

# Immunization & Child Profile Update

## in this issue

Adult & Adolescent **P.2**

AFIX **P.4**

Ask the Nurses **P.4**

Child Profile System **P.6**

Perinatal Hepatitis B **P.8**

Resources & Updates **P.10**

Spotlight on Local Health **P.11**

Vaccine Management **P.12**

Vaccines for Children **P.15**

Kudos **P.15**



## Working Together— Immunization Highlights from the Office Director

by Janna Bardi

As 2011 comes to a close, I'm happy to report another banner year. I'm sending a special "thank you!" to our Immunization and Child Profile staff. Time after time and year after year, our staff rises to the occasion to solve problems or find smarter ways to do our part of the Department of Health's business.

We work together to create an innovative learning environment. I'm regularly amazed at the thoughtful work with our customers, the creative ways to be more efficient and effective, and the commitment to partners

and the public.

### Highlights of a successful 2011

A few of the biggest accomplishments include:

- Our work with the Washington Vaccine Association to create a way for health care providers to choose the brands of vaccine they want to order. In the past, we chose the brands of vaccine through a process guided by the department's Contracts Office. Provider choice of

vaccine brand helps them manage vaccines, assure good immunization coverage rates for their clinic, and meet parent needs. For us, shifting from basically one set of vaccines to more than 100 different order sets based on provider preference, was a bit of an administrative challenge. We've done it and more efficiently manage this body of work.

- A change in our state's immunization exemption

*Continued on Page 15*

## New Video Encourages Yearly Flu Shot

Check out the [Department of Health's new flu prevention video!](#) It reminds people to get a flu shot every year to help protect against serious illness. The video features local families and Secretary of Health Mary Selecky. They talk about why they get a flu shot each year and encourage others to do the same.

Help us share the video. Encourage public health partners to:

- Post it to their agency (or personal) Facebook pages and Twitter accounts.
- Post it on their agency website.
- Use our latest [flu news release](#) to help draft news releases.

- Join the conversation about flu and other important health topics on the [department's Facebook page](#).

So far this season, flu activity is low. Now's the time to get vaccinated before flu begins to circulate. It takes about two weeks for the vaccine to be effective.

Yearly flu shots are recommended for everyone 6 months and older, and are especially important for certain high-risk groups like pregnant women, kids under 5, people 50 and older, and those with certain medical conditions (like asthma, heart disease,

### Join the Conversation!

The Department of Health regularly posts public health news, including immunization topics, on its Facebook and Twitter pages. Join the conversation and help us share our messages!



[Follow us on Facebook](#)



[Follow us on Twitter](#)

*Continued on Page 2*



## New Video Encourages Yearly Flu Shot, Continued from Page 1

diabetes, and neurologic conditions).

Kids under nine may need two doses for the best protection. Put a reminder

or recall system in place to make sure kids who need a second dose come back in to get it.

Get the facts on flu and flu

vaccine from the [department's Flu News website](#).

## Epidemiology & Prevention of Vaccine-Preventable Diseases Course

In late September the Office of Immunization and Child Profile hosted the Centers for Disease Control and Prevention (CDC) to hold a two-day immunization training course for health care providers.

We worked with the Immunization Action Coalition of Washington; the National Network of Immunization Nurses and Associates; and Pierce, King, Kitsap, and

Snohomish Counties to put on the course.

The course, Epidemiology and Prevention of Vaccine-Preventable Diseases, helped providers learn about immunizations and the diseases they prevent. CDC presented this course in the Pacific Northwest for the first time and to its largest group to date.

Over 400 public health staff and health care providers attended, showing an

interest and need for immunization training. Most attendees rated the overall course above average and excellent. Thanks to everyone who attended!

The course is available year round on [CDC's website](#). View the information presented to local health during our [half day Immunization Update](#) on September 26.



## Health Care Providers' Role in Increasing Flu Vaccination Rates

In our country, the number of pregnant women who get immunized against flu each year has increased. Before 2009, less than 15 percent of pregnant women got flu vaccine. In the past two flu

seasons, over half of pregnant women in the United States got a flu shot. The increase is due in part to the H1N1 pandemic flu national effort that took place during the 2009-2010

flu season. This is encouraging, but we still have a long way to go.

Though the number of vaccinated pregnant and postpartum women has increased, many still don't get the vaccine. In fact, many are unaware that they're not up-to-date on this and other important immunizations. This makes pregnant and postpartum women susceptible to flu and other diseases that can harm them or their unborn child.

Due to changes that occur during pregnancy, pregnant women are at a higher risk of getting the flu. Flu illness

*Continued on Page 3*

### Immunization & Child Profile Update

#### Winter 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)  
oicp@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).

## Health Care Providers' Role in Increasing Flu Vaccination Rates, Continued from Page 2

can cause serious problems to mother and unborn child, including early labor and delivery. Fortunately, the flu shot given during pregnancy protects both the mother and her baby from the flu. Pregnant women who get flu vaccine pass immunity to their babies in the form of flu antibodies, and this protection lasts for several months after birth.

Many pregnant and postpartum women worry about vaccine side effects. Some have never discussed flu vaccine with their health care provider. Providers need to be prepared to discuss vaccine safety and answer patient questions. The information below can help providers plan.

Results from our state's Pregnancy Risk Assessment Monitoring System (PRAMS) survey during the 2009-2010 flu season show that:

- Seventy-three percent of women normally don't get a flu shot.
- Forty-seven percent of women don't get a flu shot because they worry the vaccine might harm their child.
- Forty-six percent of women worry about the side effects of the flu vaccine.
- Twenty-three percent of women said their provider never mentioned anything about the vaccine during their pregnancy.
- Eighteen percent of women stated other reasons.

As a provider, you play an important role in the acceptance of flu vaccine. In our state, when providers offer or recommend flu vaccine to pregnant and postpartum women, they're three times more likely to get immunized than women who aren't offered the vaccine or have it

recommended to them.

Help us protect pregnant and postpartum women from the flu. Provide factual information on flu vaccine. This helps your patients make informed decisions. Even if you miss the opportunity to vaccinate a pregnant woman, all unvaccinated, postpartum women, without contraindications for flu vaccine, should be vaccinated to:

- Protect them since they're still at higher risk of severe flu after delivery.
- Reduce the risk of getting flu and infecting their baby who is too young to be vaccinated.
- Pass helpful maternal antibodies to the baby in their breast milk. Breastfeeding provides nutrition for babies and increases their ability to fight illness.

To make sure the health of your pregnant patients and their children gets the earliest attention needed:

- Educate them about immunizations during prenatal care visits.
- Offer immunizations needed during visits. You play an important role in your patients' education.
- Tell them which vaccines they need during pregnancy and which ones they need after delivery.

Read the latest [Morbidity and Mortality Weekly Report about flu vaccination coverage among pregnant women](#). Visit the [Department of Health Flu News website](#) to learn more about flu, flu vaccine, and flu resources. For more information on flu vaccine, visit the [College's Immunization for Women Web page](#).

## HPV Vaccine Now Recommended for Males

Human papillomavirus (HPV) affects about 20 million Americans. It causes genital HPV infection and spreads by sexual contact.

Most people who become infected won't have any symptoms and the infection will clear up on its own. Some types of HPV lead to cancer of the cervix, vulva, vagina, anus, or penis. HPV can also cause genital warts.

HPV vaccine is

recommended for all girls aged 9 through 26 years.

At its October meeting, the Advisory Committee on Immunization Practices voted to recommend HPV vaccine for males.

Vaccination for males is recommended at ages 11 to 12 years, but can be given as early as 9 or as late as 21 years.

HPV vaccine protects against certain HPV-related conditions and cancers in

males. Vaccinating males may also indirectly protect women by reducing transmission of HPV.

### More information

- [Centers for Disease Control and Prevention \(CDC\) HPV fact sheet](#).
- [CDC press briefing transcript and audio recording](#).
- [Department of Health HPV fact sheet](#).

Contact [Wendy Stevens](#) at 360-236-3574 with

questions or new ideas about adolescent immunizations.

Read more about HPV vaccination for males later in this newsletter.



## Using AFIX to Increase Fourth DTaP Immunization Rates

Immunization rates for the fourth dose of DTaP vaccine are often lower than rates for other routinely-recommended childhood vaccines. The increase in pertussis rates and deaths across the country shows how important it is for kids to get all their DTaP immunizations on time.

According to the 2010 National Immunization Survey, 93 percent of kids in our state aged 19 to 35 months got three doses of DTaP vaccine; the rate drops to 82 percent for four doses.

Kids need five doses of DTaP vaccine for the best protection. When the fourth dose is delayed, kids might miss their fifth dose. Kids need five doses of DTaP for school entry, unless they get the fourth dose on or after their fourth birthday.

### Why are DTaP rates lower?

Possible reasons for lower fourth DTaP rates:

- Kids need a fourth dose of DTaP at ages 15-18 months. If a child gets most of the vaccines recommended at the one year well-child visit, they may not

return to get the fourth dose of DTaP in the recommended age range.

- If the third dose of DTaP is delayed, the fourth dose is often delayed, too.

### Use CoCASA reports to analyze clinic practices

Many reports in CoCASA (Comprehensive Clinical Assessment Software Application) will help you "diagnose" the cause of lower fourth DTaP rates:

- The Single Antigen Report shows when patients get each dose of vaccine. Look at the timing of the third and fourth doses of DTaP to see if they're on time or delayed.
- Review the Invalid Doses Report to make sure the clinic follows the recommended minimum age and intervals for DTaP.

### Strategies to raise fourth DTaP rates

We care about increasing DTaP rates in order to protect kids from serious and preventable diseases.

Strategies to consider:

- Give the third dose of DTaP on time (age six months).
- If you give the third dose of DTaP at 6 months and the child's health care provider worries they won't come back between ages 15-18 months, give the fourth dose at 12 months.
- Assess whether kids are up-to-date on immunizations at every visit, not just well-child visits.
- Recommend vaccination even when a child has a mild illness.
- Use the Child Profile Immunization Registry, our state's Immunization Information System, to find patients due or overdue for the third or fourth doses of DTaP. Notify parents to schedule appointments to get their kids up-to-date.
- Pre-schedule fourth DTaP appointments when kids get their third dose of DTaP.



## Ask the Nurses

The Office of Immunization and Child Profile public health nurses are Shana Johnny, RN, MN; Trang Kuss, RN, MN, MPH; and

Diana McMaster, RN, MHA. E-mail questions to [immunurses@doh.wa.gov](mailto:immunurses@doh.wa.gov) and look for selected questions in the next

newsletter.

**Q** I heard the flu Trivalent Inactivated Vaccine (TIV) and pneumococcal conjugate vaccine (PCV13) may be associated with febrile seizures? What do the Centers for Disease Control and Prevention (CDC) say about it?

**A** The CDC and the Food and Drug Administration (FDA) continuously monitor the safety of vaccines,

including possible associations with febrile seizures. Monitoring showed one Australian flu vaccine to increase the chance of febrile seizures in young kids during the 2010 flu season. Because of this finding, the vaccine is not recommended for kids under nine in the United States.

The CDC, FDA, and the Advisory Committee on Immunization Practices (ACIP) found that rare

*Continued on Page 5*

## Ask the Nurses, Continued from Page 4

febrile seizures occurred after simultaneous administration of TIV and PCV13. For every 2000 to 3000 kids, about one additional febrile seizure happened in kids aged 12 through 23 months.

After thorough evaluation, they do not recommend any changes in the childhood immunization schedule. Visit [CDC's vaccine safety page](#) for more information.

**Q** Can you talk more about febrile seizures and vaccines?

**A** Febrile seizures can happen with any condition that causes a fever, such as respiratory tract illnesses, flu, ear infections, or roseola caused by herpesvirus 6. Between two and five percent of young kids will experience at least one febrile seizure, usually related to an illness.

Because vaccines can cause fever, febrile seizures may rarely happen after vaccination. Medicines, such as acetaminophen and ibuprofen, can lower fevers in kids. However, scientific studies do not show that these fever-reducing medicines will prevent febrile seizures.

For more information, see [Questions and Answers on Febrile Seizures Following Childhood Vaccinations, Including Influenza Vaccination](#).

**Q** What did the FDA recently say about not using "jet

injectors" or needle-free devices when giving flu vaccine?

**A** Because flu vaccine has not been approved or studied using the jet injector, the FDA advised health care providers not to use injector devices to give flu vaccines. Right now, MMR is the only vaccine approved for use by jet injector. Visit the [FDA's website](#) for more information.

**Q** What are the current Tdap vaccine recommendations for pregnant women?

**A** The ACIP just updated recommendations for the use of Tdap vaccine for pregnant women. It recommends pregnant women get Tdap during the third or late second trimester (after 20 weeks gestation) if they have not had the vaccine before. If not given during pregnancy, moms should get Tdap immediately after delivery. Visit [CDC's website](#) for more information.

**Q** I heard the ACIP just updated the meningococcal conjugate vaccine recommendations. Can you summarize them?

**A** In April 2011, the FDA approved the use of a quadrivalent meningococcal conjugate vaccine (sanofi pasteur's Menactra) as a two-dose primary series among kids aged 9 through 23 months. Meningococcal polysaccharide vaccine

(MPSV4) is not recommended for kids less than two because of low immunogenicity and short duration of protection.

The ACIP recommends kids aged 9 through 23 months with certain risk factors for meningococcal disease get a two-dose series of Menactra 3 months apart.

This includes kids:

- With persistent complement component deficiencies (for example, C5-C9, properdin, factor H, or factor D).
- Who travel to or live in countries where meningococcal disease is hyperendemic or epidemic.
- In a defined risk group during a community or institutional meningococcal outbreak.

The ACIP recommends a two-dose primary series for any child with the risk factors above who got the first dose before their second birthday. If a child did not get dose two on schedule (three months after dose one), the child should get the dose as soon as possible. A minimum of eight weeks should separate the doses.

Kids who got the two-dose series at age 9 through 23 months and continue to have risk factors for meningococcal disease should get a booster 3 years after completing the primary series. After the initial booster, people at increased risk should

continue to get a booster dose every five years.

See the [Morbidity and Mortality Weekly Report](#) for more information.

**Q** I saw an update from CDC about intussusception and rotavirus vaccine. Please tell me more.

**A** In October 2011, CDC updated contraindications for rotavirus vaccine. Visit [CDC's website](#) to see the article.

Rotavirus vaccination is now contraindicated for:

- Infants with a history of severe allergic reaction (like anaphylaxis) after a previous dose of rotavirus vaccine or exposure to a vaccine component.
- Infants diagnosed with severe combined immunodeficiency (SCID).
- Infants with a history of intussusception. Before this publication, a history of intussusception was a precaution for rotavirus vaccination.



## Child Profile E-mail Project Moves Forward

In 2009 the Office of Immunization and Child Profile got an American Recovery and Reinvestment Act grant to create new functions in the Child Profile system. The new functionality will allow Child Profile Health Promotion to send parents health and safety materials by both e-mail and postal mail, according to their preference.

The office contracted with Scientific Technologies Corporation (STC), the Child Profile system vendor, to do a needs assessment, make recommendations, and make changes in the system.

### Needs assessment

Ninety people were interviewed directly, participated in focus groups, or took an online survey. These people included community partners, local health, health care providers, parents, and Department of Health staff.

### Recommendations

The overall messages we got from needs assessment participants were positive. Most people thought an e-mail option was a good idea as long as it was opt-

in. Participants did not want us to e-mail parents directly unless they signed up for the service themselves.

STC recommended contracting with a third-party e-mail vendor to send e-mails. With STC's help, the office assessed several e-mail vendors and chose Constant Contact.

### System testing

The new functionality in the system is continually being tested and refined. We're also testing the e-mail vendor to make sure it works well with Child Profile. Testing took place throughout 2011 and will continue as the project moves forward.

### Materials testing

The office has been developing English and Spanish e-mail newsletters and reformatting existing hard copy materials into Web pages.

In mid-October 2011, we tested e-mails and Web pages with a group of department staff and external stakeholders and partners. They gave us input and feedback on the overall process of opting in for e-mails and receiving them, as well as input and feedback on the e-mails

and Web pages themselves.

We compiled their feedback and made changes accordingly to the sign-up process, e-mails, and Web pages.

### Parent usability testing

The office began usability testing with parents in early December 2011 at the Department of Enterprise Services' usability lab. The usability staff monitors verbal and facial reactions of the testers, as well as how they navigate through the sign-up process, e-mails, and Web pages.

Findings and data from parent usability testing will be compiled and used to make improvements to the materials and system.

The office will continue to develop e-mail newsletters and reformat hard copy materials to Web pages. We aim to make the e-mail option available to parents in late 2012.

In the future, we'll expand availability of Child Profile e-mails to other family and friends, as well as providers who care for young kids. We'll also consider other possible uses of e-mail in the system, like immunization reminder/recall.

If you have questions, contact [Lonnie Malone](#) at 360-236-3529.

## The Child Profile Immunization Registry has outgrown its name!

The Child Profile Immunization Registry's name no longer reflects the system as an immunization registry for all ages. From now on we'll refer to it as the state's Immunization Information System, which is a better fit for all of its tools.

We're creating a timeline for an official name change, so look for more information in 2012.

Visit the Child Profile website at [www.childprofile.org](http://www.childprofile.org) for more information about the Child Profile system.

If you have questions about the name change, contact [Michele Roberts](#) at 360-236-3720.

## Child Profile Partnership Stands the Test of Time

Child Profile Health Promotion works with many partners to provide parents in Washington State information on their child's health.

One of the longest-standing partnerships is with the Council for Children & Families (formerly the Washington Council for the Prevention of Child Abuse and Neglect). We began to mail the council's brochure about shaken baby syndrome in the health promotion mailings in early

2001.

In 2005, it created a new material focused on helping parents develop a plan for when their babies cry. We began to mail the brochure, *Never Shake a Baby. Have a Plan.*, in 2006.

That same year the council approached us about a brochure created by the New Jersey Department of Health on postpartum depression called, *Speak Up When You're Down*. We began to mail that brochure

in 2006.

This past year, the council approached us on behalf of the Infant Safe Sleep Coalition created by Representative Mary Helen Roberts about a material on creating a safe sleep environment. The material was finished in September and will begin mailing before the end of the year.

Learn more about these programs on [the council's website](#).

Child Profile's ongoing relationship with the council and its many other partners ensures that hundreds of thousands of Washington parents get in-depth messaging and links to resources on the topics mentioned above as well as a variety of other issues, including nutrition, environmental health, oral health, and more.

Thank you to all of our partners, past, present, and future, for helping keep Washington kids healthy!

## New Phone Menu System

As of December 5, 2011, the Child Profile Immunization Registry Help Desk started to use a new phone menu system. The

volume of calls to the Help Desk greatly increased over the past year.

We hope the new system

will make us more efficient and help meet our customers' needs. The system allows you to still reach Help Desk staff

easily and quickly. Call the Help Desk at 1-800-325-5599.

## Changes to Password Rules Start January 2012

The security of health records is important to us all. That's why we made changes to the Child Profile Immunization Registry password requirements. We appreciate your patience during this important transition.

On January 1, 2012, we will make three changes:

1. Stronger passwords to enhance security. Passwords will be case-sensitive and may not be the same as your username or full name. They must contain at least:
  - Eight characters.
  - One number.
  - One uppercase letter.
  - One lowercase

2. Password rules about reuse and length. Passwords may not be reused. When your current password expires, you'll be required to pick a new one. For added security, after five unsuccessful log-in attempts, users will be locked out for a short period of time.

However, the length of time until passwords expire will increase. Users will not need to change their password as often.

3. Uppercase passwords after January 1, 2012. Your current password as of January 1, 2012

is valid until its normal expiration date, except you must enter it in uppercase letters. For example, a current password of winter2 will change to WINTER2 as of January 1.

When your password expires choose a new one that meets the new requirements.

If you have any questions, contact the [Child Profile Help Desk](#) at 1-800-325-5599.

## Patient Search Methods

As the number of adult records in the Child Profile Immunization Registry, our state's Immunization Information System, increases, search techniques can help you find the right record fast. When you search for a name in different ways it increases the chance of finding the record and decreases the number of duplicates created.

All kids born in Washington State have records in the system that come from the birth record system. Most adults in the state also have records. If you don't find a record the first time

*Continued on Page 8*

## Patient Search Methods, Continued from Page 7

you search, please try again in other ways. Name changes are one of the things that make it difficult to find patients. For women, try checking for a record under a maiden name or a previous married name. Hyphenated names can be a challenge. So can foreign names, which are subject to spelling errors. Sometimes the first and last names get reversed. Sometimes the date of birth is off by a day or two, or the day and month get reversed.

### Patient search methods

First, search by the patient's first name, last name, and birth date. If you don't find the patient, search by any or all of the following:

- First initial of the patient's first name and birth date. For example, search for Lorraine McKay (previous married name Lennon), date of birth (November 1, 1966). Enter "L" in the first name field and enter the date of birth.

The patient list will include everyone born on November 1, 1966 with a first name that begins with the letter "L". Review this list for all patients with the first name Lorraine, Lorraine, Lori, etc., and look for last names of either McKay or Lennon.

- First initial of the patient's last name and birth date. This helps find patients who use a nickname or middle name as their first name, or who have a misspelled first name recorded in the system. If a patient has a hyphenated name, insert the initial of the last name that comes before the hyphen. If that doesn't work, try the initial of the name after the hyphen.
- Patient's first and last names without the birth date. This helps find patients whose birth dates are incorrect in either your system or ours.

### Report duplicates

If you find a duplicate patient record, report it online. Look for the "Report Duplicates" button at the bottom of the search screen. Remember to run a search that brings the duplicate records back on the same search screen results section.

Example:

- First record: Elizabeth Cork  
DOB: 06/05/1972  
Second Record: Beth Cork  
DOB: 06/05/1972  
Search Criteria: Last Name initial: C  
DOB: 06/05/72.

Example:

- First Record: Janet Milner  
DOB: 07/15/1985  
Second Record: Janet Kimber  
DOB: 07/15/1985  
Search Criteria: First Name initial: J  
DOB: 07/15/85.

Both examples will bring both records back on the results screen.

Click the "Report Duplicates" button at the bottom of the search page. On the next screen, select two or more records that you want to merge. Click in the box next to the names and select a de-duplication reason from the drop-down box. Go to the bottom of the page and click the "Report Duplicates" button again.

On the next page select the master record and click the "Merge" button. Please note: this does not automatically merge the records. It flags the records for Child Profile Help Desk review. Help Desk staff decide if the records are indeed duplicates.

Contact the [Child Profile Help Desk](#) at 1-800-325-5599 as another way to report duplicates. If you report duplicates by e-mail, only refer to the SIIS numbers. Don't send any identifying patient information by e-mail unless it's through a secure e-mail service.



## Local, State, & Federal Roles in Perinatal Hepatitis B Prevention

The Department of Health Office of Immunization and Child Profile contracts with

local health to do activities to prevent perinatal hepatitis B infection. This

work is done following federal privacy rules of the Health Insurance Portability and Accountability Act and our state's laws for notifiable conditions.

The activities:

- Identify all female chronic carriers of hepatitis B who become pregnant.
- Provide case management during pregnancy for these women through delivery and for the first 12-18 months of their child's life.

- Make sure infants get timely Hepatitis B Immune Globulin (HBIG), hepatitis B vaccinations, and follow-up testing.
- Identify and track close contacts of enrolled women who are at increased risk of infection.

Local health staff enters each identified pregnant woman with chronic hepatitis B into the Perinatal Hepatitis B Module of the Child Profile

*Continued on Page 9*

## Local, State, & Federal Roles in Perinatal Hepatitis B Prevention, Continued from Page 8

Immunization Registry, our state's Immunization Information System.

Information on the new baby entered into the module includes:

- Date of birth.
- Date the infant got HBIG.
- Date of each dose of hepatitis B vaccine.
- Outcome of follow-up testing.

Local health staff uses the module to identify and track contacts.

The current [Perinatal Hepatitis B Prevention Program Guidelines](#) are online. They overview the program and give step-by-step processes for reporting and case

management.

### Local health roles

Local health works directly with the community on case management activities. Activities include:

- Tracking pregnant women with hepatitis B through each pregnancy to make sure their infants get both HBIG and all hepatitis B vaccine doses on time.
- Testing infants to find out if prevention activities work.

The local health program coordinator must report testing outcomes for all enrolled infants to the state program coordinator. They must also report any infant identified as hepatitis B positive upon follow-up

testing to the Communicable Disease Epidemiology section for their jurisdiction. Section staff enters a perinatal hepatitis B case report for the hepatitis B positive infant into the Public Health Issues Management System (PHIMS).

### Department of Health roles

The state program coordinator compares the number of pregnant women enrolled in the program each year to an expected number of pregnancies in women with hepatitis B in our state. The Centers for Disease Control and Prevention (CDC) projects these numbers each year.

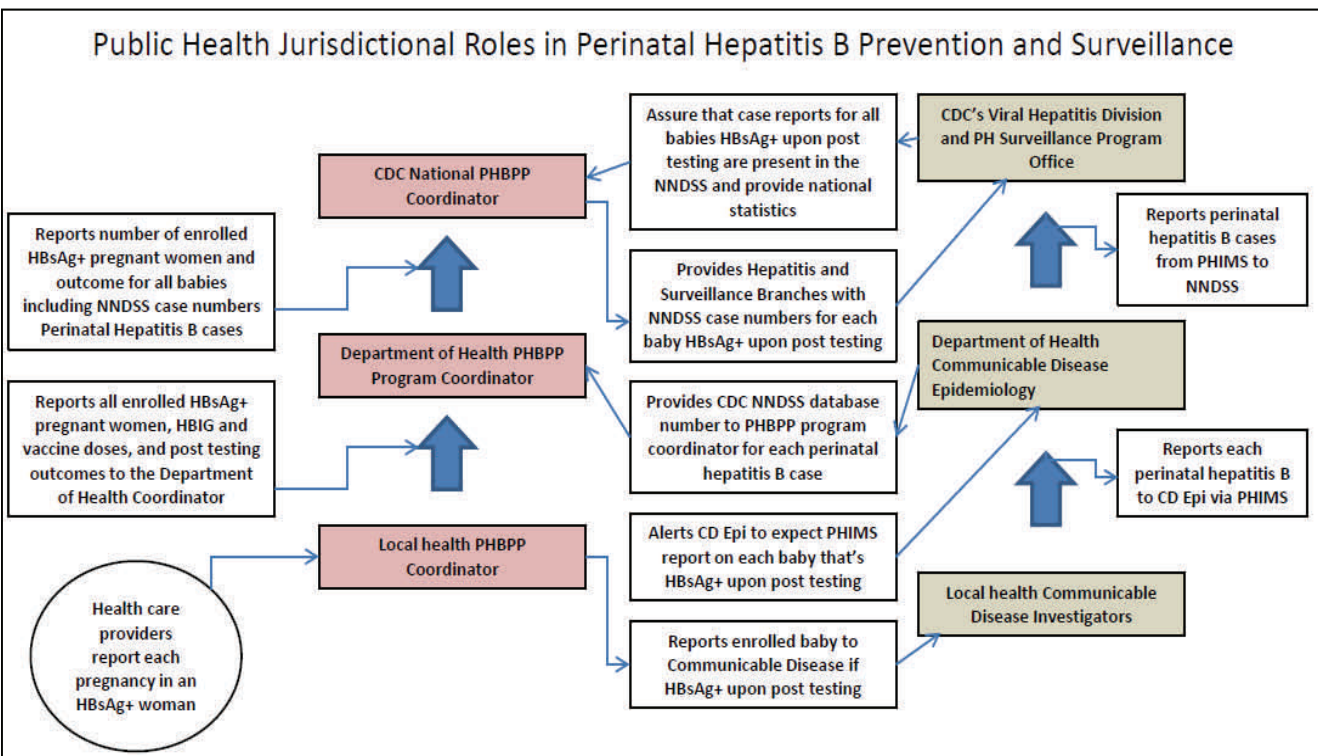
Other activities of the state coordinator include:

- Making sure all doses of HBIG and hepatitis B vaccine are timely and complete.
- Tracking the number of babies with completed follow-up testing.
- Assessing the results of follow-up testing.
- Alerting the state vaccine-preventable diseases surveillance epidemiologist to expect a perinatal hepatitis B report for that child in PHIMS when a baby gets identified as hepatitis B positive despite prevention efforts.

[Shana Johnny](#) is the state program coordinator and [Chrystal Averette](#) assists with state program tracking

*Continued on Page 10*

Table 1.



## Local, State, & Federal Roles in Perinatal Hepatitis B Prevention, Continued from Page 9

activities in the Perinatal Hepatitis B Module.

[Chas DeBolt](#), vaccine-preventable diseases surveillance epidemiologist, reviews the PHIMS record to make sure it's accurate and complete. She approves it through PHIMS to the National Notifiable Diseases Surveillance System (NNDSS) database.

She also:

- Makes sure all

hepatitis B positive infants get properly reported as perinatal hepatitis B cases.

- Provides the NNDSS database number required to complete reporting of perinatal hepatitis B cases to CDC by the state program coordinator.

### CDC roles

The CDC gives money to states for required program activities. State program coordinators work with a

national program coordinator to report all enrolled pregnant women, dose information, and testing outcomes for all enrolled infants. Get more information on national program activities on [CDC's website](#).

The national program coordinator uses the state-provided NNDSS record numbers that identify hepatitis B positive infants as perinatal cases. This makes sure all cases

identified by state programs are accurate in the NNDSS.

Epidemiologists work directly with NNDSS data and provide national statistics on the incidence of perinatal hepatitis B in the United States. This helps monitor the success of program activities nationally.



## Resources & Updates

### Last Year for Printed VISs

As of January 2012, the Office of Immunization and Child Profile will no longer

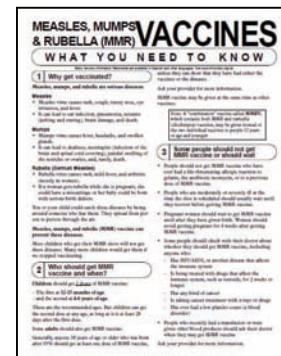
print or distribute Vaccine Information Statements (VISs).

We'll continue to distribute whatever stock is left over after the first of the year. Order this stock through the [Department of Printing Fulfillment Center website](#). Once that stock is gone, it will not be replenished and we'll remove it from the ordering website.

If the Centers for Disease Control and Prevention (CDC) revise a VIS after the first of the year, the office will not print it and will recycle the outdated VISs in its warehouse. Download

VISs from [CDC's website](#).

If you have questions, please contact [Lonnie Malone](#) at 360-236-3529.



### 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)
<p><a href="#">Stand Together to Protect Us All: Get Immunized</a>, fact sheet.</p> <p>Read the "Educate Families about Community Immunity" article to learn more about how this material was created.</p>	Print and online	English and Spanish

## Office of Immunization & Child Profile Staff Updates

### New to the office

**Marci Getz, Affordable Care Act Adult Immunization Grant Coordinator**, joined the office in December 2011. Previously, Marci worked as a health consultant and contract manager for the Department of Health Nutrition Services Assistance Program. Contact her at 360-236-3534 or [marci.getz@doh.wa.gov](mailto:marci.getz@doh.wa.gov). Welcome, Marci!

Jeniffer Hansen, Vaccine Management Data

Specialist, re-joined the office on a temporary assignment in November 2011. Previously, Jeni worked for the office as an H1N1 Vaccine Data Specialist. Most recently, she worked as Administrative Assistant in the department's Partnership, Planning, Policy, and Operations program. Welcome back, Jeni!

### Position changes

Chris Halsell left his position as the office's Vaccine Management

Consultant in November 2011 to be the office Assessment Coordinator. Chris replaces Ros Aarthun who retires as of December 31, 2011. Contact Chris for school data reporting and data requests at 360-236-3527 or [chris.halsell@doh.wa.gov](mailto:chris.halsell@doh.wa.gov). Congratulations, Chris!

### Left the office

Ros Aarthun, Assessment Coordinator, retires as of December 31, 2011. She joined the office in 2000 after working in the Office of Maternal and Child

Health Assessment section and in the Department of Social and Health Services' research and data analysis section. Ros will be greatly missed. Congratulations on your retirement, Ros!

Margaret Love, Data Validation Specialist, retires as of December 31, 2011. Margaret joined the office in September 2010 as the ARRA School Best Practices Data Validation Specialist. Congratulations on your retirement, Margaret!



## Recognizing Vaccine Administration Excellence

### By Robin Van Liew, Immunization Coordinator, Clark County Public Health

Just like restaurant inspections to ensure food safety, we inspect health care clinics that get federally-purchase vaccine for kids. Per federal law, Clark County Public Health periodically inspects these clinics and health care providers to make sure vaccine is properly stored, maintained, and administered.

When local clinics and providers do a great job

administering vaccines, the Clark County Immunization Coalition takes notice. At its December 6 meeting, the coalition recognized providers for outstanding performance or improvement in immunization practices and knowledge.

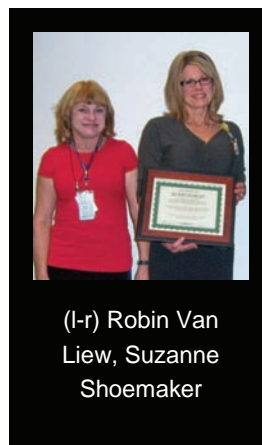
Coalition co-chair Janet Denniston recognized Family Care and Urgent Medical Clinics for improved immunization practices in their Minnehaha, Hazel Dell, and Cascade Park clinics.

The coalition recognized Suzanne Shoemaker, Providence Medical Group, Mill Plain, for a perfect score on her 2011 site visit.

It also recognized Marge Shaber, Clark County Public Health, for outstanding vaccine management support.

The coalition includes about 70 members who

represent provider groups, the Washington State Department of Health, schools and school nurses, managed care organizations, pharmaceutical companies, and others. The coalition aims to improve access to immunizations and raise immunization rates for people of all ages.



(l-r) Robin Van Liew, Suzanne Shoemaker



(l-r) Marge Shaber, Janet Denniston

## Educate Families about Community Immunity

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

Community (or herd) immunity protects all of us from serious diseases by slowing down and stopping the spread of disease. When enough people have immunity (by getting immunized or having had the disease), the community's protection is strengthened. But, if more people avoid, delay, or skip immunizations, the community's protection is weakened and it's more

likely that diseases will spread.

The threshold for protection depends on the disease. For example, at least nine out of ten people must have immunity against measles or whooping cough (pertussis) in order to keep these diseases from spreading.

To help educate families about the importance of community immunity, use the new fact sheet, *Stand Together to Protect Us All: Get Immunized*. It was

developed by the Immunization Action Coalition of Washington, Seattle Children's, and the Office of Immunization and Child Profile with help from a small family foundation, [Jaxon's Cure](#).

This easy-to-read flyer explains the concept of community immunity through a personal story of a young boy, Jaxon, who died of a measles-related illness. Available in English and Spanish, families get the fact sheet in Child Profile Health Promotion

mailings. Order free copies to share with your family, neighbors, clients, and patients.

Also, check out the community immunity Web banner and personal stories on the [www.ParentHelp123.org](http://www.ParentHelp123.org) website (a program of WithinReach). When you click on the banner ad, you'll find the same content as on the fact sheet with other personal stories of families who depend on community immunity.

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.



## New & Updated Storage & Handling References

The Centers for Disease Control and Prevention (CDC) updated and posted new vaccine storage and handling references. Of special interest is the new [Vaccine Storage and Handling Guide](#).

It outlines vaccine storage and handling best practices. It includes information about receiving and storing vaccine and vaccine shelf life.

More CDC reference tools are also online:

- [Web page for providers related to vaccines and immunizations.](#)
- [Vaccine Storage and Handling Web page.](#)
- [Refrigerator Buying Guide.](#)

## Web-Based Training is Here!

The Office of Immunization and Child Profile worked to make Web-based training available for two key components of the Vaccine Program: Online Ordering and Using the Mass Immunization Module.

We've had positive feedback on the training videos and are excited about how local health and health care providers will use them to support vaccine ordering and mass immunization efforts. [Watch the videos online.](#)

## Practice Profile Data Collection

As of November 15, 2011, almost 90 percent of health care providers enrolled in the State Childhood Vaccine Program submitted their Practice Profiles. Only 160 profiles are outstanding.

We're very pleased with the timeliness and success of this effort. Providers meet an important audit measure when they submit the profile.

This safeguards our participation in the federal

Vaccines for Children Program.

Thank you to providers and local health who helped us meet this measure!

## Mass Immunization Module Training

The Office of Immunization and Child Profile trained local health immunization coordinators and emergency response staff in October on the Child Profile Immunization Registry, our state's Immunization Information System, Mass Immunization (MI) Module.

The module includes several new features to support emergency response efforts. We trained on bar code scanning for lot numbers and vaccinators and a waiting room feature. We also introduced our new Web-based just-in-time training videos for the module. [Watch the videos online.](#)

The videos are short, six- to nine-minute clips. They

focus on specific aspects of the mass immunization module. The topic areas and length of the videos are:

- **Part 1:** [Preparing Default Settings \(8:52\).](#)
- **Part 2:** [Preparing Lot Number Bar Code Scan Sheets \(7:52\).](#)
- **Part 3:** [Preparing Vaccinator Bar Code Scan Sheets \(6:07\).](#)
- **Part 4:** [Using the MI Module During an Event \(6:40\).](#)
- **Part 5:** [Using the "Waiting Room" Feature \(7:04\).](#)
- **Part 6:** [Using the "Bar Code" Features \(6:13\).](#)

Contact [Mike Bin](#) at 360-236-3611 if you have questions about the module.

## Over Half of Washington Providers Order Vaccine Online

The Office of Immunization and Child Profile reached a milestone for online vaccine ordering by health care providers. Over 50 percent of all providers enrolled in the State Childhood Vaccine Program now order vaccines online using the Child Profile Immunization Registry, our state's Immunization Information System!

Web-based training videos are available for providers who use the system for vaccine ordering. Providers currently ordering vaccine online can use the videos to refresh their training. Providers just learning how to order vaccines online can use the videos for self-paced training. The videos are available all the time so providers can view the videos on their own

schedule. The videos are short, 9- to 12-minute clips. Each covers a task for vaccine ordering or receiving.

Find quick reference guides for creating and receiving orders and checking order status online. [Watch the videos online.](#) They include the following topics:

- **Part 1:** [Vaccine Orders/Transfers Navigation \(9:27\).](#)
- **Part 2:** [Ordering Vaccine \(12:09\).](#)
- **Part 3:** [Receiving Vaccine \(12:31\).](#)

Contact [Karen Meranda](#) at 360-236-3553 if you have questions about online training for vaccine ordering.

## HPV Vaccination for Males

On October 25, 2011, The Advisory Committee on Immunization Practices (ACIP) approved a recommendation for routine vaccination of males aged 11-12 years with three doses of HPV4 (Gardasil) to protect against HPV disease. The State Childhood Vaccine Program supports HPV vaccination for males and females aged 9 up to the 19th birthday. The ACIP recommends routine vaccination for males from age 9 through 21 years and for females from age 9 through 26 years.

We'll update the Immunization Guidelines for the Use of State-

Supplied Vaccine to reflect this change when the Centers for Disease Control and Prevention publish the recommendation. Until then, health care providers may vaccinate males using the permissive recommendation in place. The [announcement of the vote](#) is online.

The recommendation for vaccinating males is specific to HPV4 (Gardasil). We'll make sure providers have the appropriately-licensed vaccine available. Contact [Jan Hicks-Thomson](#) at 360-236-3578 if providers have concerns about their vaccine order set related to the recommendation.

## Vaccine Management Section Update

Changes to the Office of Immunization and Child Profile Vaccine Management Section:

Jacki Stockdale, Vaccine Consultant, is on maternity leave. While she's gone, contact [Jeniffer Hansen](#) for help with vaccine ordering at 360-236-3478.

Chris Halsell left the team to become the office Assessment Coordinator. Other members of the team can help with vaccine management-related activities:

- Vaccine storage and handling: Contact [Mike Bin](#) at 360-236-3611 or

[Jan Hicks-Thomson](#) at 360-236-3578.

- Provider Practice Profile: Contact [Karen Meranda](#) at 360-236-3553.
- Online ordering: If your local health jurisdiction (LHJ) completed rollout of online ordering to health care providers, contact [Wendy Bowman](#) at 360-236-3514 with vaccine ordering questions. If your LHJ is in the early stages of rollout, contact [Karen Meranda](#).

Contact anyone from the section for assistance.

## Flu Vaccine News

### Current flu season vaccine news

The Office of Immunization and Child Profile distributed over 500,000 doses of childhood flu vaccine so far this season! Vaccine distribution started earlier than ever this year, with the first orders placed on August 1.

Plenty of flu vaccine is available for health care providers to order from the State Childhood Vaccine Program for patients under age 19. Place your order for more childhood flu vaccine now to meet the needs of your patients.

Remember, flu season usually peaks between January and March. Vaccinating kids now protects them over the holidays and during peak flu season.

Kids under nine who get flu vaccine for the first time need two doses this year. If a child younger than 19 comes in, vaccinate them with state-supplied vaccine.

### FluMist replacement program

MedImmune contracted with McKesson to replace unused, expiring doses of FluMist at no cost. This program is for state-supplied FluMist only. Unused doses of FluMist must expire on or before January 31, 2012.

Providers may request replacement doses 15 days prior to the expiration date. [Get more information about the replacement program online.](#)

### Planning for next fall

Although it might be hard to think about next year's flu

season now, we must plan ahead to make sure there's enough flu vaccine available for all providers enrolled in the State Childhood Vaccine Program.

The Department of Health and the Washington Vaccine Association (WVA) make sure health care providers get enough flu vaccine from the program for all kids seen in their practices during the 2012-2013 flu season.

The WVA will include flu vaccines on the assessment grid for 2012-2013. We expect flu vaccine to be included on the WVA assessment grid each year.

In December 2012, the department will ask providers to complete an online survey that tells us the amount and types of flu vaccine they will need for the 2012-2013 flu season.

We'll use that data to help us decide the amount and types of flu vaccine to pre-book for the program.

## Winter Storm Warning—Be Prepared

As winter storms arrive in our state, it reminds us of the importance of an emergency backup plan for vaccine storage and handling. Each health care provider needs a written emergency backup plan for vaccine storage and transport. The plan tells staff what to do during power outages and refrigerator or freezer failures.

Review emergency backup plans and make sure all parts of it are in order. Make sure the backup generator works, make sure the alternate storage facility has room if vaccines get relocated, and have the right packing materials on hand to transport vaccine, if needed.

Review the plan with your staff, note the date of the review, and keep it handy (near or on the vaccine storage units). This helps staff put the plan in motion if needed.

Providers with well-trained staff and solid emergency backup plans limit vaccine loss when the power goes out or when storage units fail. These best practices reduce or avoid replacement costs for vaccine and to revaccinate patients. They assure viable vaccine and protect kids from vaccine-preventable diseases.

### Emergency backup plan templates and resources

Use these templates and resources to update or develop an emergency backup plan.

#### Templates:

- [Emergency backup plan.](#)
- [Emergency backup plan yearly review.](#)

#### Resources:

- Centers for Disease Control and Prevention (CDC) [guidance on the impact of power outages on vaccine storage.](#)
- [CDC Emergency Response Worksheet](#) (what to do in case of a power failure or another event that results in vaccine storage outside of the recommended temperature range).
- [California Department of Public Health EZIZ](#) (information about the transport of refrigerated vaccines).
- CDC information on [how to prepare and respond to natural disasters and severe weather.](#)
- [Washington State Third Party Distribution Guidelines and Business Rules](#), page 31 (information about vaccine storage and handling).

Contact [Mike Bin](#) at 360-236-3611 with questions about emergency backup plans.



It's already time for 2012 Vaccines for Children (VFC) Compliance Site Visit reviews! These tips from the Department of Health include things to do before site visits that will save you time during your visits.

**Tip:**

Go to the updated [VFC and AFIX Site Visits Web page](#) for all site visit-related materials, including the [2012 VFC Provider Compliance Site Visit Questionnaire](#).

**Tip:**

Pull together items to help you correct non-compliance

(incorrect questions) at the time of the site visit to reduce additional follow up. See the [List of Resources to Take to VFC Provider Site Visits](#) for more items. Print a list of the most current Vaccine Information Statement dates to see which ones have changed.

**Tip:**

In your pre-visit letter to the health care provider office:

- Include the [VFC Provider Compliance Site Visit Readiness Checklist](#). Ask them to complete this before you arrive at the visit.
- Remind provider office staff that you need

access to their circuit breaker(s) during your visit.

- Remind provider office staff that you need to meet with their billing person or office manager.
- Remind provider office staff that you need to talk with someone familiar with their electronic health record system, if they have one.

**Tip:**

Fill in the clinic and contact information in the [2012 VFC Provider Compliance Site Visit Questionnaire](#). Write YES for the first "high priority" question (noted with a "I") since the Department of Health tracks whether provider orders are consistent with their childhood population.

**Tip:**

Review the provider's incident reports for the last year. If appropriate, take copies with you.

**Tip:**

Review the last three month's worth of the provider's temperature logs. They should send them to you each month.

In the next issue of this newsletter we'll include tips to close out your 2012 VFC Provider Compliance Site Visit when corrective actions are needed.

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? E-mail them to Katherine Harris-Wollburg at [katherine.harris-wollburg@doh.wa.gov](mailto:katherine.harris-wollburg@doh.wa.gov).

## Kudos

**Reenie Smalls, parent and teacher, writes:** "I'm a 3<sup>rd</sup> grade teacher at Colonial Academy. I understand that this may seem out of the blue, but I wanted to compliment you in all the hard work that you had put into this website. Your website has been a wonderful resource for my family."

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

law, effective on July 22, 2011, should help decrease our state's rate of exemption for immunizations required for child care and school entry. Many partners worked toward this change which aligns our state law with best practice recommendations to support parent and provider discussions about immunizations.

- Development of the Vax Northwest partnership to address vaccine hesitancy helps us support

providers and parents in their discussions and decisions about immunization. [Learn more about Vax Northwest](#) on its website. This partnership got a grant from the Gates Foundation to support its efforts.

I already know that next year we'll again have exciting success stories to share. We continue to look for the best ways to use the Child Profile Immunization Registry, out state's Immunization Information

System, to support all vaccine and immunization transactions.

As the system grows, we learn to use the data to help build an understanding of immunization coverage, which leads to new activities to better support people and communities from vaccine-preventable diseases.

We're working on changes to the Child Profile Health Promotion system to better meet parents' needs by getting the information to them in their preferred

format. We continue to work closely with our partners and customers to meet needs and improve health through immunizations and preventive health care.

The challenges we face related to measuring performance, focusing on accountability, and finding more efficient ways to do our work continues. We get better and better at meeting these challenges thanks to our work together.