

Immunization and Child Profile Update

spring | 2014

in this issue >>>

AFIX	p. 3
Ask the Nurses	p. 2
Immunization Information System	p. 4
Perinatal Hepatitis B	p. 4
Resources and Updates	p. 4
School and Child Care	p. 6
Vaccine Management	p. 8
Vaccines for Children	p. 8

hot topic >>>

Children's Immunization Champions Recognized

Janet Kauzlarich has been named the Centers for Disease Control and Prevention's (CDC) 2014 Immunization Champion award winner for Washington State. The Immunization Action Coalition of Washington (IACW) named Celina Yarkin recipient of its Advocate award and Tieton Village Drugs recipient of its Collaborator award.

The CDC Immunization Champion award is given yearly to recognize someone who goes above and beyond to foster immunizations for kids from birth to age two. IACW's Advocate award recognizes someone who gives great amounts of time and is successful in enhancing statewide immunization efforts. The

Continued on Page 8 >>>

Working Together—Immunization Highlights from the Office Director

This time of year always rejuvenates me, not just because of the longer days and blooming flowers, but because it reminds me of why I love working in immunizations. It's about the kids, like my five year-old daughter, who benefit each day from the protection they get from vaccines. It's about the constant intellectual challenges and the amazing partners. Each day is a new adventure.



of year is the Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award. It honors people who go above and beyond to promote childhood immunizations in their communities. I couldn't be more pleased that this year's Washington awardee is Janet Kauzlarich. [Read more about Janet](#) and the [winners from other states](#). You'll definitely be inspired.

One of my favorite parts of this time

It's also the twentieth anniversary

Continued on Page 9 >>>

ask the nurses >>>

The Office of Immunization and Child Profile public health nurses are Linda Barnhart, RN, MSN; Shana Johnny, RN, MN; and Trang Kuss, RN, MN, MPH. E-mail questions to immunenurses@doh.wa.gov and look for selected questions in the next newsletter.

Pneumococcal vaccines

Q: What are the recommendations for PCV13 and PPSV23?

A: All babies at ages 2, 4, and 6 months should get PCV13 with a booster at 12 to 15 months. Use the catch-up schedule for kids who fall behind the regular schedule. PPSV23 is not effective in kids less than 24 months and should not be substituted for PCV13.

PPSV23 is recommended for the following:

- All adults 65 and older
- People aged 2 through 64 who are or have any of the following

Continued on Page 2 >>>

ask the nurses >>>

continued from page 1

conditions:

- o Cigarette smokers aged 19 and older
- o Chronic heart and lung disease
- o Diabetes mellitus
- o Alcoholism
- o Chronic liver disease
- o Cirrhosis
- o Cochlear implants (those who either need one or already have one)
- o Cerebrospinal fluid (CSF) leak
- o Functional or anatomic asplenia
- o Immunocompromising conditions
- o Solid organ transplantation
- o Chronic renal failure
- People aged 19 to 64 living in a long-term care facility

Q: What are examples of immunocompromising conditions?

A: Leukemia, lymphoma, multiple myeloma, general malignancy, HIV, or congenital immunodeficiency. Find more specific information on these conditions in [Epidemiology and Prevention of Vaccine-Preventable Diseases](#).

Q: If a child gets PCV13, when would he or she get PPSV23?

A: Kids who are immunocompromised or have sickle cell disease or functional or anatomic asplenia should get one dose of PPSV23 at age two or older and at least eight weeks after the final dose of PCV13. Revaccinate them with one dose of PPSV23 five years after the first PPSV23 dose. Give kids who are immunocompetent but who have a chronic illness, such as chronic heart or lung disease, diabetes mellitus, CSF leak, or cochlear implants, one dose of PPSV23. No revaccination with PPSV23 is recommended for this group.

For example:

- A 10 year-old boy with sickle cell disease has functional asplenia. He got PCV13 at 2, 4, 6, and 12 months. He should now have a single dose of PPSV23 and get another dose in five years.
- A 40 year-old man was recently diagnosed with diabetes mellitus type 2. He has not had any pneumococcal vaccines. He should get a single dose of PPSV23 now and another dose at age 65.

Q: Can you clarify use of PPSV23 among smokers or those who have asthma?

A: The Advisory Committee on Immunization Practices (ACIP) recommends PPSV23 for adults 19 and older who smoke and who have asthma. At this time, no data exists to show if people under 19 who smoke or have asthma need PPSV23.

Q: When should adults aged 19 to 64 get a second dose of PPSV23?

A: Give the second dose of PPSV23 5 years after the first dose for people aged 19 to 64 with functional or anatomic asplenia; with chronic renal failure, including dialysis patients; or who are immunocompromised. Healthy adults vaccinated at age 65 or older only need 1 dose.

Q: When should adults get PCV13?

A: Give adults 19 and older with immunocompromising conditions, functional or anatomic asplenia, CSF leak, or cochlear implants a dose of PCV13. However, do not give PCV13 and PPSV23 at the same visit. Give PCV13 first followed by PPSV23 at least eight weeks later. Give a second PPSV23 dose, if needed, at least five years after the first dose. If PPSV23 was given first instead of PCV13, wait

Continued on Page 3 >>>

Immunization and Child Profile Update

spring 2014 >>>

Lonnie Peterson
Editor & Graphic Designer
360-236-3529

lonnie.peterson@doh.wa.gov

Paul Throne
Managing Editor

360-236-3720

paul.throne@doh.wa.gov

Proofreaders

Chris Halsell, Michelle Harper, Stephanie Klapstein, Trang Kuss, Karen Meranda, Michele Roberts, Lin Watson

Washington State
Department of Health
Office of Immunization and
Child Profile

PO Box 47843

Olympia, Washington 98504-7843

360-236-3595

1-866-397-0337 (toll free)

oicp@doh.wa.gov

Immunization Information System
Help Desk

206-205-4141

1-800-325-5599 (toll free)

iishelpdesk@kingcounty.gov

Ask the Nurses

immunenurses@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 a different format, please call 1-800-525-0127 (TDD/TTY call 711).

ask the nurses >>>

continued from page 2

one year or more before you give PCV13.

Vaccine errors

Q: What's considered a vaccine error? Can you share some tips to prevent them?

A: Vaccine errors are considered medication errors. Some common ones include giving the incorrect vaccine or diluent, giving the incorrect dosage or an expired vaccine, using the wrong needle size, or giving a vaccine at the wrong injection site.

The largest medication error reporting database in the country says the most commonly-reported error is giving the wrong vaccine. These errors usually happen with vaccines whose names look or sound alike. Make sure you check the vaccine three times before you give it.

For information on how to prevent vaccine errors, look in the [Epidemiology and Prevention of Vaccine-Preventable Diseases, Appendix D: Vaccine Administration](#). Also, be sure to report vaccine

errors to the [Vaccine Adverse Event Reporting System](#).

In December 2012, the Institute for Safe Medication Practices launched its National Vaccine Error Reporting Program (VERP). It allows healthcare professionals to confidentially report vaccine administration errors and near misses. Its goal is to better quantify sources of errors and advocate for product changes (such as changes to the vaccine name or label) to ensure patient safety. [Visit the VERP website](#) for more information and to access an electronic VERP reporting form.

Q: Are vaccine diluents interchangeable?

A: As a general rule, no. However, you can use the diluent for MMR vaccine to reconstitute varicella vaccine and vice versa. The diluent for both vaccines is sterile water for injection and is produced by the same company. Don't use any other diluent for MMR and varicella vaccines. Don't use these diluents to reconstitute any other lyophilized vaccine.

If you use the wrong diluent, you must repeat the vaccination. If you reconstitute an inactivated vaccine with the wrong diluent and administer it, count the dose as invalid and repeat it right away. If you reconstitute a live vaccine with the wrong diluent and administer it, count the dose as invalid. If you can't repeat it on the same clinic day, repeat it no earlier than four weeks after the invalid dose. Spacing is needed due to the effects of generating a partial immune response that could suppress the live replication of later doses, even of the same live vaccine.

Q: Can I count an incomplete dose of vaccine as valid?

A: No, an incomplete dose of a vaccine is not valid even if the patient moves before the injection is done. However, there are some exceptions: do not repeat the dose of Live, Intranasal Influenza vaccine if the person sneezes and do not repeat the dose of rotavirus vaccine if an infant spits it out or throws it up.

afix >>>

Raise Your Rates with Reminder/Recall

To raise immunization rates for all age groups and healthcare settings, tell patients when they're due (reminder) or overdue (recall) for a vaccine.

There are many different systems and ways to do this for immunizations. Reminder/recall may also help patients get in for other preventive services, such as well checkups or health screenings.

The Washington State Immunization Information System offers an easy way to help clinics find patients due or overdue for vaccines. It can create this report in many formats:

- Patient phone lists
- Mailing labels or postcards
- Letters or mail merge letters

- Auto-dialer files (to call all patients on a list at the same time with a recorded message)
- E-mails

To help design your reminder/recall process, first answer these questions:

- What system will you use to create your reminder/recall patient list (for example, the Immunization Information System, your clinic's electronic health record, or a paper-based system)?
- Who will be in charge of reminder/recall?
- How often will you do reminder/recall?
- How will you send out reminder/

recall notices (mail, phone, text, and/or e-mail)?

- Which vaccine(s) do you want to focus on? Think about your clinic's immunization rates and which vaccines have the lowest percent of patients up to date.

Resources

- [Does reminding people to have vaccinations increase the number of people who receive vaccinations?](#) (Cochrane Summaries)
- [Increasing Appropriate Vaccination: Client Reminder and Recall Systems](#) (Community Preventive Services Task Force)

immunization information system >>>

IIS Increases Support for Inventory Management

We're working toward our goal of reporting online inventory and doses administered in the Washington State Immunization Information System. Help Desk staff work closely on this with local health and healthcare providers enrolled in the system. Calls to the Help Desk are increasing.

The Help Desk answers calls about how to:

- Order and receive Vaccines for Children (VFC) vaccine online through the Immunization Information System.

- Manage VFC inventory in the Immunization Information System accurately enough to report online in the system (after getting local health jurisdiction approval).

There are many ways to get your questions answered:

- Call the Help Desk at 1-800-325-5599
- E-mail the Help Desk at iishelpdesk@kingcounty.gov (only e-mail patient-specific protected health information if you can send it securely)

- [Visit the Immunization Information System Training webpage for just-in-time resources](#)
- [Find resources on the Just-in-Time Training for Washington's Immunization Information System webpage](#)
- [Click on the "Answers" feature on the Immunization Information System home page](#)
- Ask Help Desk staff for the updated *Managing Inventory with an EHR Interface* guide

perinatal hepatitis b >>>

Newborn Hepatitis B Vaccination

The Department of Health and the Immunization Action Coalition (IAC) urge health professionals, hospitals, and birthing centers to participate in the [Give Birth to the End of Hepatitis B project](#). It urges hospitals and birthing centers to meet the national standard of care by providing a universal birth dose of hepatitis B vaccine before hospital discharge for every newborn.

Each year up to five newborns in our state get exposed and chronically infected with hepatitis B from their mom. Two out of ten newborns leave the hospital unprotected. A birth dose of hepatitis B vaccine can prevent

perinatal transmission, yet nationally, only 70 percent of babies get the vaccine within three days of birth.

The birth dose is the first step to create a vaccine safety net that protects babies from hepatitis B infection. Kids who begin their immunizations at birth are more likely to complete all of their immunizations on time than kids for whom the first dose is delayed until ages one to two months.

[Local perinatal hepatitis B coordinators](#) can help hospitals set up policies and procedures, including pre-printed standing orders that

include hepatitis B vaccine, as part of the medical management for all newborns delivered in the hospital. The Vaccines for Children program provides vaccine at no cost to private and public healthcare providers.

Visit the [Department of Health](#) or [IAC](#) websites for more information and resources, including a Webinar, guidebook, and the [Hepatitis B Birth Dose Honor Roll](#). If you know of hospitals with hepatitis B coverage rates of 90 percent or more, let us know. We'll add them to the nationally-recognized honor roll!

resources & updates >>>

Immunization Materials Update

Free immunization materials are available from the Office of Immunization and Child Profile.

Visit the [Forms and Publications webpage](#) to view and order materials.

New or Revised Material	Format	Language(s)
"Plain Talk About Childhood Immunization," seventh edition	Online and print	English , Spanish , and Russian

Contact Us

The Office of Immunization and Child Profile updated its [Contact Us webpage](#). Contact information for individual staff was removed and replaced with addresses to several e-mail inboxes set up for specific questions. Office staff check e-mails regularly and direct them to the appropriate person. We hope this makes it easier for our partners to connect to the right person.

Seattle Business Magazine Salutes the Silence Whooping Cough Campaign

By Joe Turcotte, Director of Communications, Group Health Foundation

The Silence Whooping Cough campaign won a silver award in the community outreach category for its efforts to raise awareness about the importance of vaccination to protect against pertussis (whooping cough). The campaign was sponsored by the Group Health Foundation in partnership with the Washington State Department of Health as well as local health jurisdictions, schools, businesses, county governments, and parenting groups from across the state to spread the word.

The campaign, www.silencewhoopingcough.org, was launched in response to the 2012

pertussis epidemic which had more than 5000 reported cases. The campaign used a variety of outreach methods, including paid and social media, community partnerships, and news media outreach to encourage pregnant women and caregivers of young kids to get vaccinated. Babies are among the most vulnerable to serious complications and death from pertussis.

The awards event, which drew a crowd of more than 200 to the Washington State Convention Center, honored 25 of our state's top healthcare innovators, CEOs, hospitals, and organizations. [Read more about the awards](#) in the *Seattle Business* magazine article.

More on...

Group Health Foundation

[Group Health Foundation](#) is one of the most prominent organizations committed to improving vaccination rates in our state. It's been active in immunization work since at least 2008. It funded efforts to "Silence Whooping Cough" and improve HPV vaccination rates, and has been a major supporter of the Vax Northwest public-private partnership. With the foundation's help, Vax Northwest created evidence-based strategies for provider communication and parent peer education on the importance of on-time and complete immunization. It contributed millions toward improving the health of people in our state. We're grateful for its passionate support of immunization.

Office of Immunization and Child Profile Staff Updates

New to the office

Kyle Bertsch, PPHF VTrcks-IIS Enhancement Grant Coordinator, joined the office in January. Kyle has experience with inventory management software, product returns and damaged merchandise, and inventory control and auditing. Contact Kyle at kyle.bertsch@doh.wa.gov or 360-236-3647.

Branden Durst, Policy and Performance Measurement Coordinator, joined the office in March. Branden previously worked for the American Counseling Association and was a state representative and senator in the Idaho Legislature. Contact Branden at branden.durst@doh.wa.gov or 360-

236-3483.

Gayla Gilmore, Vaccine Assurance Supervisor, joined the office in April. Gayla has worked in public health for 20 years, mostly at the Department of Health. Most recently she worked for the Washington State Puget Sound Partnership. Contact Gayla at gayla.gilmore@doh.wa.gov or 360-236-3620.

Paul Throne, Health Promotion and Communication Section Manager, joined the office in January. Paul has worked at the department for 17 years in the Division of Health Systems Quality Assurance. He recently earned his Doctorate in Executive Public Health Leadership

from the University of North Carolina at Chapel Hill. Contact Paul at paul.throne@doh.wa.gov or 360-236-3720.

Daniel Tuesta, Vaccine Consultant, joined the office in January. Daniel previously worked for the Association of Washington Business. He's filling in during Jacki Stockdale's maternity leave. Contact Daniel at daniel.tuesta@doh.wa.gov or 360-236-3740.

Left the office

Sabine Meuse, Vaccine Assurance Supervisor, left the office in March.

Roxie Zarate, Vaccine QA and Systems Consultant, left the office in March for a position in the department's Surveillance and Evaluation Section.

HPV Provider Survey

Human papillomavirus (HPV) is the most common sexually transmitted infection in the country. Two vaccines are available for females (Gardasil and Cervarix) and one for males (Gardasil). Both are highly effective after three doses. A project is underway to:

- Describe patterns of HPV vaccine

coverage and healthcare provider recommendations in our state.

- Assess predictors for vaccine uptake, missed opportunities, and strong provider recommendations.
- Find areas for improvement in vaccination coverage and promotion.

Part of the project includes a [survey for providers](#) on the strength of HPV recommendations and perceived barriers to vaccinating all eligible adolescents. For more information on the project or survey, contact [Hanna Oltean](#) at 206-418-5428.

Grant Helps Local Health Prepare for Health Reform

The Public Health Reimbursement Grant supports local health jurisdictions' (LHJ) pursuit of private insurance billing. This work will help bring new revenue to their clinics as they adapt to healthcare reform. Many LHJs expect to serve more insured clients due to Medicaid expansion and Affordable Care Act (ACA) requirements.

We're working with Department of Health prevention programs and the Health Care Authority (HCA) to find better ways to partner on preventive care and services. In late

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

January, we hosted a Webinar for local health and other public health providers. It helped them understand how to work more effectively with Medicaid in 2014. We were pleased with the diverse turnout of providers, including LHJs, family planning clinics, county jails, substance abuse counselors, and other public health providers and staff.

The training included information on:

- Changes in the Medicaid population with the ACA-driven expansion of Medicaid.
- How to work with Medicaid

managed care plans serving Medicaid clients.

- How to enroll with Medicaid and ProviderOne.
- Billing information and tips.

We're working with HCA to learn more about Medicaid benefits, coverage, and reimbursement for services to Medicaid-eligible clients in this new era of ACA. We're working with HCA to address questions that came up during and after the training and will share them with our partners.

CIS & COE Changes for the 2015-2016 School Year

Certificate of Immunization Status (CIS)

We're changing the CIS, effective for the 2015-2016 school year. The main changes include:

- Removal of the parent verification of chickenpox disease (this will not be valid for the 2014-2015 school year).
- Separate Tdap and Td boxes so schools can accurately see if Tdap vaccine was given.
- One more row for pneumococcal vaccine (PCV/PPSV) since some kids may get a total of five doses.
- One more row for meningococcal vaccine (MCV/MPSV) since kids

may get more than one dose.

- Removal of detailed vaccine trade names on the second page and the instructions. Vaccine trade names often change and there are other resources available to help parents fill out the CIS. A lot of information on the revised CIS is easy to understand, so parents may not need instructions.

Certificate of Exemption (COE)

We changed the COE in 2011 along with the immunization exemption law. We've heard ongoing concern about parents and healthcare providers filling it out incorrectly. We've also heard that the slight

increase in medical exemptions in our state may be due to providers incorrectly signing for a medical exemption when the parent already requested a personal exemption. A recent survey of school nurses verified our suspicions.

Based on these concerns and the need to collect information about specific vaccines and the specific type of exemption requested, we plan to revise the COE, effective for the 2015-2016 school year. After we draft the new form, we'll get feedback from school staff, providers, and local health this summer. We plan to release the new form in early 2015.

Parent Verification of Chickenpox Disease No Longer Allowed

The State Board of Health approved the [Varicella Implementation Plan](#) in 2008. According to it, all students in kindergarten through sixth grade in the 2014-2015 school year must have two doses of varicella (chickenpox) vaccine. Only healthcare providers can verify this.

The Certificate of Immunization Status (CIS) still includes check box 4 for parents to verify chickenpox disease, however, the instructions on page 2 state: "If your child started kindergarten in the 2008-2009 school

year or later, you CANNOT use this box." Schools should follow up with parents to get healthcare provider verification of chickenpox disease if the parent checks box 4. We're revising the CIS to reflect this change. It will be available at the start of 2015 and goes into effect for the 2015-2016 school year.

The board developed the plan because the Advisory Committee on Immunization Practices (ACIP) updated [varicella recommendations](#) in 2007 to encourage two doses

of the vaccine. Our state slowly implemented varicella requirements to get all students vaccinated. In 2007, the ACIP also recommended that only healthcare providers verify a child had chickenpox instead of the parent. As more kids get vaccinated, the rarer chickenpox disease has become, so often parents are unable to confirm whether or not their child had it.

Compare Current & Upcoming School Year Immunization Requirements

A comparison of the current school immunization requirements and the new 2014-2015 school year requirements:

2013-2014 School Year	2014-2015 School Year
<p>DTaP: 5 doses (4 doses acceptable if dose 4 was given on or after the fourth birthday)</p> <p>Hep B: 3 doses Kindergarten through Grade 6:</p> <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 is 24 weeks <p>Grades 7 through 12:</p> <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 = 12 weeks • Minimum age for dose 3 is 4 months 	<p>DTaP: no change—5 doses (4 doses acceptable if dose 4 was given on or after the fourth birthday)</p> <p>Hep B: no change in number of doses—3 doses; change in grade level Kindergarten through Grade 7:</p> <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 is 24 weeks <p>Grades 8 through 12:</p> <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 = 12 weeks • Minimum age for dose 3 is 4 months
<p>Tdap: 1 dose for Grades 6 through 12 (≥ age 11)</p> <p>IPV: 4 doses (3 doses acceptable if dose 3 was given on or after the fourth birthday)</p> <p>Kindergarten through Grade 2: Final dose given after August 7, 2009 must be given at a minimum of 4 years of age and a minimum interval of 6 months from the previous dose</p>	<p>Tdap: no change—1 dose for Grades 6 through 12 (≥ age 11)</p> <p>IPV: no change in number of doses—4 doses (3 doses acceptable if dose 3 was given on or after the fourth birthday); change in grade level Kindergarten through Grade 3: Final dose given after August 7, 2009 must be given at a minimum of 4 years of age <u>and</u> minimum interval of 6 months from the previous dose</p>
<p>MMR: 2 doses</p> <p>Varicella:</p> <ul style="list-style-type: none"> • 2 doses for kindergarten through Grade 5 • 1 dose for Grade 6 (parent verification is acceptable) • Recommended, but not required, for Grades 7 through 12 	<p>MMR: no change—2 doses</p> <p>Varicella:</p> <ul style="list-style-type: none"> • 2 doses for kindergarten through Grade 6 (<u>only</u> healthcare provider verification of chickenpox is valid) • Recommended, but not required, for Grades 7 through 12

More on...

Updated School & Child Care Resources

- New! [Conditional Status Frequently Asked Questions](#)
- Updated! [School Year 2014-2015 Individual Vaccine Requirements Summary](#)
- In revision! [School Immunization Requirements Training video for the 2014-2015 school year](#)
- 2014 laminated immunization schedule. To order, e-mail debbien@withinreachwa.org with your contact information.

Get Ready for Fall Reporting

The immunization reporting form for schools and child cares stays the same for the 2014-2015 school year. The deadline to report, November 1, is the same each year. Find forms for:

- [Schools.](#)
- [Child cares.](#)

[Find more information online under the "Reporting" heading.](#)

School Module Pilot Goes Live!

The Washington State Immunization Information System School Module is now live for five school districts. All immunizations entered by healthcare providers in the system show up in the module and schools can accurately see which students are out of compliance based on state-specific school immunization requirements. Schools can print student-specific reports and letters to send to students who are out-of-compliance or in conditional status.

Jolene Erickson, school nurse with the Odessa School District, and Katherine Graff, Northshore School District, were the first nurses in our state to use the module. We'll continue to test it this spring and give updates on our progress. We'll use the lessons learned to develop and plan for phasing it in to all schools.

vaccine management >>>

Storage & Handling Pilot Feedback

As part of the Vaccine Storage and Handling Grant, we're pilot testing best practices in storage and handling. The pilot involves 117 providers in 27 local health jurisdictions (LHJs). Pilot providers got updated temperature logs, storage unit and thermometer guides, and one of two data loggers.

Providers and their staff are giving us feedback on their experiences. We'll use it to create guidance for data logger use and to update vaccine

management materials.

Half of the pilot sites have given feedback so far. Here's a brief summary:

- Providers said their first-time data logger setup was somewhat easy
- Providers are more confident about temperature monitoring when they use data loggers
- About 49 percent of providers said they gave more precise data to their LHJs
- About 21 percent of providers

identified at least one out-of-range temperature using the data loggers

- About 33 percent of providers reported issues with resetting or clearing data logger data
- Providers found the new Defrosting Storage Units Guidance the most helpful pilot material

If you have questions or comments about the grant, contact [Phillip Wiltzius](#) at 360-236-3603.

vfc idea corner >>>

The Centers for Disease Control and Prevention (CDC) introduced a new online system to document Vaccines for Children (VFC) compliance site visits. CDC renamed the system VFC-PEAR, which stands for Provider Education, Assessment, and Reporting. We had a short timeframe in which to launch the system, but we made it through. Now reviewers across the state (and the country) are using the system to conduct and track site visits.

Tip: At least once a week, check the VFC-PEAR website for the most current paper versions of the Questionnaire and Follow-Up Plan.

Also check the Help webpage for recent changes.

Tip: Be very careful when you enter data into VFC-PEAR. Double-check your work before you submit it. Once you submit the information, you can't make changes.

Tip: To find your providers in VFC-PEAR:

- Click on the "New/Search" tab at the top of the page
- Enter the first three numbers of your county ID on the line marked "Provider PIN"
- Make sure the "Reviewer" box shows "Select Reviewer"

- Click "Search"

[Find more VFC resources on the VFC and AFIX Site Visits webpage.](#)

Plan to attend VFC/AFIX conference calls on the third Thursday of each month from 1:30 to 2:30 p.m. If you have questions not addressed on the VFC-PEAR Help webpage, e-mail OICPContracts@doh.wa.gov with VFC-PEAR on the subject line.

Do you have ideas, tips, or good resources to share? Do you have something that helps you do your work in an easier and smarter way? Please e-mail them to Katherine Harris-Wollburg at katherine.harris-wollburg@doh.wa.gov.

hot topic >>>

Children's Immunization Champions Recognized

continued from page 1

IACW Collaborator award recognizes an organization that impacts its community through collaboration to help promote, educate, and increase immunization levels.

Kauzlarich serves as an active IACW member, volunteers at a local pediatric clinic consulting and putting immunization records into the Washington State Immunization Information System, and champions immunizations for kids at the national level through the Immunization

Action Coalition, the CDC, and the National Network of Immunization Nurses and Associates. A portion of her work focuses on addressing a gap in how medical and nursing programs train healthcare providers. These programs historically teach only how to give injections. Kauzlarich and her colleagues partnered with local health and the Department of Health to develop training for providers and their staff that addresses the "why" of immunization—the critical tie between immunization and disease



Janet Kauzlarich, 2014 CDC Childhood Immunization Champion

prevention. Kauzlarich retired after 48 years as a nurse in Bremerton, where she currently lives.

Continued on Page 9 >>>

hot topic >>>

Children's Immunization Champions

Recognized

continued from page 8

Yarkin, winner of the IACW Advocate award, has been a tireless parent advocate for school immunizations on Vashon Island—one of our state's community strongholds of immunization resistance. Yarkin finds highly creative ways to engage parents and community members in discussions around herd immunity, disease, and the school's vaccination rates. Yarkin is a mother of three girls and farms on the island.

Tieton Village Drugs, IACW's Collaborator recipient, is an independent pharmacy in Yakima that works in the community to protect members of all ages through immunization. They provide immunization clinics in businesses, schools, the local mission, child care centers, senior centers, and at many other locations. They collaborated

with the Yakima Health District to design the Free Vaccine for Adults program. This made Tieton Village Drugs the first pharmacy in the U.S. to have access to free vaccine for the uninsured and underinsured.

The CDC sponsors the Immunization Champion award and the Office of Immunization and Child Profile administers it at the state level. IACW sponsors the Advocate and Collaborator awards and gives them out every two years, in conjunction with the CDC award.

The department and IACW honored all three recipients at the IACW quarterly meeting in SeaTac on April 16.

Immunization Highlights from the Office Director

continued from page 1

of the federal Vaccines for Children program. CDC shared new estimates that show since the start of the program, more than 322 million illnesses, 21 million hospitalizations, and 732,000 early deaths among children have been prevented because of vaccinations. That's phenomenal! The work we do saves lives every day!

This spring also marks the tenth anniversary of the upgrade to the Web-based Immunization Information System that we still use from an old DOS-based system. The system made it easier for healthcare providers to use and also increased access so providers could get to it anywhere, any time. Since then we've more than doubled the number of providers that vaccinate children who use the system—97 percent now participate. So do 265 school districts, 45 private

schools, and 445 pharmacies.

I hope each of you takes a moment to do something that gets you excited about the immunization work you do. Then roll up your sleeves—there is always more work to do as the recent measles cases in our state remind us. Together we can keep our communities protected.

Happy spring and I hope to see you at the upcoming National Conference on Immunization and Health Coalitions happening here in Seattle May 21-23!

Michelle Roberts

Staff Kudos

Mike Bin, Operations and Response Coordinator, and Karen Meranda, Accountability and Systems Consultant. The Clark County Public Health immunization team wrote: "Thank you for your participation at yesterday's coalition meeting. The extra time you spent with us post meeting, the information provided, and your expertise (and patience!) was greatly appreciated. We are already reaping the benefits in our monthly report process. We look forward to our continuing partnership with you."

Lin Watson, Operations Manager and CDC Public Health Advisor. Lin was recognized during National Public Health Week as a great example of the important and varied work of public health and how it affects everyone in communities across the state.