

Immunization and Child Profile Update

winter | 2016

in this issue >>>

Ask the Nurses	p. 1
Child Profile Health Promotion	p. 9
Health Promotion and Communication	p. 6
IIS Update	p. 2
Kudos	p. 9
Legislative and Policy News	p. 3
MyIR Update	p. 6
NIS Teen Data	p. 3
Perinatal Hepatitis B	p. 8
School & Child Care	p. 3
Winter Flu Corner	p. 1
Upcoming Opportunities	p. 9

hot topic >>>

Winter Flu Corner

Flu season is here, and there's still time to get the flu shot. Flu vaccine is the best protection against getting, and spreading, the disease. Flu vaccine is available now at your local pharmacy or healthcare provider. Providers should also know the importance of using antiviral medication if patients do get flu.

Flu seasons are unpredictable, but activity typically peaks in the winter months when people spend more time indoors. Sporting events,

continued on page 7 >>>

Immunization Update from the Office Director

Happy New Year! I hope everyone enjoyed some down time over the holidays to recharge for the work ahead. 2016 offers many opportunities and challenges to keep working through – I'm counting on all of you to be right beside me.



I'm happy to report that 2016 started off with some good news. First - The Centers for Disease Control and Prevention (CDC) released the 2015 Vaccination Coverage Awards. Washington State received two national awards for adolescent immunization coverage and herpes zoster (shingles) vaccination

coverage! We showed outstanding progress toward Healthy People 2020 targets on selected adolescent immunizations: between 2013 and 2014 our HPV series rates for males increased by about 50%, and we improved our adolescent immunization rates for 10 of 11 recommended vaccines. We were also among the states with the highest rates of herpes zoster vaccination in adults age 60 and older. It's great to see our success for this vaccine, because access, awareness and reimbursement can be challenges

continued on page 2 >>>

ask the nurses >>>

Influenza Vaccine

Q: Is influenza vaccine recommended for pregnant women?

A: Yes. It is especially important to vaccinate pregnant women because of their increased risk for influenza-related complications. An increased risk of severe influenza infection was also observed in postpartum women during the 2009-2010 H1N1 pandemic.



continued on page 4 >>>

Director's Update

continued from page 1 >>>

in increasing zoster vaccination rates.

This is great news for our state, and confirms how hard *all of you, our partners*, work to make sure people of all ages get the right vaccine at the right time.

Community protection is truly a community effort, and all of our partners play a role in winning these awards! We still have much more work to do to meet Healthy People 2020 goals, but let's take a moment to recognize the progress we are making together.

Another piece of good news was an email I got from Sarah Day, the school nurse on Vashon Island. The kindergarten immunization exemption rate for the Vashon Island School District dropped from 22 percent last school year to 12 percent this school year! They also saw the percent

of kindergartners meeting all requirements increase from 49 percent to 60 percent, and their out of compliance rates decreased from 20 percent to 12.7 percent. That is tremendous progress and a credit to the hard work of Sarah, other district health staff, and parents who are continuing a community dialogue about the importance of vaccination. Congratulations to the whole Vashon team and keep up the good work!

So maybe you'll be the next person to drop me a line to tell me your good news –or your challenges – I welcome hearing from you!



IIS Update

The Immunization Information System (IIS) team recently created an e-newsletter to let IIS users know about upcoming changes to the System, new features, trainings, and helpful tips. This newsletter will go to all IIS users with an email address in the system. The first edition of the newsletter was sent out in late October.

How do I sign-up for this newsletter?

Signing up to receive regular monthly updates from the IIS e-newsletter is simple. Just provide

your email address [here](#) and you will be added to the contact list.

Want to request IIS Training?

The IIS Team set up a new email box (IIS.Training@doh.wa.gov). This email box is checked regularly by the IIS Provider Outreach Coordinators. You can use this email box to send requests for IIS training and assistance. Please feel free to refer providers and other IIS users to this training resource.

Contact: [Dannette Dronenburg](#), 360-236-4603 and [Nicole Freeto](#), 360-236-3579

Immunization and Child Profile Update

winter 2016 >>>

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Centers for Disease Control and Prevention (CDC) Releases 2015 Teen Immunization Data

In September, the Centers for Disease Control and Prevention (CDC) released 2014 data on teen immunization rates from the National Immunization Survey (NIS). The CDC published data by state in a [September MMWR article](#) and the data are also available on the CDC's [NIS-Teen website](#).

The CDC conducts the NIS-Teen survey annually and data sets are available from 2006-2014. The NIS consists of a telephone survey of a representative sample of 13–17 year-olds from each health jurisdiction followed by a mailed survey to children's immunization providers. Because the NIS collects the same data each year in the same way, it is the gold standard for comparing immunization rates between jurisdictions, and over time in the same jurisdiction. The NIS data are not subject to changes in data quality or methodology.

Preteens and teens should receive a Tdap vaccine (protects against

tetanus, diphtheria, and pertussis), a meningococcal vaccine (protects against meningitis), and three doses of human papillomavirus (HPV) vaccine (protects against some forms of cancer). HPV vaccine coverage is measured in two ways: how many adolescents started the series (1 dose coverage), and how many adolescents completed the series (3 dose coverage). HPV vaccine is recommended for both boys and girls for cancer protection.

In 2014, immunization coverage among Washington teens was close to the national average. Eighty-eight percent of 13–17 year-olds received the recommended Tdap vaccine. Eighty-two percent were protected against meningococcal disease. Among females, 66 percent had one dose of HPV vaccine and 44 percent received all three doses. In males, coverage was slightly lower: 54 percent had one dose and 25 percent completed the three dose

series. CDC measured the national teen immunization coverage rates as 88 percent for Tdap, 79 percent for meningococcal vaccine, 60 and 40 percent for one and three dose HPV coverage among females, and 41 and 22 percent for one and three dose HPV coverage among males.

Adolescent vaccination keeps teens safe from diseases that vaccines prevent. Back to school time is a great opportunity to make sure teens are protected. Preteens and teens should receive the meningococcal vaccine and the first dose of HPV vaccine when they receive the Tdap shot mandated for school entry. They should receive their second and third doses of HPV vaccine on schedule. Washington provides all recommended vaccines at no cost for kids through age 18 and they're available from healthcare providers across the state.

Contact - [Joanna Eavey](#), 360-236-3527

School and Child Care

All K-12th graders will be required to have chickenpox vaccine in 2016-2017 school year

In the 2015-16 school year, all 7th and 8th grade students are required to have two doses of chickenpox (varicella) vaccine. In the 2016-17 school year, this requirement will also apply to all 9th-12th graders. Students in the younger grades have had to

comply with this requirement since the 2008-09 school year.

Please notify parents of high school students about the new requirement. A chickenpox vaccine requirement flyer for 7th-12th graders is [available from the Department of Health](#). The flyer can be ordered by sending an email to immunematerials@doh.wa.gov. Include the name of

the flyer, quantity, and your name, address, and phone number in your order request.

Contact: [Trang Kuss](#), 360-236-3760

ask the nurses >>>

continued from page 1 >>>



Vaccination can occur in any trimester, including the first. Only inactivated vaccine should be given to pregnant women; LAIV should not.

Which children younger than age 9 years will need 2 doses of influenza vaccine?

A: Children age 6 months through 8 years should get a second dose 4 weeks or more after the first dose if they

- a) are getting flu vaccine for the first time, or
- b) did not get a total of a least two doses of influenza vaccine before July 1, 2015, or
- c) if the child's vaccination history is unknown.

For more details about the ACIP recommendations for which children need two doses, see www.cdc.gov/mmwr/pdf/wk/mm6430.pdf.

You can also find this information in IAC's handout titled "[Guide for Determining the Number of Doses of Influenza Vaccine to Give Children Ages 6 Months through 8 Years.](#)"

Q: If a child only received a half dose of live attenuated influenza vaccine (LAIV), does she need to get another dose? Can I give her inactivated flu vaccine (IIV) on the same day?

A: A half or partial dose of LAIV (or any other vaccine) is a non-standard dose and should not be counted. If you weren't able to give the second half of the LAIV at that same appointment, you will

need to provide another full dose of influenza vaccine at another visit. If you want to try using a different type of vaccine, you can give IIV any time after the partial dose of LAIV. If you want to give LAIV again, you should wait four weeks because it is a live vaccine.

Q: A clinic gave 0.25 mL of the FluLaval multi-dose vaccine to infants 6 months and older. FluLaval is indicated for children 3 years of age and older. Is this a valid dose of flu vaccine for babies or does it need to be repeated with the appropriate flu vaccine made for this age range?

A: The dose does not need to be repeated according to vaccine recommendations. However, clinicians should carefully select a flu vaccine that is licensed for the age group of the person being vaccinated. Fluzone 0.25 mL (Sanofi) is the only inactivated influenza vaccine approved for use in children age 6 months through 35 months. The live attenuated nasal spray vaccine (LAIV, FluMist, MedImmune) is approved for use in most healthy children age 2 years and older (as well as for healthy nonpregnant adults through age 49 years). When these children return for their second dose of influenza vaccine, an age-appropriate vaccine should be selected. Please put measures in place to avoid this happening in the future.

Please see the CDC recommendations. Remember to always select an age-appropriate vaccine. Please put measures

in place to avoid errors from happening in the future.

Q: I heard there is an influenza vaccine that can be given to people with severe egg allergies. Is that true?

A: Yes. If someone age 18 years and older has a severe allergy to eggs with symptoms suggestive of anaphylaxis, then the provider can use egg-free recombinant influenza vaccine (RIV3, Flublok, Protein Sciences). Production of RIV3 does not use the whole influenza virus or chicken eggs in its manufacturing process. If RIV3 is not available or the person is not age-eligible for this vaccine, then inactivated influenza vaccine should be administered by a physician with experience in the recognition and management of severe allergic conditions.

Healthcare providers should check the expiration date before administering RIV3 (and all other vaccines). You can find additional information about Flublok at http://www.cdc.gov/flu/protect/vaccine/qa_flublok-vaccine.htm.

Quadracel

Q: Can you tell me more about Quadracel (DTaP and inactivated poliovirus combination vaccine)?

A: CDC published "[Licensure of a Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine and Guidance for Use as a Booster Dose](#)" in the September 4 issue of *MMWR* (pages 948–949). A summary of the article is reprinted

continued on page 5 >>>

continued from page 4 >>>

below.

A new vaccine is available for immunization against four diseases: diphtheria, tetanus, pertussis (whooping cough), and polio. On March 24, 2015, the Food and Drug Administration approved the use of Quadracel (Sanofi Pasteur Inc., Swiftwater, PA) in children 4 through 6 years old. This is the age when children are recommended to get their fifth dose of the diphtheria, tetanus and acellular pertussis (DTaP) vaccine series and their fourth dose of the inactivated poliovirus (IPV) vaccine series. Quadracel offers clinicians an additional choice of vaccines to make sure their patients have protection from these life-threatening diseases.

PCV13 and PPSV23

On June 25, 2015, ACIP changed the recommended interval for PCV13 followed by PPSV23 (PCV13–PPSV23 sequence) from 6–12 months to ≥1 year for immunocompetent adults aged ≥65 years. Recommended intervals for all other age and risk groups remain unchanged. The report outlines the research that supports the ACIP recommendation. The “Summary” section is reprinted below.

What are the new recommendations?

ACIP recommends that both PCV13 and PPSV23 be given in series to adults aged ≥65 years. A dose of PCV13 should be given first followed by a dose of PPSV23 at least 1 year later to immunocompetent adults aged ≥65 years. The two vaccines should not be co-administered. If a dose of PPSV23 is inadvertently given earlier than the recommended interval, the dose need not be repeated

Why are the recommendations being modified now?

To simplify the recommendations for PCV13 and PPSV23 use among immunocompetent adults aged ≥65 years, ACIP recommended harmonization of recommended intervals between PCV13 and PPSV23 regardless of the order in which the two vaccines are given.

Read the [full text article](#) to access the complete recommendations; a PDF version of the entire issue is also available.

Related Links

- [ACIP Recommendations](#)
- [MMWR](#), including access to *MMWR Weekly*, *MMWR Recommendations and Reports*, *MMWR Surveillance Summaries*, and *MMWR Supplements*

CA EZIZ

- [The Pneumococcal Vaccine Timing Tool for Adults](#)
- [The Pneumococcal Vaccine Timing Tool for Children](#)

Download *Epidemiology and Prevention of Vaccine-Preventable Diseases*

- All the sections of “[The Pink Book](#)” (i.e., chapters, appendices) are available for download at no charge.

Reporting Vaccine Errors: Two Publications

A recent report, “[Recommendations to Practitioners to Prevent Vaccine Errors, Part 2: Analysis of ISMP VERP](#)” describes nine top mistakes filed in the Vaccine Error Reporting Program (VERP) and provides

detailed recommendations to avoid common vaccine errors. Providers may report any vaccine administration error and associated contributing factors to VERP at <http://verp.ismp.org/>.

A related study from the Vaccine Adverse Events Reporting System (VAERS) was published in the journal *Vaccine*. Of 2,100 vaccine errors reported, the most common error was “inappropriate schedule.” The vast majority (92%) were “non-serious.” The authors conclude that prevention strategies are needed.

Contact: immunenurses@doh.wa.gov

[Legislative and Policy News](#)

The Vaccine Advisory Committee (VAC)

The Vaccine Advisory Committee (VAC) met on October 15, 2015 to discuss vaccine supply, school immunization rates, and policy priorities for 2016. The VAC supports the Department of Health by providing recommendations on vaccines for people of all ages.

The committee will meet on the following dates in 2016:

- January 21, 2016
- April 21, 2016
- July 21, 2016
- October 20, 2016

Please visit the [VAC website](#) for more information, including recent meeting minutes and current committee recommendations.

Contact: [Vanessa Mojica](#), 360-236-2802

Consumer Access to Immunization Records Now Available

The Office of Immunization and Child Profile has been working on a project with the Office of the National Coordinator to pilot **MyIR**, a consumer access portal in the Washington State Immunization Information System. When people sign up for MyIR, they have immediate access to their and their family's immunization records. They can also print the **Certificate of Immunization Status** for school and child care entry.

We inform people who call our office to request copies of their or

their child's immunization records about MyIR and give them the opportunity to sign up. There's [information on our website about MyIR](#) and how to access immunization records. We're also distributing an insert on MyIR in the Child Profile Health Promotion mailings to families of kids aged 4½ years.

We've had a lot of interest by consumers so far and will continue to look at ways to get the word out. If you want to learn more about MyIR please contact **Lonnie Peterson**. If you're interested in

signing up for MyIR to get your or your family's immunization records, please call 1-866-397-0337.

Contact: **Lonnie Peterson**, 360-236-3534



MyIR

Sign up with MyIR today to experience the features and benefits for your clients and your own family.

<https://wa.myir.net/>

Health Promotion and Communication

Whooping Cough Update

In 2015, whooping cough made a comeback - over 1,300 cases were reported in Washington last year. The last time we saw epidemic level activity was in 2012. Last year, we crossed that epidemic threshold again. While Washington is now seeing a decline in cases, we know that we must continue our efforts to spread awareness of this serious disease and encourage people to get vaccinated.

Most whooping cough cases reported last year were among school-aged children and teens. However, those most at-risk for severe complications are infants too young to receive the whooping cough vaccine. Older kids can spread whooping cough to their younger siblings.

The Office of Immunization and Child Profile and Department of Health staff formed a workgroup to find new ways to stop the spread of whooping cough. We set

goals to increase vaccination rates and provide accurate and timely updates and resources to the public and our partners.

The workgroup honed in on one



key message: promoting the Tdap vaccine for pregnant women in their third trimester. Getting vaccinated at that time protects moms and passes on immunity to unborn babies.

We shared this important message through our Whooping Cough Health Promotion Campaign. This end-of-year campaign reached expecting moms throughout

the state through a variety of mediums: radio spots, digital ads, social media, and out-of-home channels like bus messaging and billboards. Most campaign materials were featured in English and Spanish.

In addition to pregnant women, we also reached out to health care providers, local health jurisdictions, health plan partners, and community coalitions to spread our message.

We cannot do this work alone. We need your help promoting Tdap vaccine for all women in their third trimester, every pregnancy.

Contact [our office](#) for campaign materials and resources, so you can start spreading the word in your community.

Contact: **Kristin Gilman**, (360) 236-3812

continued from page 1 >>>

Winter Flu Corner

holiday gatherings, and classrooms are the perfect opportunity for flu exposure. Many people who spread the illness don't realize they are sick. Flu can be spread to others from up to 6 feet away and infected people can spread the disease before symptoms occur. Getting a flu vaccine is essential to preventing flu from spreading.

After getting vaccinated, there are additional steps you can take to stay healthy. Other viruses can be spread during this time of year, including colds, so it's always a good idea to adopt healthy habits. Covering your coughs and sneezes, sanitizing commonly shared surfaces such as countertops and doorknobs, and staying home when you are sick are just some of the ways you can stop the spread of germs.

Flu vaccine is recommended for everyone six months and older. It is especially important for [people at high risk for flu-related complications](#) to get vaccinated as early as possible. Those at high risk include:

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

It takes two weeks after vaccination to become fully protected from the flu. Children under nine who have previously only received one dose of flu vaccine need two doses this season, spaced four weeks apart, to be fully protected.

For people who do get the flu and are hospitalized, have severe illness, or are at high risk for complications, antiviral medication is recommended as early as possible to prevent complications from flu.

Last year's flu season was especially harsh. Vaccine effectiveness was lower than anticipated, but the vaccine still prevented thousands from hospitalization and death. The 2015-2016 flu vaccine has been updated to include protection against two new strains that

health experts believe will be the most dominant viruses affecting the U.S. this season. So far, the vaccine has been a good match for the circulating strains.

To help increase flu vaccination rates among pregnant women, the Department of Health recently launched an initiative to educate providers and pharmacists about the importance of getting a flu shot during any stage of pregnancy. Along with a flu shot, pregnant women should also get a whooping cough (Tdap) vaccine during the 3rd trimester of each pregnancy. Both Tdap and flu vaccine can be administered in the same visit.

Flu materials and resources are available on the department's [Flu News webpage](#), and new features have been updated for the 2015-2016 season:

- [FAQ about Flu & Pregnancy webpage](#) (English and Spanish)
- [Flu & Pregnancy posters](#) (English and Spanish)

Contact: [Barry Iverson](#), 360-236-3577



The Office of Immunization and Child Profile wishes everyone a happy and healthy new year!

I-r: Alejandro Le, Administrative Assistant for Health Promotion and Communication; Michelle Harper, Health Educator for Child Profile; Jenn Combes, Distribution Coordinator for Child Profile; Columba Fernandez, Health Educator for Adult and Adolescent Vaccines; Jeni Hansen, Materials Coordinator for Child Profile

Perinatal Hepatitis B

Perinatal Hepatitis B (PHB) Module Changes Underway

The PHB module is a surveillance and case management system used to track hepatitis B positive moms, their babies, and contacts. The module is a portal into the WA Immunization Information System and is available to all PHB Coordinators to track cases they are managing.

Right now, the module is undergoing changes to better fit the workflow needs of PHB coordinators. The new version offers more spreadsheet options for managing information, an activity tracker checklist, and a pop-up calendar to review cases due for service. Feedback from PHB coordinators will be incorporated into the module. Advantages for using the system include paperless data entry, numerous report options, and more exportable fields. For more information, please contact [Shana Johnny](#) at 360-236-3698.

Breaking News

An [MMWR update](#) was posted in October on shortened intervals for post vaccine serology testing for infants born to hepatitis B positive moms.

Identifying Strategies to Eliminate PHB Transmission

The Health and Human Services Office of HIV/AIDS and Infectious Disease Policy brought together a group of stakeholders in September to brainstorm action steps to eliminate PHB

transmission, including how to better understand the challenges and address them. Representatives from professional medical societies, health departments, advocacy networks, and numerous federal agencies including the Centers for Disease Control and Prevention (CDC), met to work on ways to meet their common goal. Stakeholders discussed:

- Releasing more joint statements by professional organizations to reach provider audiences
- Enhanced strategies to identify and case manage Hepatitis B-positive moms by the CDC's national Perinatal Hepatitis B Prevention Program
- Expanded implementation of CDC and U.S. Preventive Services Task Force recommendations on PHB prevention
- Modified laboratory reporting to improve identification of expectant moms with chronic Hepatitis B infection and to include better explanation of lab panels for providers
- Identifying and distributing best practices for routine standing orders for PHB prevention and treatment in hospital birthing centers
- Educating moms about the importance of preventing hepatitis B



A Big Thank You to PHB Coordinators

We would like to thank all the hardworking PHB coordinators for keeping the numbers of reported cases steady, despite the pertussis and measles outbreaks and the technical difficulties with the module. We know there are successful local health PHB programs that need to be highlighted. Please share work and successes from your program so we can highlight your work in our OICP newsletter.

New Staff

OICP would like to announce the addition of Steffen Burney to the Perinatal Hepatitis B Prevention Program; Steffen will provide module support including password resets and new accounts. She can be reached at steffen.burney@doh.wa.gov or 360-236-3698.

Contact: [Shana Johnny](#),
360-236-3698

Child Profile Health Promotion

Parents Appreciate Child Profile Mailings

The Child Profile Health Promotion mailings are one of the best avenues for child health promotion at the Department of Health. We reach 92% of the 480,000 families in Washington with children from birth to six years old with regular mailings that explain the immunizations each child needs. Mailings also include valuable health, safety, nutrition, and development information that is right for that child's age. Mailings arrive when a child is due for a well-child visit to his or her healthcare provider.

Child Profile is endorsed by the Washington Academy of Family Physicians, the Washington Chapter of the American Academy

of Pediatrics, and University of Washington School of Public Health - Maternal and Child Public Health. Our research shows that parents value these endorsements.

Parents use information in the mailings to plan their next well-child visit and to prepare to talk with their child's healthcare provider. Providers can see the materials that parents receive [online](#).

We are proud of the Child Profile mailings and the support they give to parents with young children, like this mom who wrote to us recently:

Hi,

Our family just received the final Child Profile mailing, as our daughter is about to turn 6 years old. We have enjoyed receiving them over the last 6 years and have found them helpful. I also really like the art that you use on them.

Thank you for spending the time to put these mailings together and to include helpful and encouraging information in them.

Sincerely,

Sarah

Contact: [Lonnie Peterson](#), 360-236-3534

Kudos

Belinda Baker Elected to American Immunization Registry Association Board of Directors

The Office of Immunization and Child Profile is proud to announce that our very own Belinda Baker, manager of the Immunization Information System section, was elected to the American Immunization Registry Association (AIRA) Board of Directors for 2015-2017. Belinda will be serving on the board as one of six voting directors. Her term began on November 1, 2015.

AIRA is a membership organization that promotes the development and implementation of immunization information systems (IIS) as an important tool in preventing and controlling vaccine preventable disease. AIRA is the national organization that guides development, standardization and best practices of state Immunization Information Systems. These systems give

health care providers the tools they need to be sure their patients get all of the recommended vaccines on time, and also perform numerous functions that serve the federal and state government vaccine programs.

We are looking forward to Belinda's leadership at the national level to collaborate and share knowledge to advance IIS and immunization programs.

Contact: [Katie Wolt](#), 360-236-3529

Upcoming Opportunities

2016 AIRA National Meeting

Seattle, Washington

April 5-7, 2016

For more information, visit [the AIRA webpage](#)



IAC Workshop: Take a STAND! Using Standing Orders to Vaccinate Adults

The Westin Seattle

March 15, 2016

10am-2:30pm, lunch included.

Register [online](#).