

# Immunization & Child Profile Update

## in this issue

Teen & Childhood

Immunization Data **P.3**

Adult & Adolescent **P.4**

Child Profile System **P.4**

Perinatal Hepatitis B **P.7**

Resources & Updates **P.7**

Spotlight on Local Health **P.9**

Vaccine Management **P.10**

Vaccines for Children **P.13**

Kudos **P.13**



## Working Together— Immunization Highlights from the Office Director

by Janna Bardi

### Public health modernization

In an e-mail to her employees in June, Secretary of Health Mary Selecky said, "Need and opportunity sometimes come together to create a new, better way to do things." That statement couldn't be truer, especially as we try to figure out how to get ourselves, our families, and our communities through these challenging times.

That sentiment isn't lost on the Department of Health. As of July 1, the Division of Community and Family Health became the Division of Prevention and

Community Health. Our Assistant Secretary Allene Mares continues to lead us.

The name change reflects the division's work. It emphasizes prevention and helps communities improve people's health. After 14 years, it was time to reconsider how the division does its work. We also needed to adapt to today's financial responsibilities.

The division now has four offices, which includes us (formerly a program)—the Office of Immunization and Child

Profile. Our office is still structured the same way, but is making some changes.

Most notably, we've done away with the CHILD acronym. We're also in the process of changing the name of the Immunization Registry to the Washington State Immunization Information System. This more accurately reflects that the registry isn't just for kids, but is a lifetime registry.

The health and safety mailings will keep the Child Profile name and be referred to as the Child

*Continued on Page 14*

## Flu Immunization Schedule: Easier Than Ever to Vaccinate

Flu season is just around the corner. This year vaccinating is easier than ever.

Many things make it simpler this year:

- The Centers for Disease Control and Prevention (CDC) recommend yearly flu vaccination for everyone six months and older.
- The number of doses kids need is simplified.
- Information about egg allergy and flu vaccination has changed.
- The flu strains used in the vaccine are the same as last year.

In the past, the recommendation for flu vaccination has been for the very young and older people.

It's much simpler now with a universal recommendation for everyone six months and older. Certain groups should still get vaccinated since they're at higher risk for getting flu and flu-related complications.

These include:

- Young kids (especially those under five).
- People with certain chronic medical conditions (even if they're under control) like asthma, heart disease, and diabetes.
- People over 50.
- Pregnant women.

Health care professionals and other caregivers should get a flu vaccine. It protects you, your patients, and your loved ones.

The number of doses kids need is now simpler. Kids six months to eight years only need one dose of vaccine if they got one dose last year. Kids in this age range that didn't get a flu vaccine last year need two doses at least four weeks apart. Figure 1 on Page 2 shows the number of doses needed.

In the past, egg allergy has been a contraindication to getting flu vaccine. This year, CDC lists it as a precaution, so some people with egg allergy may be able to get flu vaccine. Figure 2 on Page 2 shows who can get the vaccine even if they have an allergy to eggs.

Even though flu vaccine is the same as last year, people still

*Continued on Page 2*



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

## Flu Immunization Schedule: Easier Than Ever to Vaccinate, Continued from Page 1

need a flu shot. Yearly flu vaccination is recommended even if the strains are the same. Immunity to flu declines and may not give protection after one year.

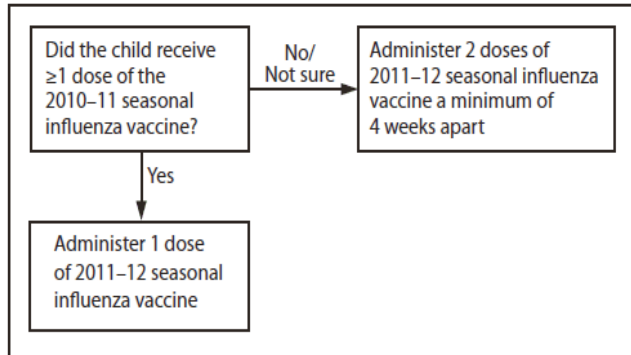
Get a flu vaccine each year to protect against getting the flu. Since health care providers are the most credible source of information, be an example for your communities and get a yearly flu shot.

Help stop the spread of flu and remind your staff and patients to get vaccinated, wash their hands, cover their cough, and stay home when they're sick.

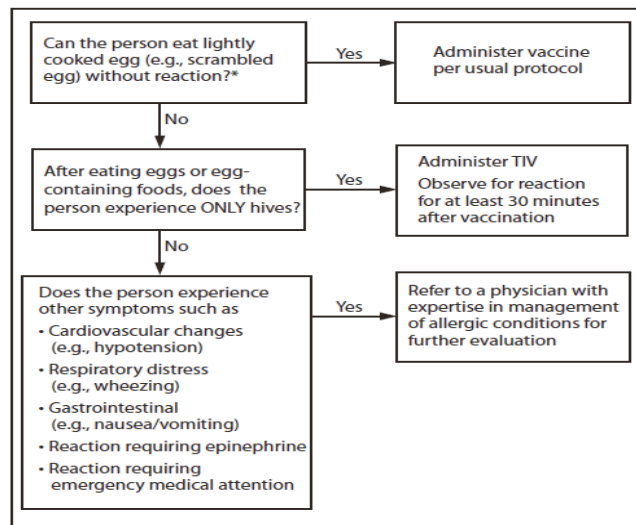
For more information and resources about flu and flu vaccine recommendations, go to the [Department of Health Flu News](#) page.

Read the [Morbidity and Mortality Weekly Report, Volume 60:2011 Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#).

**Figure 1.** Flu vaccine dosing algorithm for kids aged six months through eight years.



**Figure 2.** People with egg allergy may tolerate egg in baked products (like bread or cake). Tolerance to egg-containing foods doesn't exclude the possibility of egg allergy.



## Community Engagement Meeting

This summer the Centers for Disease Control and Prevention (CDC) held four public meetings to learn more about how the public feels about vaccines, vaccine safety, and the childhood vaccination schedule.

In July we partnered with CDC to host one of the regional meetings to get public input on what values,

priorities, and needs it should use when setting the childhood vaccination schedule. Over 100 people attended!

Meningitis vaccine for babies was the focus. Attendees learned about meningitis and shared stories about the rare and severe disease. They learned about the process for recommending new

vaccines and the Advisory Committee on Immunization Practices' (ACIP) role. They shared opinions on vaccination and vaccine safety.

CDC also held community engagement meetings in three other cities and will share input with ACIP before its October meeting.

## Immunization & Child Profile Update

### Fall 2011

Lonnie Malone  
*Editor & Graphic Designer*  
 360-236-3529  
 lonnie.malone@doh.wa.gov

Michele Roberts  
*Managing Editor*  
 360-236-3720  
 michele.roberts@doh.wa.gov

### Proofreaders

Tracey Andrews, Chrystal Averette, Janna Bardi, Sonja Dordal, Columba Fernandez, Chris Halsell, Katherine Harris-Wollburg, Shana Johnny, Trang Kuss, Lin Watson, Jeff Wise

**Washington State Department of Health Office of Immunization & Child Profile**  
 111 Israel Road SE  
 PO Box 47843  
 Tumwater, WA 98501-7843  
 360-236-3595  
 1-866-397-0337 (toll free)  
 DOHCFHMCHIPCP@doh.wa.gov

**Child Profile Help Desk**  
 206-205-4141  
 1-800-325-5599 (toll free)  
 cphelpdesk@kingcounty.gov

**Ask the Nurses**  
 immunurses@doh.wa.gov

*A publication of the Washington State Department of Health DOH 920-915*

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

## Teen & Childhood Immunization Data Show Improvements

### Teen data

The Centers for Disease Control and Prevention (CDC) released teen immunization rates in the 2010 National Immunization Survey. Our state's rates show improvements in all vaccine doses routinely recommended for adolescents. For the third year in a row, our rates are above the national average.

### HPV

Our state has one of the highest HPV vaccination rates in the nation. Our rate for the first dose of HPV vaccine increased from 60 percent to 69 percent. The national average is 49 percent. Data from the previous year showed an increase from 47 percent to 60 percent. This reflects a 22 percent increase in a 24-month period.

Despite being above the national average for starting the three-dose HPV vaccine series, many teens still don't get the second or third dose. To be protected, teens must finish the three-dose series.

### Tdap

In 2010 our rate for Tdap vaccine increased from 60 percent to 71 percent. The national average is 69 percent. Data from the previous year showed an increase from 35 to 60 percent. This reflects a 36 percent increase in a 24-month period.

Tdap became available in 2005 for adolescents and adults. Teens who aren't up-to-date on this vaccine can spread whooping cough to babies and young kids who are too young to be fully immunized or to

others with certain health conditions. Most people get a series of whooping cough vaccines as kids, but protection wears off over time.

Booster shots play a key role in the fight against vaccine-preventable diseases. In our state, whooping cough continues to be a serious problem, with more than 600 cases reported last year.

Our rate increases over time for teen immunizations reflects successful partnerships with health care providers, partners, parents, and teens who work together to address immunizations.

Even with the amazing gains in teen immunization rates, data show that we still have work to do to meet the state and national goal of vaccinating 90 percent of teens with all recommended immunizations. It's concerning that many teens aren't getting all three doses of the HPV vaccine.

Find more information on this issue in our [Summer 2011 newsletter](#) (see the Adult & Adolescent section).

### Childhood data

The CDC's 2010 data for childhood immunization rates also showed improvements for some vaccines while rates for others stayed the same. Our state's meeting the state and national goal of vaccinating 90 percent of young kids against polio, hepatitis B, measles, mumps, and rubella. We're below 90 percent for vaccination against other

diseases like whooping cough, hepatitis A, chickenpox, and pneumococcal vaccines. Seventy-one percent of kids aged 19-35 months completed the recommended vaccination series. The national average is 73 percent.

Although there's been improvement, we're still behind the state and national goal of 80 percent. The series includes six vaccines (DTaP, polio, MMR, hepatitis B, pneumococcal, and chickenpox).

We made great improvement in our rates for Hib and rotavirus vaccines.

### Hib

Our rate increased for Hib vaccine from 48 percent to 64 percent. We're still below the national average of 67 percent and well below the state and national goal of 90 percent.

A Hib vaccine shortage started in early 2008 and lasted through part of 2009. Now that the shortage is over and kids are getting this vaccine, we're seeing our rates increase.

CDC also changed its method for more accurately measuring Hib coverage. It considers the vaccine product type and the number of recommended doses. Before, it was measuring Hib vaccine doses of any type (some require three doses; some require four).

### Rotavirus

Our rate for rotavirus vaccine increased from 21 percent to 50 percent. This

rate is lower than the national average of 59 percent and well below the state and national goal of 90 percent.

Rotavirus is an oral vaccine. Most practices in our state use Health Care Assistants (HCAs) to give vaccines. When the rotavirus vaccine became available in 2007, HCA's scopes of practice didn't allow them to administer oral vaccines. Our state went through the Legislature to change the scope of practice, which took effect in June 2008.

Our increase in rates for rotavirus vaccine is due in part to HCAs being able to give the vaccine.

Provider hesitancy of the rotavirus vaccine may also have played a role in our rates being low over the last couple of years. Now that the vaccine has been used for some time and the side effects that occurred with the last rotavirus vaccine haven't occurred with the current version, providers may now be more comfortable giving the vaccine, which is reflected in the increased rates.

Even though our rates have improved, we know there's more work to do. It's encouraging to see more children get the right immunizations at the right times. The improved rates show that parents are taking preventable diseases seriously. We need to keep working hard so all children are protected.



## Adult & Adolescent

### Influenza Vaccine—A Helping Hand for Patients with Heart Disease

Flu season can be a risky time for people with chronic medical conditions. The flu can cause dehydration and worsen pre-existing conditions like heart failure,

diabetes, or asthma. Flu-related deaths are more common among people with heart disease than people with any other chronic condition.

Heart disease patients are at more risk of complications from the flu, including pneumonia, respiratory failure, heart attack, and death.

A flu shot can lower the risk of catching flu or developing flu-related complications. The flu shot has the potential to prevent thousands of flu-related complications and deaths each year in people with heart conditions.

As a health care provider you can help protect this at-risk population by:

- Immunizing anyone who wants to reduce their chance of getting the flu.
- Getting immunized.

Because flu season may start as early as October and run through May, the best time to get a flu shot is in October or November. Anyone can get vaccine in December or later, but early may be more beneficial in preventing flu.

Get vaccinated. Stop the flu.



## Child Profile System

### Outreach Project to Reach Key Caregivers

In June 2011, a University of Washington Masters in Public Health student finished a research project with Child Profile Health Promotion. It identified ways to increase access to Health Promotion materials by these groups:

- Foster parents.
- Kinship caregivers.
- Adoptive parents.

The student looked into the number of kids in each form of care and the processes by which people become caregivers. The student

learned about the unique needs of each group. For example:

- Foster parents may have kids of different ages at a given time for varying lengths of time. Others may have the same child for a while, which may lead to adoption.
- Kinship caregivers (often a grandparent or other family member) may have a formal arrangement with the birth parent. More often though, these

arrangements are informal.

- Adoptive families may adopt young kids in the U.S. or internationally via public or private agencies. Many adopted kids are in the Child Profile Immunization Registry, but not automatically sent mailings. There needs to be more awareness to adoptive parents about how to sign up for the mailings.

The project report included recommendations for how Health Promotion can reach out to these caregivers. We'll work to set up and expand ways to reach these groups with Health Promotion mailings. If you've worked with foster and adoptive kids or kids in kinship care under age six and have ideas about how to work with us, contact [Lonnie Malone](#) at 360-236-3529.

### Help the Help Desk Help You

Can't log in to the Child Profile Immunization Registry? Don't remember how to add a new patient? Want to do reminder/recall? Call the Help Desk!

The Child Profile Help Desk is staffed Monday through Friday from 8:00 a.m. to 5:00 p.m. We provide excellent and consistent customer service to each caller, but there's always room for improvement. We love to hear from clients and try to make the Help Desk experience positive. We can use your help.

- When you call the Help Desk, identify yourself and your clinic/school district. The problem you're calling about may be specific to your clinic or your user name, and the staff will need that information.

*Continued on Page 5*

## Help the Help Desk Help You, Continued from Page 4

- Plus, we love to know who we're speaking to.
- If your issues require staff investigation, we respond the quickest to your questions if you have everything you need at your fingertips.
  - We solve most issues during the initial phone call, but some may take more time to investigate or require the help of another staff member. Be patient with us as we work with you to figure out how to best handle the call. Some issues may take several days to resolve.
  - We love to hear from school nurses. In addition to your school, include your district.
  - Quickly and easily report problems by e-mailing the Help Desk
- ([cphelpdesk@kingcounty.gov](mailto:cphelpdesk@kingcounty.gov)). We check e-mail throughout the day, but if you need immediate assistance, call us at 1-800-325-5599. We want to hear from you and solve your problems as soon as possible.
- We're excited when we hear about new health care provider staff who need access to the system. Fill out the required form completely and legibly to help us set up your account quickly.

Together we can make your Help Desk experience a good one!

## Child Profile Immunization Registry Highlights

As of August 2011, the Child Profile Immunization Registry, our state's Immunization Information System (IIS), has 5.8 million active records for patients of all ages. It holds 53 million immunizations. In the second quarter of 2011, 1.7 million immunizations were added.

Local health jurisdictions (LHJs) continue to promote the IIS. Twenty-one LHJs have 100 percent of their health care providers enrolled. Another 4 will be at 100 percent with the addition of just one provider.

The rest of the LHJs are at 87 percent or higher. Statewide, we have 1229 providers enrolled. They represent 94 percent of those who give vaccine as part of the state's

***The Child Profile Immunization Registry is a tool for health care providers to access patient immunization information in a shared, secure database. It's a lifetime system and includes adolescent and adult records.***

Childhood Vaccine Program. See [who participates in the IIS](#). Contact the [Child Profile Help Desk](#) at 1-800-325-5599 for more information.

## Enhancements to the Child Profile Immunization Registry

We continue to enhance the Child Profile Immunization Registry, our state's Immunization Information System (IIS). As we upgrade the IIS, review the release notes on the Login and [Announcements](#) pages. Also see the documents and guides on the [Training](#) page.

### Patient Demographics page

We updated the Patient Demographics page. You can now add multiple aliases and contacts to a patient record. To add family and contact information, click on the "Add" button in the middle

of the patient screen before saving the record. For more information go to the Announcement section of the home page and look for "Changes to the Demographic Page." Review the Training page under "Child Profile Training Basics" to find a new Quick Reference Guide on "Patient Search/Add."

### Vaccine trade names

We added vaccine trade names to the vaccine pick lists on the "Lot Number Management" and "Vaccination View/Add" screens.

When you select "Hib-PRP-

T," you'll now see "Hib-PRP-T (ActHib, Hiberix, OmniHib)." Likewise, when you select "Hib-PRP-OMP," you'll see it followed by the trade name, "PedvaxHib."

We hope these changes make it easier for users to select the correct vaccine.

The "Vaccination View/Add" screen now includes all the vaccine types you can order through the state's Childhood Vaccine Program. Now that you have choice on brands for some vaccines, be careful when you select the correct product from the list that appears on the screen.

### Reminder/recall enhancements

Reminder/recall functionality updates now let you:

- Choose a simple parameter page or an advanced page.
- Save a set of patients included in a reminder/recall as a patient cohort so future reminders can be limited to just those patients and the success of multiple reminder/recall attempts can be tracked.
- Save the reminder/recall parameter page definition as a template

*Continued on Page 6*

## Enhancements to the Child Profile Immunization Registry, Continued from Page 5

<p>for future use.</p> <p>The IIS now contains logic to store the date and type of each reminder/recall attempt for a patient. If the "Increment Recall Count" is checked when the user</p>	<p>selects any output type, the attempt is automatically recorded with the current date and the type of attempt.</p> <p>If the user selects multiple types of attempts, each</p>	<p>type will be recorded.</p> <p>Changes to reminder/recall are broad and will take a while to grasp.</p> <p>To help, we're creating a new training guide on</p>	<p>reminder/recall. See our home page for updated information.</p>
---	--	--	--

## School Use of the Child Profile Immunization Registry

Are you interested in using the Child Profile Immunization Registry, our state's Immunization Information System (IIS), for a school project? Here are a few things to know before you get started.

### School use of the system

School use of the IIS saves resources, time, and energy for school staff and nurses. School staff can print the required form right from the IIS to have parents review and sign.

IIS access for schools began in 2004 after the Washington State Attorney General's Office said that school nurses and staff assigned by the school nurse could use the IIS under the Washington State Health Care Information Act ([RCW 70.02](#)).

Currently, 249 (85%) of the 295 school districts in Washington participate. This represents 99 percent of public school students in the state.

### Reporting requirements

State law ([RCW 28A.210.100](#) and [RCW 28A.210.110](#)) requires parents to give immunization information to

schools. By using the IIS, the school nurse or assignee helps parents report the information.

The school nurse can look up immunizations and print the required Certificate of Immunization Status (CIS) directly from the IIS. The school gives it to the parent to review, make changes, sign, and turn in to the school.

### System use requirements

In using the IIS, school staff responsible for immunization documentation and verification must:

- Be a school nurse or be assigned by the licensed school nurse to access the IIS.
- Sign the Child Profile Confidentiality Agreement before accessing the IIS. School districts keep the Confidentiality Agreement on file.
- Keep confidential the information you get from the IIS, as described in the [Confidentiality, Privacy, and School Access document](#).
- Give the immunization record, history form, or CIS to the parent, guardian, or eligible

student, for review, signature, and to turn in to the school. You must have parent review and signature before submitting the form.

- If you already have a signed CIS on file but need to add information to it from the IIS, get permission from the parent or guardian in person or by phone. Make a note on the CIS that you got permission to make the change.

School nurses and their assignees have "view only" access to the IIS. No parent signature is required before viewing and printing data in the system.

### Sharing information

The [Family Educational Rights and Privacy Act \(FERPA\)](#) determines schools' authority to disclose information, including immunization records. FERPA has strict requirements about what information schools can disclose without parent consent.

School nurses and other school staff need to know these laws and check school district policy before

sharing information to anyone other than the student and the parent or guardian.

### Resources

Get [more information on school use of the IIS](#), including the legal framework, online. Contact the [Child Profile Help Desk](#) at 1-800-325-5599.



## Perinatal Hepatitis B

### Hepatitis B Birth Dose Saves Lives!

The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians recommend hepatitis B vaccine for all infants within 12 hours of birth and before leaving the hospital.

Over the last 10 years, local health worked with the Department of Health and hospitals to encourage these recommendations.

Hospitals that give the hepatitis B birth dose to all infants before discharge assure that infants, regardless of their mother's hepatitis B status, are

protected against hepatitis B infection. Policies and standing orders leave less room for errors that may occur if testing doesn't happen during pregnancy or the status is unknown at the time of delivery.

Vaccination at birth may help eliminate hepatitis B among kids whose early infection may lead to lifelong infection. Studies show kids who get the hepatitis B vaccine series at birth are more likely to finish the series per the recommended schedule ([Journal of the American Medical Association. 2000; 284:978-983](#)).

Hospitals with a birth dose policy show a commitment to follow best practices. All

delivery hospitals should have standing orders to give the birth dose as part of routine medical care. Standing orders help nursing staff give vaccines as a set protocol for each delivery.

Combination vaccines like Comvax and Pediarix are not licensed for use before six weeks of age, so give single antigen hepatitis B vaccine at birth. A child can complete the hepatitis B series with three more doses of the combination vaccine. ACIP recommendations show it's acceptable for a child to get hepatitis B vaccine in this scenario.

Giving a birth dose of hepatitis B vaccine to all infants in the hospital protects and saves lives. Currently, 48 of the 69 birthing hospitals in our state have written policies; 50 have standing orders to give the hepatitis B vaccine to all infants before discharge. Make sure hospitals give this information to the child's provider.

We recognize these hospitals for their efforts to

increase our state's vaccination rates and prevent perinatal hepatitis B infection.

The department knows that hospitals face competing priorities. For some, the cost of hepatitis B vaccine may be a barrier to a birth dose policy. The vaccine is available at no cost for all kids through the state's Childhood Vaccine Program. Contact your local health jurisdiction if you have questions about this program.

In early 2012, the Office of Immunization and Child Profile will do a statewide survey of birthing hospitals to assess hepatitis B policies and practices. The study involves both a policy survey and a medical record review of 25 infant-mother pairs per selected hospital. We'll talk about the survey with perinatal hepatitis B coordinators.

We welcome your ideas and involvement in gathering information on the birthing hospitals in your area. If you're interested, contact [Shana Johnny](#) at 360-236-3698.



## Resources & Updates

### Travelers' Health Resources

If you plan to travel outside the country, you may need immunizations to protect

yourself against diseases that aren't common in the U.S. The Centers for

Disease Control and Prevention has great information on travelers' health and vaccines.

Visit these links to get informed about travel vaccines, health, and resources:

- [Information about travel vaccines.](#)
- [General information about travelers' health.](#)
- [Resources and training.](#)

The Department of Health

doesn't provide the International Certificate of Vaccination or Prophylaxis, commonly known as the Yellow Card. The card may be available from health care providers, local health departments, or the [U.S. Government Bookstore](#).

## WashYourHandsingTon Ringtone Now Available

Last December the Department of Health launched [WashYourHandsingTon](#), a flu prevention campaign that educates people on the importance of getting vaccinated, washing their hands, and covering their cough.

Funded by a federal grant, it addresses flu prevention in a light-hearted way with an eye-catching design and a [song](#) that's sure to make people chuckle and remember the message.

The campaign includes radio spots, online ads, a YouTube video, bus cards, and other printed formats.

Follow-up polling showed large numbers of people saw and heard the campaign and got the message.

Most recently, the department took an innovative approach to public health messaging by offering the WashYourHandsingTon song as a cell phone ringtone.

As a ringtone, it has a unique way of spreading the message to people who might not otherwise be exposed to it.

If you're in a public place and your cell phone rings, it suddenly reminds everyone within hearing distance to wash their hands and get the flu vaccine.

Two versions are available to download from your computer or phone. While it's free to download on the computer and upload to a phone, downloading it directly on a phone may



cost around \$.29 to \$1.16, depending on the cell phone provider.

[Download the WashYourHandsingTon ringtone.](#)

Other WashYourHandsingTon materials are available online, including a full-color

postcard, poster, or sticker printed on glossy stock or paper.

To order any of these items, e-mail [prepare@doh.wa.gov](mailto:prepare@doh.wa.gov).

## Immunization Exemption Law

A new immunization exemption law took effect on July 22, 2011. The new law requires parents to get information on the benefits and risks of immunization from a licensed health care provider before they claim an exemption. Providers must either sign the [Certificate of Exemption](#) or a letter stating the parent or

guardian got this information.

A provider signature isn't required on the exemption form if parents or guardians claim a religious membership exemption and sign a prewritten statement to show they belong to a church or religious body that does not believe in

medical treatment by a health care provider.

Find the updated exemption form, frequently asked questions, and sample exemption forms on the [Changes to School and Child Care Immunization Exemptions](#) page. Find [resources for health care providers](#) online.

Department of Health staff worked with the Office of the Superintendent of Public Instruction to create a 10-minute, pre-recorded audio presentation on the new law. [Listen to the presentation.](#)

## 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)
<a href="#">New State Immunization Exemption Requirements</a> , presentation (Adobe Presenter)	Audio	English
<a href="#">Temperature Monitoring Log</a> , revised	Print and online	English



## Spotlight on Local Health

### Going Public: Parents Speak Up About Vaccine Benefits

**By Sonja Dordal, Health Educator, Office of Immunization and Child Profile**

We're glad to report a new trend on the rise. More and more people, including parents, are speaking out publicly in support of vaccines. These personal messages have slowly surfaced about *vaccine benefits* in media debates over vaccination. On the other hand, vaccine skeptics have skillfully used personal stories to engage the public for some time.

Typical public health messages are still relevant and important. But, talking about evidence of vaccine effectiveness and safety does not necessarily make for great storytelling. Adding personal stories to the mix can help the public remember our messages.

Check out recent media stories in our state that challenge misinformation about vaccines, document consequences of lower vaccination rates, and tell about survivors of vaccine-preventable diseases:

- Spring 2011: Several articles on the new exemption law and national data about exemption rates:
  - [Pile on the](#)

[Paperwork: Vaccine Exemption in WA State](#) (Seattle Mama Doc).

- [Bill would require doctor's note for immunization exemption](#) (The Seattle Times).
- [NW States Move to Counter Rise in Immunization Waivers](#) (OPB News).
- [Washington has highest vaccine opt-out rate in country](#) (Seattle P-I).
- [Washington's kids among least protected in the nation, says first-ever report](#) (Washington State Department of Health).
- Ongoing:
  - [Seattle Mama Doc blogger, Dr. Wendy Sue Swanson, a practicing pediatrician at the Everett Clinic and mother of two boys, discusses issues that affect parents, including vaccination.](#)
- June 15, 2011:
  - [The Anti-Vaccine Epidemic](#) (Seattle

Weekly).

- June 22, 2011:
  - [Community Immunity: Longview family hit by whooping cough pleads for truce in vaccine wars](#) (The Daily News Online). A story of parent Patty Reid whose son contracted pertussis.
- June 22, 2011:
  - [Attachment- Parenting Mom Starts Pro-Vaccine Group Among an Unlikely Cohort](#) (Seattle Weekly). Describes Seattle mom Jenny Allen who started a play group for families who fully vaccinate their kids.
- July 13, 2011:
  - [Carl Buher, La Conner Survivor of Meningitis, is Vaccine Advocates' Best Spokesperson Ever](#) (Seattle Weekly).

A few other notable initiatives in our state:

- Elementary school flu clinics led yearly by Seattle dad, Eliot Brenowitz (see "Parents in Action").
- Vax Northwest, a unique public-private partnership focused on raising immunization rates among young kids, recently began work on a Community Engagement Campaign. It'll help parents who support vaccination build confidence to speak out in their communities. For more information about this

project, contact [Mackenzie Melton](#) at WithinReach at 206-830-7644.

- A new fact sheet about community immunity will reach families of young kids through Child Profile Health Promotion mailings starting late summer 2011. Funded by a local foundation called Jaxon's Cure with joint support from WithinReach, Seattle Children's Hospital, and the Department of Health, the fact sheet begins with a story about Jaxon, who lived through measles, only to die from a measles-related disease years later.
- Other Washington families will get featured on the WithinReach [Parent Help123.org](#) website, as part of a banner ad campaign about community immunity. When you click on the banner, it'll go to a page with a community immunity fact sheet, other information, and three different personal stories.

"Going public" in support of vaccination isn't always easy. We applaud those who've taken a brave stand on the subject. Even though our state has one of the highest exemption rates in the nation, the fact remains: the majority of Washington residents immunize their kids.

We urge those who speak out favorably on vaccines to remember that they represent the majority on this issue. In other words, most of us agree with you!

## Parents in Action: Organizing Flu Vaccination Clinics in a School Setting

**By Michelle Bilhimer, Health Educator, Office of Immunization and Child Profile**

Many parents in our state believe in the benefits of vaccines. Some take action to help protect their communities from vaccine-preventable diseases.

Eliot Brenowitz is one of those parents. He's also a biologist at the University of Washington. For the last three years he's organized flu vaccination clinics at his daughter's elementary school. And they're very successful. They held two clinics one month apart to make sure kids who needed it got their second dose of flu vaccine. Last season they vaccinated about 300 students and their families.

The success of these school clinics didn't come easy. In 2007, his daughter's school had a 20 percent absenteeism rate because of flu. As a biologist, Brenowitz understood that stopping the spread of flu involved

good hand washing routines and access to flu vaccine. He approached his daughter's principal about starting a flu clinic at the school. To his surprise, many were concerned, including the principal, school nurse, the school nurse association, and the school district's risk management office. All were worried about liability issues tied to the risk of adverse reactions from the vaccine.

Tragically, before he could convince the school to hold the clinics, one of his daughter's classmates died from flu-related complications. It could've been prevented. After the girl's death and many meetings with the school district, the risk management officer agreed to let Brenowitz organize the clinics.

The school and the district didn't want to be associated with the clinics so they agreed the PTA could sponsor the clinics after school hours. He also had

another hurdle to jump--where to get flu vaccine. Seattle Children's Hospital donated flu vaccine and Virginia Mason donated \$1000 to help purchase vaccine. Parents also got involved--many work as pediatricians and nurses at Seattle Children's Hospital. The nurses who were also parents volunteered their time to give vaccine at the clinics and other parents just showed up to help however they could.

Public Health--Seattle & King County stepped in and set up the clinic as an official vaccination site and donated as much flu vaccine as they needed through the state's Childhood Vaccine Program. It allows all kids in our state to get vaccines at no cost. As it turns out, there were no reports of adverse reactions from the vaccine.

Mr. Brenowitz's efforts serve as an excellent example about how getting involved can make a difference. His actions, and

those of many volunteers, helped create access to flu vaccine for people who may not have gotten it otherwise, got the school a lot of positive attention, and protected more kids and families from flu. Community members who take action make a difference.

Brenowitz's daughter no longer attends elementary school, but he trained replacements to run future clinics. Now he's working on a vaccination clinic at his daughter's middle school.

Getting a yearly flu shot is the first and best protection against flu and is recommended for everyone six months and older. For some people it's especially important, including young kids (under 5), anyone over 50, pregnant women, and people with a chronic medical condition like asthma, heart disease, or diabetes. For more information, visit the [Department of Health Flu News](#) page.

We need your articles! To spotlight your local immunization work in our next newsletter, contact [Lonnie Malone](#) at 360-236-3529. Articles from this publication can be reprinted or used for provider outreach.



## Vaccine Management

### Vaccine Management Potpourri

**Frozen vaccine storage**  
Merck no longer ships VARIVAX and ZOSTAVAX

vaccines in dry ice because it may subject them to temperatures below -58°F

(-50°C). The vaccine ships with six frozen gel packs and keeps proper temperatures for three days from the shipment date on the packing list. Merck *no longer includes* temperature-monitoring devices in varicella vaccine shipments. Merck guarantees vaccine viability up to three days from the shipment date.

Store Merck varicella vaccine between -58°F and +5°F (-50°C and -15°C). Note the new lower limit of

-58°F (-50°C). Health care providers should contact their local health jurisdiction (LHJ) right away if varicella shipments arrive more than three days after the date on the packing list. Merck will replace the vaccine at no cost if notified within 10 days of the original shipment date.

The state's Childhood Vaccine Program must pay for the replacement order if it's after 10 days. Contact us if you need help

*Continued on Page 11*

## Vaccine Management Potpourri, Continued from Page 10

resolving shipment issues. Providers and LHJs asked about transporting frozen vaccines now that dry ice can no longer be used. The Centers for Disease Control and Prevention (CDC) and Merck are working on this issue. If frozen vaccine must be re-shipped, do not use dry ice.

Include a continuous recording thermometer, like a data logger. It documents if temperatures go out-of-range. Record the temperature before the vaccine ships and after it arrives at the new destination. Document how long the vaccine was in transit. Contact the manufacturer for advice about using the vaccine once it arrives. The manufacturer may short-date the vaccine based on the temperatures and the length of time the vaccine was in transit.

### Updated temperature monitoring log

With the change in storage guidelines for varicella-containing vaccines, we updated our [temperature monitoring log](#). The new guidelines say the vaccine should be stored between -58° F and +5° F (-50° C and -15° C). We added a row to record out-of-range temperatures colder than the new lower limit of -58°F (-50°C). The new log is available to order from the [Department of Printing](#) (click on MyFULFILLMENT) or [print it from our website](#).

### Inventory management reminder

Providers should keep a 30-day safety stock to meet vaccine needs while waiting for orders to be processed. Don't wait until you're

almost out of vaccine to order. Our goal is to make sure vaccine is available when you need it.

Always order enough vaccine to meet your needs until the next scheduled order (the 30-day safety stock should cover this period). Anticipate increased needs, like back-to-school time or special clinics, and add extra doses to the orders. If there's an urgent need due to unexpected circumstances, providers can request urgent processing on specific vaccines in their order. Local health staff should take into account the situation before approving urgent requests.

Use the [Recommended Order Quantity Calculator and Order Form](#) to figure out how much vaccine to order. It already takes into account seasonality for peak needs, like back-to-school time, and off-peak needs, like the winter holidays. Allow 10-15 days for order processing. Most orders arrive within three to five days. Providers are encouraged to contact LHJs if it has been 10 days and an order has not shipped.

### Changes in provider enrollment status

Let us know when you learn a health care provider is leaving the Childhood Vaccine Program. We use the information to inactivate the provider's account in our vaccine ordering system. We use provider enrollment data to manage site visit assignments, shipping files, and other provider-related work for the office.

To help us understand why a provider leaves the program and how we can improve we do exit interviews with each provider that leaves. By letting us know a provider has left the program, you can help us keep our systems up-to-date and provide accurate data for office activities. Give provider enrollment changes to [Wendy Bowman](#) at 360-236-3514.

### Vaccine storage and handling plans and procedures

Each provider who gets state-supplied vaccine must have written plans for vaccine ordering, storage, handling, and accountability. We have [templates online](#) that providers can use to meet this requirement.

### Online provider vaccine ordering

As of August 1, 2011, 19 LHJs completed the rollout of online vaccine ordering; over 400 providers place their own vaccine orders in the Child Profile Immunization Registry.

Over the summer, 12 LHJs completed their rollout of online vaccine ordering. The four remaining LHJs are still preparing for the rollout. Each LHJ is working to create a rollout strategy that works for their jurisdiction and is a good fit for their providers. We're well on our way to make online vaccine ordering the standard. This work paves the way for using the Immunization Registry for other vaccine management activities.

It's exciting that almost 40 percent of our providers

order vaccine online. We expect that number could reach 50 percent by the end of September or early October 2011. Thank you for your hard work!

### Vaccine ordering guides

We have new quick reference guides for providers and local health staff who order vaccine online. The guides show how to create, submit, approve, and receive state-supplied vaccine orders in the Immunization Registry. The guides are on the [Vaccine Ordering](#) page and on the [Child Profile Training](#) page.

### Provider vaccine choice

The Office of Immunization and Child Profile worked closely with the Washington Vaccine Association on a vaccine choice process for the state's Childhood Vaccine Program. In the past, we've picked the brand of vaccine used. Vaccine choice means the providers participating in the program choose the vaccine brand they want to use. Medical associations helped us get the word out. We held conference calls with local health and vaccine manufacturers and posted information online. Ninety-three percent of providers responded, resulting in over 100 different order form options. We set up providers' custom order form in their account in the Immunization Registry and updated the CDC vaccine ordering system. We also worked with the state Medicaid Office to ensure its billing system aligned with the new vaccine selection process. The new process started on July 1, 2011.

## 2012 Provider Agreements

The way we process the annual provider agreement is changing in 2012. Our goal is to have as many health care providers as possible complete the Provider Agreement online using the Child Profile Immunization Registry, our state's Immunization Information System (IIS).

### How does it work today?

Currently, providers renew Provider Agreements each year on a staggered schedule between January and October. We pre-populate the forms with most of the providers' information and include a list of active providers in the clinic. We put the provider agreement packets together and mail them to each local health jurisdiction (LHJ).

Then LHJs give out the

agreements to providers who review them, update information, and get the forms signed by the person with prescribing authority responsible for decision making at the clinic. The signed forms are due back to us within 30 days. When we get the signed renewal forms, we update the vaccine ordering systems, which completes re-enrollment.

### How will online enrollment work?

Providers will still renew agreements each year on a staggered schedule between January and October. The system will pre-populate the online forms with information from the provider's existing agreement. When a provider logs into the system, they'll go to "Search Provider

Agreements." They'll review and update the information and print, sign, and fax only the signature pages for the provider agreement and frozen vaccine certification to us.

LHJs can review the agreements online and add comments. The IIS will automatically update as soon as the renewal is approved. This cuts printing and mailing costs. There's a section in the online agreement to collect the information on the yearly Provider Profile. That allows us to do away with printing and mailing costs and manual data entry.

### Where are we in the process?

We're working on final updates for the online forms and will share information about the

system at the September Epidemiology and Prevention of Vaccine-Preventable Diseases Course and schedule more training for October and November 2011.

We'd like a couple volunteer LHJs to pilot online enrollment later this year. If you're interested, contact [Karen Meranda](#) at 360-236-3553.

If you have questions about the current provider agreement renewal process, contact [Wendy Bowman](#) at 360-236-3514. If you have questions about the new online renewal process, contact [Karen Meranda](#) at 360-236-3553.

## Vaccine Ordering EOQ Update

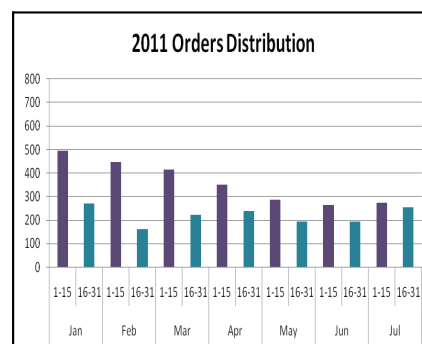
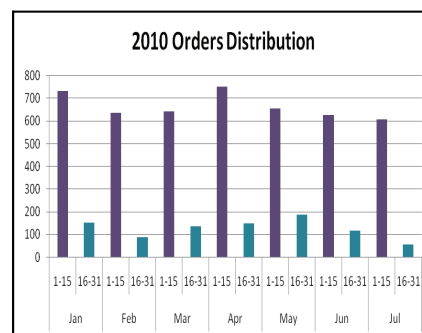
We've really raised our EOQ IQ! The changes in order frequency and order timing we implemented with Economic Order Quantity (EOQ) improved vaccine ordering workloads. We're placing fewer orders each month and our monthly ordering patterns are more level this year than last year.

From January through July 2010, we placed an average of 540 more orders the first half of the month than we placed the second half. For the same time period in 2011, the difference between the first and second half of each month averaged only 140 orders.

Having health care providers place their orders based on assigned frequencies (monthly, every other month, quarterly, and semi-annually) decreased the total number of orders each month. Ordering during assigned timing windows (first or second half of the month) more evenly balanced orders throughout the month.

This really helps us and the national distributor, McKesson, better manage vaccine ordering by creating a more consistent workload throughout each month and throughout the year.

Our statewide goal is to keep single antigen orders



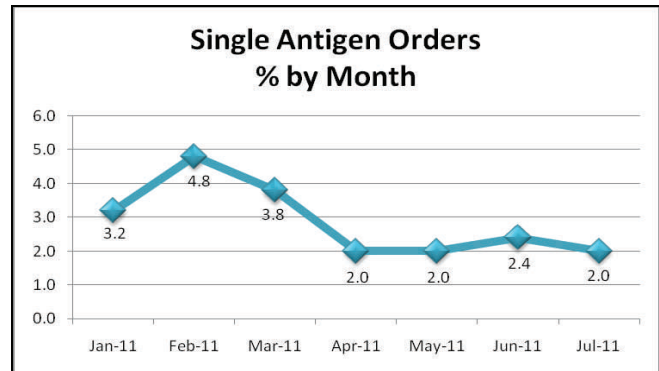
## Vaccine Ordering EOQ Update, Continued from Page 12

below 3 percent. We're very happy to report that the great success in reducing single antigen orders in 2010 has continued in 2011.

The change in MMRV availability earlier this year caused a temporary increase in single antigen orders, but was expected. Even with this hiccup, single antigen orders account for only 2.9 percent of the more than 4200

orders placed between January and July 2011. To see the results by local health jurisdiction, visit our [EOQ](#) page.

Thank you to local health staff who faithfully monitors and promotes vaccine ordering best practices. Your efforts clearly make a difference! If you have questions about EOQ, contact [Karen Meranda](#) at 360-236-3553.



### VFC Idea Corner

The tips for this issue come from health care provider offices. These provider practices help staff do a better job managing vaccines and also save time for the person doing the Vaccines for Children (VFC) compliance site visit.

**Tip:**

From a high volume children's practice in Yakima County.

The person who processes new vaccine shipments arranges the vaccine boxes so that all the expiration dates face the front of the storage unit. She also applies the VFC sticker right next to the date. This helps with inventory and ordering.

**Tip:**

From a large provider in Snohomish County.

This provider posts the certification for each calibrated thermometer on the storage unit where that thermometer is located. Magnetic picture frames hold the papers neatly in place.

**Tip:**

From a large volume practice in King County.

This practice groups unopened boxes of vaccine together by product name and expiration date using rubber bands. They label each group with the common expiration date. The practice staff also

makes sure the side of the box with the lot number and expiration date is on the outside so they can be double-checked easily. This helps staff properly rotate vaccine stock and complete daily inventory.

**Tip:**

From several provider offices.

These offices get the new written Storage and Handling Policy templates from their local health jurisdiction contacts. They use the templates when updating policies for upcoming site visits. The templates are easy to use. Reviewers also say the templates are much easier for them to review! These documents are on our [VFC Provider Compliance Site Visit](#) page.

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](mailto:katherine.harris-wollburg@doh.wa.gov).

### Kudos

**Lisa M. Gil, Tri-Cities Community Health in Pasco writes:**

I work close with all the staff at [the] help desk daily. I would like to share my appreciation for the hard work that your staff does on any given day. I can call and they have all my answers. I especially want to thank Jody (Warren) for her hard work with understanding vaccines. I would like to thank Margo Harris for special times of understanding and training with CoCASA. She is a most understanding individual and very patient. CoCASA is not easy to understand. The other staffs who answer the phones are also very great in phone conversations. I have never met any of the people who help us in our time of stress through the help desk. I could never do my job without all of your staff.

**Anna B. Cruz, parent, writes:**

My daughter Maia just graduated from [the] Child Profile Program and we were very thankful with the information, resources, and ideas we incorporated into our lives in pursue [sic] of a healthier happier baby. And she is!! Thank you for this final letter. Time goes by and your program is so helpful to many parents.

## Working Together—Highlights from the Office Director, Continued from Page 1

### Profile Health Promotion System.

This is a big change and we'll work with our partners and stakeholders over time to ensure the transition happens as smoothly as possible.

### National Immunization Survey data

Immunization rates from the 2010 National Immunization Surveys for teens and children were released in August and September. We were pleasantly surprised by an increase in rates for both age groups.

Our teen rates continue to be above the national average. We saw significant increases in HPV and Tdap vaccines. In fact, our state has one of the highest HPV

vaccination rates in the nation.

We made great improvements in our rates for Hib and rotavirus vaccines.

We also improved our rate for the 19-dose vaccination series that includes the full Hib series. Coverage estimates for Hib and the vaccine series that includes it are based on a more accurate measure of Hib coverage. It now considers the vaccine product type and the number of recommended doses. This will become the standard series of measure for childhood immunization rates.

Even though we saw increases, we know there's more work to do. Many teens get the first dose of

HPV vaccine, but few complete the three-dose series. All three doses are needed for full protection.

Teens who aren't up-to-date on their Tdap vaccination can spread whooping cough to babies and young kids who are too young or who can't be fully immunized because of a health condition.

We also know vaccine hesitancy is still a concern in our state. In recent years, parental concerns about vaccine safety have grown. This results in delayed or skipped immunizations. The fewer kids who are immunized means more people are at risk of getting dangerous diseases.

Many parents have never seen someone with

measles, mumps, or polio, and don't understand how very serious these diseases can be.

That said I believe our increased rates reflect how seriously parents are taking preventable diseases. It also shows that our work with providers to educate parents about the importance of vaccination is working. We just need to keep working hard so that all kids are protected.

For more detail on the 2010 survey results, see the "Teen and Childhood Immunization Data Show Improvements" article in this newsletter.

