

Immunization and Child Profile Update

winter | 2015

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hot topic >>>

Winter Flu Corner

The flu can be serious. Each year it causes hospitalizations and deaths in our state. Flu vaccination is the best protection against getting and spreading the disease. Help protect communities from the flu by encouraging flu vaccination throughout the season.

Flu activity typically peaks in the winter months when people spend a lot of time indoors. This creates an opportunity for flu and other viruses to spread. As long as flu viruses are spreading, vaccination should continue. It's also important to stress the use of good health manners:

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Looking Forward - Immunization Update from the Office Director

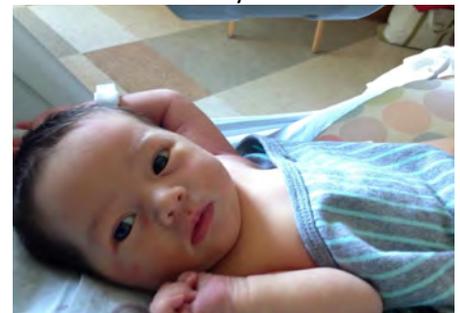
Happy New Year! What a ride the last year's been! November 1, 2014 marked my one year anniversary in the Office Director position. Although I may not be able to use the new kid card much longer, I know immunizations and this job will keep me on my toes for many years to come. That's why I love immunization; there's always more to learn and another challenge to jump into.



As I think about the year ahead, OPPORTUNITY is the first thing that comes to mind. Our path forward is paved with lots of opportunities and together we can take advantage of them. The biggest one is the chance to continue to protect Washington children and adults from serious

diseases.

About 90,000 babies are born each year in Washington! I'm lucky enough to have one in my family: a new niece, Catherine. Catherine and the other 90,000 babies need us to keep the immunization system working so they can get the vaccines they need to be safe and healthy.



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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: Our clinic gave 0.25 mL of the FluLaval multi-dose vaccine to infants six months and older. Is this a valid dose of flu vaccine for babies or does it need to be repeated since FluLaval is indicated for children three years and older?

A: No, the dose does not need to be repeated. You should carefully select the flu
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vfc idea corner >>>

We finished our rookie year using the Centers for Disease Control and Prevention's (CDC) new Vaccines for Children (VFC)-PEAR tracking system. It was a challenge and we started with a few fumbles (a short timeframe to learn the system and many changes). However, with practice and coaching along the way, we finished the year with more than 530 VFC compliance visits in the system. Way to go team!

As 2014 ends, we look forward to CDC's launch of VFC-PEAR 2.0 in January 2015 and the promise of improvements. The 2015 annual training (in late January) will focus on the site visit questionnaire: the individual questions, their intent, and related policies and education materials to use with providers.

As more provider information gets into the system, VFC-PEAR will help all of us better identify training needs and become a great tool for our

quality improvement efforts.

Please remember to send your questions to OICPContracts@doh.wa.gov with "VFC-PEAR" in the Subject line.

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?

Contact: Katherine Harris-Wollburg at kathrine.harris-wollburg@doh.wa.gov or 360-236-3513

adult and adolescent >>>

Office of Immunization and Child Profile Begins HPV Project

In August, the Department of Health received a \$1.2 million grant to increase human papillomavirus (HPV) immunization rates. The grant began August 1, 2014 and ends October 31, 2015. This work supports the Centers for Disease Control and Prevention (CDC) Call to Action naming HPV a "[Top 5 Health Threat](#)" in 2014.

The grant supports work in four areas:

1. HPV immunization promotion campaign

Goal: Promote HPV immunization through a mass media campaign.

Activities: Use CDC campaign materials via the radio, Internet, and other channels statewide.

2. Reminder/recall

Goal: Use the Washington State Immunization Information System (IIS) to notify parents of HPV immunization due dates.

Activities: Send notices directly to parents as a pilot.

3. Provider feedback, education, and training

Goal: Give healthcare providers information about their HPV immunization rates, missed opportunities to vaccinate, and evidence-based strategies to make strong recommendations to parents about HPV immunization.

Activities: Generate HPV immunization rates for healthcare

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Ask the Nurses

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vaccine licensed for the age group of the person being vaccinated. Fluzone 0.25 mL (Sanofi) is the only inactivated flu vaccine approved for use in children aged six months through two years. The live, attenuated nasal spray vaccine (FluMist, MedImmune) is approved for use in most healthy children aged 2 years and older (as well as for healthy, non-pregnant adults through age 49).

When these children return for their second dose of flu vaccine, select an age-appropriate vaccine. Please put measures in place to avoid this from happening in the future.

Q: Our clinic gave intradermal flu vaccine (Fluzone ID, Sanofi) to a 65-year-old patient. Does this dose need to be repeated?

A: People younger than age 9 years or older than 65 years are more likely to have skin that is too thin for proper intradermal administration. A dose given to a 65-year-old is invalid, and the patient should be revaccinated. For people aged 9 through 17 years, the dose is considered valid and does not have to be repeated if you're certain the dose was administered intradermally rather than subcutaneously. If there is any doubt about whether the dose was injected intradermally, it should be repeated.

Q: Which flu vaccine should I give to a child over three years of age? If I don't have this vaccine available can I double the dose of the flu vaccine for infants?

A: Please use [the Influenza Vaccine Products chart \(Immunization Action Coalition \[IAC\]\)](#) to decide which flu vaccine is appropriate for each age

group. Only use the vaccine and the dose appropriate for the child according to his or her age at the time of the visit.

immunized with whatever vaccine is immediately available following all the usual precautions. Don't delay flu vaccination in order to get a specific vaccine. For more information, refer

to the [CDC Statement on LAIV Effectiveness and Vaccination of Children](#).

Q: I heard there is a new recommendation for adults 65 years

and older to get pneumococcal conjugate vaccine. What is the new recommendation?

A: The CDC recently advised adults aged 65 and older to get two vaccines to prevent pneumococcal infection. Both PCV13 (Pneumovax-13) and PPSV23 (Pneumovax23) are now recommended for all adults 65 and older to protect against pneumococcal disease. The addition of PCV13 vaccine is expected to prevent many more cases of pneumonia for those over 65.

For adults 65 and older who haven't already received any pneumococcal vaccines or if a previous vaccination history is unknown, the new recommendation is to get PCV13 followed 6 to 12 months later by a dose of PPSV23.

Q: Many patients in our family practice clinic get PPSV23 and PCV13. With the new CDC recommendation, I'm really confused about which vaccine to give to which age group. Please help!

A: Here are some great resources to use:

- [Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor quick reference table \(IAC\)](#)

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ask the nurses >>>

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Q: I heard the 2013-2014 live, attenuated influenza vaccine (LAIV) may not be as effective against the influenza A (H1N1) strain. Can you please tell me more about this?

A: Experts at the October 2014 Advisory Committee on Immunization Practices (ACIP) meeting reported the 2013-2014 LAIV has not shown measurable effectiveness against the influenza A (H1N1) viruses during the 2014-2015 flu season. The Centers for Disease Control and Prevention (CDC) has not changed its recommendation for use of LAIV in children.

Even though the vaccine is not a good match for much of the H3N2 flu that is circulating this year, it does provide good protection against Type B flu and some Type A flu. **Guidance from the CDC continues to emphasize that flu vaccination remains the best protection against seasonal flu.**

So far this season, there appears to be more influenza A (H3N2) and B viruses and very little H1N1. LAIV has been shown to offer good protection against influenza A (H3N2) and influenza B viruses in the past. We continue to follow the developing news about the mismatch between this year's flu vaccine and Type A H3N2 flu.

People who have not been vaccinated yet this season should get vaccinated now. Parents should get their children

child profile health promotion >>>

Child Profile Email Distribution Celebrates Full Rollout

After more than three years, the Office of Immunization and Child Profile has launched email distribution of the Child Profile Health Promotion mailings. A celebration of this multi-year project was held at the Department of Health in November. Representatives from Scientific Technologies Corporation (the Washington State Immunization Information System vendor), Public Health--Seattle & King County, and partners from the department joined to honor the hard work and persistence that led to the successful rollout of Child Profile email distribution. Over 800 families now receive their Child Profile materials by email, and this number is likely to grow in the coming months as more families find out about this option.

At the beginning of 2015, we hope to offer health promotion emails to parents and other caregivers,

including child care providers, grandparents, family friends, and anyone else interested in a child's health.

Contact: Lonnie Peterson at Lonnie.Peterson@doh.wa.gov or 360-236-3534



OICP director Michele Roberts congratulating Lonnie Peterson, project manager of Child Profile email distribution.

Lifetime Immunization Record Card Translated into Spanish

For the first time, the Lifetime Immunization Record card is now available in Spanish. The record card helps parents track which immunizations their child has received and when they are due to receive their next vaccinations. It can also be used for adults to keep track of their own immunizations over their lifetime. The Spanish version of the record card has the vaccine information in English so healthcare providers can write in the correct place after vaccinating their patient.

The record card is available to download in [English](#) and [Spanish](#). It's also available to [order](#) in both languages. We encourage our immunization partners to download or order the publication and give it to parents and adults who need one.

Contact: Brandon Prall at brandon.prall@doh.wa.gov or 360-236-3556

afix >>>

Outstanding Pierce County Immunization Providers

Earlier this year, the Pierce County Immunization Coalition recognized four Washington clinics with the highest immunization rates in their county. The Coalition recognized these clinics based on their percent of two-year-old patients up-to-date on a series of recommended vaccines. This series includes the following vaccines: four doses of DTaP, three doses of polio, one dose of MMR, three doses of hepatitis B, three doses of Hib, one dose of varicella, and four doses of PCV. The National Healthy People 2020 goal for this vaccine series is 80 percent.

What did these clinics do?

These clinics implemented various best practices to improve their immunization rates.

Here are some examples of what led to their success:

- Running monthly or quarterly immunization rate reports to measure their performance.
- Running reminder/recall reports and notifying patients who were due for vaccines.
- Committing to quality improvement by clinic leadership and staff.
- Participating in site visits to discuss their immunization rates and ways to improve them.

Congratulations to these four clinics!

Clinic Name	% Up-To-Date
MultiCare - Eatonville	97%
Allenmore Child and Young Adult	83%
Community Health Care - Eastside	78%
Commencement Bay Pediatrics	77%

ask the nurses >>>

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- [Pneumococcus: Questions and Answers Information about the Disease and Vaccines \(IAC\)](#)
- [Ask the Experts: Diseases and Vaccines \(IAC\)](#)
- [Addressing Common Questions about Pneumococcal Vaccination for Adults](#) fact sheet (CDC)
- [Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥65 Years: Recommendations of the Advisory Committee on Immunization Practices \(Morbidity and Mortality Weekly Report\)](#)

Q: A patient got PPSV23 at age 64 for a high-risk condition. How long do I need to wait to give the recommended PCV13 now that he is 65?

A: For patients who have already had one or more doses of PPSV23, it is recommended to wait one year or more after PPSV23 before giving PCV13. If the patient is recommended to get a second dose of PPSV23, delay the second dose for eight weeks or more following PCV13 and five years or more following the first dose of PPSV23.

Q: The pneumococcal conjugate vaccine (PCV13) package insert says the antibody response to Prevnar 13 (Pfizer) was less when given with inactivated flu vaccine in adults. Does this mean we should not give PCV13 and flu vaccine at the same

visit?

A: No. Even though the trial found slightly lower response, if PCV13 and flu vaccine are both indicated and recommended, they should be given at the same visit. [See the ACIP recommendations \(page 20\) for more information.](#)

Q: Is pneumococcal polysaccharide vaccine (PPSV23) contraindicated for pregnant women? Our patient has diabetes and is pregnant.

A: No. According to the 2014 adult immunization schedule, PPSV23 is recommended during pregnancy if a risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications).

Q: An eight-year-old girl with asthma has received four doses of PCV13 at the correct age and intervals. Should we give a dose of PPSV23 to her during her visit today?

A: Yes, a single dose of PPSV23 vaccine is indicated because of her asthma.

Q: A 35-year-old man who smokes came in for a regular checkup. Should he get both PCV13 and PPSV23 today?

A: No, only PPSV23 is recommended for smokers aged 19 and older. So far, there is no recommendation for the use of PCV13 in smokers.

Q: Some nurses in our Intensive Care Unit use one-inch needles on newborns. Doesn't the needle size depend on the muscle mass?

A: For newborns less than 28 days and preterm infants, a 5/8-inch needle 22-25 gauge is recommended in the anterolateral thigh muscle. However, use your clinical judgment to select needle size based on adequacy of muscle mass. Improper administration of vaccines may result in injury or less than optimal protection.

Q: One of the nurses gave a one-year-old Zostavax vaccine. She knew it wasn't Varivax, but she was told it was the same thing and to administer it. Does the dose count?

A: This is a serious vaccine administration error. Document the event and put procedures in place to prevent it from ever happening again. Zostavax vaccine contains about 14 times as much varicella antigen as Varivax. The dose should be counted as valid.

school and child care >>>

New Certificate of Immunization Status Released January 2015

The new [Certificate of Immunization Status](#) (CIS) has been updated and is posted on our website. The new CIS will be effective for school year 2015-2016. Please use this new form effective immediately for new students and for fall registration. Existing students with a current CIS do not need to fill out the new form. Reminder: it is NOT necessary to get a new CIS every year from students. A current form on file can be used to update vaccine information.

The CIS was translated into the top seven non-English languages in Washington: Chinese, Korean, Russian, Somali, Spanish, Tagalog, and Vietnamese. We encourage you to post the CIS on your webpage for parents to download; the Department of Health will not be able to print and send the new CIS to schools and early learning programs.

The CIS format has not changed. Here are the main changes:

- We recently got guidance from attorneys at the Department of Health and Office of Superintendent of Public Instruction stating that parent consent is NOT needed for school staff to update the CIS. The office use only box and other references to parent consent have been removed from the new CIS.
- We added a new parent consent box (right hand top corner) for certain schools involved in piloting the IIS School Module to be able to add immunizations to the Washington State Immunization Information System. Only the districts

involved in this pilot project should use this consent. The School Module isn't available yet for statewide use, so this consent is NOT necessary at this time for schools not involved in using the School Module. **Please continue to get a parent signature for each student certifying that the information on the CIS is correct and verifiable.**

- The parent verification of chickenpox disease has been removed since parent verification is no longer allowed. Look at the [Vaccines Required chart](#) for more information.
- Tdap and Td are separated in two rows. Additional rows were added to pneumococcal and meningococcal vaccines to match the national immunization schedule.

New Certificate of Exemption will also be Released Along with the New CIS

After gathering input from schools, child care providers, healthcare providers, and parents, we revised the Certificate of Exemption (COE) extensively. We are excited about the new certificate and expect it to be less confusing for parents and healthcare providers to fill out. The format is very different, with a section for parents to fill out and a separate section for providers. The religious membership exemption, which allows a parent to sign the form without a provider signature, is on the second page. The religious membership exemption was added by legislators in 2011 when the exemption law changed, with the intent that it be used only if a parent or guardian has a religious belief that does not believe in medical treatment by a healthcare provider.

The COE will be translated into the top seven non-English languages in Washington: Chinese, Korean, Russian, Somali, Spanish, Tagalog, and Vietnamese. We encourage you to post the COE on your webpage for parents to download since the department will not be able to print and send the COE to schools and early learning programs. Please consider NOT including the COE in your registration packets to save money and further reduce the convenience of getting an exemption. We want to make sure students are well protected by getting necessary and recommended vaccinations.

Contact: Trang Kuss at trang.kuss@doh.wa.gov or 360-253-3760

vaccine management >>>

Vaccine Management Calendar of Events

The Office of Immunization and Child Profile will be busy in the first half of 2015 with vaccine management activities. We continue to make improvements to the Washington State Immunization Information System to support all aspects of vaccine management.

From January through March, we will finish rolling out online reporting. Soon, all providers should be using the Immunization Information System to report their monthly doses administered and inventory reports. During January, we will ask healthcare providers to complete a flu vaccine pre-book survey for the 2015-2016 flu season. In February, we will send our yearly mailing to providers. Vaccine selection will open in April for providers who want to change vaccine brands.

In May, we plan to pilot the new vaccine returns and wastage reporting feature in the Immunization Information System with a few local health jurisdictions. This new feature will help move us toward a paperless system and improve visibility at all levels of vaccine accountability. At the end of June, providers can send back all expired flu vaccine from the 2014-2015 season. Look for more information and reminders as these events get closer.

Using the Immunization Information System to Support Provider Vaccine Management Requirements

Several months ago, we began a project to allow healthcare providers to complete their monthly accountability reports online using the Washington State Immunization Information System. We are making good progress. Providers who use the Immunization Information System no

longer have to create and fax or mail paper reports to their local health jurisdiction. Electronic submissions cut down on paper waste and are faster. To date, 30 percent of all providers report their inventory and doses administered (the two parts of the monthly accountability report) online. We sponsor weekly online training for providers to support them in learning how to use the Immunization Information System to submit their reports online. This is the latest in our efforts to make our system the “one stop shop” for vaccine management work.

We have made progress in several other areas as well:

- Provider agreement renewal – 100 percent of providers used the Immunization Information System to update their provider agreements for 2014. This is now the standard for renewing the agreement.
- Provider vaccine ordering – 99 percent of providers use the system to place vaccine orders online.
- Receipt of state-supplied vaccine – 67 percent of providers use the system to receive state-supplied vaccine into inventory so they can monitor their vaccine supply and report inventory online.

Enrollment Process for New Providers

This fall, we received a two-year grant from the Centers for Disease Control and Prevention to continue to use the Immunization Information System to streamline vaccine management processes for providers. We will use the funding for system enhancements, support for local

health work with providers, and training.

We created two new tools to let providers know how to enroll in the State Childhood Vaccine Program and guidance for local health conducting new provider enrollment site visits. These documents will help standardize the process for enrolling new providers in the program. This will help ensure healthcare providers have the information they need for successful participation. The tools include:

1. Enrolling in the State Childhood Vaccine Program: This one-pager describes the steps a provider needs to enroll in the program. It includes a link to the provider agreement, which describes the requirements for participation. It also includes links to required provider training, forms, and guidelines on vaccine storage and handling equipment.
2. New Provider Enrollment Training Guide: This is a guide for local health to use during the enrollment site visit. It outlines the educational components of the visit and includes all elements of the program that local health should cover during the new enrollment process. This guide supports standardization for new provider enrollment. It will help ensure the provider understands the requirements of the program.

We will provide an overview to local health prior to implementing the new tools in January 2015.

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winter flu corner >>>

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washing your hands, covering your cough, and staying home when you're sick.

Flu vaccine is recommended for everyone six months and older. It's especially critical for people at [high risk for flu-related complications](#). This includes:

- Young children.
- Pregnant women.
- People 65 and older.
- People with certain medical conditions, such as asthma, diabetes, heart and lung diseases, and neurological conditions.

It takes two weeks after vaccination to be protected from the flu. Some children under nine may need two doses about a month apart.

In addition to flu vaccine, please encourage people 65 and older to get a pneumococcal vaccine. The Centers for Disease Control and Prevention (CDC) has [new pneumococcal vaccine recommendations](#) that include a diagram with details on vaccine administration. Adults 65 and older who have not previously received pneumococcal vaccine are now recommended to get one dose of pneumococcal conjugate vaccine (PCV13) followed by one dose of pneumococcal polysaccharide vaccine (PPSV23) 6 to 12 months later. Each pneumococcal vaccine is needed only once in a lifetime for most adults. Either of these vaccines can be given at the same time as the flu vaccine.

To help create awareness about the flu and encourage vaccination, the department recently launched statewide flu vaccine ads that include radio, online ads, and social media. The ads feature Washington

families and Secretary of Health John Wiesman talking about the importance of getting vaccinated each year and encouraging others to do the same.

Free flu resources are available on the department's [flu news](#) webpages. Newer resources include:

- The [flu vaccine ad](#) (can be downloaded to your webpage or shared on social media).
- A [letter to providers](#) who serve pregnant women.
- A [new flu flyer](#) for parents of children with special healthcare needs. The ads feature Washington families and Secretary of Health John Wiesman talking about the importance of getting vaccinated each year and encouraging others to do the same.

Contact: Michelle Harper at michelle.harper@doh.wa.gov or 360-236-3577

perinatal hep b >>>

Hepatitis B Birth Dose Initiative and Honor Roll

Join us for the "Give Birth to the End of Hepatitis B" initiative! A letter and flyer signed by State Health Officer, Dr. Kathy Lofy, was sent to medical associations, including perinatal advisory committees, the Washington State Midwives Association, Washington State Nurses Association, Washington State Hospital Association, Washington State Pharmacy Association, and others. The letter and flyer encourage and support giving the birth dose of the hepatitis B vaccine and collecting birth dose rates. "Give Birth to the End of Hepatitis B" also recognizes healthcare providers who do outstanding work in this area with the Hepatitis B Birth Dose Honor Roll.

The honor roll recognizes hospitals and birthing centers with excellent birth dose coverage. Do you know of any hospitals that meet the honor

roll requirements and should be recognized? We're here to help you complete the enrollment application to recognize these hospitals and birthing centers that protect Washington State babies. Please review the Perinatal Hepatitis B Prevention Program [webpage](#) for new information and resources to use.

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

Perinatal Hepatitis B Reporting

Hepatitis HBsAg+ (Hepatitis B surface antigen-positive) pregnant women should be reported for **each** pregnancy. Please notify [the Perinatal Hepatitis B Prevention Program](#) and enter the case into the [Perinatal Hepatitis B module](#). If you do not have a password, please contact [Shana Johnny](#).

When a baby is HBsAg+ upon follow-up testing, the local health program coordinator should notify the Department of Health, enter the case into the PHB module, and notify their local health chronic disease epidemiology investigator. Report chronic cases to the department's Infectious Disease Program as chronic hepatitis B cases. If you have questions about reporting, please contact:

- Perinatal hepatitis B reporting, [Shana Johnny](#), 360-236-3698.
- Chronic hepatitis reporting, [Shawn McBrien](#), 360-236-3413.
- Acute hepatitis B (HBsAg+ infant reporting), [Chas DeBolt](#), 206-418-5431.

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perinatal hep b >>>

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- Hepatitis B-related medical and clinical questions, [Dr. Marcia Goldoft](#), 206-418-5433.

Pregnancy Status on Lab Reports

Please contact [Shana Johnny](#) if you receive lab reports indicating pregnancy status from ARUP, LabCorp, Mayo Medical Labs (HL7Message), or Quest Diagnostics. The test name indicates pregnancy status as **“Hepatitis B surface ag confirm, Prenatal”** in reports sent to health departments. This insertion may be received through electronic lab reporting or through other modes of reporting. Information provided to the Department of Health will identify these reporting mechanisms and their usability for identifying hepatitis B surface antigen positive pregnant women.

Hepatitis B Coalition Updates

The International Community Health Services (ICHS) received a grant from Hep B United to strengthen the coalition’s infrastructure and to provide community screening for hepatitis B in partnership with the Hepatitis Education Project (HEP).

ICHS will use these funds to convene three community conversations and conduct a community survey in the Puget Sound region to discuss a shared vision and future plan for the Hepatitis B Coalition. Mohamed Ali, ICHS Community Advocate, will be coordinating these projects. We are excited to share the results of these conversations in the coming months.

Introducing Andrea Eiseman, DNP Capstone Student

The Office of Immunization and Child Profile welcomes Andrea Eiseman, a Doctor of Nursing Practice student at the University of Washington School of Nursing. She is working on her graduate capstone project with the office Perinatal Hepatitis B Prevention Program. She will be joining Shana Johnny and Pat deHart in evaluating the Perinatal Hepatitis B Case Management Model. She will connect with local health to learn how the different local programs conduct perinatal hepatitis B case management. Welcome Andrea!

Value of Perinatal Hep B Prevention Program Services

Pediatrics recently published [an analysis](#) showing the national Perinatal Hepatitis B Prevention Program (PHBPP) as cost effective.

Some main findings include:

- PHBPP suggests a cost effectiveness of \$2,602 per Quality Adjusted Life Year compared to the routine childhood schedule alone.
- Perinatal hepatitis B prevention is highly cost effective, increases the health and productivity of adults, and contributes to the prevention and elimination of hepatitis B in the U.S.
- There is no cure for chronic hepatitis B virus infection. Treatment

is expensive and not always effective. Hepatitis B immunization at birth is a highly cost-effective and cost-saving intervention and can be life saving.

- Perinatal hepatitis B case management is both effective and cost saving (although it did not evaluate the efficiency of the model).
- The results suggest the program is a potentially cost-effective and could present additional public health benefits if all pregnant women are reached.

Perinatal Hepatitis B Coordinator List

Please check the Perinatal Hepatitis B [Coordinator list](#) online and update the contact information for your program. Email changes to [Shana Johnny](#).

resources and updates >>>

Immunization Materials Update

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

New or Revised Materials	Format	Language(s)
Lifetime Immunization Record card	Print, Electronic	English, Spanish
“Protect Your Family From the Flu” flyer	Print, Electronic	English, Spanish
“Protect Babies from Flu and Whooping Cough: Get Vaccinated!” This fact sheet is part of a series that also includes a fact sheet for grandparents , providers , and childcare providers .	Electronic	English, Spanish, Russian, Korean, Chinese, Somali, Ukrainian, Vietnamese

Office of Immunization and Child Profile Staff Updates

The office welcomes Jennifer Alvisurez, who works in the Vaccine and Registry Integration Section as an Accountability and Systems Consultant. Jennifer is new to the Department of Health and previously worked at Fuse Washington, Yale University, and Community HealthCorps. Jennifer earned her MPH from Yale University and BA in Anthropology from the University of Washington. Welcome, Jennifer!

We also wish to share that Lonnie Peterson has moved into her new role as the Immunization Health Promotion Supervisor, vacating her position as Health Educator within the Health Promotion and Communication Section, which she held for eight years.

Katie Wolt, formerly of the Community-Clinical Linkages program in the Practice Improvement Section of the Office of Healthy Communities at the department, joined the Health Promotion and Communication Section in Lonnie’s prior role. Katie earned her Master of Environmental Studies from The Evergreen State College and her BA from Indiana University.

Rene (Sasha) DeLeon has recently joined the OICP team as the VTrckS-IIS Enhancement Grant Coordinator. Sasha has a master’s degree in International Relations from the Johns Hopkins School of Public Health and a master’s degree in Pathobiology from the University of Washington. Previously, Sasha worked with PATH to coordinate diabetes research projects in Trinidad, her home country. We are so happy to have Sasha with us!

Two staff members from the office accepted new positions. Sheri Spezze, Budget Coordinator, accepted a Management Analyst position in the department’s Central Budget Office. Mike Bin, Operations and Response Coordinator in the Vaccine and Registry Integration Section, transitioned to the Division of Information Resource Management as the Internal Systems Exchange Lead supporting the Washington State Immunization Information System. Thank you to Sheri and Mike for your dedication to the office. Best of luck in your new positions!

Jacki Stockdale moved into Mike’s former position. Jacki has had two roles in our office– most recently, she filled the Prevention and Public Health Fund Vaccine Storage

and Handling Grant Coordinator position. She was the office’s Vaccine Consultant prior to that project appointment. We are excited to see Jacki in her new role!

Chrystal Averette of the Perinatal Hep B Prevention Program will be expanding her role after eight years of service to the Clinical and Quality Assurance team. Chrystal now works to support OICP’s new HPV grant. Wendy Bowman has accepted Chrystal’s position to conduct VFC/AFIX site visits and to continue work with the Perinatal Hepatitis B module training. We are happy to see both team members finding new challenges and opportunities within the office.

Finally, we wish to welcome Danny O’Neill who joins us as our new Policy and Performance Measurement Coordinator, right in time for the 2014-2015 legislative session. Danny has his BA from St. Martin’s and his MPA from the Evergreen State College. He has formerly work with the Peace Corps in Belize and at the Department of Licensing and Department of Health in the WIC program. Welcome, Danny!

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kudos >>>



Congratulations to Columba Fernandez, one of our fantastic Health Educators in the Health Promotion and Communication Section! Columba was recently invited to be a part of the National Adult Immunization Partnership Executive Committee. We are all excited for Columba to share her expertise with other partners working to increase adult immunization nationally. Her term of service begins in January and will continue for two years.

“A huge thank you to schools and early learning programs for your tireless work in assuring students are in compliance with immunization requirements as well as reporting the immunization data to us! Over 70 percent of schools have already reported as of this publication and we hope to reach 90 percent by the end of the year, when reporting will no longer be accepted. I also want to acknowledge key staff in our office who answered more than 1,300 emails and phone calls to provide valuable support to schools and early learning programs. The

Washington State Immunization Information System Help Desk staff also spent countless hours providing much needed support and deserve our appreciation. We are immensely grateful for the collaboration and partnership to advance the Department of Health mission of protecting and improving the health of all people in Washington State.”

- Trang Kuss, Public Health Nurse Consultant and School and Child Care Coordinator



Trang Kuss, who works diligently as a Public Health Nurse Consultant in the Clinical and Quality Assurance Section, was recognized for her outstanding work helping school nurses navigate student immunizations by the School Nurse Organization of Washington. Trang was awarded the 2014 School Nurse Advocate of the Year for her contributions to improving health and education success for students in Washington State and promoting school nurses as the leading experts in school health issues. We are very proud of Trang’s continued accomplishments and dedication!

Do you have someone or something to celebrate? Contact: Katie Wolt at katie.wolt@doh.wa.gov or 360-236-3529

adult and adolescent >>> *continued from page 2*

providers using the Immunization Information System and share rates with providers to get feedback from them about their success. Design and offer providers training on HPV disease, vaccination, and communication.

4. An advisory task force

Goal: Increase collaboration between stakeholders that do HPV-related work. We hope to increase cooperation for ongoing assessment, planning, implementation, and evaluation of HPV immunization efforts.

Activities: Bring stakeholder organizations together for joint planning.

As the planning for these grant activities begins, we expect to reach out to other parts of the department to establish coordination and cooperation around efforts to reduce the spread of this dangerous virus.

Contact: Paul Throne at paul.throne@doh.wa.gov or 360-236-3720

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Pink Book Course Dates

Save the date! The CDC training Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book Course) will be held in Tacoma on **September 16 – 17, 2015**. We are offering a pre-conference on September 15 which will include an HPV provider training and a session for local health interaction with the Office of Immunization and Child Profile. Be sure to [check the website](#) to register.

vaccine management >>>

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Online Enrollment/Provider Agreement Update

For the first time in the history of the State Childhood Vaccine Program, 100 percent of healthcare providers completed provider agreement renewals online in the Washington State Immunization Information System. We'd like to thank local health and providers for doing a great job making sure online renewals were completed on time! This is a huge accomplishment for our program and our state. Providers are now very familiar with online provider agreement renewal. They complete the process timely and require little follow-up.

Throughout the year, we identified three main challenges for providers when completing their renewal. These are the top three reasons we would return an agreement for more work:

1. The provider practice profile was not updated.
2. The signatory was not listed as the first facility contact.
3. The signatory was not on the physician list with a valid professional license number and NPI number.

Thank you for all of your hard work! We continue to work on streamlining our workflow and procedures to improve the online enrollment process. We're also making changes to the online provider agreement to meet the new Centers for Disease Control and Prevention enrollment requirements for 2015.

director's update >>>

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There are lots of other opportunities ahead this year: new trainings, new grants, climbing immunization rates, to name just a few. You can read more in this newsletter. We also face our fair share of challenges ahead that we need to work together to overcome. Measles is one of the biggest ones – 32 cases were reported in Washington in 2014 and one case has already been reported in 2015. Flu is another disease that will continue to challenge us. Our exemption rates remain high (4.6 percent), despite coming down from all time high of 7.0 percent. The change to exemption law helped, but obviously there is more to do to fully protect children and our communities.

I look forward to working with all of you in the year ahead!

Take care!



Michele Roberts

Director of the Office of Immunization and Child Profile