

Vaccinate Vermont

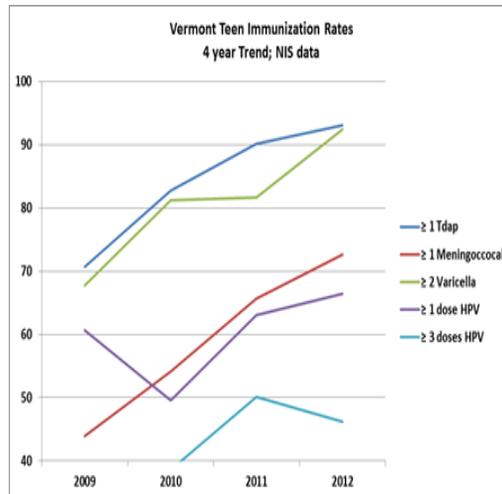
Vermont Department
of Health

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Inside this issue:

ID Conference	2
Who to call	2
Vaccine shortage Updates	2
Child Care & IMR	3
BRFSS Update	3
Meaningful Use	4

Teen Vaccination—You are making a difference!



Teen vaccination can be challenging. Many teens aren't expecting a vaccine at their "physical," and aren't receptive to the idea of a shot for diseases they aren't concerned about. Parents are surprised by the number of vaccinations recommended for teens, and may have questions. Misinformation regarding risks and effectiveness of vaccines may also contribute to parental hesitancy, particularly with regard to human papilloma virus (HPV) vaccine.

In 2005, the Advisory Committee on Immunization Practices recommendations for vaccination of 11-12 year olds expanded to include meningococcal, tetanus, diphtheria and acellular pertussis (Tdap), HPV and influenza vaccine. Adherence to these recommendations has varied by vaccine and by geographic area, and is impacted by provider and parental acceptance, as well as disease outbreaks of pertussis and flu.

The National Immunization Survey-Teen is an annual, random phone survey used to collect national and state-level immunization information for teens 13-17 years of age. Information provided by parents or guardians is verified by provider practices, with parental approval.

Findings from the 2012 NIS-Teen (released by CDC) indicate that immunization rates for Vermont teens are continuing to show steady improvement (see Fig.1). Over 93% of teens received the Tdap vaccine, compared to 85% nationally. There was significant improvement in the percent of teens who received ≥ 2 doses of varicella with 92% coverage, compared to the national average of 75%.

Positive trends in teen vaccination levels can be attributed to both the ongoing efforts by primary care practices to provide vaccinations; and school nurses to ensure adherence to immunization regulations. Going forward, a challenge will be raising awareness of the need for HPV vaccination in order to prevent cancer. For now, it is good to know that we are on the right track, and improved teen immunization rates will contribute to protection against a number of vaccine preventable diseases.

For more information link to the CDC's [NIS-Teen website](#).

Infectious Disease Conference October 18-19, 2013

Our understanding of infectious diseases is constantly evolving. The Vermont ID Conference offers the most up-to-date information about prevention, surveillance and treatment of infectious diseases commonly seen in Vermont. This year's conference theme is **Integrating Public Health and Primary Care**.

The topic of immunizations will be highlighted throughout the conference, and the following breakout sessions are planned:

- Vaccine storage and handling
- Respiratory and vaccine preventable diseases
- Update on pediatric and adolescent vaccination
- The immunization registry

Physicians, nurses, EMTs, and nursing home administrators who attend the conference will earn continuing medical education credits. Link to the [website](#) for more information.



Conference October 18-19, 2013

Who to call (800) 640-4374



Question about:	Point person on IZ team
VTrckS/routine vaccine orders	Katie Martinez
Vaccine management/refrigerator/freezer issues and data logger questions:	Ines Burazerovic, Karen Halverson Katie Martinez, and Wanda Cosman
School Requirements/reporting	Karen Halverson
Child care requirements/reporting	Jackie Cardona
Online VFC/VFA Enrollment	Geralyn Shelvey
Immunization Pilot (Vaccine Purchasing Pool)	Amanda LaScala
Immunization Registry	Bridget Ahrens
Vaccines for Children (VFC)	Ines Burazerovic
Vaccines for Adults (VFA)	Wanda Cosman

Pentacel® vaccine supply shortage continues, Pediarix® now available

Pediarix® (DTaP-HepB-IPV)

The Centers for Disease Control and Prevention (CDC) has advised that the supply limitations for GlaxoSmithKline's Pediarix®(DTaP-HepB-IPV) have been lifted. Pediarix® may be ordered without restriction, beginning with your next regularly scheduled vaccine order.

Resume providing Pediarix® at the 2, 4 and 6 month visit. Please make every effort to administer, and not waste, doses of IPV and DTaP that were received during the Pediarix® shortage.

Pentacel® (DTaP-IPV/Hib)

The Pentacel® shortage is expected to continue through mid-October.



Child Care Provider Access to the Immunization Registry



Vermont law requires all licensed and registered child care providers submit to the health department a summary report showing the vaccination status of all the children in their care. In order to complete the Child Care Immunization Survey, providers need to have access to each child's immunization records.

As a licensed or registered child care provider in VT, individuals may apply for a user name and password to access the Vermont Immunization Registry (IMR), which is a statewide database of immunization information. With that password, and the written permission of a parent, child care providers may look up (a read-only version) and print a report that shows if a child is up to date with immunizations.

The Immunization Registry can be accessed through the Department of Health [website](#).

To apply for a password, you need to sign a copy of our Confidentiality Agreement, which you will find a copy on the [IMR website](#). Please mail the signed form to:

Immunization Registry ♦ PO Box 70 ♦ Burlington VT ♦ 05402

BRFSS Update on Adult Immunizations

Invasive pneumococcal disease (IPD) is a major cause of illness and death, with nearly all IPD deaths among adults. Vaccination of adults continues to lag behind recommendations. Currently, pneumococcal polysaccharide vaccine 23-valent (PPSV23) is recommended for all adults 65 years and older, and for high-risk adults 19-64 years, including adults who are smokers or have pulmonary or cardiac disease.

The Behavioral Risk Factor Surveillance Survey (BRFSS) is a state-based survey of adult health behaviors. Participants are selected using random digit dialing.

The 2012 survey indicates that among 19-64 year olds, more than 74% of current smokers, and over 63% of current asthma sufferers have not been vaccinated with the PPSV23 vaccine. Of those who reported having stroke, angina, heart disease or heart attack, 45% have not received PPSV23, and of those who reported having COPD, 53% reported that they did not receive PPSV23. Among those Vermonters aged 65 and older, for whom pneumococcal vaccination has been consistently recommended since 1989, BRFSS data indicates that over 70% have been vaccinated.

PPSV23 is available at no charge to providers enrolled in Vaccines for Adults.

For more information go to the [BRFSS website](#).



Meaningful Use and the VT Immunization Registry

Meaningful Use is an incentive program sponsored by the Centers for Medicare and Medicaid Services (CMS). It provides financial incentives to encourage medical practices and hospitals to use electronic medical records in a “meaningful” way. For providers, this means implementing things like e-prescribing, providing patients with access to their records, and maintaining up to date problem lists. It also focuses on sending and receiving electronic health information, which is where the Immunization Registry comes in.

Meaningful Use is a program that is being rolled out in specific stages. To be eligible for the incentive payment for Stage One, practices choose between two menu options: to submit data to an immunization registry or provide electronic syndromic surveillance data to a public health agency. To meet the criteria for stage one, a practice sends a test message to the Immunization Registry. In Vermont, HL7 immunization messages go through the Health Information Exchange, Vermont Information Technology Leaders (VITL). VITL and the Immunization Registry are ready to receive test messages for immunization interfaces. Sending a test message means:

- Requesting an interface through VITL (Go to myvitl.net and enter a request).
- Adopting, implementing, or upgrading your EMR to an ONC-certified version capable of using the Health Level 7 (HL7) standard protocol version 2.5.1.
- Meeting the local implementation guidelines that govern data exchange. This will involve VITL communicating with your EMR vendor.
- Once connection with VITL is established, sending test messages to the Vermont Immunization Registry.

Once a practice is successfully sending test messages, they can begin to send real immunization data. Currently, about a dozen Vermont practices are sending data this way, and many more are working toward this goal.

To be eligible for Stage Two incentives, practices must send regular, ongoing immunization data to the Registry. Once a practice CAN send a message, always sending a message when they enter an immunization in their electronic health records should be very simple (selecting a button, for instance) or even automatic.

Earliest demonstrators of Meaningful Use will meet three years of Stage One requirements before advancing to Stage Two in 2014. All other providers will meet two years of Stage One before advancing to Stage Two in their third

year. You can find more detail about Meaningful Use at the Centers for Medicare and Medicaid Services [web-site](#).

Sending electronic health information sounds simple – but there are challenges. Just because a practice has an EMR does not mean that system is collecting the information needed for an HL7 message. VITL can be helpful in determining whether your system can send an HL7 message in the required format. It is possible that your system may need an upgrade, and this aspect of data exchange is between you and your EMR vendor.

The information inside an HL7 message is the responsibility of the practice. The Registry team, with support from the Centers for Disease Control, is working with many of the practices currently sending messages to optimize the information in those messages. It is important that the EMR allows the user to enter the specific immunizations they administer. This optimization project can provide additional financial incentives to practices who meet message quality standards.

Sending HL7 data to an Immunization Registry is an achievable goal. In the world of medical information, an immunization history is a concise, precise set of data that is easy to exchange. Because immunization registries have been doing this work for so long, the requirements have been well described, and registries nationwide agree on the requirements.

Sending data via HL7 message to an Immunization Registry assures that that information will be available to any VT provider that needs this information to deliver care. For more Vermont specific information about Meaningful Use, see the [VDH website](#).



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healthvermont.gov/hc/imm/index.aspx