Happy Summer everyone! I enjoyed seeing so many partners at the Immunization Summit in April. It was a day of learning, networking and reinvigoration; something we definitely need to keep up in our immunization work!

Immunization work is tough! Diseases that vaccines can prevent are an ever-present threat. This flu season, we had the highest number of flu deaths in seven years, including five pediatric deaths. We are still dealing with the largest mumps outbreaks we’ve seen in nearly 50 years. These outbreaks are occurring the same time as many other challenges: vaccine confidence and acceptance, access to care, practice transformation and payment reform, and trying to find time and resources to focus on quality improvement.

We need to be ready during times of emergency response and during times we might consider more “normal.” They are both critically important, and the emergencies that often demand our attention. I want to encourage us to remember that the times between crises are just as important. That’s the time of building relationships, strengthening our messages, and making sure our systems are set up with the resources they need to be prepared for not just another emergency, but for the daily work of preventing vaccine-preventable diseases through immunization.

We are working on strengthening one of the backbones of our immunization infrastructure: the Washington State Immunization Information System (IIS). As users, many of you have experienced the growing pains happening in the system. These pains occur from the rapid growth of data, more users, and more functions within the system to support immunization work, such as vaccine ordering and school requirement tracking. All of this growth and expansion required we rebuild our server environment. We hope this work will be finished in the fall and will provide the increased capacity to support all the functions and accommodate the huge amount of data coming and going through the system. This will resolve some of the pesky problems that many of you face when using the IIS, like having reports not finish.

Another thing we can all do to help build a stronger immunization system is to know our immunization rates and identify opportunities for improvement. We have a lot of ways to do this- if you are an IIS user you can run your own reports, or you can use the online data we have available. We have also increased our recognition efforts for immunization rates.

(continued on next page)
We have worked with our Health Plan Partnership to recognize high-performing providers with an Immunize Washington award. We send immunization report cards to all schools in Washington that include a kindergarten, and recognize schools with 95% or higher kindergarten immunization rates.

We can't forget to put an emphasis on early childhood immunization rates. If we had children fully immunized before kindergarten, they would meet school immunization requirements and reduce the time we spend catching children up for school requirements. We know our greatest partners in this work are healthcare providers. You are the ones meeting families face to face, handling tough questions and making the case for vaccines. We know the following can be helpful:

- Make a strong recommendation every time. Provider recommendations are a large part of vaccine acceptance.
- Stick with your recommendation even if it is met with resistance. An example of this could be the family who continues to decline immunization: “What would it take to get you to a yes? I want us to keep talking about this at each visit because I know being fully vaccinated is the best protection I can offer.”
- Combine your vaccine recommendations. For adolescent vaccines, sandwich HPV with your other recommendations: “Today you need three vaccines that protect against whooping cough, HPV, and meningococcal disease.” Offer flu vaccine with other vaccines a child or adult is due for. This type of combination recommendation increases uptake.

Public health is always ready to lend a hand. We know this work is hard. It often feels like you can't catch a break. Supporting you is our highest priority. We will never be able to prevent every crisis, but if we build community resiliency and work together to inoculate our supporters against negative messages, we can stand together confidently when it comes. I hope to see everyone at our next training event on October 27.
Charles Gyamfi, Disease Control Officer from Ghana, Visits Office

At the end of October, the office had the pleasure of welcoming Charles Gyamfi, a municipal disease control officer from Ghana. The IAIM and the Sabine Institute sponsored Gyamfi’s visit so he could learn about the state’s Immunization Information System and improve practices in Ghana. Ghana is planning to implement an online system for vaccinations to standardize and improve recordkeeping practices.

#BHepBFree Campaign Wins National Immunization Award

The Association of Immunization Managers selected the hepatitis B awareness campaign #BHepBFree as a winner of its national 2017 Bull’s-Eye Award. The award recognizes immunization strategies that “hit their mark,” achieving goals and increasing awareness by encouraging replication in other programs.

The Department of Health thanks all individuals and organizations who supported this campaign and its mission to increase hepatitis B vaccination rates in Washington by giving a birth dose to babies before they leave the hospital.

Study Shows Possibility of Early Detection of Autism

A study recently published in the science journal Nature used MRI scans of infants to predict autism in infants as early as 6 to 12 months of age. The scans identified areas of the brain that grow differently in infants with and without autism. Physical symptoms of autism are detectable around age two. More research will need to be done before MRI scans could be used to detect autism for clinical practice.

Study Link

Hailey Olliges is a new hire for the vaccine management team. She will be the new Planning Coordinator. Hailey has previous experience in the private health sector.

Melissa Couture, a previous site visit specialist for VFC and AFIX site visits in our office, was recently selected as the new VFC QA Coordinator for the Clinical and QA Team.
For last year’s fall flu season, we collaborated with GA Creative to develop and market a flu awareness media campaign. Our goal was to encourage residents of Washington State to get their flu shot. The flu campaign ran from November to December, and was very successful. We'd like to share our process, successes and the data we gathered throughout the campaign.

When developing the flu messaging with GA Creative we wanted to come up with an interesting message that could be shared across a variety of media channels. After a lot of discussion, we came up with the slogan of “knock out flu.” We believed the message was memorable and could be easily visualized during the media campaign. We developed the message into banner ads, audio messages, and a short video. All digital ads would lead to our flu landing pages at the Department of Health.

We started our media campaign across Washington State by targeting social media, internet and online radio channels, movie theatres, and health related flu web sites. Because of our large media buy, we were able to get additional free airings for internet radio and movie theatres across the state. Our diverse media campaign allowed us to reach undererved populations, such as Spanish-speakers, and areas receiving less media attention such as Southwest Washington.

Over the course of the campaign, we garnered over 16 million media impressions. This is the number of times the ad was shown to someone, either on a web page, through a radio ad, etc. Theatre viewings accounted for 3.7 million of these impressions. Overall, we had a high click-through rate (CTR) for the campaign, finishing at 1.9%. The CTR is the percentage of people visiting a web page that actually click on an ad, and is one of the benchmarks for measuring digital ad success. When we started the campaign, we expected a CTR rate of 0.08%. Our digital advertising gathered just under 48,000 click-throughs. We also boosted our Facebook page views and likes by 67% during the length of the campaign.

One of the areas we saw less participation than expected was through our Pandora advertising campaign. Although we reached 447,000 unique listeners, including Spanish speakers, we had relatively low CTR of 0.07%.

Overall, the flu campaign for the Fall 2016 season was very successful. We exceeded our campaign goals for audience reach and participation, increasing awareness on the importance of getting the flu shot. The memorable graphics we created can be carried over into future flu seasons and give us long-lasting value and brand recognition.
CONSUMER ACCESS TO IMMUNIZATION RECORDS CONTINUES TO INCREASE

The Office of Immunization and Child Profile is continuing its work with the Office of the National Coordinator to pilot MyIR, a consumer access portal in the Washington State Immunization Information System (IIS). When people sign up for MyIR, they have immediate access to their and their family’s immunization records. They can also print the Certificate of Immunization Status for school and child care entry.

Year four of the pilot began last fall and consumers’ interest in MyIR has increased. To date, there over 5300 fully-activated consumers. This is due, in part, to a few things:

- Consumers can now self-register for MyIR using an auto match process in the IIS. This makes it quick and simple to register.

- An ad campaign promoting MyIR in the Seattle area ran from mid-March through May 2016. It targeted parents of kids signing up for kindergarten. In addition to print and online ads, Dr. Wendy Sue Swanson, Seattle Mama Doc, promoted MyIR on KING 5, and several local-area bloggers promoted it as well.

- A MyIR insert was mailed in the Child Profile Health Promotion mailings starting in October 2015 through November 2016. During that time, we mailed over 91,000 inserts in English and over 6200 inserts in Spanish. The material went out in the four-and-a-half-year mailing in the hopes of reaching parents who have kids starting kindergarten.

We continue to promote MyIR to school districts and will be working with the Immunization Action Coalition of Washington’s Public Awareness and Education Committee to further promote MyIR to schools and child cares across the state. Another ad campaign in the Seattle area will begin in mid-March and run through May 2017 as well as another round of materials in the Child Profile mailings.

If you want to learn more about MyIR please contact Lonnie Peterson. If you’re interested in signing up for MyIR to get your or your family’s immunization records, visit www.doh.wa.gov/immsrecords.

Lonnie Peterson
Health Promotion Child Profile Supervisor
lonnie.peterson@doh.wa.gov
In this newsletter’s QA session with our office nurses, we cover common HPV questions asked by parents and providers.

Q: Can you explain the new HPV two dose schedule?

A: The Advisory Committee on Immunization Practices (ACIP) recently updated recommendations for adolescents. You can find the updated recommendations here. ACIP now recommends a routine 2-dose HPV vaccine schedule for most adolescents who START the vaccination series before the 15th birthday. The two doses should be separated by 6-12 months. The minimum interval between doses is 5 months.

Q: What about patients and high risk patients who start the HPV vaccine series on or after the 15th birthday?

A: A 3-dose schedule is recommended for people who start the series on or after the 15th birthday and for people with certain immunocompromising conditions (such as cancer, HIV infection, or taking immunosuppressive drugs). Please look at the HPV dosing flowchart for more details. You can find this on our web page here.

Q: We have patients who received 2 doses of HPV one month apart. They started dose 1 before 15 years of age. Do these patients need to get a third dose?

A: Even though a patient started dose 1 before 15 years of age, they still need to get a third dose if dose 1 and dose 2 are separated by less than 5 months. The minimum interval for a 2 dose HPV series to be valid is 5 months.

Q: If patients in our clinic started HPV dose 1 before 15 years of age (before the ACIP recommendations changed) and received 2 doses separated by 5 months or more, can we count these patients as complete?

A: Yes. Any patient who received 2 doses of HPV vaccine can be considered fully vaccinated if dose 1 was given before the 15th birthday and the 2 doses were separated by at least 5 months.

Q: A 16 year old patient received dose 3 of HPV vaccine 12 weeks after dose 2 but only 4 months after dose 1. Should we repeat dose 3?

A: Yes. If an HPV vaccine dose is administered at less than the recommended minimum interval then the dose should be repeated. The third dose should be repeated at least 5 months after the first dose or 12 weeks after the invalid third dose.

Q: If HPV vaccine dose 1 was given before the 15th birthday and it has been more than a year since that dose was given, would the series be complete with just one additional dose?

A: Yes. Patients who started the HPV vaccine series before the 15th birthday and who are not immunocompromised are considered to be completely vaccinated with just one additional dose of HPV vaccine. If the vaccination series is interrupted, the series does not need to be restarted.

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NURSE UPDATES

Perinatal Hepatitis B Prevention Program (PHBPP) Guidelines update

The updated version of the PHBPP Guidelines will be posted online by April. These guidelines are based on the current recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. The Guidelines are intended for local health jurisdiction Perinatal Hepatitis B Coordinators, prenatal care providers, hospitals, and pediatricians. Updates to this manual include streamlined chapters, more links to resources, and more visuals. When the manual is posted you can find it on our web page here. Please send feedback on the new manual to phbpp@doh.wa.gov.

Heads up! Single Dose Revaccination for Infants Born to Hepatitis B-Infected Mothers

On February 22, 2017, ACIP voted to recommend infants born to hepatitis B positive women who do not respond to the initial three-dose hepatitis B shot series (anti-HBs <10 mIU/mL) get one additional dose instead of a second three-dose series. The additional dose is followed by a blood test 1 to 2 months after to see if the infant responded to the vaccine.

Infants whose antibody levels remain less than 10 mIU/mL following a single-dose shot should receive two additional hepatitis B shots, followed by blood testing 1 to 2 months after the final dose. Even though the ACIP voted on this recommendation, this is not final until these recommendations are published in the Mortality and Morbidity Weekly Report.

Hepatitis B Module Update

The new module has been on hold until the department obtained more server space and further testing can occur. We are addressing this issue and should see some progress in March. Once the server issue is resolved, data from the old module will be migrated to the new module and both will operate side by side until users are comfortable with the workflow. Coordinators can provide their feedback during the testing phase to improve the system and create a final version. If you wish to participate in system testing please contact Steffen Burney or Trang Kuss at phbpp@doh.wa.gov.

Capture-Recapture: Lab Database Matching

Please welcome Toby Koch, CDC Public Health Associate who's helping the PHBPP to identify additional infants born to hepatitis B positive women. The program is applying a method known as capture-recapture that uses different database sources to identify overlaps and gaps. Fourteen additional infants were identified as being born to mothers who had previously tested positive for hepatitis B, but were not reported to DOH-PHBPP during their current pregnancy.

Here is additional case information for the 2014-2015 cohorts:

• 6 cases confirmed and 5 probable cases pending
• An additional 8 cases found matching the refugee database and 9 cases in the 2007-2013 cohorts
• A new workflow has been established to review labs on a quarterly basis using CDC Linkplus software

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NURSE UPDATES (CONTINUED)

PHBPP coordinators investigate these missed cases by following up with the provider and obtaining the mother’s hepatitis B status, dates for HBIG and hepatitis B shots, and blood test results (anti-HBs and hepatitis B surface antigen [HBsAg]) 1-2 months following the last dose of vaccine to determine if the infant responded to the vaccine.

A Call to Action! Reporting Hepatitis B Surface Antigen-Positive Pregnant Women

DOH relies upon your reports to identify hepatitis B positive pregnant women. In order to identify these women and ensure that their infants are appropriately immunized, a multi-system approach is employed by the coordinator who works together with labs, physicians, health professionals and birth hospitals to ensure timely reporting of HBsAg-positive test results to facilitate follow-up for infected women and their families.

Review of Laboratory Reports

Most cases of HBsAg-positive pregnant women will be reported to the local health jurisdiction by labs. The steps to review lab reports include:

• Reviewing reports of hepatitis B-infected individuals to identify women who are of childbearing age (14 to 45 years) and contacting the physician’s office to determine if any of these women are pregnant. The local health jurisdiction may be able to obtain information from the provider’s office by sending a fax request.

• Prioritizing lab tests ordered by prenatal care providers. PHBPP Coordinators may want to consider keeping a list of local medical providers who deliver infants, including those in family practice.

Improving Case Identification

Despite screening and Washington reporting laws, some hepatitis B-infected women are not identified and some births to infected women are not reported to the health department. Please consider these strategies to improve case identification:

• Maintain a list of all labs that perform prenatal HBsAg testing (including birth hospital labs) and confirm that positive HBsAg test results are reported to the health department.

• If a case has been identified but not reported please follow up with the provider by letter or phone call to find out why the case was missed. For further information about the Washington State Department of Health’s Perinatal Hepatitis B Prevention Program, send an email to phbpp@doh.wa.gov. The new guidelines, listed here, include follow up protocols to reduce missed cases.
HPV Vaccination Algorithm

Use this algorithm to determine how many doses of HPV vaccine a patient needs.

Previous HPV vaccination?

Yes

Was 1st dose received before 15th birthday?

Yes

How many doses has patient received?

Give 2nd dose 6-12 months after first*

Give 2nd dose 0, 6-12 months

No

Give 1 or 2 more doses for a total of 3 doses (0, 1-2, 6 months)

No additional doses needed (series complete!)

No

Give 3rd dose at least 12 weeks after 2nd dose and at least 5 months after 1st dose

Give 2 doses (0, 6-12 months)

Give 3 doses (0, 1-2, 6 months)

No

Patient’s current age?

9-14 years*

Give 2 doses (0, 6-12 months)

Give 3 doses (0, 1-2, 6 months)

15-26 years

Note: Any combination of 4vHPV or 9vHPV vaccine products spaced at the recommended intervals is acceptable.

*If patient is immunocompromised or has HIV, give 3 doses of HPV vaccine at 0, 1-2, 6 months regardless of age.

www.doh.wa.gov/hpv

Washington State Department of Health

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Adapted with permission from the Minnesota Department of Health

DOH 348-618 March 2017
The Washington State Immunization Information System (IIS) has been experiencing more performance issues recently. The IIS staff and data exchange staff at the Washington State Department of Health along with our support team at WATech and Scientific Technologies Corporation (STC) have been working to stabilize the IIS environment. This involves purchasing and installing new servers and upgrading our software licenses to increase the capacity of the IIS. This is more important than ever as we have more healthcare providers using the IIS and more data coming into the IIS real-time. The demand on the system continues to increase.

Updating our servers will increase the capacity of the IIS to handle both the amount of incoming data and the amount of data being generated by users each day. On any given day, the IIS may receive up to 30,000 HL7 messages from healthcare providers’ electronic health record (EHR) systems. Throughout each normal business day over 400 IIS users are logged into the IIS for their immunization work.

Once our IIS environment is stable we will be ready to begin testing new IIS features. These new features include:

- VOMS
- Smart AFIX
- iQ
- IIS Training System
- Single Sign On (SSO) for all applications

The new VOMS is a modernized Vaccine Order Management System (VOMS) that will improve the functionality used for the Childhood Vaccine Program, including the public vaccine ordering and inventory tracking functionality within the IIS.

The Smart AFIX application will integrate AFIX assessments into the IIS, which will allow providers and local health jurisdictions to use just the IIS to generate required data for AFIX visits. This integrated functionality will replace the use of CoCASA for AFIX work.

The iQ module is an interoperability portal containing a set of tools that will support providers and state staff in improving the quality of data submitted to the IIS. The module will allow providers to be more proactive and self-sufficient in monitoring their interface and improving data quality. The tools will include clear reporting on failed and warned data elements, an action item list with recommendations for addressing data issues, a data quality assessment (DQA) report, and graphical displays of data trends that can help providers gauge their progress.

The IIS Training System is a learning management platform that will help our staff deliver IIS training content to any IIS user through their IIS login. This will allow us to be more efficient with our trainings and give users a self-paced and on demand environment for learning about IIS functionality. The IIS Training System will include courses about IIS basic functionality, quality improvement tools, the school module, and vaccine accountability just to name a few.

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Q: The Washington State Immunization Information System forecast has a bug related to the HPV schedule. Can you please explain this more?

A: The forecast will NOT show dose 3 as invalid when the 5-month minimum interval isn’t met between dose 1 and dose 3. We are working with our vendor to resolve this error as quickly as possible. Please make sure to vaccinate your patients appropriately at 0, 1-2 months, and 6 months for those who start the HPV vaccine series after 15 years of age or if they are immunocompromised.

IIS TEAM UPDATES (Continued)

Single Sign On, or SSO, is a process that will allow all of these applications along with our core application called iWeb to be accessible through one IIS user login.

We realize it has been a long road and we appreciate your patience and understanding as we work to improve an aging system in the fast-paced world of technology. We look forward to improved system performance and sharing these new features with you.
The Office of Immunization and Child Profile has been hard at work creating NEW materials for a variety of audiences. We’re really excited to share these educational resources with you!

**HPV-HIV Provider Toolkit** – People who are immunocompromised or HIV-positive are at greater risk for HPV infection. Providers can help protect immunocompromised and HIV-positive patients by routinely recommending and administering HPV immunization. The materials in this toolkit will help providers start the conversation and strongly recommend HPV vaccine to their immunocompromised and HIV-positive patients. You can get the toolkit from our web page.

**Age 60 or Older?** – This brochure provides information on immunizations recommended for people ages 60 and older. Learn about influenza, pneumococcal, zoster, and Tdap/Td vaccines. You can download and print the brochure here.

**Off to College?** – This flyer contains facts about meningococcal disease and the two vaccines we use to protect people from the disease. It provides information primarily for college freshmen and their parents to help them make an informed decision about getting meningococcal vaccines. You can find this flyer in English and Spanish on our web page.

**Going for Hajj or Umrah?** – Vaccines are needed for travel to Saudi Arabia during Hajj and Umrah. We wanted to provide a resource for travel agencies and organizations to support Washington State residents traveling abroad. The flyer contains information on vaccination requirements, how to find a travel clinic, and a chart explaining 10 different vaccines and the 14 diseases they prevent. We have partnered with WithinReach to create a travel clinic directory for the Family Health Hotline. We are currently conducting a survey with a local mosque to audience test the flyer. Their feedback will improve the flyer before we publish it on the web. Be on the lookout for this new resource soon!
OICP NEWSLETTER

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**Knock Out Flu Campaign**
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**Consumer Access to Immunization Records Continues to Increase**
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