. Are these

students out of compliance?

A: Yes, according to the school requirement, kindergarteners are required to get hepatitis B vaccine dose 3 at a minimum age of 24 weeks. If these students got dose three too early, count this dose as invalid and the student must get another dose.

Q: If a student in ninth grade got hepatitis B vaccine dose 3 at age 24 weeks rather than at age 4 months, is he or she in compliance?

A: Yes, this student is in compliance with the requirement as long as he or she met the minimum age of four months for dose three and got doses one and two at the correct intervals.

Q: Will the Washington State Immunization Information System be programmed to show the change in the hepatitis B vaccine requirement?

A: Yes, the Immunization Information System is programmed to reflect the hepatitis B requirement change.

DTaP/Td/Tdap

Q: Who needs a second dose of Tdap vaccine?

A: ACIP now recommends Tdap vaccine during each pregnancy. However, this is not required for school entry. Students in Grades 6 through 12 are required to get one dose of Tdap vaccine.

Q: Do students still need Tdap vaccine if they got pertussis disease?

A: Yes. Even though the student

got pertussis disease, lab evidence is not considered proof of immunity. To meet the school entry requirement for pertussis, students must still get a dose of Tdap vaccine.

Q: Can you explain the Tdap requirement for students aged seven to ten years?

A: Students aged seven through ten years who were not completely vaccinated with the DTaP vaccine series at a younger age must get Tdap vaccine to be in compliance with school requirements.

Q: According to the school immunization requirement, Tdap vaccine is required for students aged 11 or older. If a student got Tdap at age 10, do I count this as a valid dose or does it need to be repeated at age 11?

A: If a student got Tdap at age ten, count the dose as valid. It does not need to be repeated. One of the Tdap vaccines, Boostrix, is licensed for ten-year-olds. Remember, ACIP only recommends one dose of Tdap vaccine at this time.

Q: I heard ACIP recommends Tdap vaccine during each pregnancy. Should pregnant students get Tdap vaccine for school attendance?

A: No. Even though ACIP now recommends Tdap vaccine during each pregnancy, our state doesn't require it for school attendance. ACIP made this recommendation to make sure babies get the best protection against pertussis.

Q: If a student is ten years old and
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Q&A: Hepatitis B & DTaP/Td/Tdap School Immunization Requirements

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entering sixth grade, is he or she required to get Tdap vaccine?

A: No, Tdap vaccine is only required if a student is in Grade 6 or above and is 11 years or older. All students in Grades 6 through 12 are required to get Tdap vaccine in school year 2013-2014.

Q: Does a student need to wait five years to get Tdap vaccine after he or she got DTaP vaccine?

A: No, ACIP no longer recommends a five-year interval between DTaP/Td and Tdap vaccines.

Q: How many doses of DTaP vaccine does a student need for school entry? Can students get only four doses?

A: A student should get five doses of DTaP vaccine. However, if a student got only four doses and he or she got the fourth dose on or after age four, the student doesn't need any more doses.

Q: What about a student who got five doses of DTaP vaccine by age five and then got Tdap vaccine at age eight? Does this student need another dose of Tdap vaccine at age 11?

A: No. Even though this student didn't need to get Tdap vaccine at age eight, since he or she got all the recommended doses of DTaP vaccine, the student doesn't need another dose of Tdap vaccine at age 11. Students over age seven should get only a single dose of Tdap vaccine at this time.

Q: If a student got DTaP vaccine and

only four months passed between DTaP vaccine doses three and four, can I count this dose as valid?

A: The recommended interval is six months, but if four months passed between doses three and four, dose four is valid and doesn't need to be repeated.

Q: A student got DTaP vaccine instead of Tdap vaccine at age eight. Does this student need a Tdap vaccine to meet the sixth grade requirement?

A: In this case, DTaP vaccine was given in error. Even if DTaP vaccine was given inadvertently at age eight, the DTaP dose is valid and the student does not need Tdap vaccine.

Q: In the past, students needed only three total doses of DTaP vaccine to be in compliance. Can I count three doses as valid?

A: No. Students are required to get five doses of DTaP vaccine. However, if students got at least four doses, with the fourth dose given on or after age four, they don't need a fifth dose.

Q: A five-year-old kindergartener showed up with only two doses of DTaP vaccine. How many more doses of vaccine does this student need?

A: This student needs at least four total doses of DTaP vaccine if he or she can get four doses in by age seven. Four weeks must separate doses two and three, and six months should separate doses three and four. If the student does not complete the DTaP vaccine series by age seven, he or she should complete the series with Tdap or Td vaccine.

Q: A 12-year-old student got 1 dose

of DTaP vaccine at age 2 and Tdap vaccine at age 11. How many more doses should this student get?

A: This student got one dose of DTaP vaccine after age 12 months and got Tdap at age 11 years. This student needs to complete the series with one dose of Td vaccine at least 6 months after the Tdap dose given at age 11. After that, he or she needs a booster dose of Td every ten years. This scenario allows 3 total doses of diphtheria, tetanus, and pertussis-containing vaccines because the student got 1 dose after age 12 months and got a dose of Tdap vaccine. Find [more information about each vaccine requirement](#) online.

Q: A 12-year-old student got DTaP vaccine dose 1 at age 7 months, dose 2 at age 15 months, and Tdap vaccine at age 11 years. Does this student need any more doses?

A: Yes, this student needs Td vaccine to complete the series since he or she got one dose of DTaP vaccine before age 12 months. See the [Individual Vaccine Requirements Summary](#) for more information.

Q: A new fifth grader got the first dose of DTaP vaccine at age five, then a second dose of Td vaccine at age seven. Does this student need to get Tdap vaccine?

A: Yes, according to the ACIP recommendation, this student needs to catch up and get Tdap vaccine. Even though he or she is not yet 11 years of age, ACIP recommends Tdap vaccine for students between ages 7 and 10 years if not fully immunized against pertussis.

Q: If an eight-year-old student

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Q&A: Hepatitis B & DTaP/Td/Tdap School Immunization Requirements

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never got the primary series of DTaP vaccine, what does he or she need at this time?

A: Students aged seven and older should get a single dose of Tdap vaccine followed by Td vaccine for doses two and three. Four weeks should separate Tdap and Td vaccines, followed by at least six months between Td doses two and three. After this, he or she should get a Td booster every ten years.

Q: A student showed up on an

Are You Ready for the 2013-2014 School Year?

Do parents request an immunization record from you? Do they ask for help to fill out the required immunization form for school or child care (also known as the Certificate of Immunization Status [CIS])?

Consider printing the CIS from the Washington State Immunization Information System for parents rather than printing out the clinic's immunization record. All the patient's immunizations entered in the Immunization Information System will show up on the CIS. Parents can then give this valid form to the school or child care. By law, parents or guardians must sign and return a completed CIS. Schools can't accept only the clinic immunization record stapled to the CIS.

Benefits of printing the CIS include:

- Ease and time savings for everyone
- Accurate immunization information
- Less time spent helping parents complete the form
- Less time searching for vaccine information

out-of-compliance report according to the student information system that we use at our school. When I look up this student in the Immunization Information System, it says he doesn't need more doses. Why doesn't the school system match the state system? What should I do when I see these differences?

A: The Immunization Information System programs per the ACIP recommendations. The school immunization requirements match the ACIP recommendations most

of the time, but not always. Also, schools throughout the state use many different systems that may not always accurately reflect the school immunization requirements.

When you see these differences or you question the out-of-compliance report, talk with your school's system support person. For example, you should contact the regional data center if you use the Washington School Information Processing Cooperative Skyward software program.

Just make sure the Immunization Information System contains all of your patients' immunizations. The CIS includes all the immunizations entered for the patient. Find [easy-to-follow instructions](#) online.

Basic training for clinics: school and child care immunization requirements

Do you ever get confused about school and child care immunization requirements? Do you wonder why schools send students to you for another dose of vaccine? Here are some of the basic immunization requirements and what you can do to help.

Key points about school and child care immunization requirements

- Kids in school and child care in our state must get vaccinated to protect themselves and not spread diseases to others ([RCW 28A.210](#)).
- The ages and intervals at which kids must get vaccinated are up to the Advisory Committee on Immunization Practices' (ACIP) immunization schedule ([WAC 246-105-030](#)). For example, if a

child got the first dose of MMR vaccine before the recommended 12 months of age, they need to repeat this dose.

- Parents must submit the required immunization form (CIS) and a Certificate of Exemption if their child opts out of immunizations.
- School and child care staff must look at immunization records in detail and see if students meet the requirements.

How you can help

- Follow the [recommended immunization schedules](#)
- During each visit, print the immunization summary or use the forecasting tool in the [Washington State Immunization Information System](#) to see if a child needs more immunizations
- Print the Certificate of Immunization Status from the Immunization Information System so parents can give it to the child care, preschool, or school
- Print, post, and follow the [minimum ages and intervals chart](#) from the Centers for Disease Control and Prevention (CDC)

Are You Ready for the 2013-2014 School Year?

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- Review the 2013-2014 school and child care immunization requirements:
 - [School requirements](#)
 - [Child care requirements](#)
- More resources for clinics:
 - [Immunization Action Coalition](#)
 - [CDC's Pink Book \(Epidemiology and Prevention of Vaccine-Preventable Diseases\)](#)

Reminder: 2013-2014 School Immunization Requirements

Find the chart that shows all the [required vaccines for school attendance for the 2013-2014 school year](#) online.

School Immunization Status Report due November 1, 2013

Remember that all public and private schools and some early learning programs are required to submit a yearly status report. Early learning programs include licensed child care centers, preschools, Early Childhood Education and Assistance Program contractors, and Head Start programs.

Reporting for this year opens September 1, 2013 and closes November 1, 2013. The report is a snapshot of the number of kids in each school or child care who are complete, out of compliance, conditional, or exempt for specific vaccines. All information for the report comes from the CIS.

We transitioned to electronic reporting. All schools will report either online using the Immunization Information System or e-mail data files exported from the school's electronic Student Information System.

Early learning programs should report online using a Web-based survey tool.

Detailed reporting instructions are online for [schools](#) and [early learning programs](#).

Immunization Status Report form stays the same

The immunization status report form for schools and preschools/child cares is the same as last school year. It includes counting all students with the new religious membership exemption and counting students

with each exemption category in kindergarten and sixth grade.

[Schools](#) and [early learning programs](#) can download the form and instructions.

Compare the 2012-2013 and 2013-2014 school immunization requirements:

2012-2013 School Year	2013-2014 School Year
DTaP: 5 doses (4 doses acceptable if dose 4 given on or after the fourth birthday)	DTaP: no change
Hep B: 3 doses	Hep B: 3 doses and change to minimum age for dose 3 <ul style="list-style-type: none"> K through Grade 6: <ul style="list-style-type: none"> Minimum age for dose 3 is 24 weeks Grade 7 through 12: <ul style="list-style-type: none"> Minimum age for dose 3 is 4 months
Tdap: 1 dose for Grades 6 through 11 (\geq age11)	Tdap: 1 dose for Grades 6 through 12 (\geq age11)
IPV: 4 doses (3 doses acceptable if dose 3 given on or after the fourth birthday)	IPV: No change in number of doses <p>Kindergarten through Grade 2: Final dose given on or after August 7, 2009 must be given at a minimum of 4 years of age and minimum interval of 6 months from the previous dose</p>
MMR: 2 doses	MMR: no change
Varicella: 2 doses: Kindergarten through Grade 4 1 dose: Grades 5 through 6 Recommended, but not required: Grades 7 through 12	Varicella: 2 doses: Kindergarten through Grade 5 1 dose: Grade 6 Recommended, but not required: Grades 7 through 12

School Immunization Rates for the 2012-2013 School Year

Most kindergarteners and sixth graders in our state have all the vaccines they need to enter school. For the 2012-2013 school year, 85.5 percent of kindergarteners and 82.4 percent of sixth graders had all the vaccines required for school entry. Both of these are an increase from the previous school year. The rate of kindergarteners meeting school requirements is about the same for public and private schools.

The number of students claiming exemptions to school-entry requirements is falling or holding steady. For the 2012-2013 school year, 4.6 percent of kindergarteners, 5.5 percent of sixth graders, and

5.2 percent of all students (all kids in kindergarten through Grade 12) claimed at least one exemption. These exemption rates are similar to last year but are down from all-time highs in the 2008-2009 and 2009-2010 school years.

More kindergarteners in private schools have exemptions than kindergarteners in public schools. In contrast, about the same number of sixth graders in private and public schools have exemptions. The personal exemption type makes up the majority of exemptions claimed regardless of grade or school type.

This is the first year the Department

of Health measured the religious membership exemption, and it was less than 0.1 percent for all students. This very low rate suggests that parents aren't claiming this exemption type out of convenience, since it doesn't require a healthcare provider's signature. It will take a few years of data to spot trends in this exemption type.

For more school status information, including maps, graphs, and data tables for kindergarteners, sixth graders and all grades (kindergarten through Grade 12), see our [School Immunization Status Data Reports webpage](#).

spotlight on local health >>>

Swedish Medical Center Works toward Meaningful Use Goals

by Scientific Technologies Corporation's Janet Balog, Senior Public Health Advisor, and Kristina Crane, Director of Provider Services

By January 2014, the Centers for Medicare and Medicaid Services will require electronic health record systems to send complete and correct immunization information to state immunization information systems. This stipulation is part of the new Stage 2 criteria for the Medicare and Medicaid Electronic Health Record Incentive Programs under the Health Information Technology Act.

The goal of Swedish Medical Center, the largest nonprofit healthcare provider in the Greater Seattle area, was to meet the Stage 2 standard for ongoing integration with the Washington State Immunization Information System well in advance of the 2014 deadline. Thanks to the combined efforts of Scientific Technologies Corporation (STC), Swedish Medical Center, and the Department of Health, Swedish Medical moved from working under Stage 1 to Stage 2 criteria on April 20.

The Health Information Technology Act gives money to providers and hospitals that comply with Meaningful Use health standards. The standards are put in place to ensure providers and hospitals use their Electronic Health Record (EHR) systems to improve patient care.

Stage 2, as STC Senior Public Health Advisor Janet Balog puts it, is a quantum leap from its predecessor.

"Unlike the requirement for Meaningful Use Stage 1 that only required healthcare entities to connect to a state IIS, Stage 2 says that immunization data must be transmitted to the IIS on an ongoing basis in a format that meets requirements set forth by the Centers for Disease Control and Prevention (CDC)," she says.

For the last 12 months, Balog and her STC colleagues have worked with Swedish Medical and the department to help with this move. In addition to coming up with a more extensive set of criteria, the move to Stage 2 also meant that Swedish Medical would need to modify its EHR technology

and workflow. This will ensure that all data required by CDC reaches the IIS.

STC's team used their technical and data testing process to put these quality electronic data exchanges in place. The number and type of medical providers included in this single data stream made the exchange with Swedish Medical so complicated, Balog says.

"The complexity of working with this large organization is to ensure that all patients are uniquely identified, that all vaccinations are captured correctly, and that the vaccination is attributed to the correct administering location," she says.

Swedish Medical also supports the interface for two more health systems--the Polyclinic and Minor and James. Since the move, data gets sent to the Immunization Information System in real time and from the full range of medical services part of the Swedish organization. It also comes from those that they support with technology services.

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Swedish Medical Center Works toward Meaningful Use Goals

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Immunizations given at hospital birthing centers, inpatient units, and outpatient units will now be sent to the Immunization Information System. Hospital ambulatory care centers and private provider offices that give vaccines, or record vaccine histories in EHRs, are also included in these electronic messages.

“We did a lot of trouble shooting identifying issues. It was a long

process, but it had to be right before taking the interface live,” says Balog.

Immunization records are important not only for the patient or provider, but also on a state and national level. For example, in 2012 Washington State dealt with a pertussis outbreak that reached epidemic levels.

“To control for that kind of situation, physicians and public health officials

need to know who has and has not been vaccinated,” Balog says. “Immunization information systems will provide a complete, accurate record for clinicians and public health staff when a similar situation arises.”

Now that the interface is in place, STC aims to work with Swedish Medical on best practice features for its Immunization Information System.

Maywood Hills Elementary School: 2013 Health Champion

by Mackenzie Melton, WithinReach Immunization Project Coordinator--Vax Northwest

The Washington State Public Health Association named Maywood Hills Elementary School as a 2013 Health Champion in the Ensuring a Safe and Healthy School Environment category. Maywood Hills is an Immunity Community pilot site, a community engagement program that activates parents who value immunization. It boosts their confidence to speak out in support of immunization and increases community belief in vaccination as a priority.

Maywood Hills won this well-deserved award for making immunization a school priority. It raised student vaccination rates as well as awareness of the community-wide benefit of immunization. A team of parents, the school nurse, and

the district nursing supervisor made positive changes with benefits that go well past the school community. They raised the importance of immunization by sharing educational materials, speaking at PTA meetings, and writing articles for the school newsletter.

The school nurse often talks with parents about current immunization topics, like the 2012 pertussis epidemic, and makes sure kids are up-to-date on their immunizations. They also wrote to all parents of incoming kindergarteners urging them to make sure their child was up-to-date on immunizations. They shared why it's important to vaccinate and gave resources for more information.

Congratulations to Maywood Hills Elementary School and the North Shore School District!



Peggy Sturm-VanderPol, Maywood Hills Elementary School Nurse



Students and staff at Maywood Hills Elementary Science Fair

Washington's Childhood Immunization Champion

Dr. Edgar Marcuse, Seattle Children's, was selected as the 2013 Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion for our state. The award honors immunization champions from each state during [National Infant Immunization Week](#).

Dr. Marcuse received the award for making a significant contribution to public health through his work on children's immunization.

Dr. Marcuse has dedicated his career to promoting childhood immunization. He works tirelessly to improve the understanding of vaccine-preventable diseases and promote the importance of childhood immunization. Our state's childhood immunization rates have improved over the last few years and Dr. Marcuse's involvement in state policy and addressing vaccine hesitancy are directly behind these improvements.

We also want to recognize the other nominees for this year: John Dunn, Group Health; Ginny Heller, WithinReach; and Celina Yarkin, Vashon Island community advocate and farmer.

Young kids rely on champions in their lives to keep them safe and healthy. Dr. Marcuse is an inspiration who cares about children's health. We are pleased and honored to congratulate him on this well-deserved award.

vaccine management >>>

Vaccine Inventory Management--Show Me the Numbers

Online vaccine ordering started five years ago. All local health jurisdictions and most healthcare providers order vaccine online. In January, we moved to a completely paperless process and stopped requiring faxed verification of orders. We also started tracking the progress of providers who place their own orders. Our goal is to have 95 percent of providers place their own orders online using the Washington State Immunization Information System. We tracked the number of providers who place their own orders by the total number of providers in the state for the first six months of 2013.

We are pleased with the results, but still have work to do!

- Total number of providers: 1150
- Total number of providers who place their own orders (includes

only those providers who place at least one of their own orders during the first six months of 2013): 939

- Percent of providers who place their own orders: 82 percent

In March we started to promote use of the Immunization Information System to receive and manage vaccine inventory online. Receiving vaccine orders in the system is the

first step toward online inventory reporting. The table below shows the great progress of providers over the last few months. The number of provider offices that get their vaccine orders online improved by 13 percent from the first quarter of 2013. Find [training materials on ordering and receiving vaccine inventory in the Immunization Information System](#) online.

	1st Q (January to March 2013)	2nd Q (April to June 2013)
Ordering		
Total # Orders	929	885
# Providers Placing Orders	787	825
% Ordered	85%	93%
Receiving		
Total # Orders	929	885
# Providers Receiving Orders	262	366
% Received	28%	41%

The Future of Vaccine Inventory Reporting

When we surveyed healthcare providers and local health, both said they wanted to report monthly vaccine inventory online. Through the Washington State Immunization Information System, we created an online inventory reporting screen. Implementation starts this fall. We'll pilot the process, then use a regional approach to roll out to all providers. Local health will monitor and track provider inventory in the system on the vaccine ordering screen and on reports. Check our website to learn more about the online reporting feature. It helps us meet federal reporting requirements, meets a need expressed by providers, and moves us closer to the standard of using the Immunization Information System for all vaccine management processes.

Online Doses Administered Reporting

When healthcare providers and local health asked for online doses administered reporting, we went to work on it! Providers who use the Washington State Immunization Information System to track vaccines given can finish this report in the system. Many print the report and send it to local health to meet the monthly reporting requirement. In the future, they can submit the report online in the system. Our goal is to make online doses administered reporting in the Immunization Information System a reality for all providers. Online inventory and doses administered reporting should be in place by summer 2014. Stay tuned for more information as we continue this work.

Provider Agreement Online Enrollment in the IIS

In June, we launched the online process for completing the Provider Agreement for the State Childhood Vaccine Program. We scheduled just over 200 healthcare providers to complete the process in June. As of July 1, 91 percent of those providers submitted their 2013 agreement online.

Total	202	%
Approved	138	68%
Submitted (in review)	46	23%
Pending (saved)	6	3%
No Activity	12	6%

Online enrollment in the Washington State Immunization Information System is a completely new process. Throughout the month, we supported providers through blast fax, one-on-

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Provider Agreement Online Enrollment in the IIS

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one phone calls, and e-mails. The Immunization Information System Help Desk took calls and helped as well. We sent local health progress reports so they could promote the process with providers. Online videos, quick tip guides, and blast fax “cheat sheets” supported provider awareness and training.

One of the biggest changes is that providers are now required to update their provider/practice profile when they re-enroll. In the past, we gathered data from all providers at the same time. Providers must now

give data on the number, age, and Vaccines for Children status of kids seen in their practice for the previous calendar year when they renew their agreement. If a provider tracked all doses given in the Immunization Information System, they can run a report to gather the profile data. If the provider has not tracked doses given, he or she may need a billing resource to help gather data.

We use a staggered schedule to re-enroll providers by local health jurisdiction each year. Each month a new group of providers begins the

re-enrollment process. The three largest jurisdictions begin the renewal process in January and complete it by the end of March. Providers have 30 days to complete re-enrollment. After 30 days, if the provider has not turned in a new agreement, we suspend vaccine ordering permissions. We restore permissions once we get and approve a signed agreement.

If you have questions about online enrollment, contact the [Office of Immunization and Child Profile](#) at 1-866-397-0337.

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Grant	King	Benton-Franklin	Lincoln	Spokane	Asotin	Clallam	Adams	Chelan-Douglas
Grays Harbor	Pierce	Cowlitz	Pacific	Walla Walla	Clark	Jefferson	Island	Garfield
Skamania	Snohomish	Kitsap	San Juan	Whitman	Columbia	Lewis	Klickitat	Okanogan
Wahkiakum		Kittitas	Skagit		Mason	NE-Tri	Thurston	
		Whatcom	Yakima					

Vaccine Storage & Handling Grant Update

The Office of Immunization and Child Profile got a grant from the Centers for Disease Control and Prevention last year. The grant aims to improve vaccine storage and handling practices. As part of the grant, we are interviewing 30 large healthcare organizations, gathering information about storage and handling best practices, and asking for feedback about the support healthcare providers get from state and local health and the materials we provide.

The organizations we talked to told us that:

- Centralized vaccine policies and

procedures decrease vaccine issues.

- Lab-grade storage units decrease vaccine temperature issues.
- The new vaccine storage and handling report card gives good feedback on vaccine ordering and site visit data.
- They like training sessions by local health.
- They want more guidelines for buying vaccine storage and handling equipment.
- They want shorter online training modules.

We will work with local health to

pilot materials with a number of smaller, independent clinics. We’ll use feedback from the large healthcare organizations and the smaller pilot sites to improve and add resources on best practices for vaccine storage and handling.

For more information, contact [Phillip Wiltzius](#) at 360-236-3603.

vfc idea corner >>>

The following tips are important timesavers for Vaccines for Children (VFC) Compliance Site Visit documentation.

Tip: Accuracy of Information on the Questionnaire

Some of you use the formatted version of the questionnaire as a template for your site visits. Some questionnaires get turned in with data from the previous site visit and the current site visit. You must clear out all of the data from the previous site visit before entering data for the new visit. When you don't, it causes data errors and takes extra time to correct them.

Tip: Response to Question 14B

This question does not ask for the date of calibration. It asks for the date the calibration expires. Read the certificate to find how many years the calibration is valid and add that

number to the date of calibration. This will give you the date of expiration.

Tip: Questions 17 and 18: Temperature Logs

Before the VFC Compliance Site Visit, ask clinic staff to fax or e-mail you the last three complete months of temperature logs for all units storing state-supplied vaccine. You can do this when you call to set up your visit. This will save you the time at the visit and give you a chance to review the temperatures ahead of time and be prepared to discuss any temperature issues.

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

Kudos

Mariama Gondo, VTrckS IIS Interface Project Coordinator. Becky Linn, Health Program Specialist at Spokane Regional Health District, e-mailed Mariama: "I just wanted to take a moment to send you an e-mail about the changes to the IIS. I am so pleased with the training tools that were distributed. I have worked with several providers with running reports the 'new' way and these directions are complete and easy to read. I sure hope you are getting positive feedback on this tool and the changes to the IIS."

Jodi Warren, Washington State Immunization Information System Data Quality Coordinator. Jodi was recognized by the American Immunization Registry Association's Board President, Mary Beth Kurilo, and Executive Director, Rebecca Coyle, for her valuable input and review of the "Data Quality Assurance in Immunization Information Systems: Selected Aspects" guideline.

Encourage Flu Vaccination Now

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- [high-risk groups](#), including healthcare vworkers and caregivers
- Along with covering your cough, washing your hands, and staying home and away from others when you're sick, flu vaccine is the best way to protect you, your family, and the community from the flu
- Kids under nine may need two doses of flu vaccine spaced at least four weeks apart

Flu vaccine choices

In past seasons, [flu vaccine](#) protected against three strains of flu virus (trivalent). This season, you can choose one that protects against four strains (quadrivalent). Talk to your patients about which one is right for their family.

All nasal spray vaccines are quadrivalent this year. The flu shot is available as a trivalent and quadrivalent vaccine, in limited amounts. Data show the [nasal spray vaccine is more effective for kids](#) aged two through seven years. Providers with access to both vaccines should consider using the nasal spray for young kids, but shouldn't delay vaccination if it's not available.

Kids aged 2 through 4 years with a history of asthma or wheezing in the last 12 months should not get nasal spray vaccine. The Advisory Committee on Immunization Practices recently voted to recommend trivalent recombinant flu vaccine (FluBlok) for people aged 18 through 49 with egg allergy of any severity.

The Department of Health bought

more than 754,000 doses of flu vaccine for kids under age 19. Although the vaccine is given to the patient at no cost, providers may charge an office visit fee or fee to give the vaccine, called an administration fee. People who can't afford the office visit fee or administration fee can ask their provider to waive the cost.

The Vaccine Advisory Committee released [clinical guidance on use of flu vaccines when multiple flu products are available](#).

Flu vaccine recommendations

Healthcare workers play an important role in recommending yearly flu vaccination because they're the most trusted source of health information. Continue to encourage people of all ages to get a yearly flu shot to help protect themselves and their

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Encourage Flu Vaccination Now

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communities. Be an example and get a yearly flu shot. Recommend and offer flu vaccine now. It makes a difference.

For more information about vaccine choices and recommendations, see the [Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2013-14](#).

2012-2013 flu vaccine coverage

Flu vaccine coverage for the 2012-2013 season increased overall from the previous season, but it's still

low. Childhood flu vaccine coverage for the 2012-2013 season was 54.9 percent. The Healthy People 2020 goal is 80 percent, so there's still work to do.

Thimerosal limits law

In the past, the department suspended the thimerosal limits law because of preservative-free flu vaccine shortages for kids under three and pregnant women. The law will not be suspended in 2013 because there are plenty of vaccine choices for this population. For more information, go to the [Suspension of Washington State Mercury Limits on](#)

[Certain Flu Vaccine](#) webpage.

Flu vaccine effectiveness

There continues to be research and media attention on the [effectiveness of flu vaccine](#). Visit the Centers for Disease Control and Prevention website for more information about [why flu vaccination is still the best protection against the flu](#).

Go to our [flu webpage](#) for free resources and information about flu and other immunizations. Watch our [flu videos on YouTube](#) and join our conversations on [Facebook](#) and [Twitter](#).

Immunization Highlights from the Office Director

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You may have seen recent media attention about the national rate for human papillomavirus (HPV) vaccine. It did not improve from 2011 to 2012. The state rate for girls aged 13-17 for one or more doses fell by 2 percent, although the rate for completing the 3-dose series rose by 3.5 percent. With any new vaccination recommendation, we expect to see gradual improvements in coverage each year until we reach the goal. The 2020 goal for HPV vaccine coverage is 80 percent for girls aged 13-15 for the 3-dose series. The recommendation for boys is more recent than that for girls. It's less surprising that the rate for boys is lower. But our state rate for boys is much lower than the national average, which is very concerning.

Research shows that recommendations to get HPV vaccine from a healthcare provider is very important to patients. Providers can help them understand that the vaccine prevents cancer and makes it a decision that both parents and their child are involved in. It also helps people choose to get vaccinated. It's really important to make sure this vaccine is given well before the start of sexual activity. It's amazing to think that we could have a generation of young people who are protected from sexually transmitted infections that cause genital warts and cervical cancer later in life.

If HPV and Tdap vaccines had been given at the same visit, knowing our Tdap vaccine rates increased 11 percent, our HPV vaccine rates could have been higher. It shows a lot of missed opportunities to get kids vaccinated against HPV. It's really important for providers to take every opportunity to make sure adolescents are up-to-date on their vaccinations.

Today, CDC published [2012 immunization coverage rates for kids aged 19-35 months](#). Our rates for toddlers are below state and national goals. Results show that 65 percent of kids under age 3 got a series of recommended vaccines in 2012. That's well below the goal of 80 percent. The national rate for this series is 68 percent. Rates for individual vaccines also failed to reach state and national goals and we fell behind the national rates for many. Our rate for MMR vaccine is 85 percent. The national rate is 91 percent. That's especially concerning with ongoing measles cases in our state and across the country.

We continue to struggle to get 90 percent of toddlers fully vaccinated against whooping cough. In our state, 84 percent got all four doses compared to 83 percent nationally. While reported whooping cough cases here are much lower than the epidemic levels in 2012, the disease is always present at some level.

Very few kids are completely unvaccinated. Some parents choose to skip or delay getting their child some vaccines, which leaves kids at-risk for serious diseases. We'll continue partnerships with providers, health plans, local public health agencies, and parents to support kids getting the right immunization at the right time.

