

Immunization and Child Profile Update

summer/fall | 2014

in this issue >>>

Adult & Adolescent	p. 4
Ask the Nurses	p. 2
Child Profile System	p. 4
Perinatal Hepatitis B	p. 5
Resources and Updates	p. 5
School and Child Care	p. 7
Spotlight on Local Health	p. 11
Vaccine Management	p. 12
VFC Idea Corner	p. 12

hot topic >>>

Flu Season is on its Way--Encourage Early Vaccination

The 2014-2015 flu season is approaching and flu vaccine will be available to healthcare providers soon. Get the word out now about the importance of flu vaccination to help our communities prepare when flu begins to arrive in our state.

Messages about flu vaccination

Here are the main messages about flu vaccination:

- A yearly flu vaccine is recommended for everyone six months and older as soon as it's available.
- Flu vaccine is especially important for [high-risk groups](#), including healthcare workers and caregivers.
- Get vaccinated to protect you, your

Continued on Page 3 >>>

Working Together—Immunization Highlights from the Office Director

Happy summer everyone! I hope you're enjoying the fantastic weather we're having and spending time with family and friends.

I kicked off summer with the National Conference on Immunization and Health Coalitions right here in Seattle. [Read more about the conference](#), hosted by our own Immunization Action Coalition of Washington, a program of WithinReach, later in the newsletter. The conference reinvigorated me on



the important immunization work we do. Congratulations to the wonderful

immunization staff at WithinReach (Todd Faubion, Mackenzie Melton, and Sara Jaye Sanford) for putting on a great event. [Find presentations from the conference online.](#)

In late July the Centers for Disease Control and Prevention (CDC) released 2013 teen immunization rates. The data show that we continue to miss opportunities to use the HPV vaccine

Continued on Page 13 >>>

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.

Q: There's a measles outbreak in my community. How can we protect the kids and families we serve in our practice?

A: MMR vaccine is the best protection against measles. Find the [Advisory Committee on Immunization Practices' recommendations for measles vaccination](#) online. Review MMR vaccine status for all patients as a routine part of any clinic visit. Give the vaccine whenever routinely indicated and document the dose in the Washington State Immunization Information System. Find more information in the [2014 Recommended Immunization Schedules](#). If there's a measles outbreak in your community, talk to your local health jurisdiction for current outbreak control recommendations. In special cases, you can give MMR vaccine to babies aged 6 through 11 months as a control measure during an outbreak.

Continued on Page 2 >>>

ask the nurses >>>

continued from page 1

Q: What should I do for adults during a measles outbreak?

A: Unless an adult has evidence of immunity (meaning they were born before 1957, have lab evidence of immunity to measles, or documentation of measles vaccination) he or she should get at least one dose of MMR vaccine unless the person is in a high-risk group. If an adult is at high risk, he or she should get two doses of MMR vaccine. Adults at high risk include healthcare workers, international travelers, college students, and those involved in a measles outbreak.

Q: How soon after delivery can a woman get MMR vaccine?

A: You can give MMR vaccine any time after delivery. A woman who's susceptible to measles, mumps, or rubella should get MMR vaccine before hospital discharge, even if she got RhoGam (a medicine to prevent certain blood problems in infants) during the hospital stay. Document the dose in the Immunization Information System.

Q: We're seeing several kids from Mexico and Central America in our clinic. After reviewing their immunization history and records we noticed documentation of "Triple Viral SRP." Can we count this as a valid MMR vaccine dose?

A: The Triple Viral SRP is measles, mumps, and rubella vaccine given in Mexico. If the dose is documented in writing (including the date of administration) and complies with the minimum age and intervals by the Advisory Committee on Immunization Practices, count the dose as valid. Find [a guide and interpretation to Mexico's schedule](#) online.

Q: Should a known susceptible person exposed to measles get MMR vaccine if it's been more than 72 hours since the exposure?

A: Measles vaccine, MMR, may effectively prevent measles infection if given within the first 72 hours after measles exposure. If an outbreak is occurring, MMR vaccine is sometimes given even after 72 hours has passed, because if the person does not develop measles from the exposure that already happened, the shot will protect against future exposures.

The main concern with giving MMR vaccine to a susceptible person when they have already been exposed to measles is that if they develop a rash during the 7 to 21 days following the exposure, it's difficult—sometimes impossible—to determine whether it's an adverse reaction from the shot or if they have wild measles. This could lead to school exclusions and isolation of people who may not have had a true exposure to measles, but rather only had contact with a person having an adverse event. To avoid this problem in exposed people with unknown immunity, a healthcare provider can draw blood to test for immunity and then give MMR vaccine right away without waiting for the result.

Q: A four year-old visited our clinic today and has no documentation of MMR or varicella vaccines. The parents agree to a catch-up schedule. Can we give a combo vaccine if we're following a delayed schedule?

A: Yes, you can give the MMRV combo vaccine to kids who fall behind the recommended schedule. The spacing between doses is the longest minimum interval of one of its components. Since varicella vaccine has the longest minimum interval of 12 weeks, you should wait 12 weeks before giving the next dose.

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summer/fall 2014 >>>

Lonnie Peterson

Editor & Graphic Designer

360-236-3534

lonnie.peterson@doh.wa.gov

Paul Throne

Managing Editor

360-236-3720

paul.throne@doh.wa.gov

Proofreaders

Chris Halsell, Michelle Harper, Trang Kuss, Karen Meranda, Michele Roberts, Lin Watson

Washington State

Department of Health

Office of Immunization and Child Profile

PO Box 47843

Olympia, Washington 98504-7843

360-236-3595

1-866-397-0337 (toll free)

oicp@doh.wa.gov

Immunization Information System

Help Desk

206-205-4141

1-800-325-5599 (toll free)

iishelpdesk@kingcounty.gov

Ask the Nurses

immunenurses@doh.wa.gov

*A publication of the
Washington State*

Department of Health

DOH 920-915

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hot topic >>>

continued from page 1

family, and your community from the flu. Also cover your cough, wash your hands, and stay home and away from others when you're sick.

- Kids under nine may need two doses of flu vaccine spaced about a month apart for the best protection.

Flu vaccine choices

There are plenty of flu vaccine choices this season in the form of a nasal spray or shot. People can choose one that protects against four strains of flu (quadrivalent) or the standard vaccine that protects against three (trivalent). Both types of flu vaccine provide protection and vaccination should not be delayed if the quadrivalent vaccine isn't available. All nasal spray vaccines will be quadrivalent again this season. The flu shot will be available as trivalent and quadrivalent.

The Department of Health purchases flu vaccine for kids under 19. Although the vaccine is provided to the patient at no cost, healthcare providers may charge an office visit fee or fee to give the vaccine, called an administration fee. People who can't afford the fees can ask their provider to waive the cost.

State-supplied childhood flu vaccine supply

In January 2014, we asked providers to complete a survey to tell us the type of flu vaccine they wanted for the following season. We used information collected from the survey, vaccine orders, and usage data to help determine which flu vaccine to pre-book. The department and the Washington Vaccine Association make sure enough flu vaccine will be available for all kids seen during the season.

All flu vaccines available through the State Childhood Vaccine Program for the 2014-2015 flu season will be in quadrivalent form. We pre-booked 1 percent more doses of vaccine for

kids than were ordered last season, and about 16 percent more doses than were used. Flu vaccine ordering began in early August.

Providers should order what they'll need and can use to assure vaccine is available for all providers and to help

avoid wasting vaccine.

Below are the 2014-2015 flu season products. Visit our [Flu Supply webpage](#) for updates on current availability.

2014-2015 State Childhood Vaccine Program Flu Supply

Brand	Type	Indication	Pre-book Totals
Fluzone (Sanofi)	0.25 mL single-dose syringe, preservative free	6-35 months	208,400 doses
FluLaval (GSK)	5.0mL multi-dose vial	3-18 years	202,000 doses
FluMist (MedImmune)	Nasal spray, preservative free	2-18 years	250,600 doses
Fluarix (GSK)	0.5mL single-dose syringe, preservative free	Prioritize for pregnant adolescents	9000 doses

Total 670,000 doses

Last flu season (2013-2014) vaccine returns

All 2013-2014 flu vaccine expired on July 1, 2014. Providers should return all expired doses of state-supplied flu vaccine as soon as possible, especially before getting new flu vaccine for the 2014-2015 flu season. Always remove expired vaccine from the vaccine storage refrigerator. Please follow the return instructions and [complete the flu vaccine return form](#). The Centers for Disease Control and Prevention and the state get a \$.75 excise tax credit for each dose returned. This credit goes toward purchasing more vaccines, so it's very important to return all expired doses. For more information, contact [Michael Bin](#) at 360-236-3611.

Flu vaccine recommendations

Healthcare professionals play an important role in recommending yearly flu vaccine 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 others who may not be able to get vaccinated, such as babies younger

than six months. Be an example and get a yearly flu shot. Recommend and offer a flu vaccine as soon as it's available. It makes a difference.

Data suggest the nasal spray is more effective for healthy kids aged two through eight. The Washington State Vaccine Advisory Committee recommends that healthy kids in this age group get the nasal spray flu vaccine. Kids with high-risk conditions should get the flu shot, not the nasal spray. Don't delay flu vaccination because nasal spray isn't available when a healthy child aged two through eight is in the office.

2014-2015 flu vaccine coverage
[2013-2014 early season national data](#) show that flu vaccination coverage was still very low in most age groups, leaving a lot of kids and adults unprotected. The Healthy People 2020 goal is 80 percent, so there's still work to do.

The department's [Flu News webpage](#) will be updated by mid-August. [Watch our flu videos on YouTube](#) and join us on [Facebook](#) and [Twitter](#).

adult & adolescent >>>

Jenny Arnold Receives Adult Immunization Champion Award

The Office of Immunization and Child Profile congratulates Dr. Jenny Arnold for receiving a national Adult Immunization Champion award. She received the award at the National Adult and Influenza Immunization Summit in Atlanta earlier this year.

Dr. Arnold's work has increased access for adult vaccines in our state and strengthened the state's adult vaccine system. Her enthusiasm for vaccinations is infectious and tireless. She has been a leader both in the pharmacy field and in collaborating with other disciplines. She acts as a catalyst in the immunization community, linking resources to increase adult access to immunizations. Her willingness to go above and beyond is demonstrated in her efforts to secure no-cost immunizations for child care providers and migrant farmworkers at their work sites. She's also been a vocal advocate for connecting the Washington State Immunization Information System to the state Health Care Exchange.

Dr. Arnold serves on the Washington State Vaccine Advisory Committee. She's also been an active member of the Immunization Action Coalition of Washington since June 2009, supporting efforts to promote immunization through public communication, provider education, and policy advocacy. She recently stepped into the role of coalition chair, the first pharmacist to hold this position.

Through her role as the Director of Practice Development at the Washington State Pharmacy Association, Dr. Arnold led a very successful grant-funded project. Goals of the project included increasing the variety of adult vaccines provided by pharmacies, increasing the number of pharmacies billing for adult vaccinations, and increasing the number of pharmacies using the Immunization Information System.

Thanks to her efforts:

- Four hundred thirty-eight pharmacies (43.8% of pharmacies



Jenny Arnold, Adult Immunization Champion

in the state) now voluntarily report immunizations through the Immunization Information System.

- Thirty pharmacy entities now have information sharing agreements with the system, a three-fold increase since Jenny's work.
- In 2013, pharmacies reported 465,819 doses of vaccine to the system, a four-fold increase from the baseline.

Thank you, Dr. Arnold, for everything you've done so far! We hope to continue to work with you to increase adult immunization access in our state.

child profile health promotion system >>>

E-mails from Child Profile Coming to an Inbox Near You

After more than three years of hard work, the Office of Immunization and Child Profile launched e-mail distribution of the Child Profile Health Promotion mailings. On October 23, we mailed inserts to parents with instructions on how to sign up to get the information electronically.

In early 2014, we mailed another insert to English- and Spanish-speaking parents of kids aged one and three months. This insert mailed for four weeks.

At the end of June we began offering e-mail to parents of kids aged 3 months through 15 months. We

also advertised the e-mail option on taglines printed on our mailing envelopes. The final rollout of e-mail distribution will happen at the end of August when we'll offer e-mail to all parents with kids aged 3 months through 4½ years.

At the end of 2014 we hope to offer health promotion e-mails to parents and other caregivers, including child care providers, grandparents, family friends, and anyone else interested in a child's health. For more information, please contact [Lonnie Peterson](#) at 360-236-3534.



perinatal hepatitis b >>>

Hepatitis B Birth Dose Resources & Honor Roll

Hepatitis B vaccine birth dose resource for clinical staff

There's a new resource from the Immunization Action Coalition for hospital, birthing center, and home delivery staff to use with patients called, [Hepatitis B Shots Are Recommended for All New Babies](#). When you educate people about the hepatitis B birth dose, you're helping to protect the baby

and others from hepatitis B virus. You're also preventing the tragedy of transmission from mother to child.

Don't forget to enroll in the Hepatitis B Birth Dose Honor Roll

The Immunization Action Coalition's [Hepatitis B Birth Dose Honor Roll](#) recognizes hospitals with a birth dose coverage rate of 90 percent or greater. If you know of hepatitis B

coverage rates of 90 percent or more, let us know. We'll add hospitals to the nationally-recognized honor roll. We'll also include an announcement in the nation's largest immunization e-newsletter, [IAC Express](#), made up of 50,000 subscribers. Enrolled hospitals also get a certificate. Contact [Shana Johnny](#) if you need help enrolling.

resources & updates >>>

Office of Immunization and Child Profile Staff Updates

New to the office

Janel Jorgenson, VFC Supervisor in the Clinical and Quality Assurance Section, joined the office in May. She comes to our office from the Utah immunization program with 14 years of experience in immunizations and the Vaccines for Children (VFC) program, including VFC compliance site visits and AFIX. Contact Janel at 360-236-3508 or janel.jorgenson@doh.wa.gov.

Dr. Nicolas Rankin, Centers for Disease Control and Prevention (CDC) Public Health Associate Program trainee, joined the office in August for the second rotation of his training program. He recently finished his first rotation in the Division of Environmental Public Health and will now work in the office's Health Promotion and Communication Section. Contact Nicolas at 360-236-3474 or nicolas.rankin@doh.wa.gov.

Changed positions

Lonnie Peterson is now the Immunization Health Promotion Supervisor in the Health Promotion

and Communication Section as of August 1. Lonnie's been in the section as a health educator for eight years. Contact Lonnie at 360-236-3534 or lonnie.peterson@doh.wa.gov.

Jacki Stockdale is taking a six-month temporary position as the Vaccine Storage and Handling Grant Coordinator in the Vaccine and Registry Integration Section as of July 1. Jacki's been in the section as a vaccine consultant for four years. She'll be sharing some grant responsibilities with Phil Wiltzius as the grant is wrapped up and transitioned to maintenance over the next six months. Contact Jacki at 360-236-3478 or jacki.stockdale@doh.wa.gov.

Phil Wiltzius is now the Vaccine QA and Systems Consultant as of June 16. Phil's been in the office's Vaccine and Registry Integration Section as the Vaccine Storage and Handling Grant Coordinator for two years. Contact Phil at 360-236-3603 or phillip.wiltzius@doh.wa.gov.

Left the office

Marci Getz, Immunization Health Promotion Supervisor in the Health Promotion and Communication Section, left the office in July for a Senior Health Educator position with the Division of Prevention and Community Health.

Stephanie Klapstein, Health Educator, left the office in June.

Karen Meranda, Accountability and Systems Consultant in the Vaccine and Registry Integration Section, left the office in July for a Data Coordinator position with the Division of Information Resource Management. She'll continue to work with the office in her new role supporting the Washington State Immunization Information System.

Nikki Poulin, CDC Public Health Associate Program trainee, left the office in July for the second rotation of her training program. She'll work next in the Division of Environmental Public Health.

"This is Public Health" Photo Contest

Public health is your health. Most people don't understand what public health is or how it impacts their daily lives. The "This is Public Health" campaign, created by the [Association of Schools and Programs of Public](#)

[Health](#), lets people know that public health affects them on a daily basis and that we're only as healthy as the world we live in. The campaign is hosting a photo contest for its 2015 calendar. Submissions are open to all

public health-oriented photography. The submission deadline is August 11. [Find more information on the campaign website.](#)

HPV Provider Survey Sent Through Professional Organizations

Human papillomavirus (HPV) is the most common sexually transmitted infection in both men and women in the United States. Two vaccines are available for females (Gardasil and Cervarix) and one vaccine is available for males (Gardasil). Both are highly effective after three doses.

A project is underway, led by Hanna Oltean, Centers for Disease Control and Prevention/Council of State and Territorial Epidemiologists Fellow, to:

- Describe patterns of HPV vaccine

coverage and healthcare provider recommendations in our state.

- Assess predictors for vaccine uptake, missed opportunities, and strong provider recommendations.
- Find areas for improvement in vaccination coverage and promotion.

Part of this project includes a provider survey on the strength of HPV recommendations and perceived barriers to vaccinating all eligible

adolescents. **If you're a member of the American Academy of Pediatrics, the Washington Association of Naturopathic Physicians, the Washington Academy of Physician Assistants, or ARNP's United, check your e-mail for a link to the survey.** Your participation is important and appreciated!

For more information on the project and survey, contact Hanna at 206-418-5428 or hanna.oltean@doh.wa.gov.

11th National Coalition Conference a Success

WithinReach, home of the Immunization Action Coalition of Washington, hosted the 11th National Conference on Immunization and Health Coalitions in Seattle on May 21-23, 2014. The conference is a gathering of coalition leaders, staff, and board members; public health staff and experts; and community advocates. About 330 people attended. The conference occurs every two years and is the product of a national volunteer planning committee. The goal is to improve community health by enhancing the effectiveness of health coalitions.

Topics include coalition management, health promotion, and of course, lots of immunization information.

Dennis Worsham, Deputy Secretary of Health for Public Health Operations, welcomed attendees from across the country. Dr. Ed Marcuse, recently retired from Seattle Children's, gave a thought-provoking opening plenary about the current state of immunizations. He addressed topics ranging from the challenge of vaccine hesitancy to the tragic impact of vaccine-preventable disease on the Northwest's indigenous people. He wrapped up with a look at what the vaccines of the future might be.

Other highlights of the conference included two very special keynote speakers, Dr. David Williams and Dr. Bill Foege. Dr. Williams, Harvard

School of Public Health, delivered a powerful presentation about the continuing impact of race and racism on health and what we can do to work toward health equity. His talk ranged from the economic disparities that help create the context for poor health, to the unconscious biases that we each must recognize and combat within ourselves. Many conference attendees noted Dr. Williams as the absolute highlight for them. However, it was hard to choose the "best" as Dr. Foege addressed the group with a closing plenary.

Dr. Foege, who was a leader in eradicating smallpox in the 1970s, has since directed the Centers for Disease Control and Prevention, the Carter Center, the Task Force for Child Survival, and led global health at the Bill and Melinda Gates Foundation. His historic perspective on the impact vaccines have had on health around the world was inspiring.

The conference included a wide variety of breakout sessions on topics ranging from social media to policy to quality improvement. Other special events included pre-conference workshops and the first-ever film festival. We featured the high school student-produced "Invisible Threat" documentary and "Everybody's Business," a documentary about immunizations and the dialogue about personal decisions and their

impact on community health on Vashon Island here in Washington. Local advocate Celina Yarkin and Vashon school nurse Sarah Day attended and answered questions.

WithinReach is proud to have brought this unique learning and networking opportunity to the Pacific Northwest for the first time. We're very grateful to all of the partners that helped make it happen, including the Department of Health, coalition members, and Immunize Oregon! Find [presentations from the conference](#) online.



l-r: Department of Health staff Marci Getz, Brandon Prall, and Michelle Harper

school & child care >>>

Immunization Requirements for 2014-2015

Below is a comparison between last year's requirements and the upcoming school immunization requirements. Find more detailed information about the [required vaccines for school attendance for the 2014-2015 school year](#) online.

Last School Year (2013-2014)	Current School Year (2014-2015)
DTaP: 5 doses (4 doses acceptable if dose 4 was given on or after the fourth birthday)	DTaP: no change —5 doses (4 doses acceptable if dose 4 was given on or after the fourth birthday)
Hep B: 3 doses Kindergarten through Grade 6: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months Minimum interval between doses 1 and 3 = 16 weeks Minimum age for dose 3 = 24 weeks Grades 7 through 12: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months Minimum interval between doses 1 and 3 = 12 weeks Minimum age for dose 3 = 4 months 	Hep B: 3 doses Change in grades affected by hepatitis B requirement Kindergarten through Grade 7: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months Minimum interval between doses 1 and 3 = 16 weeks Minimum age for dose 3 = 24 weeks Grades 8 through 12: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months Minimum interval between doses 1 and 3 = 12 weeks Minimum age for dose 3 = 4 months
Tdap: 1 dose for Grades 6 through 12 for kids 11 and older	Tdap: no change —1 dose for Grades 6 through 12 for kids 11 and older
IPV: 4 doses (3 doses acceptable if dose 3 was given on or after the fourth birthday) Kindergarten through Grade 2: Final dose given after August 7, 2009 must be given at a minimum of 4 years of age <u>and</u> a minimum interval of 6 months from the previous dose	IPV: no change in number of doses Kindergarten through Grade 3: Final dose given after August 7, 2009 must be given at a minimum of 4 years of age <u>and</u> minimum interval of 6 months from the previous dose
MMR: 2 doses	MMR: no change
Varicella: 2 doses for kindergarten through Grade 5 1 dose: Grade 6 Recommended, but not required: Grades 7 through 12	Varicella: 2 doses required for kindergarten through Grade 6 or healthcare provider verifies chickenpox disease (compared to 2 doses for kindergarten through Grade 5 in the 2013-2014 school year) No change for Grades 7 through 12: Recommended, but not required

Immunization Status Reports Due November 1

Reminder! By law ([RCW 28A.210.010](#)), all public and private schools and specific early learning programs must submit an annual immunization status report each year. Reporting this year opens September 1, 2014 and closes November 1, 2014. Early learning programs required to report include licensed child care centers, preschools, ECEAP contractors, and Head Start/ Early Head Start programs. The report snapshots the number of kids and students who are complete, out-of-compliance, in conditional status, or are exempt from vaccine requirements.

Each child or student can only be in one of these categories at a time. The sum of the number of kids or students in these categories must equal your reported enrollment. All information for the report comes from the Certificate of Immunization Status and the Certificate of Exemption. Find [detailed reporting instructions online for schools](#).

The best way to report is electronically. Early learning programs report online using a Web survey tool. Find [detailed instructions online for early learning programs](#). Schools report either online using the Washington State Immunization Information System or e-mail data files from their school's Student Information System (SIS). Schools in districts that use an SIS to export the school report as a spreadsheet (Excel file) should consider having one person at the district run the report for all schools in the district. This saves a lot of time. Find [detailed reporting instructions online for schools](#).

Most Public & Private Schools Reported Students' Immunization Status for 2013-2014

For the 2013-2014 school year, almost 85 percent of all public and private schools reported their students' immunization status, as required by law, for students in kindergarten through Grade 12. Over 90 percent of the 1892 public schools and almost 64 percent of 345 private schools reported. Our goal is 100 percent of all public and private schools.

For public schools reporting this past year, 48 percent used the Washington State Immunization Information System, 40 percent used data exported from their school's Student Information System (SIS), and 12 percent turned in paper

reports. For private schools reporting this past year, 85 percent used the Immunization Information System, 1 school used data exported from an SIS, and 15 percent turned in paper reports.

We want to phase out paper reports. All public and private schools can report electronically (see the article, [School Immunization Status Reports Due November 1, 2014](#), in this newsletter). We continue to work with schools to understand the importance of reporting and to find processes to reduce the workload needed to submit the required status report.

We thank schools for getting the reports turned in, especially during the busy fall term. We use this important information to get a community-level picture of how many students in our state are at risk for vaccine-preventable diseases. Unfortunately, these diseases are not going away and we're seeing increasing numbers of pertussis and measles cases. Vaccines help reduce illness and the spread of disease. When we know which student populations are vaccinated, it tells us which communities are at risk. This helps the state, local health, schools, and health advocates target efforts to reduce the spread of disease.

Good News & Bad News for School Immunization Rates

School immunization coverage

Most students in our state have all the vaccines they need to enter school. According to schools that reported for the 2013-2014 school year, 83 percent of kindergarteners, 77 percent of sixth graders, and 88 percent of all students in kindergarten through twelfth grade were complete. These rates are lower than last school year, which continues a recent downward trend in the number of complete students.

For kindergarten, the average multi-year complete rate was 89 percent from school years 1999-2000 through 2003-2004. Since then it dropped to a multi-year average of 84 percent ([see graph](#)). A similar trend is seen for sixth graders. More students are potentially at risk for diseases that vaccines can prevent. The number of kindergarteners reported as complete is about the same for public and private schools at 83 percent.

School immunization exemptions

The number of students claiming exemptions to school-entry requirements is the same as last year. According to schools that reported for the 2013-2014 school

year, 4.6 percent of kindergarteners, 5.6 percent of sixth graders, and 5 percent of all students in kindergarten through twelfth grade claimed at least one exemption of any type. Kindergarten exemption rates increased steadily from a 3 percent low in the 1998-1999 school year to an all-time high of almost 8 percent in the 2008-2009 school year. The exemption rate continued to decrease up until the 2011-2012 school year. Since then, our overall exemption rate has remained steady at about 4.6 percent ([see graph](#)). We see similar trends for all students in kindergarten through twelfth grade, specifically for sixth graders.

While we're happy our exemption rates haven't increased, we're concerned that they're holding steady and not getting lower. Kids who are exempt from vaccines are at higher risk of getting and spreading disease.

More kindergarteners in private schools have exemptions (8%) than those in public schools (4%). The majority of kindergarteners with exemptions overall have non-medical exemptions (personal, religious, or religious membership). Non-medical

exemption rates were 3 percent for kindergarteners in public schools and 8 percent for kindergarteners in private schools. This is the second year that we measured the relatively new religious membership exemption type, and it continues to be less than 0.1 percent. 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.

Missing school immunizations

The number of kindergarteners in conditional status remains steady at about 2 percent. These students do not meet school-entry requirements but are working to get vaccinated or turn in immunization records to the school. Interestingly, more kindergarteners in private schools were in conditional status (4%) than in public schools (2%) for this school year.

For the 2013-2014 school year, 10 percent of all kindergarteners did not meet school-entry requirements. This means they were out-of-compliance. This is a large increase

Good News & Bad News for School Immunization Rates

continued from page 8

from last school year, which was 7.5 percent. The number of non-compliant students was fairly steady for a number of years at 6 percent, but has increased over the last 5 years to a new multi-year average of 9 percent. More kindergarteners in public schools were reported as non-compliant (11%) compared to students in private schools (4%) for this school year.

School immunization status summary

The good news is the majority of students in our state still meet school-entry requirements and the number of students claiming exemptions to them is not increasing and may be trending downward. The bad news is there seems to be a long-term trend for increasing numbers of students who don't meet school-

entry requirements. We're trying to spot potential causes for this trend. We believe it's more likely related to how schools determine a student's immunization status and when they report the information to us, rather than an actual increase in the number of parents not complying with immunization requirements. More data analysis and talks with school staff are ongoing to spot causes of these trends.

More school immunization status info

Find more school status information, including maps, graphs, and data tables for kindergarteners, sixth graders, and all grades kindergarten through twelfth at the state, county, and school district levels, on our [School Immunization Status Data Reports webpage](#).

Frequently Asked Questions & Answers about School Immunization Requirements

This article focuses on your most frequently asked questions about school immunization requirements.

DTaP/Td/Tdap

Q: If an eight year-old student never got the primary DTaP vaccine series, 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 for doses two and three. Four weeks should separate Tdap and the first Td vaccine dose, followed by at least six months between Td doses two and three. After this, a student should get a Td booster every 10 years.

Q: A 12 year-old student got DTaP dose 1 at 13 months of age, then got DTaP dose 2 at 2 years of age. What does he or she need now?

A: Follow these rules for DTaP/

Tdap/Td catch-up:

- If DTaP dose 1 was given at <12 months of age, 4 total doses are needed of a combo of DTaP, Tdap, or Td vaccines. Tdap vaccine must be included.
- If DTaP dose 1 was given at >12 months of age, 3 total doses are needed of a combo of DTaP, Tdap, or Td vaccines. Tdap must be included.

Q: A five year-old student got Tdap vaccine instead of DTaP vaccine dose four. Does he or she need to repeat with a DTaP dose? Does the student need to get Tdap vaccine at age 11?

A: This student does not need to get DTaP vaccine; Tdap vaccine counts as a valid dose. This student must get Tdap vaccine at age 11 to meet the sixth grade school entry requirement. See the [Individual Vaccine Requirements Summary](#) for other specific scenarios on Tdap and

School Immunization Status Definitions

Each student can only be classified as being in one school immunization status type at a time.

Complete: The school has signed a Certificate of Immunization Status showing the student has all the required vaccines or proof of immunity.

Exempt: The school has a signed Certificate of Exemption or healthcare provider letter showing the student is excused from immunization requirements for medical, personal/philosophical, or religious reasons.

Conditional: The student doesn't have all the required vaccines or proof of immunity, but is either within 30 days from school entry, is making satisfactory progress toward full immunization, or continuing an immunization series based on the recommended immunization schedule.

Out-of-Compliance: The student is not fully immunized, is not in conditional status, nor has an exemption on file for the missing immunization.

DTaP vaccines.

Q: I'm confused about all the school and preschool immunization requirements and all the exceptions. Do you have a useful resource?

A: Yes! Check out the [Individual Vaccine Requirements Summary](#) for all the detailed rules and exceptions to the rules. You may also find our [immunization requirements training videos](#) helpful.

Varicella

Q: What is the varicella (chickenpox) requirement for the 2014-2015 school year?

A: Students in kindergarten through

Frequently Asked Questions & Answers about School Immunization Requirements

continued from page 9

sixth grade must have two doses of varicella vaccine or get verification of a history of chickenpox disease from a healthcare provider.

Q: What do you consider verification of a history of chickenpox disease from a healthcare provider?

A: Here are some options:

1. A Certificate of Immunization Status (CIS) from the Washington State Immunization Information System with disease verification printed on the form.
2. A provider fills out the CIS by hand, checks the box, and signs to verify disease.
3. An immunization record printed from a provider with chickenpox disease documentation.
4. A letter from a provider verifying the student had chickenpox.
5. Lab report documenting immunity to chickenpox.

Conditional status

Q: When does a student enter conditional status and for how long?

A: The most common scenario occurs when a student goes to their first day of school missing a required immunization(s). The student has 30 days from their first day of attendance to get immunized or to get an exemption. A student also enters conditional status whenever a temporary medical exemption expires. In that case, he or she has 30 days from the date the medical exemption expired to get the missing immunization(s).

Q: Can students start conditional status after they enroll in school?

A: No, Washington Administrative Code refers to the first day of attendance, not enrollment. Conditional status starts on the first day of attendance.

Q: Does conditional status only apply to students attending a new school or district?

A: No, conditional status applies to any student missing immunizations and fails to make satisfactory progress toward full immunization, and does not have an exemption on file.

Q: Where can I get more information about conditional status?

A: Find detailed information in Appendix A of the [Immunization Manual for Schools, Preschools, and Child Care Facilities](#).

Exemptions

Q: Does a student coming from another state with an exemption form need to submit our state's Certificate of Exemption and get a Washington State licensed healthcare provider to sign it?

A: Yes, our state's exemption form is required and a healthcare provider licensed in Washington State must sign the form.

Q: Does an incoming sixth grade student who already has an exemption form on file need to submit another exemption form for Tdap vaccine?

A: It depends. If the parent or guardian previously requested an exemption to "all vaccines" then another exemption form is not needed. If a parent or guardian specifically requested an exemption to DTaP, DT, or DTP vaccines then another exemption needs to be obtained for Tdap vaccine.

Q: I heard that the Department of Health is revising the Certificate of Exemption. When will the new form be available?

A: The new Certificate of Exemption will be available around January 2015. The new form will be effective for the 2015-2016 school year.

Q: Where can I find more information about exemptions online?

A: Find more information on our [Changes to School and Child Care Immunization Exemptions webpage](#).

Immunization Status Report Form Stays the Same

The immunization status report forms for both schools and early learning programs (licensed child care centers, preschools, ECEAP contractors, and Head Start programs) are the same as last school year.

It includes counting all kids or students with each exemption category (medical, personal, religious, or religious membership) and kids or students missing specific required vaccines. Find the form and instructions online for [schools](#) and [early learning programs](#).

spotlight on local health >>>

Whatcom County Improves VFC & AFIX Site Visit Efficiency

The Office of Immunization and Child Profile recognizes the Whatcom County Health Department for completing a “lean” initiative that led to increased efficiency and cost savings for its Vaccines for Children (VFC) compliance and AFIX site visits. Continuous federal change in site visit requirements and decreased staffing has stretched local public health resources. This means local health must look for ways to make their site visit work more efficient while also maintaining quality.

The health department used Lean Six Sigma tools and the Plan-Do-Study-Act cycle to improve the efficiency of its site visits. This resulted in a total time savings of about one hour and a cost savings of about \$79 per site visit. The health department does about 12 site visits a year.

What did they do?

The health department team worked through these steps to achieve cost and time savings:

- Reviewed the VFC and AFIX site visit process to find redundant and inefficient steps, such as internal tracking forms and optional summary letters given to clinics after their site visits
- Looked at several different solutions to cut down on inefficient steps:
 - Using laptops to complete paperwork during site visits
 - Creating an electronic system for on-site reporting to clinics and the Department of Health
 - Doing provider summary reports in the field rather than back at the office
- Started using laptops during site

visits, which cut down on staff time after the visit and the cost to copy and mail site visit reports to clinics and the department

- Stopped using several redundant internal tracking forms and created one internal VFC and AFIX site visit tracking form

With the online VFC and AFIX site visit systems, this may also help make site visits more efficient, since it cuts down on submitting site visit paperwork to the department. These systems are new this year, so they may not see full benefits until they get more streamlined and staff get used to documenting site visits in these systems.

Contact [Alice Simmons](#) at the Whatcom County Health Department for more information.

Thurston County Public Health & Social Services Online Inventory Reporting

We continue our work toward online accountability reporting using the Washington State Immunization Information System. Several local health jurisdictions have started work with healthcare providers to use the system for reporting. This article highlights Thurston County Public Health and Social Services’ progress with its providers.

Marianne Remy, Immunization Coordinator at Thurston County Public Health and Social Services, is excited about online inventory reporting and looks forward to online doses administered reporting. Currently all providers in Thurston County place and receive all vaccine orders using the Immunization Information System.

All providers who manage inventory in the system print the worksheet from the reconciliation screen and capture the physical count of the

vaccine in their refrigerators and freezers on it. They enter data from the worksheet in the system and select a category and reason for any adjustments. Then they simply click the Submit button to submit their monthly inventory online in the system. These providers no longer send a paper inventory report to Marianne. She reviews their data in the system.

The process works best when a provider’s electronic medical record (EMR) shares data with the Immunization Information System. When an EMR doesn’t share data with the system, reporting takes more time. Immunization Information System staff work with providers to get the data exchange in place between EMRs and the system. Marianne continues to help her providers work through the process so it works smoothly for them.

As we enter the busy back-to-school season, it’s even more important that providers monitor vaccine inventory closely. Online inventory reporting can save time and streamline the process. It helps us meet federal reporting requirements, assures data accuracy, saves time, and reduces printing and faxing costs.

Over the next several months, we’ll train local health and providers as they learn the online reporting process. Quick tip reference guides, Webinars, and support will be available for all local health jurisdictions and providers. For more information, contact [Kyle Bertsch](#) at 360-236-3647.

vaccine management >>>

Storage & Handling Grant Wrap-up

Fall is an excellent time for healthcare providers to review and test their emergency storage and handling plans before the first winter storm arrives! This year, the Centers for Disease Control and Prevention (CDC) changed its vaccine storage and handling requirements. The changes help assure that all kids get viable vaccine each time they're vaccinated and truly protected from disease.

Over the last year and a half, we've worked closely with local health and providers to try new vaccine storage and handling tools to support best practices in vaccine management. This work, done as part of our Vaccine Storage and Handling Grant, will

wrap up in December 2014. The grant's goal was to improve storage and handling practices and quality assurance throughout the state. We've completed several activities to date. Over 100 provider offices piloted new guides and materials and data loggers. Feedback from providers about the data loggers gave us valuable insight on implementing and troubleshooting new thermometers. We'll use this information to support provider use of data loggers, the CDC standard for temperature monitoring.

Before pilot activities started, we pre-tested with staff at each of the pilot sites to find out about their knowledge and attitudes on vaccine

storage and handling. In the final six months, the staff at the pilot sites will complete one of two online vaccine storage and handling training courses. Then we'll ask them to complete a post-test in October. We'll use data from the pre- and post-tests to help us plan future vaccine storage and handling training.

We're excited about the work of the grant so far, and look forward to sharing the tools and materials we've developed. We've updated the [Vaccine Storage and Handling webpage](#) to make it more user friendly.

vfc idea corner >>>

For healthcare providers and Vaccines for Children (VFC) compliance site visit reviewers:

Tip: Help meet your yearly training requirements by watching two Centers for Disease Control and Prevention (CDC) VFC "You Call the Shots" training modules online. The modules are:

- [Module Sixteen-Vaccines for Children Program-2014](#). Scroll to the bottom of the page and click "continue" to start the program.
- [Module Ten-Storage and Handling-2014](#). Scroll to the bottom of the page and click "Continue" to start the program.

Reminder to document your training: When you complete each training use the [Obtaining CE Credit for Immunization Courses guide](#) to print your certificate. To print a certificate, follow the CE Credit steps, even if you don't want credits. These steps should be done after viewing each module. Send an electronic copy of your certificate for each training module along with your provider name and VFC PIN to OICPContracts@doh.wa.gov.

To VFC compliance site visit reviewers only:

Tip: CDC recently implemented some important (and exciting) changes to the functionality of VFC-PEAR (effective June 30, 2014). Go to the CDC VFC-PEAR website and click "Help" at the top of page. Then:

- Click "! Attention: Weekly PEAR Update (Click here)" and read through the enhancements, training updates, document updates, and data clean-up update.
- Then, under Instructional Slides:
 - Click "VFC PEAR Training–Version 1.2 Functionality." You can review either the PowerPoint or the PDF. Both are 38 slides long. This covers all new VFC-PEAR version 1.2 functions.
 - Then, click "VFC PEAR Training–User Manual" and select the PDF. Save this June 2014 version to your computer and remove any old (pre-June 2014) versions.
- If you have questions, e-mail OICPContracts@doh.wa.gov

with "VFC-PEAR" as the subject.

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.

Vaccine Order Demographics

During the last several months, we've seen great improvement in demographic completeness of vaccine orders received from local health vaccine coordinators. We work closely with them to make sure they double check the orders before they send them in. We started to track data, doses on hand, and doses used in the last month from the vaccine order forms we get from local health. Yakima County is at almost 100 percent for its vaccine order form completeness. Thank you to local health vaccine coordinators for getting the data right the first time! It helps all of us save time. For more information, contact [Wendy Bowman](#).

Immunization Highlights from the Office Director continued from page 1

to its full potential, leaving kids at risk for cancer. Each year the nation stays at 30 percent coverage instead of achieving the Healthy People 2020 goal of 80 percent*:

- The number of future cervical cancer cases that will not be prevented = 4400
- The number of future deaths from cervical cancer that will not be prevented = 1400

This really hits home for me. My daughter, Caitlin, who turns six in September, starts kindergarten this year. I'm already a bit teary as we

approach this life transition, full of such hopes for a rich life. The last thing I want for her or any other child is cervical cancer or another cancer caused by HPV. We need to do better. Together we can get there.

Healthcare providers need to make a strong vaccine recommendation to parents. We need to share information about the value and safety of the vaccine. We're looking into what more we can do at the state level and I hope to have more to share about our next steps this fall.

Enjoy the last weeks of summer! There's a lot ahead: school will be here before we know it, so will flu season, and childhood Immunization rates will be released in late summer. I look forward to continuing our work together!



* Adapted from Chesson HW et al, Vaccine 2011;29:8443-50