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# NEEDLE POINTS

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## **Vaccines For Children (VFC) Status Screening is coming soon!**

Washington State's universal childhood vaccine program currently provides vaccines for all children up to their 19<sup>th</sup> birthday. The federal VFC program (federal entitlement program for children based on insurance status and specific demographics) funds 60% of the state VFC program. The Centers for Disease Control and Prevention (CDC) implements the federal VFC program. CDC requires VFC status screening. In the past, Washington State complied with benchmarking one month every year. During 2009, CDC is requiring every child be screened at every visit. Non-universal vaccine states already screen children at every visit to determine eligibility for federal VFC vaccines.

### *What is VFC Status Screening?*

It consists of asking and documenting at every immunization visit:

- Demographics: American Indian or Alaska Native
- Insurance status: Medicaid, No Insurance, Underinsured or Private Insurance

### *When are providers required to start screening their patients for VFC status at every visit?*

VFC Status Screening begins the day the 2009 VFC Provider Agreement is signed (by late March).

### *What are provider benefits of the VFC screening?*

Providers may bill private health plans the maximum vaccine administration fee allowed by the plan.

Currently practices are limited to the CMS cap of \$15.60 regardless of the insurance status of the child.

Your Whatcom County Health Department (WHCD) immunization nurse consultant will contact your practice during the next one to two months to determine your clinics plan for implementation. A list of frequently asked questions and guidelines are enclosed for your assistance. For additional information go to the Immunization Program CHILD Profile (ICPC) website: <http://www.doh.wa.gov/cfh/immunize/vaccine/vaccine-supply.htm>

## **Increasing Vaccination Rates among Adolescents**

Three new vaccines have been recommended for adolescents since 2005: MCV4, Tdap, and HPV. According to Dr. Anne Schuchat, Director of CDC's National Center for Immunization and Respiratory Diseases, "Many parents do not realize that some childhood vaccines, such as those for tetanus and whooping cough, wear off over time and, as they get older, young people are at risk of exposure to different diseases at school, camp or in other new situations".

*Remember: To improve vaccination coverage among adolescents, health-care providers should take advantage of every health-care visit as an opportunity to review immunizations and give vaccines when needed.*

### *Adolescent immunization tips:*

- Provide all recommended vaccines in a single visit.
- Do not miss an opportunity to immunize adolescents and young adults.
  - Assess immune status and vaccinate at all types of visits - well, sick, camp & sports physicals, etc.

- Recommend vaccines!
  - Clinician recommendations make a difference and have an important impact on vaccination rates.
- Use reminder and recall tools to get patients into the office, or consider using the enclosed “Adolescent Reminder/Recall Postcard” available from the Washington State Department of Printing: <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>
- Establish and follow standing orders for administering immunizations.
- Audit your vaccination efforts and provide feedback to those who can affect change.
  - Without periodic assessment, you don’t know how you’re doing.

## Vaccine Success Stories

### *Hepatitis A and B*

Acute cases of viral hepatitis A and B declined dramatically between 1995 and 2005 with the lowest levels ever recorded since the government began collecting data more than 40 years ago. The decline in new cases is attributed to the availability of vaccines and strong federally supported immunization programs.

- Hepatitis A declines were greatest in states where it has been recommended since 1999.
- Hepatitis B declines were greatest among children and teens age 15 and younger.

*The drop in new cases of hepatitis A and B is evidence that prevention strategies are successful!*

## Vaccine Hesitancy

Providers face many challenges with heightened media attention given to the false claims on vaccine safety, and the rise of parental concerns regarding immunizations. Consequently, providers spend more time educating parents about the importance of immunizations, correcting misinformation on vaccine safety, and convincing parents that vaccine preventable diseases are real. To guide this conversation, the Immunization Action Coalition (IAC) teamed with Dr. Ari Brown to provide, “[Clear Answers and Smart Advice About Your Baby’s Shots](#)”. The 6 page resource discusses the etiology of autism, vaccines and autism, mercury preservatives and vaccines, additives in vaccines, the Poling case, and other current issues surrounding vaccines today.

*The article is included as a resource in this mailing and is also available for download at:*

<http://www.immunize.org/catg.d/p2068.pdf>

## Sample Vaccine Policy on Endorsing Childhood Immunizations

All Star Pediatrics, from Lionville PA, recently developed a policy for endorsing childhood immunizations. Permission was given to adapt this template for creating a clear method to communicate a medical practice’s strong support for childhood vaccinations. The following is an excerpt from a letter explaining why the policy was developed and how it has helped their practice:

“Our practice has experienced a marked increase in parents requesting to delay or decline vaccinations. This may be a result of recent appearances by celebrities claiming that vaccines harmed their children in some way or as a result of the tremendous increase in the numbers of vaccines and injections in recent years.

My colleagues and I find ourselves spending an inordinate amount of time defending our use of vaccines in each well-child check, as well as during increasing numbers of telephone inquiries. Furthermore, we found ourselves on the defensive side more often than not.

In response to this heightened demand on our time and energy, we developed a vaccine policy statement that is posted in every exam room and given out at our “meet and greet” talks as well as the one month well check. The response has been tremendous! New parents clearly know where we stand in the vaccine “controversy,” and our established patient families have expressed their appreciation for confirming choices they made with their children. The statement also has been a tremendous time saver for all of us.”

*Bradley J. Dyer, M.D., FAAP*

*To access the enclosed policy statement in MS Word format, go to: <http://www.immunize.org/catg.d/p2067.doc>*

## Updates on several VISs

New VISs are available on the Immunization Action Coalition website. The edition dates on these VISs have not changed, and it is not necessary to replace existing stocks. Affected VISs are anthrax, DTaP, hepatitis A, hepatitis B, Hib, HPV, Japanese encephalitis, pneumococcal polysaccharide, polio, rabies, rotavirus, shingles, typhoid and yellow fever.

A new interim VIS for **Td and Tdap** vaccines dated **11/18/2008** is now available. It replaces the existing Td (6/10/94) and Tdap (7/12/06) statements. The older editions may still be used until stocks are depleted.

A new Interim VIS for **PCV7** was posted **12/9/08**. It incorporates recent updates in recommendations for healthy children 2 through 4 years of age, and miscellaneous minor changes. It is desirable to use the 12/09/08 edition to avoid parental confusion. Existing stocks may continue to be used temporarily.

The **pediatric multi-vaccine VIS** was updated (**9/18/08**) noting the availability of two rotavirus vaccines. The older edition may be used until your older multi-vaccine VIS supply is depleted.

*Remember: When updating VIS's, update your EMR's to reflect these dates and discard all older versions.*

The IAC has recently added a useful chart to their website. The chart titled, "Current VIS dates" provides healthcare professionals with the most current VISs. To access the chart go to:  
<http://www.immunize.org/vis>

## CHILD Profile Updates

*Tips on using the correct vaccine code*

If data is entered into CHILD Profile from billing data, be sure your superbills have the correct CPT codes. The CPT codes for vaccines are found on the Immunization Registry home page. One frequent error is recording Tdap vaccine as DTaP. Another error is using the incorrect Hib code. The correct code for ActHib is CPT 90648. Using the wrong code creates forecast errors and children could be under immunized.

*CHILD profile offers training - Two options*

CHILD Profile staff will provide training at your office. On-site training provides the opportunity for recommendations based on your office set-up and workflow. A computer with Internet is required.

Training may also be by live Web conference. This is more flexible as training dates and times can be offered more frequently than the in-person trainings.

*To schedule a training call 1-800-325-5599.*

*Marking Vaccine as Compromised in the CHILD Profile Immunization Registry*

When a vaccine lot number is compromised by temperature or a patient receives an expired vaccine, the vaccine can be documented as compromised in the CHILD Profile Immunization Registry. Document on the vaccine View/Add screen by:

1. Finding the vaccine and the date it was given.
2. Editing the vaccine and selecting a reason for revaccination
3. Saving the record. The date will now be denoted with a yellow highlight and a carrot (^) symbol.

Questions? Contact the CHILD Profile Immunization Registry Help Desk at 1-800-325-5599

## Ask the Immunization Nurse

*Does Whatcom County have one of the highest school immunization exemption rates in the state?*

Yes, this is true. For the 2007-2008 school-year Whatcom County had an exemption rate of 8.4%. This means 2,384 children in Whatcom County were exempt from receiving one or more vaccines. Washington State's exemption rate is 5.2%, one of the highest rates in the *country*. Locally, Whatcom County has seen a steady increase in school exemptions rates (2005-06 the rate was 6.9%, 2006-07 it was 7.7%).

The increasing exemption rates mean fewer children are protected by vaccine which decreases herd immunity, making the risk of transmission of vaccine-preventable diseases more likely. In an effort to decrease the exemption rate, DOH modified the Certificate of Immunization Status (CIS) form. Beginning 2009, parents must request a separate form for all exemptions.

### ***Are Whatcom County school districts on Child Profile?***

Yes, most of our local school districts have access to Child Profile including: Bellingham, Blaine, Ferndale, Lynden, Mt. Baker and Nooksack. NW Headstart also joined the registry for access to the pre-kindergarten population. The registry only allows school staff to look up a child's immunization history, saving parents, school staff, and providers time and money.

*Remember the importance of entering historical immunization information and the critical role of Child Profile in providing others access to a child's complete immunization history.*

### **New Refrigerator Requirements**

Effective Dec. 31, 2009, dormitory style refrigerators will no longer be acceptable for permanent storage of VFC vaccine. Dormitory-style refrigerators may be used to store a single day supply of refrigerated vaccines, but the vaccine must be returned to a primary refrigerator unit at the end of each day. Dormitory-style refrigerators must have a dedicated thermometer in place and temps must be monitored and recorded twice daily. In addition, the CDC now requires VFC providers use certified, calibrated thermometers in all vaccine storage units. The Streck digital thermometers provided by WCHD are certified calibrated.

### **Should I get a household refrigerator or commercial lab-quality type?**

Ideally, commercial quality type refrigerator/freezer units are preferred. Commercial refrigerators are engineered to be opened a dozen times per hour and maintain a stable temperature, while household units are engineered to be opened about a dozen times a day.

### **What can I do if there is absolutely no room for a full sized refrigerator?**

Consider a small, stand alone refrigerator and freezer which are easier to find among commercial products than in household products.

### **What can I do if a lab quality refrigerator is not in my budget?**

Household refrigerators are acceptable for vaccine storage as long as the refrigerator and freezer are separate compartments or stand alone units. However, consider that a supply of 20 doses of each childhood vaccine is valued at more than \$10,000 making the purchase of a \$1,500 refrigerator a reasonable investment.

*It is essential that providers make vaccine storage a priority and invest in reliable, quality equipment. Your patients and the VFC program will thank you for protecting patient health and promoting vaccine safety.*

### **Resources Enclosed - Please Update in Your WCHD Immunization Binder!**

- Guidelines for VFC Status Screening
- Frequently Asked Questions for VFC Status Screening
- Example Label for VFC status Screening
- It's Federal Law! 6a
- Pediatric Multi-vaccine VIS - 9/18/08
- PCV7 VIS - 12/9/08
- Rotavirus VIS - 8/28/08
- Td/Tdap VIS - 11/18/08
- Summary of Recommendations for Childhood & Adolescent Immunization 7d
- Summary of Recommendations for Adult Immunization 9b
- Screening Questionnaire for Child & Teen Immunization 10e
- Screening Questionnaire for Adult Immunization 10f
- Guide to Contraindications & Precautions to Commonly Used Vaccines in Adults 11d
- Sample Vaccine Policy Statement
- Clear Answers & Smart Advice About Your Baby Shots, by Dr. Ari Brown
- Order Free Immunization Materials Now!
- Adolescent Reminder/Recall Postcard
- Temperature Monitoring Log
- 2009 calendar for vaccine report due dates