

Immunization and Child Profile Update

spring | 2013

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hot topic >>>

Saying Goodbye to Gayle Thronsen



We mourn the loss of Gayle Thronsen, immunization champion, public health supporter, and friend, who passed away on February 25, 2013. Gayle was the Health

Services Supervisor in the Office of Superintendent of Public Instruction (OSPI). She worked with the Department of Health to support and educate school

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Working Together—Immunization Highlights from the Office Director

National health reform impacts immunization coverage in many ways. Overall it means more people will have more access to immunizations.

In our state, since we have a universal childhood vaccine program, the biggest impact of the new coverage will be on adults. Our state's 2010 legislation ([RCW 70.290](#)) put universal childhood vaccine financing into law and created the [Washington Vaccine Association](#). The law requires health



insurers to cover recommended immunizations. Still, changes at the federal level should create more awareness of full coverage for immunizations for kids and adults.

The Patient Protection and Affordable Care Act (ACA) guarantees affordable and accessible healthcare coverage. Many of the provisions started in September 2010. The requirement for accessible and affordable coverage must be in place by January 1, 2014. Immunization

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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 immunenurses@doh.wa.gov and look for selected questions in the next newsletter.

Q: If I got a flu shot in June, would I need to get it again in September?

A: Yes, you should get another flu vaccine even though you got it only three months before. The flu vaccine released each fall contains virus strains that experts predict will circulate during that flu season.

Q: I'm pregnant. Should I get a flu shot?

A: Yes, you should get vaccinated because you're at higher risk of flu-related complications. You can get the vaccine in any trimester, but get the shot, not the nasal spray vaccine.

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ask the nurses >>>

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Q: Several kids aged three years and older mistakenly got the 0.25 mL dose of flu vaccine. It's indicated for kids aged 6 through 35 months. Should I revaccinate them?

A: Yes, kids should always get the dose appropriate for their age. Kids over age 35 months should get a 0.5mL dose. Review your protocols and make sure this administration error doesn't happen again.

Q: Did the Department of Health suspend the mercury limit law?

A: Yes, the Secretary of Health temporarily suspended Washington's limit on the amount of mercury (thimerosal) in flu vaccine. The suspension allows pregnant women and kids under three years to get flu vaccine from multi-dose vials. Thimerosal-free flu vaccine is in limited supply this year due to more demand. [Find more information online.](#)

Q: Is it true that the Advisory Committee on Immunization Practices (ACIP) recommends Tdap vaccine for pregnant women during each pregnancy?

A: Yes. When pregnant women get Tdap vaccine during each pregnancy, the mom's pertussis antibodies transfer to the newborn. This protects the baby against pertussis before it's old enough to start the DTaP vaccine series. Tdap vaccine also protects the mom from getting pertussis during or after pregnancy, decreasing the chance of her giving it to her baby.

Q: Must pregnant adolescents get Tdap vaccine during each pregnancy to attend school in our state?

A: No, this is not a requirement for school attendance.

Q: Which high-risk infants should get meningococcal vaccine?

A: The Food and Drug Administration licensed Hib-MenCY-TT for the prevention of invasive Hib and serogroups C and Y meningococcal disease in kids aged 6 weeks through 18 months. CDC recommends a four-dose series of Hib-MenCY-TT only for the following infants at higher risk for meningococcal disease:

- Infants with recognized persistent complement pathway deficiencies
- Infants with anatomic or functional asplenia, including sickle cell disease
- Infants who live in communities with serogroups C and Y meningococcal disease outbreaks

[Find more information online.](#)

Q: Should all infants get Hib-MenCY-TT?

A: No, at this time, the ACIP only recommends Hib-MenCY-TT for infants at higher risk for meningococcal disease.

Q: I'm a child care provider. Several kids in my care need a fourth dose of Hib vaccine, but their healthcare provider refuses to give it due to a Hib vaccine shortage. Is there still a shortage?

A: A Hib vaccine shortage happened in 2008, but there is no shortage now. Healthcare providers should give the fourth dose at ages 12 to 15 months as recommended.

Q: What are the main changes to the [2013 Recommended Immunization Schedules](#)?

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

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adult and adolescent >>>

Adult Vaccine Finder

Find the new [HealthMap Vaccine Finder](#) online. It's a free online service where users can search for locations that offer flu vaccines and other recommended adult vaccines. The site includes more than 54,000 locations and provides information to 500,000 users. On January 28, 2013,

Reaching Child Care Providers Where They Are

Child care providers in our state have many responsibilities around immunizations. They enforce requirements for kids going to child care, collect and report data to the state on the immunization status of kids in their care, and work with local health during disease outbreaks.

In addition to making immunization decisions for their own families, child care providers share immunization information with parents of kids in their care. They also work directly with vulnerable people, including infants and under- and unimmunized kids. But, no formal training on immunizations is required for child care providers and many have limited knowledge of immunizations.

With funding from the Department

perinatal hepatitis b >>>

Labs Offer New Way to Capture Prenatal Hepatitis B Testing

Several national labs are working with the Centers for Disease Control and Prevention and the Department of Health to capture pregnancy status on lab test results. We want to identify hepatitis B-positive pregnant women and stop transmission of the hepatitis B virus from moms to babies. The labs involved are Quest,

the site expanded to include 10 more adult vaccines.

Add your clinic and encourage others in your community to do the same! Healthcare providers interested in telling the public about vaccines offered at their clinic/practice can

of Health's Affordable Care Act grant, the Immunization Action Coalition of Washington gave a free distance learning course for child care providers. The coalition sent a hard copy of the course to child care providers who asked for it. We partnered with the Snohomish Health District to offer two continuing education credits. Topics included:

- Immunizations for adults
- Diseases that vaccines can prevent
- Vaccine safety
- Community immunity
- Requirements in child care settings

We also gave a list of local

LabCorp, ARUP Laboratories, and Mayo Medical Laboratories. ARUP and Mayo Medical went live with pregnancy status information on February 19, 2013. LabCorp will now include the word "Prenatal" on lab results for positive reports. This started on February 27 after an internal validation. The department

register their location on the website. Registration is easy. Just go to the HealthMap Vaccine Finder and click on the "about" button on the top right-hand side of the screen. Follow the prompts to register, or go to <https://flushot.healthmap.org/admin/signup/>.

resources for finding low-cost adult immunizations. The course was very popular, with 572 participants—over twice the number in 2011. Evaluations showed that the training was a win-win; providers loved the opportunity to earn credits conveniently on their own time and we were able to educate a key community. About a third of participants said they planned to get Tdap vaccine because of what they learned. "has inspired me to make sure my vaccinations are up-to-date, not only because it will protect me [but also] my children at work...It was educational, but not boring."

We hope to offer this course again in the future. For more information, contact [Sara Jaye Sanford](#) at 206-830-5175.

will give more details and instructions to look for pregnancy status in the future.

Contact [Shana Johnny](#) at 360-236-3698 for feedback on the new process.

child profile health promotion system >>>

Child Profile Health Promotion System Parent Focus Groups

We just finished a report on findings from focus groups done in 2012. They evaluated parents' perceptions and opinions of the Child Profile Health Promotion System and materials. We randomly selected parents who get the mailings in either English or Spanish. We screened for parents who speak and read in their native language. All parents were assigned to either a new parent or multi-child group.

For new parent groups, all kids had to be between ages 2 and 18 months. For the multi-parent groups, at least one child had to be between ages 2 and 18 months. We held seven focus

groups, five in English and two in Spanish, around the state.

The qualitative evaluation asked a number of questions to get parent input in the following areas:

- The look, feel, and content of the Child Profile Health Promotion materials
- Where parents get their health information and how they determine credibility of information
- Parent trust of the Department of Health as a credible source of health and safety information

- Well-child visits
- Parent interest in getting the materials by e-mail

Overall, findings were in line with past evaluations, showing a high use of and satisfaction with the materials. Comments and suggestions showed several themes and trends that will inform our continuous quality improvement process. We'll use the findings to inform future evaluations and make improvements based on recommendations.

[Find the full report online.](#) For more information, contact [Pam Walker](#) at 360-236-3556.

resources and updates >>>

Office of Immunization & Child Profile Staff Updates

Changed positions

Jeniffer Hansen has worked in our office for the past two years in a variety of non-permanent positions. Jeni was hired permanently in February as a Reporting Specialist. She'll work closely with the Clinical and Quality Assurance section to track and report on provider site visits and other Vaccines for Children compliance issues. Congratulations,

Jeni! Contact Jeni at 360-236-3569 or jeniffer.hansen@doh.wa.gov.

New to the office

Phil Wiltzius, Prevention and Public Health Fund Vaccine Storage and Handling Grant Coordinator, joined the office in March. He has experience working with college students on various public health-related topics including alcohol

prevention, men's health, violence prevention, and smoking cessation. Phil brings great energy to our office's work to improve vaccine storage and handling practices in our state. Welcome, Phil! Contact Phil at 360-236-3620 or phillip.wiltzius@doh.wa.gov.

National Infant Immunization Week Town Hall

Technology both simplifies and complicates how parents get health information, how they use it to make decisions, and how the decisions impact society. No single issue shows that dichotomy better than the alleged vaccine-autism link.

Seth Mnookin, author of [The Panic Virus](#), draws on interviews with parents, public health advocates, scientists, and anti-vaccine activists to tackle a fundamental question: How

do we decide what the truth is?

On April 23, 2013, as part of National Infant Immunization Week, he and "Seattle Mama Doc" blogger Wendy Sue Swanson talk about how parents can use that insight to find accurate information and make the right decisions for their families.

The event is presented by WithinReach, Town Hall, and University Book Store as part of The Seattle Science Lectures,

sponsored by Microsoft. Series media sponsorship provided by KPLU.

[Get advance tickets](#) for \$5 online, call 1-888-377-4510, or buy them at the door beginning at 6:30 p.m. The event is from 7:30-9:30 p.m. Town Hall members get priority seating.

school and child care >>>

Prepare for the 2013-2014 School Year

School Immunization Status Report forms

Find the School Immunization Status Report forms for 2013-2014 online. We didn't make any changes to the data fields. Download the forms with instructions for [K-12 Schools](#) and [Early Learning Programs](#) (licensed child cares, preschools, ECEAP, and Head Start). Contact [Chris Halsell](#) at 360-236-3527 with questions.

Hepatitis B immunization requirement changes

In 1994, when current middle school and high school students were toddlers, the Advisory Committee on Immunization Practices (ACIP) allowed the third hepatitis B vaccine dose as early as age four months. Since 2005, it recommended the third dose at a minimum age of 24 weeks.

We gave guidance to school staff to review students against the current recommendations. The Department

ask the nurses >>>

continued from page 2

A:

- The abbreviation TIV (trivalent inactivated vaccine) is replaced by IIV (inactivated influenza vaccine). For the 2013-2014 flu season, LAIV will likely be available only in a quadrivalent formulation; IIV might be available in both trivalent and quadrivalent formulations.
- Pregnant adolescents and women should get Tdap vaccine during each pregnancy, regardless of the interval between previous Td/Tdap vaccine doses.
- Provider diagnosis of measles, mumps, or rubella is no longer acceptable evidence of immunity.

of Health heard from many schools that student information systems flag older students as out of compliance if they got the third dose at age four months. Many students went to a healthcare provider to get another dose or an exemption. Some providers didn't want to give another dose because they believed the student got enough vaccinations.

The Centers for Disease Control and Prevention (CDC) told us that doses given under a previous recommendation should still be counted as valid. To more closely follow CDC guidance and prevent systems from flagging older students as out of compliance, the State Board

Summary of hepatitis B immunization requirement changes for SY 2013-2014

Grades K through 6	Grades 7 through 12
Minimum interval between doses 1 and 2 = 1 month	Minimum interval between doses 1 and 2 = 1 month
Minimum interval between doses 2 and 3 = 2 months	Minimum interval between doses 2 and 3 = 2 months
Minimum interval between doses 1 and 3 = 16 weeks	No minimum interval between doses 1 and 3
Minimum age for dose 3 = 24 weeks	Minimum age for dose 3 = 4 months

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Previously, a provider diagnosis of measles or mumps, but not rubella, was considered acceptable evidence of immunity.

- Adults 19 and older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants should get PCV13 vaccine. Those not previously vaccinated with PCV13 or PPSV23 should get a single dose of PCV13 and a dose of PPSV23 at least eight weeks later.

of Health changed the hepatitis B requirement for school year 2013-2014. It allows older students in Grades 7 through 12 to be in compliance if they got hepatitis B vaccine under the previous ACIP recommendations.

The requirement moves up each year. In school year 2014-2015, the requirement affects students in Grades 8 through 12 and will continue to roll up each year. Find more information in the [2013-2014 Vaccines Required for School Attendance](#) chart.

Contact [Trang Kuss](#) at 360-236-3760 with questions.

Those previously given PPSV23 should get vaccinated with PCV13 one year or more after PPSV23 vaccination.

- People with a history of either injection or non-injection illicit drug use should get hepatitis A vaccine.
- People who get only hives with exposure to eggs should get IIV rather than LAIV vaccine.
- Pregnancy is no longer a precaution for hepatitis A vaccine.

[school and child care >>>](#)

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Comparison of current and new immunization requirements

We didn't make changes to the child care/preschool immunization requirements for school year 2013-

2014. Find the chart showing all the [required vaccines for child care and preschool](#) online.

The chart showing all the [required vaccines for school attendance](#) in the

2013-2014 school year is online.

We also updated the [Individual Vaccine Requirements Summary](#) for 2013-2014.

A comparison of the current school requirements and the new 2013-2014 SY requirements

2012-2013 School Year	2013-2014 School Year
DTaP: 5 doses (4 doses acceptable if dose 4 given on or after the fourth birthday)	DTaP: no change
Hepatitis B: 3 doses	Hepatitis B: 3 doses and change to minimum intervals and ages
	Kindergarten through Grade 6: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months Minimum interval between doses 1 and 3 = 16 weeks Minimum age for dose 3 = 24 weeks
	Grades 7 through 12: <ul style="list-style-type: none"> Minimum interval between doses 1 and 2 = 1 month Minimum interval between doses 2 and 3 = 2 months No minimum interval between doses 1 and 3 Minimum age for dose 3 = 4 months
Tdap: 1 dose for Grades 6 through 11 (≥ age 11)	Tdap: 1 dose for Grades 6 through 12 (≥ age 11)
IPV: 4 doses (3 doses acceptable if dose 3 given on or after the fourth birthday)	IPV: no change in number of doses
Kindergarten through Grade 1: final dose given after August 7, 2009 must be given at a minimum of four years <u>and</u> minimum interval of six months from the previous dose	Kindergarten through Grade 2: final dose given after August 7, 2009 must be given at a minimum of four years <u>and</u> minimum interval of six months from the previous dose
MMR: 2 doses	MMR: no change
Varicella: 2 doses (kindergarten through Grade 4)	Varicella: 2 doses (kindergarten through Grade 5)
1 dose: Grades 5 through 6	1 dose: Grade 6
Recommended, but not required: Grades 7 through 12	Recommended, but not required: Grades 7 through 12

School & Child Care Immunization Manual Gets a Facelift

Find the updated [Immunization Manual for Schools, Preschools, and Child Care Centers](#) online. The manual is a one-stop shop to help answer most of your questions. You'll find out about school or child care immunization requirements, how to process Certificates of Immunization Status, learn which child is in compliance with immunization requirements, and how to complete status reports.

We updated the manual to make it easier to find information. It has fewer chapters and less duplication of information. We also updated links to resources. Thank you to the workgroup that reviewed the manual and gave us valuable input!

Update: Submitting Yearly Status Reports in the IIS

School immunization status reporting for school year 2012 finished in January. This year, we asked K-12 schools to report online through the Washington State Immunization Information System. With this change, we retired the previous reporting system (IMMENU), which saved operating and upgrade costs of that system. This large project was very challenging and successful as we asked staff from the 2664 recognized public and private K-12 schools to change the way they report.

online. We worked with the Office of Superintendent of Public Instruction, School Nurse Corps Administrators, and local health to communicate with schools. We also offered for the first time a dedicated [e-mail address](#) for schools requesting customer support. This helped us continue to give excellent customer service while reducing the burden on our staff.

as a data export from their schools' Student Information System. Less than 20 percent of schools submitted a paper copy of the report, requiring our staff to manually enter the data.

The project required us to register and create almost 2000 new user accounts in the Immunization Information System. We created many reference and training materials for school staff and posted them

Over 90 percent of the recognized public and private K-12 schools reported this year! We believe this is the highest number of schools to ever report. Of the schools that reported, 60 percent successfully logged in and entered their reports in the Immunization Information System. An additional 21 percent of schools submitted their reports electronically

We thank all school staff who sent us their school reports and embraced this change. Thank you to our partners for supporting this effort. In 2013, we'll focus on continuing to help school staff with the new reporting process, getting more reports electronically, getting more reports on time, and getting reports from the last 10 percent of schools.

New Parent Resource

Do you know about the new resource for parents? We created a simple chart to give to parents that shows all the required school and child care immunizations. This year, we translated the 2013-2014 school immunization chart into Korean, Russian, Somali, Spanish, and Vietnamese.

You can get the new child care/preschool chart in English and Spanish. [Find the charts online.](#)

VACCINE	Kindergarten-2 nd Grade	3 rd -5 th Grade	6 th Grade	7 th -12 th Grade
Hepatitis B	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)
Hepatitis A, Tetanus, and Polio (DTaP/DTaP-IPV)	5 doses (see immunization schedule for details on timing of doses)	5 doses (see immunization schedule for details on timing of doses)	5 doses (see immunization schedule for details on timing of doses)	5 doses (see immunization schedule for details on timing of doses)
Polio (IPV)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)
Measles, Mumps, and Rubella	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)
Varicella	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)

VACCINE	Under 2 Years Old	2-5 Years Old	5-6 Years Old	6-12 Years Old
Hepatitis B	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)	3 doses (see immunization schedule for details on timing of doses)
Hepatitis A	1 dose (see immunization schedule for details on timing of doses)	1 dose (see immunization schedule for details on timing of doses)	1 dose (see immunization schedule for details on timing of doses)	1 dose (see immunization schedule for details on timing of doses)
Polio (IPV)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)	4 doses (see immunization schedule for details on timing of doses)
Measles, Mumps, and Rubella	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)
Varicella	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)	2 doses (see immunization schedule for details on timing of doses)

spotlight on local health >>>

Clark County Immunization Coalition Honors Healthcare Clinics

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

Each December, the Clark County Immunization Coalition honors three healthcare clinics for outstanding disease prevention work. At this year's ceremony, the coalition awarded:

- Ridgefield Family Medicine for most improved clinic in vaccine storage, handling, charting, and quality assurance. Kathy Bonnell and Sharon Houghton accepted the award.
- Family Wellness Center for the clinic with the highest rate of immunized healthcare workers. Bonnie Ballard accepted the award.
- Kaiser Permanente, Cascade Park, for offering free pertussis vaccinations in June and September, when the outbreak was at its worst. Kaiser also partnered with Clark County

Public Health to produce and distribute educational materials that urged vaccination. Cinda Wright and Cheryl Gabriel accepted the award.

Robin Van Liew, Clark County Public Health Immunization Coordinator, and Caitlin Martin, Health Care Provider Immunization Grant Coordinator, presented the awards.

The coalition consists of nurses, medical assistants, school nurses, pharmacists, pharmaceutical representatives, and child care workers. It meets every-other-month with Clark County Public Health and the Washington State Department of Health to share strategies to stop vaccine-preventable diseases.



(l-r) Kathy Bonnell, Sharon Houghton, and Robin Van Liew



(l-r) Cinda Wright, Robin Van Liew, and Cheryl Gabriel

Pierce County Immunization Coalition Recognizes Top Performers & Vaccine Champions

The Pierce County Immunization Coalition recognized MultiCare Sumner Clinic and Community Health Care (CHC) Parkland and Downtown Clinics for their top performance to fully vaccinate infants by ages two to three years. Select Vaccines for Children providers were assessed in 2012 using AFIX (Assessment, Feedback, Incentives, and eXchange). MultiCare Sumner had the highest percentage (82 percent) of vaccination for the 15-dose vaccine series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B, and 1 varicella). CHC Downtown had 74 percent and CHC Parkland had 72 percent. The Healthy

People 2020 goal is 90 percent for this vaccine series. It includes four doses of pneumococcal conjugate vaccine. Our state rate was 74.4 percent in 2011.

Several others were also recognized as vaccine champions:

- Carolyn Cook, RN, Mary Bridge Mobile Immunizations
- Denise Stinson, RN, Tacoma-Pierce County Health Department
- Mona Cantrell, Franciscan Medical Group

- Hector Lasso, CMA, SeaMar Tacoma
- Susan Newell, RN, Clover Park School District

They promote the lifesaving benefits of vaccines both in and out of their organizations. This results in broader protection of kids and adults in Pierce County and beyond.

Each year in our country, 42,000 adults and 300 kids die from diseases that vaccines can prevent. The coalition recognizes and thanks these vaccine champions for their leadership and work to vaccinate kids and adults.

Giving Every Child a Shot at Childhood: Global Health on the Local Scale

First words, first smiles, first birthdays are all important childhood milestones, and are part of the United Nations Foundation Shot@Life campaign. Renee Berry, Director of Early Education at Evergreen Christian School, recently returned from visits with multiple congressional leaders to talk about how to make sure all kids have a shot at those milestones. In fact, more than 100 Shot@Life advocates held more than 90 congressional meetings on February 11, 2013.

As a Shot@Life Champion selected by the United Nations Foundation, Renee volunteers as an advocate for life-saving vaccines to help prevent 1.5 million deaths each year. The diseases killing kids worldwide are preventable. The key to getting rid of them is to give vaccines to kids who need them. Immunized kids are more likely to celebrate their fifth birthday, do well in school, and go on to be productive, healthy adults.

"Every 20 seconds a child dies of a disease that could have been prevented by a vaccine," said Shot@Life advocate, Renee Berry. "As moms, we see every day how precious small moments are in our kids' lives. Shot@Life believes each child deserves a healthy childhood, and so do I. I want to be a voice for those mothers who want the same hope and life for their children. We can work together in our communities to provide these immunizations to the world's most vulnerable children in developing countries."

The world is 99 percent polio free. Since germs don't need a passport and many kids around the world are unvaccinated, diseases that were close to elimination in developing countries can and have returned to the United States. More access to vaccines strengthens our ability to fight diseases globally and keep our

families healthy here at home.

"Every child deserves a chance at this life and every mom deserves the peace of mind that their children have a shot at it," said Renee. "I want to eradicate these diseases so that my two children or the children that I teach won't have to."

Find more information about [Shot@Life](#) and other campaign events taking place around the country online and on [Facebook](#).

About Shot@Life

Shot@Life, a campaign of the United Nations Foundation, educates,

connects, and empowers Americans to help protect kids in developing countries from diseases that vaccines can prevent.

About the United Nations Foundation

The [United Nations Foundation](#), a public charity, builds and implements public/private partnerships to address the world's most pressing problems, and works to broaden support for the United Nations through advocacy and public outreach. Through campaigns and partnerships, the organization connects people, ideas, and resources to help solve global problems.

A Fun & Creative Approach to Increase Flu Vaccination

Public health work is serious by nature. We strive to protect and improve the health of people in Washington State. Some local health staff finds fun and creative ways to lighten up the seriousness of our work.

"The Flu Shot Competition," started by the Spokane Regional Health District during the 2008-2009 flu season, is a great example. It aims to increase flu vaccination rates among public health organizations, including health departments. Lighthearted competitions like these help protect our own employees and show that we "walk our talk."

Last year's winner, Jane Sheldon, Registered Nurse and Immunization Coordinator for Lewis County Public Health and Social Services, hosted this season's fifth annual competition. She said, "It felt great to win the competition and our commissioners were impressed. It was fun and improved our morale."

Each year, the Golden Syringe trophy moves from past winner to current winner who then becomes host for

the next season. Congratulations to this year's winner, Tacoma-Pierce County Health Department! Overall, 21 out of 35 counties participated. About 80 percent of the employees from these health departments got vaccinated.

The [Healthy People 2020](#) goal is for 90 percent of healthcare workers to get a flu shot each year. Nationally, [mid-season flu vaccination estimates for healthcare workers](#) were only at about 63 percent. Our work isn't done, but competitions like this will help us get there.

The flu is a serious disease that causes hospitalizations and deaths each year. It may seem like just a bad illness for some, but can be deadly for others. Flu vaccine continues to be one of the best tools we have to help protect ourselves and others from the flu.

This type of fun and creative effort adds value to our work. Public health employees set an example for their communities and protect themselves and others from diseases, like flu, that vaccines can prevent.

vaccine management >>>

2013 Provider Agreement Changes

The Centers for Disease Control and Prevention (CDC) introduced new requirements for the federal Vaccines for Children (VFC) program for 2013. We've updated the Washington State Childhood Vaccine Program provider agreement to include the new requirements. Healthcare providers need to be especially aware of the changes listed below. Providers will need to show their compliance with the new requirements during VFC site visits this year.

- Providers must screen and document every child's VFC status at every visit.
- Providers must not use dorm- or bar-style refrigerators for any vaccine storage (including temporary day storage). By the end of 2013, we must document that none of the providers participating in the Childhood Vaccine Program use dorm-style refrigerators.
- Providers must review their vaccine stock each week and rotate short-dated stock so it's used before it expires. No other reporting is required beyond the monthly inventory report.
- Providers are required to document yearly staff training on vaccine management best practices.
- The maximum admin fee, per vaccination, for uninsured and underinsured kids is now \$23.44. Providers must follow Medicaid and private health plan guidelines for billing admin fees for kids with those insurance types.
- Pharmacies, urgent care, and school-based clinics must agree to vaccinate "walk-in" patients.

These providers must not refuse vaccination based on the child's ability to pay an administration fee.

- The state must develop a plan for doing "unannounced" vaccine storage and handling site visits with providers. These visits are in addition to the VFC compliance site visits that take place every

Vaccine Storage & Handling Changes

In late 2012, the Centers for Disease Control and Prevention (CDC) introduced new requirements and recommendations for vaccine storage and handling. They also released an updated Storage and Handling Toolkit. The toolkit includes CDC's latest guidance based on recent scientific studies. The new requirements include:

Stock rotation

- Healthcare providers must review their vaccine stock each week and rotate short-dated stock so it's used before it expires. When providers have stock within 90 days of expiration, they must contact their local health jurisdiction for approval of vaccine transfers to a provider who can use it before it expires.

Storage units

- Providers must stop using dorm-style units for any vaccine storage. Providers must show that they have correct storage units by the end of 2013 in order to continue getting publicly-supplied vaccine.

Temperature monitoring

- Providers must read and document temperatures twice each workday.

other year. State staff will do these visits and will keep them to a minimum.

[Find more information about the Childhood Vaccine Program or to see a copy of the 2013 Provider Agreement online.](#)



Thermometers

- Providers must use thermometers with a current certificate of calibration for monitoring temperatures in each vaccine storage unit. The thermometer must be calibrated to a National Institute of Standards and Technology, American Society for Testing and Materials, or other internationally-recognized standards agency.

[Find more information on storage and handling best practices online.](#)



vaccines for children >>>

Changes to the VFC Compliance Site Visit Record Selection Process

The Centers for Disease Control and Prevention notified the Office of Immunization and Child Profile about a required change to the process we use to select records for review during the Vaccines for Children (VFC) compliance site visits. In the past, clinic staff could choose which ten patient charts to review during a site visit. Effective immediately, clinic staff can no longer pre-select the ten charts for review. The site visit reviewer must now choose those records.

When scheduling a site visit, the reviewer will let clinic staff know that they need access to patient records (or a list of patient names and numbers) for the last 30 kids under age 19 who got a childhood immunization in that clinic. At the visit, the reviewer will randomly select 10 records from the sample set of 30 charts. The reviewer will use these records to verify required documentation of VFC status screening at every visit and the vaccine documentation required by federal law.

Federal Vaccine Administration Fee Cap for VFC-Eligible Kinds Increases

On January 1, 2013, the [vaccine administration fee cap](#) for Vaccines for Children (VFC)-eligible kids in our state went up from \$15.60 per dose to \$23.44 per dose. This is the first increase by the Centers for Medicare and Medicaid Services (CMS) since the federal VFC program began in 1994.

The new fee is the maximum a healthcare provider enrolled in Washington's Childhood Vaccine Program can charge a parent or guardian of a "non-Medicaid VFC-eligible" child for each dose of vaccine provided.

Kids are "non-Medicaid VFC-eligible" if they:

- Do not have insurance.

- Have insurance that does not cover vaccine administration.
- Are American Indian/Alaska Native.

Providers must screen and document VFC status of all kids at each immunization visit.

Providers enrolled in the program "cannot deny administration of a federally-purchased vaccine to an established patient because the child's parent/guardian is unable to pay the administration fee."

For more information, contact [Katherine Harris-Wollburg](#) at 360-236-3513. [Find more information online.](#)

Saying Goodbye to Gayle Thronsen

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nurses on immunization requirements. She also worked with department staff on many legislative and policy issues. Gayle played a key role in creating guidelines to protect school staff and students from the spread of disease. She took pride in the personal connections she made with people from various agencies who support child health, advancing important connections between them and school nurses throughout the state.

A registered nurse for nearly 40 years, Gayle was a school nurse since 1988, a regional school nurse administrator since 1999, and was at OSPI since 2002. Gayle was a leader for school nurses in providing care for children with special health care needs.

Gayle was a member of the National Association of School Nurses, the School Nurse Organization of Washington, the Association for Supervision and Curriculum Development, and the American School Health Association. She was an affiliate member of the Washington Chapter of the American Academy of Pediatrics and of the National Association of State School Nurse Consultants (NASSNC). As a member of NASSNC, Gayle served in a number of leadership roles including president in 2009. She was recognized as an Outstanding State School Nurse Consultant in 2012.

We will miss Gayle, her friendship, and her enthusiasm in working alongside us to promote immunizations and prevent disease.

Immunization Highlights from the Office Director

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coverage should extend access to more than 190 million Americans with private health insurance.

Under the ACA, coverage for all recommended immunizations per the Advisory Committee on Immunization Practices (ACIP) is required, without cost sharing. This means that immunizations on the [recommended schedules](#) are covered without co-pay or deductible. When ACIP makes a new recommendation, insurance coverage must be in place one year after the recommendation is adopted by the Centers for Disease Control and Prevention.

The law also raises the Medicaid payment for vaccines given by certain healthcare providers in 2013 and 2014. Providers who qualify for this raised rate include those with specialty designations of pediatric medicine, family medicine, or general internal medicine. In our state, Medicaid reimbursement for vaccine administration has been \$5.96 per shot. This provision raises it to \$23.44 per shot for qualifying providers. [Find more information online](#). This raised fee ends on December 31, 2014. See the [CMS Regional Vaccine Enhanced Administration Fee Changes](#) for more information on how this provision affects Washington's Childhood Vaccine Program vaccine administration fee guidance.

It's great that the new law makes these improvements in coverage for immunizations, but individuals need to get health insurance coverage in order to get the immunization benefits. Here's how the ACA assures access to insurance:

- It requires insurers to extend dependent coverage to age 26.
- It mandates Medicaid eligibility for all people under 65 with family incomes at or below 133 percent of the federal poverty level, effective January 1, 2014. Immunizations are part of the required coverage for adults newly eligible under this expansion. Immunization coverage is still a state option for adults eligible for Medicaid before this expansion. States can get financial incentives for covering preventive services (including immunizations) for them.
- It creates a new prevention benefit for Medicare beneficiaries for a yearly wellness exam, including a risk assessment and development of a personalized prevention plan. It gets rid of cost-sharing for healthcare services that are part of this prevention plan. Recommended immunizations are built in. It also requires 100 percent reimbursement for preventive services given by hospital outpatient departments.
- It requires states to create health insurance exchanges by January 1, 2014. This will help individuals, families, and small businesses buy insurance. In our state it's called the [Washington Health Benefit Exchange](#). It will be an online marketplace to compare plans, enroll in coverage, access tax credits, and access public programs.

Other provisions of the ACA will further support efforts to immunize on time and in alignment with the recommended immunization schedules. The law funds the healthcare workforce and promotes strategies, like provider education and community prevention activities.

It promotes quality and supports research and evaluation by requiring insurers to report on their activities to promote wellness and improve health outcomes. New funding will help look at Medicare participants' access to immunizations and public health practices and strategies. It creates a Center for Medicare and Medicaid Innovation to ensure quality care and test innovative service delivery models that could lower cost while keeping or enhancing care. These models could help promote comprehensive immunization policies by addressing reimbursement for immunization services and promoting patient education and community vaccination programs.

It expands Community Health Centers to raise access to care in medically-underserved communities. It creates school-based health centers to give primary care services during school hours.

It also supports grants to states for interventions to improve immunization coverage and allows the use of state funding to buy vaccines for adults from the federal vaccine contracts. When fully implemented, 94 percent of Americans will have health insurance coverage. Other strategies in the law aim to help turn our healthcare system from a focus on disease to a focus on prevention. It's a lot of change that will continue to be a challenge to navigate as each piece gets in place. In the end, it's a structure to help us further protect the public from the diseases that vaccines can prevent.

[Find more information on the ACA online.](#)

