

Immunization Program CHILD Profile Update

Washington State Department of Health Immunization Program CHILD Profile

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Spring 2008

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Working Together—Immunization Highlights from the Program Manager



By Janna Bardi, Program Manager

Congratulations! Washington's immunization coverage rate for toddlers has improved 15 percent from 2003 through 2006, and we received an award

for most improved state. The award was presented on March 17, 2008 at the National Immunization Conference in Atlanta and is specific to the 4:3:1:3:3:1¹ rate improvement from 56.2 percent in 2003 to 71.2 percent in 2006.

Public Health—Seattle & King County was also recognized with an award for most improved urban area for its 10 percent increase in immunization coverage for the same time period. This award belongs to all of you

and is recognition of the challenging and diligent work you do every day. It represents efforts and activities occurring throughout the state to improve our protection of children and communities from vaccine-preventable diseases.

I hope that it serves as confirmation that we are headed in the right direction and also provides encouragement to keep going to reach our goal of 80 percent coverage for the vaccination series.

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National Infant Immunization Week—April 19–26, 2008

National Infant Immunization Week (NIIW) annually highlights the importance of protecting infants from vaccine-preventable diseases and celebrates the achievements of immunization programs and their partners in promoting healthy communities. This year NIIW will be held April 19–26, 2008.

Washington State has been chosen as one of four sites to host CDC during NIIW. Rear Admiral Anne Schuchat, MD, Director of the National Center for Immunization and Respiratory Diseases, will be participating in NIIW activities in Spokane and Seattle between April 21–23, 2008.

Dr. Schuchat, along with Mary Selecky, Secretary of Health, and Dr. Maxine Hayes, State

Health Officer, will be in Spokane on Monday, April 21 for a provider education session at Sacred Heart Children's Hospital and presentations at the Immunization Coalition of the Inland Northwest meeting.

On April 22–23, the three will head to Seattle for a provider education session at Swedish Hospital followed by presentations at the Immunization Action Coalition of Washington meeting.

The draft agenda is available, along with more information, on the Immunization Program CHILD Profile Web site at www.doh.wa.gov/cfh/immunize/news/niiw.htm.

Local communities can build on the statewide attention to NIIW by planning local events or getting an immunization article

in local publications. Communication tools will be created for this use, such as news releases, talking points/key messages, newsletter articles, and public service announcements.

Several NIIW campaign materials can be downloaded from CDC's Web site at www.cdc.gov/vaccines/events/niiw/2008/materials.htm.

If your community is interested in participating in NIIW events or would like to host events of its own, please contact Michele Roberts at 360-236-3720 or michele.roberts@doh.wa.gov. Or, go to CDC's NIIW Web site at www.cdc.gov/vaccines/events/niiw/default.htm for more information.

Hib Vaccine Shortage and Interim Recommendations

On December 19, 2007, in response to the national Hib vaccine shortage, CDC issued interim recommendations to defer the 12–15 month booster (4th dose) of Hib vaccine for all children not at increased risk for Hib disease.

CDC also determined it would use a month-to-month allocation process to manage Hib vaccine supply during the

shortage. Initially there were some challenges with the distribution of the vaccine. Currently, the Hib inventory at McKesson has been established and is going smoothly.

At this time, Hib orders appear to be shipping in the full amount ordered, with few, if any, split shipments. In some cases, Hib vaccine is being shipped separate from

other vaccines. Please monitor provider inventories closely. If your county will not use its full allocation of Hib vaccine, it could possibly be reallocated.

Providers should continue to vaccinate children who are at high risk for Hib disease (including Alaska Native and American Indians) with the full 4-dose series. Please work with clinics serving high-risk

populations to ensure they order and administer Hib vaccine accordingly.

Thank you for monitoring provider orders against the allocation tracking tool. It is helping us stay within the state allocation, and makes managing the shortage easier. If you have questions, please contact Jan Hicks-Thomson at 360-236-3578 or jan.hicks-thomson@doh.wa.gov.



CHILD Profile Health Promotion

New Inserts in CHILD Profile Mailings

In January 2008, a brochure developed by the Washington Dental Service Foundation on the importance of early dental care was added to the 9-month mailing.

Also in January, a new insert developed by the Department of Health Lead Prevention program was added to the 1-year mailing. It encourages parents to reduce children's exposure to lead and discusses lead testing.

In April 2008, an insert developed in conjunction with Common Sense Media will be added to the 3.5-year mailing about the impact of media on children's health and development and how to select age-appropriate media.

CHILD Profile Immunization Registry Highlights

At the end of 2007 there were 5.3 million individual records in the CHILD Profile Immunization Registry that contained a total of 37,111,411 immunizations!

- Fifty percent of children aged 19–35 months have 19 or more immunizations in their records.
- Ninety-nine percent of all public providers and 73 percent of private providers were enrolled in the Immunization Registry.

With an estimated population of 6.5 million residents in Washington State, the Immunization Registry is already well on its way to becoming a lifespan registry.

The goal for 2008 is to reach 80 percent private provider participation and a combined public-private provider total of 85 percent. Reaching this goal will bring us close to the CDC 2010 objective to have 95 percent of children under age 6 in a fully-functioning immunization registry.

Don't forget

If you want to know which providers, schools districts, or Head Start/ECEAP programs have enrolled to participate in the Immunization Registry, go to www.childprofile.org and click on For Providers and then List of Participating Providers in the left-hand column.

Click on the County heading to see a drop-down list of participating providers by county.

Please remember

The Health Promotion component of CHILD Profile relies on correct addresses in order to mail materials to the right families.

Please do not enter other messages in the system, such as, "bad address" or "unknown," in the address field. If you do not have a correct address, please leave the field blank. Completing the telephone number will allow you to make other edits on the page if necessary.

If you have questions or need more information, contact the CHILD Profile Help Desk at 1-800-325-5599.

CHILD Profile Materials Available for Order

A number of CHILD Profile health promotion materials are available free-of-charge. Order the following from the Department of Printing

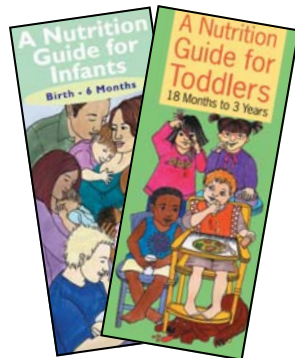
Fulfillment Center:

- Development charts. The charts cover the five domains of development (physical health, social and emotional, motor skills, learning, and language), over three age ranges (birth–18 months, 18 months–3 years, 3–5 years). Limit 100 English, 25 Spanish.



- Nutrition brochures. The brochures cover two age ranges (birth–6 months and 18 months–3 years).

Limit 100 English, 25 Spanish.



- Immunization Guide brochure. The brochure is available in four languages—English, Russian, Spanish, and Vietnamese. Electronic copies can be downloaded at www.childprofile.org/Providers/faqs.html#order.
- Immunization Record Card and Health Record kit. The kit includes the Lifetime Immunization Record Card, the CHILD Profile Childhood Health Record, a dual plastic sleeve, and the CHILD

Profile Introductory brochure.

- CHILD Profile bookmark. The recently revised bookmark informs parents of the CHILD Profile mailings, how to begin receiving them, and how to receive them in the preferred language (English or Spanish).
- CHILD Profile Outreach poster. The new 11x17 poster contains the same information as the bookmark.



- CHILD Profile Introductory brochure. The brochure describes the mailings and the

CHILD Profile Immunization Registry.



Materials can be ordered online at <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>. Instructions for ordering materials are available at www.doh.wa.gov/cfh/immunize/vaccine/ordering-materials.htm.

CHILD Profile Mailing Highlights

As of January 31, 2008:

- 420,208 parents of children aged birth to 6 received CHILD Profile health and safety mailings.
- 1,331,188 mailings were sent in 2007.
- 22,573 parents were receiving the mailings in Spanish, or 5.4 percent of the total children receiving mailings.

Telephone Survey Conducted with Low-Income Parents

In the fall of 2007, the Department of Health contracted with Gilmore Research Group to conduct a telephone survey of low-income parents who receive CHILD Profile mailings. Low-income families were identified as those with incomes up to 250 percent of the federal poverty level.

The intent of the survey was to gather:

- Comparable information to what is collected in the mailed parent survey.

- Information about a potential name change for CHILD Profile.
- Additional information to use in revising materials.

The survey included questions about the usefulness of CHILD Profile mailings, perceptions of public health in general, the respondent's perception of the name CHILD Profile, and what would encourage greater readership.

There were a total of 610

respondents, with 20 percent of surveys completed in Spanish. The responses were evenly distributed across parents of children between ages birth and 6.

Results of the survey are being analyzed and will be shared with stakeholders later this year. Results, stratified by income, education, and geographic region, will also be used to inform the next large-scale mailed parent survey, planned for fall 2008.

CHILD Profile Health Promotion Outreach Campaign Update

CHILD Profile Health Promotion mailings are mailed to over 80 percent of Washington parents and guardians of children between ages birth and 6. The goal is to mail to 90 percent of these parents.

The percent of the target audience receiving CHILD Profile mailings by county has been analyzed, and this information is being shared with partners to develop outreach strategies and activities to increase the percentage of parents getting these mailings.

The following are highlights of outreach activities currently underway.

Clark County

A subcommittee of the Clark County Immunization Coalition is developing outreach activities to promote the use of the CHILD Profile Immunization Registry and increase the number of parents who receive the materials.

The subcommittee is visiting provider clinics and meeting with agencies to develop strategies that promote the use of the materials and

ensure parents are receiving them. See Spotlight on Local Health on page 7 for more information.

Spokane County

Several presentations on the outreach campaign have been given in Spokane County by Kristina Crane, Immunization Action Coalition of the Inland Northwest Chair. The presentations are increasing participation in outreach activities, providing CHILD Profile materials for distribution, and enrolling parents to receive the mailings.

As a result of provider visits, 24 clinics will begin distributing CHILD Profile health promotion materials and ensuring parents receive the mailings.

Yakima, Pierce, and King Counties

Organizations that provide resources and services to migrant families, farm workers, and Spanish-speaking families, including the Washington State Migrant Council, the Yakima Valley Farm Workers Clinic, and Sea Mar Community Health Centers, are being worked with.

Meetings with Latino families at the Mexican Consulate to emphasize the importance of childhood immunization and the benefits of participating in CHILD Profile are also taking place.

Secondary/influencing audiences

Efforts are being led to get CHILD Profile materials to foster parents and caregivers statewide. In partnership with the Children's Administration, a train-the-trainer session was held in February 2008 by Tree House, a non-profit organization in Seattle. The training targeted foster parents and caregivers of children aged birth to 5 years. The trainers were given packets of all CHILD Profile materials as well as development charts. The trainings continue throughout the state until April.

English and Spanish PSAs

English and Spanish PSAs were developed to increase parent understanding of CHILD Profile mailings and let parents know how to sign up for the mailings in either English or Spanish.

The English PSA ran January

12–February 10, 2008 on radio stations in Clark, Spokane, Benton, and Franklin Counties.

This campaign targeted border counties and attempted to reach families whose children were born out-of-state but reside in Washington. The Spanish PSA ran February 1–18, 2008 on radio stations in the Yakima and Tri Cities areas.

Please visit www.childprofile.org/cp_countymailing.pdf to see details on the reach of mailings by county, along with information about potential outreach strategies to increase the reach to both English- and Spanish-speaking parents.

Detailed information is being shared with community partners to gather suggestions for additional outreach activities. If you have any suggestions or if you are interested in partnering on outreach activities, please contact Pamela Walker at 360-236-3556 or pamela.walker@doh.wa.gov.



Ask the Nurses

The Immunization Program CHILD Profile public health nurse consultants are Shana Johnny, RN, MN; Debbie Carlson, RN, MSN; and Ruth McDougall, RN, BSN (left to right above). If you would like to submit a question please contact Debbie Carlson at debbie.carlson@doh.wa.gov. Questions chosen will be answered in the following newsletter.

Q A pregnant mom has hepatitis B (HBV). Should this case be reported as acute or chronic HBV?

A Acute cases of HBV are reported to the Department of Health (DOH) Communicable Disease Epidemiology (CD-EPI). Unless there is a discreet onset of symptoms and lab test results consistent with acute HBV, she likely has chronic HBV, which is reported to the DOH Office

of Infectious Disease & Reproductive Health.

Any pregnancy in an HBV surface antigen-positive woman is reported to her local Perinatal Hepatitis B Prevention Program (PHBPP) for case management follow-up. PHBPP coordinators report such pregnancies to the Immunization Program CHILD Profile (IPCP).

If an infant born to a positive HBV mother post-tests positive after the appropriate immunization series has been completed, the child is reported to both IPCP and CD-EPI as a perinatal hepatitis B case. The reporting matrix is outlined at http://static.doh.wa.gov/Publicat/EpiTrends/07_epitrends/hepbprt-0704.pdf

Q What blood test should be used to screen a pregnant woman for perinatal HBV

infection?

A Screening is done with the hepatitis B surface antigen (HBsAg) test only. This test will show whether a woman has current HBV infection that can be transmitted to her infant, and should be done early in each pregnancy. Women who are found to be HBsAg-positive should be referred for counseling and medical evaluation and management. If there is reason to suspect recently-acquired infection, IgM class anti-HBc could be done to tell apart recently acquired from chronic infection. IgM anti-HBc will be positive if the infection was recently acquired.

Q A provider's office is ordering the wrong hepatitis B lab tests for post-testing infants born to HBsAg-positive mothers.

A HBsAg testing will identify infants who are infected and need medical follow-up. Testing for anti-HBs will identify infants who are HBsAg-negative. A copy of a correctly completed lab requisition and a letter to the provider may aid in communication with the office.

Q What is the ideal time for post serologic testing after an infant receives the third hepatitis B dose and immunoprophylaxis given at birth to an infant born to an HBsAg-positive mother?

A Anti-HBs and HBsAg is the test performed after completion of the vaccine series, at age 9–18 months. Testing prior to age 9 months may result in false test results from immunoprophylaxis.

Varicella ACIP Recommendations

The following is information on ACIP recommendations for the varicella vaccine:

- The first dose of the vaccine should be given on or after the child's first birthday.
- The second dose should be given at age 4–6 years. The recommended interval between 2 doses of the vaccine is 3 months for children up to the 13th birthday, and 28 days for persons aged 13 and older. Two doses

separated by 28 days is considered valid for all ages.

- Immunization is recommended for all persons who do not have a reliable history of varicella disease.

ACIP recommends not accepting parental documentation of varicella disease history. Because chickenpox is becoming less common, it is easy for the disease to be misdiagnosed. If children are misdiagnosed, they are more vulnerable to

getting the disease during an outbreak. Provider diagnosis or verification of the disease means that a CHILD Profile-generated Certificate of Immunization Status or a signed note from a health care provider must be provided for school and child care requirements.

Washington requirements
As of July 1, 2008:

- Children aged 16 months up to kindergarten entry who are in child care or preschool should receive 1 dose of the varicella

vaccine. Proof of disease history must be verified by a health care provider.

- Children attending kindergarten should receive 2 doses of the vaccine. Proof of disease history must be verified by a health care provider.
- Children in Grades 1, 2, and 6 should receive 1 dose of the vaccine. Proof of disease history must be verified by a parent or health care provider.



Resources

Immunization Materials Update

Free immunization materials are available from the Department of Health Immunization Program CHILD Profile (ICP). A number of materials have recently been revised and re-printed. Visit the Forms and Publications page on the ICP Web site at www.doh.wa.gov/cfh/immunize/forms/default.htm to view and order materials.

| Material | Format | Language(s) |
|---|------------------|------------------------------|
| 2007–08 Adult Immunization Schedule (11x14) | Online and print | English and Spanish |
| COMING SOON! 2008 Recommended Childhood Immunization Schedule (Ages 0–6) | Online and print | English |
| COMING SOON! 2008 Recommended Adolescent Immunization Schedule (Ages 7–18) | Online and print | English |
| Check Your Vials poster (8.5x11) | Online and print | English |
| CHILD Profile Bookmark | Online and print | English and Spanish combined |
| NEW! CHILD Profile Outreach Poster (11x17) | Online and print | English and Spanish combined |
| NEW! Tdap Fact Sheet for Parents | Online and print | English |
| NEW! Tdap Poster to Reach Parents for Clinic Offices | Online and print | English |

Lower Order Limit for CIS Form

The Certificate of Immunization Status (CIS) is being printed in limited supply and only 200 forms are allowed per order. There are other ways to get this form:

- Schools can download the form for any student directly from the CHILD Profile Immunization Registry. The CIS will print with the student's immunization history already filled in. Any school can have access to the registry by signing an Information Sharing Agreement. To find out if your school district has signed an agreement, go to www.childprofile.org and click on For

Providers and then List of Participating Providers in the left-hand column.

- Blank CIS forms can be downloaded at www.doh.wa.gov/cfh/immunize/forms/default.htm.

Downloaded copies or photocopies of the form are acceptable. The form is no longer printed in green and white.

To reduce costs, districts should order CIS forms for all their schools, if possible. If you need more than the limit of 200 forms and do not have access to the above options, please call Lonnie Malone at 360-236-3529.

New Vaccine Information Statements

A new, interim meningococcal Vaccine Information Statement (VIS) is available at www.cdc.gov/vaccines/pubs/vis/default.htm#mening. The form includes ACIP recommendations for use of MCV4 vaccine among children aged 2–10 years, for whom the vaccine was recently licensed. The form is available to order from the Department of Printing Fulfillment Center at <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>.

A new multi-vaccine VIS is available at www.cdc.gov/vaccines/pubs/vis/default.htm#multi. It covers routine birth–6 month vaccines (not influenza), and

may be used whenever any combination of DTaP, Hib, IPV, hepatitis B, PCV, and rotavirus are administered during the same visit. It is an optional alternative to the individual VISs, which may still be used. The form is being printed and should be available for ordering by the end of March.

CDC has also developed a Multi-Vaccine FAQ Web page specifically for this new form, which can be found at www.cdc.gov/vaccines/pubs/vis/multi-vis-faqs.htm.

If you have any questions about these materials, please contact Lonnie Malone at 360-236-3529 or lonnie.malone@doh.wa.gov.

Vaccines Required Charts No Longer Available in Hard Copy

The Vaccines Required charts for child care/preschool and school attendance will no longer be available in hard copy. To access the forms, please download them from the Immunization Program CHILD Profile Web site at www.doh.wa.gov/cfh/immunize/schools/vaccine.htm. If you have any questions, please contact Sonja Dordal at 360-236-3812 or sonja.dordal@doh.wa.gov.

Part D Vaccine Reimbursement

The Center for Medicare and Medicaid Services developed a bulletin on reimbursement for Medicare Part D vaccine and administration. It is available online at www.cms.hhs.gov/MLN MattersArticles/downloads/SE0727.pdf.

View the archived Zoster/CDC Netconference and Zoster Vaccine and Adolescent Vaccination Recommendations at www.cdc.gov/vaccines/ed/ciinc/2008Jan.htm.

Epi & Prevention of VPDs Broadcasts

The satellite broadcast series, Epidemiology and Prevention of Vaccine-Preventable Diseases, has been presented annually since 1995. Starting in 2008, due to escalating costs and limited availability of the CDC broadcast facility, the series will no longer be presented as a live broadcast.

It will still be available from CDC on DVD and the Internet. The 2008 series should be available in late spring.

Immunization Program CHILD Profile Staff Changes

New to IPCP

Debbie Carlson, Clinical and Quality Assurance Unit Manager. Debbie comes from the Quinault Indian Nation, Roger Saux Health Center where she was the Clinical Services Manager. Her background is in education and nursing. Debbie's work history also includes service as an active duty, commissioned officer for the US Public Health Services. Welcome, Debbie!

Birth Dose of Hepatitis B Vaccine is Critical

By Shana Johnny

Increasing administration of the hepatitis B vaccine birth dose is a critical goal for Washington State. In August 2007, Public Health—Seattle & King County published an article about a missed opportunity to prevent perinatal hepatitis B infection.

The case is a real-life scenario from which to learn and change practices so more babies are protected. Using the case in collaboration with the state's hospital survey findings and national recommendations, statewide administration of the birth dose will hopefully increase.

Missed opportunity

Investigation of the case revealed that the infant's mother was known to be chronically infected with hepatitis B during her pregnancy and test results were not communicated to hospital staff. The infant was born 6 weeks prematurely to a mother who received little

to no prenatal care and did not receive HBIG or the hepatitis B birth dose. The child missed timely prophylaxis and tested positive for hepatitis B.

An in-depth review revealed that the hospital lacked a policy assuring that written and/or standing orders are carried out for infants who are admitted to the Neonatal Intensive Care Unit. These errors put unvaccinated infants at risk of getting hepatitis B.

Washington babies at risk

Without proper prophylaxis and follow-up, 321 babies in Washington State are at risk of becoming infected every year. Local health jurisdiction (LHJ) Perinatal Hepatitis B Coordinators have worked to identify all pregnant hepatitis B surface antigen (HBsAg) positive women. Additional efforts must be made to ensure follow-up services are provided to infants and household contacts. Hospitals must have policies and

procedures in place for the prevention of perinatal hepatitis B.

Hospital survey

In 2006–07 the Immunization Program CHILD Profile and the Maternal and Child Health Assessment section completed a survey assessing hospital perinatal hepatitis B prevention practices. The data revealed higher than estimated expected births to HBsAg-positive mothers.

Based on national estimates, Washington expects between 471–635 births to HBsAg-positive mothers per year. The Washington study revealed 742 births. Washington continues to identify 68 percent of all babies born to HBsAg-positive women each year. It is critical that the additional 32 percent are identified.

Recommendations

The ACIP recommends:

- Implementing hospital policies, procedures, and standing orders for

HBsAg testing and repeat testing of unknown and high risk mothers.

- Initiating prophylaxis and the hepatitis B birth dose to infants born to HBsAg-positive or unknown mothers.
- Reinforcing maternal HBsAg lab documentation in infants' charts.
- Implementing a reporting procedure for HBsAg-positive mothers and referring the infected mother to a specialist.
- Enrolling providers in the Vaccines for Children program to secure hepatitis B vaccine.

LHJ staff will be contacting hospitals to share the survey results and discuss the recommendations. By taking a proactive approach, more babies and families can be helped by increasing the administration of the hepatitis B birth dose vaccination and preventing perinatal hepatitis B.



Spotlight on Local Health

Clark County Immunization Coalition Outreach Activities

The Clark County Immunization Coalition is a community-represented group of collaborative partners, including Clark County Public Health, Columbia United Providers (a managed care health plan), health care providers, public schools, and pharmaceutical representatives.

The goals of the coalition are to increase participation in immunization programs, increase use of new and under-utilized vaccines, and promote the use of the CHILD Profile Immunization Registry. The overall objective is to increase childhood immunization rates.

The coalition is developing outreach strategies to

increase the percentage of Clark County parents who receive CHILD Profile Health Promotion mailings. At 74 percent of parents receiving mailings, Clark County is significantly lower than the state average (83%) and the CHILD Profile goal (90%), which may be due to the many Clark County children born in Oregon and receiving medical care in that state. These records may not be in the CHILD Profile System.

Outreach strategies to increase the rates include:

- Working with local agencies to target the Russian population as they enter the county.
- Presenting information to clinics and providers throughout the county.

- Presenting to the Nurse Family Partnership, Maternal Support, and Parent Child Health groups to help sign up parents who are not receiving CHILD Profile materials.
- Collaborating with WIC offices.

Additional goals include outreach to:

- Licensed child care providers.
- Head Start and Early Head Start.
- Public schools.
- Hospitals.
- Local social service agencies.

The next scheduled coalition meeting is April 15, 2008. A

broad representation of the community is needed at the meetings and all input is valuable.

If you have questions or would like to become a member, contact the following members: Dawn Straughan, Clark County Public Health Vaccine Distribution Program, at 360-397-8043 or dawn.straughan@clark.wa.gov; David Killaby, Columbia United Providers QI Project Coordinator, at 360-449-8936 or dkillaby@cuphealth.com; and Robin VanLiew, Clark County Public Health Immunization Coordinator, at 360-397-8403 or robin.vanliew@clark.wa.gov.

Whatcom County Health Department Awards VFC Coordinators

By Alice Simmons,
Whatcom County Health
Department

In September 2007, the Whatcom County Health Department, the Department of Health, and sanofi pasteur hosted an awards dinner honoring Vaccines for Children (VFC) coordinators. Four awards were presented by Pete Kremen, County Executive.

"Recognition of Excellent Outcomes" was awarded to

Madrona Medical Group who increased its immunization rate for children aged 19–35 months to 84 percent. Madrona also offered flu clinics during a vaccine shortage and heroically saved most of their vaccine during the 2007 storm.

"Program Accuracy" was awarded to SeaMar Clinic, Everson. SeaMar provides immunizations to children within a mobile migrant population. Its vaccine reports

are consistently accurate and on time. Staff work hard to meet and exceed all VFC program requirements.

"Immunization Effort" was awarded to Lummi Tribal Health Center. Lummi was the first clinic in Whatcom County to enroll, utilize, and enter all its historical data into the CHILD Profile Immunization Registry. Staff consistently participate in continuing education and readily incorporate the ever-

changing immunization guidelines into their practice.

"Initiative and Creativity" was awarded to Lynden Family Medicine for implementing creative staffing. The clinic allows staff time for off-site programs and consistently distributes vaccine-related information to staff. The vaccine coordinator assures patient immunizations are up-to-date and works with families to ensure that immunization is a top priority.

We need your articles! To spotlight your local immunization work in the next *Immunization Program CHILD Profile Update* newsletter, contact Lonnie Malone at 360-236-3529 or lonnie.malone@doh.wa.gov.

Feel free to reprint articles from this publication in newsletters or for provider outreach.



AFIX

AFIX: Providing Feedback to Improve Best Immunization Practices

By Gary Gant

AFIX is a quality improvement strategy to raise immunization coverage levels and improve standards of practices at the provider level. AFIX stands for:

- **A**ssessment of immunization coverage of public and private providers (CoCASA).
- **F**eedback of diagnostic information to improve service delivery.
- **I**ncentives to recognize and reward improved performance.
- **eX**change of information among providers.

In 2008, local health jurisdictions (LHJs) will be asked to intensify their collaboration with their VFC-enrolled providers, and to develop and document goals and strategies to increase immunization coverage rates at the practice level.

These goals and strategies should be submitted to the Department of Health using the AFIX Feedback Form after every AFIX/VFC site visit.

The AFIX Feedback Form should be used to:

- Identify areas of strength related to immunization service delivery at the practice level. Examples include an excellent reminder/recall system, checking whether patients are up-to-date at every appointment, or ensuring that patients' immunization history is entered into the CHILD Profile Immunization Registry after every visit.
- List at least two opportunities for improvement related to immunization service delivery at the practice level. Examples include implementing a reminder/recall system, checking patient charts at every visit for an immunization opportunity, purging charts of patients that have moved away, or expanding office hours during back-to-school or influenza season.
- Discuss the CoCASA assessment reports that were used in the feedback session. You can note the percentage of patients that are up-to-date, highlight missed opportunities, and discuss single antigen coverage. Start with discussing the reports that you are comfortable and familiar with, and develop your skills from there.
- Discuss results and develop a continuous quality improvement plan with key decision-makers who are able to affect

positive change in the providers' immunization coverage rates.

- Develop a quality improvement plan and a follow-up date to assess and evaluate whether the plan was effective and/or needs adjustment.
- Document the resources and incentives left with the provider. Examples include a copy of the Pink Book, reminder/recall cards, or brochures and flyers.
- Provide feedback to your provider in a timely manner after your site visit in order to create the change that you are both seeking, which is increasing immunization coverage rates and improving service delivery at the practice level.

AFIX Award for Excellence in Immunization Service Delivery

The Immunization Program CHILD Profile Quality Assurance team will reward and recognize exemplary health clinics and providers throughout the state with an Award for Excellence in Immunization Service Delivery for 2007 activities.

The following is criteria for the award:

- Providers who participate in state-supplied vaccine.
- Local health jurisdiction (LHJ) participation is voluntary.
- Criteria for the award selected by the LHJ must be fair and unbiased so that a majority of providers in a jurisdiction are eligible to compete.
- There must be a minimum of two providers in a health jurisdiction in order for an LHJ to participate.
- Each participating LHJ must have monitored eligible health facilities and providers during 2007 and must submit names of the award winner(s) no later than April 30, 2008.
- Each LHJ will be required to submit a narrative or quantitative data to justify their choice.

If your LHJ is interested in participating, please contact Gary Gant, Quality Assurance Coordinator, at 360-236-3579 or gary.gant@doh.wa.gov.



Vaccine Management

Monitoring Providers: Audit Requirements and Vaccine Values

The Department of Health (DOH) has been working on the issue of A133 audit requirements regarding third party distribution. An advanced copy of the draft OMB Circular includes how providers should be monitored if they receive vaccines through the Washington State childhood vaccine program.

The main finding in the new draft language is that providers are considered vendors, not subrecipients, regarding the receipt of vaccines through the program. DOH is waiting for confirmation from CDC on the final language.

In the meantime, guidance regarding A133 audits for 2008 is as follows:

- Counties will not be expected to monitor

providers as if they were subrecipients.

- Counties will be audited to ensure they are monitoring providers as outlined in the compliance supplement.
- Determine if the LHJ has a written procedure for overseeing vaccine providers.
- Determine if the LHJ sampled the provider's inventory records to ensure proper recording of receipt, transfer, and usage of vaccine.
- Determine if the LHJ reviewed the provider's storage of vaccine for proper safeguarding.
- Determine if follow-up procedures were followed.

If you have questions, contact Jan Hicks-Thomson at jan.hicks-thomson@doh.wa.gov.

McKesson Adding Vaccine Distribution Center

McKesson Specialty has added a vaccine distribution center in Sacramento, California. The second distribution center will expand McKesson's capacity to distribute vaccines for the national childhood vaccine program.

The Sacramento site will primarily serve the western United States, including Washington State.

Since February 2008, all Washington provider orders have been shipped from the Sacramento facility. Challenges will be closely monitored and identified following the transition from the Memphis facility to the Sacramento facility.

The site change will not result in any changes to state or local order processes.

Packing slips will have the McKesson Sacramento address rather than the Memphis address.

Vaccine shipping cartons will have return labels with the Sacramento address, and vaccine returns can be sent to McKesson Sacramento in the shipping cartons, with return postage paid by McKesson.

IIS Vaccine Ordering in Washington: It's Electrifying!

By Jan Hicks-Thomson

In November 5, 2007, Washington State processed its first provider vaccine order from beginning to end, using the CHILD Profile Immunization Registry Information System (IIS).

The order marked the

exciting roll-out of the vaccine ordering module to 2 local health jurisdictions (LHJs) placing orders on behalf of about 110 providers. Each step of the process, from provider order placement to state processing and submission to CDC and McKesson, was accomplished electronically.

Three more LHJs will be added by mid-March 2008, expanding electronic vaccine ordering to 260 providers. The goal is to roll out the module to the 30 remaining LHJs by December 2008. The IIS will then be the vaccine ordering portal for over 1200 Washington providers.

If all goes well, a limited

number of providers will be allowed to order vaccine using the module by the end of 2008. Providers using the full functionality of the IIS will then be able to accomplish inventory management, accountability reporting, and vaccine ordering through one online system.

Initiating roll-out was a

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significant milestone, representing many hours of work by Immunization Program and Registry staff, local health partners, and Scientific Technologies Corporation. Three key areas of achievement made it possible:

1. Addressing interface issues between the registry and VACMAN:

- VACMAN was altered to accept orders with a minimum order size based on product packaging, not bulk order minimums.
- Registry programming to create two separate order files for transmission: one for manufacturer direct ship vaccines and one for McKesson shipped

vaccines.

- Technical requirements in the IIS for provider demographics matched VACMAN requirements.

2. Creating a user-friendly interface that met minimum functionality criteria

- Alphabetical display of the vaccines in the state set to decrease data entry errors by LHJ staff and providers.
- Data entry screens formatted based on current forms, and follow current business flows for ordering.

3. Establishing the infrastructure to support the use of the IIS for vaccine management activities at the state, local, and provider

levels

- Developing user-friendly training materials and reference guides.
- Planning a roll-out strategy that included a training plan and options for state and local staff and providers.
- Defining roles and responsibilities for state staff for testing and training, daily use for accomplishing work, and customer service for end users.

As with most information system development processes, the module continues to be refined to meet customer and business needs. Two key pieces need to be in place prior to allowing direct provider access:

- Full integration of vaccine shipping data from McKesson and VACMAN to provider-level inventory management in the IIS.
- The ability to edit demographic information for providers in the registry and automatically update VACMAN.
- The ability to attach a funding source code to direct ship vaccines at the point of order.

The strong partnership, hard work, and leadership of the CHILD Profile Immunization Registry and Immunization Program CHILD Profile staff are leading this effort to fruition. We are excited about the launch and continued roll-out in 2008.

Working Together—Immunization Highlights from the Program Manager, Continued from Page 1



(l-r): Jan Hicks-Thomson, Michele Roberts, Lin Watson, Janna Bardi, Dr. Anne Schuchat

Many exciting things are going on in the state to assure children are age-appropriately immunized. On March 14 the state legislative session ended and additional funding was received to assure Washington's universal vaccine purchasing system continues. Also, the Legislature modified the scope of practice for Certified Health Care Assistants

(CHCAs) to allow them to administer all FDA-approved vaccines given by "injection, orally, or topically, including nasal administration." This change was in response to concerns that CHCAs could not administer rotavirus vaccine.

Many new activities to increase vaccine doses ordered and vaccine doses administered (per the CHILD Profile Immunization Registry) are beginning to occur in local public health agencies throughout the state. These efforts are due to new funding for local public health from the Legislature and performance measures determined by the Washington State Association of Local Public Health Officials. The number one performance measure is to

increase the use of new and underused vaccines.

The Immunization Program CHILD Profile staff continue to work on ways to make the business side of immunizations easier, so that you can spend more time assuring your community is vaccinated.

Some of those efforts include:

- Initiating vaccine ordering through the CHILD Profile Immunization Registry.
- Continuing to test health messages and get quality information to the public.
- Supporting schools, child care centers, and preschools in using the Immunization Registry to support parent report of required immunizations

for their child's attendance.

- Making nurses available on-call to answer your clinical questions.
- Assuring a system of clinic-level immunization practice assessment, feedback, and recognition of best practices in each community through awards for excellence in immunization service delivery.

Together, we will reach our goals!