

# Vaccinate Vermont

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Vermont Department  
of Health

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## Vermont's 2016 CDC Childhood Immunization Champion



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## 2015-16 School Immunization Report Shows Progress

The 2015-16 School Immunization Status Report shows continued progress in reducing the risk of vaccine preventable disease transmission in schools.

A coordinated effort by health care providers, school nurses and administrators, and parents to ensure children are fully immunized is making a real difference.

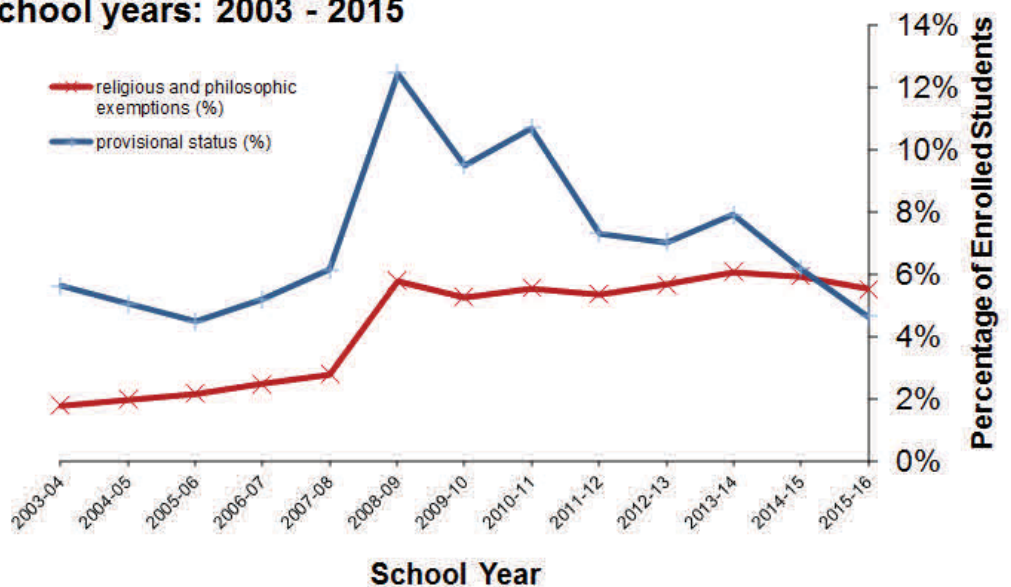
Over 93% of students (K-12) in Vermont who attend public and independent schools are up-to-date on all required vaccines. The provisional admittance rate continued to decrease (2.5%). Students are provisionally admitted when they do not meet immunization requirements or have an exemption. The combined non-medical exemption (religious and philosophic) rate remained the same as the prior year. Notably, religious exemptions increased at the same rate (0.4%) that philosophic exemptions decreased. The religious exemption rate increased from 0.2% in 2014-15 to 0.6% in 2015-16; while the philosophic exemption rate decreased from 4.0% to 3.6%

during the same time period.

The immunization rates for students enrolled in kindergarten also showed improvement. 89.7% of all children entering public and independent kindergarten were fully immunized, a 2% increase from the prior year. The number of kindergarten students provisionally admitted dropped to 4.6%, from 6.2% in 2014-15. This is the lowest provisional admittance rate in eight years. The combined non-medical (philosophic and religious) exemption rate for those entering kindergarten dropped from 5.9% in 2014-15 to 5.5%. Philosophic exemptions, which will be eliminated in July 2016, decreased from 5.8% in 2014-15 to 4.6%. There was an increase in religious exemptions from 0.1% in 2014-15 to 0.9%.

Legislation passed in 2012 requires all schools to publicly report the immunization rate for the student body. By June 1, the Immunization Program will update rates for each school on the Health Department website.

## Non-medical Immunization Exemptions and Provisional Admittance: Kindergarten, Vermont School years: 2003 - 2015



## AFIX: Assessment, Feedback, Incentives & eXchange

### **AFIX – An Effective Strategy to Improve Immunization Rates**

With the use of AFIX, your local District Office Immunization public health nurse (PHN-IZ) can help you improve your practice's immunization rates for children and teens. These nurses have received extensive training in AFIX and quality improvement, with support from VCHIP. They can better support your efforts to optimize immunization rates and protect children and teens from disease.

**What is AFIX?** AFIX is a CDC quality improvement process using evidence based strategies to increase immunization coverage rates and decrease vaccine preventable illnesses.

**What does Assessment Involve?** Practices complete a questionnaire assessing their use of evidence-based interventions related to immunizations. A coverage report for the practices' child and teen vaccination rates is prepared by the PHN-IZ using the Immunization Registry, Vermont's comprehensive database.

**How is Feedback Provided?** PHN-IZ leads a meeting with staff who are responsible for ensuring children/teens are immunized. During an informal discussion the PHN-IZ reviews coverage rates, current efforts to improve rates, and the

practice's goals. After a review of evidence based strategies, a practice selects two or three and develops a simple, reasonable plan that fits into the current practice work flow.

**What are Incentives?** Incentives are provided by the Immunization Program to support practice efforts and include, over \$15 million in vaccines are purchased annually for universal use, CDC laminated immunization schedules, educational materials, on-site training, [It's Ok to Ask](#) website, Immunization and Infectious Disease Conference (Oct 2015)

**What is eXchange?** eXchange of information takes place at a 20 minute follow-up meeting, 3 to 5 months after the Feedback session. This is time for the practice to reassess what is working. At eXchange the PHN-IZ provides updated coverage reports. Practices often hear good news of how efforts have increased coverage rates. This is a time to focus on strengthening approaches that are working, and to refine strategies as needed.

## Vermont Vaccine Inventory Management System (VIMS)

Development of the Vermont Vaccine Inventory Management System (VIMS) is under way. VIMS is a vaccine inventory management system that will tie the Vermont Immunization Registry (IMR) and the federal VTrckS system together. The VIMS project meets a need expressed by providers, and moves Vermont closer to the national standard of using the IMR for all vaccine management processes. When complete, practice users will no longer need to log in to VTrckS! Users will account for and order state supplied vaccine through the IMR.

Once the system is developed and tested, each practice will be assigned an enrollment grouping in 2017, much like the transition to VTrckS a few years ago. Practices will receive access information, training materials and support throughout the transition. We are seeking three volunteers to transition and pilot test the VIMS system during Fall 2016. The required time commitment is estimated to be 10 hours. If interested, please send an email to:

AHS.VDHIimmunizationProgram@vermont.gov

## Tdap Vaccine – Refresher

The recommended schedule for lifetime administration of Tdap and Td vaccines can be confusing. This is the recommendation:

Tdap should be given routinely at age 11-12 years. ALL adults who did not receive a Tdap as an adolescent should get one dose of this vaccine. Once they have had this dose, a Td booster should be given every 10 years. The CDC has not made a recommendation for a second Tdap vaccine for anyone except pregnant women.

Pregnant women should get a dose of Tdap vaccine during every pregnancy (preferably between 27 and 36 weeks), to pass protective antibodies against whooping cough to their baby before birth. CDC provides more information on [Tdap vaccine for pregnant women](#).

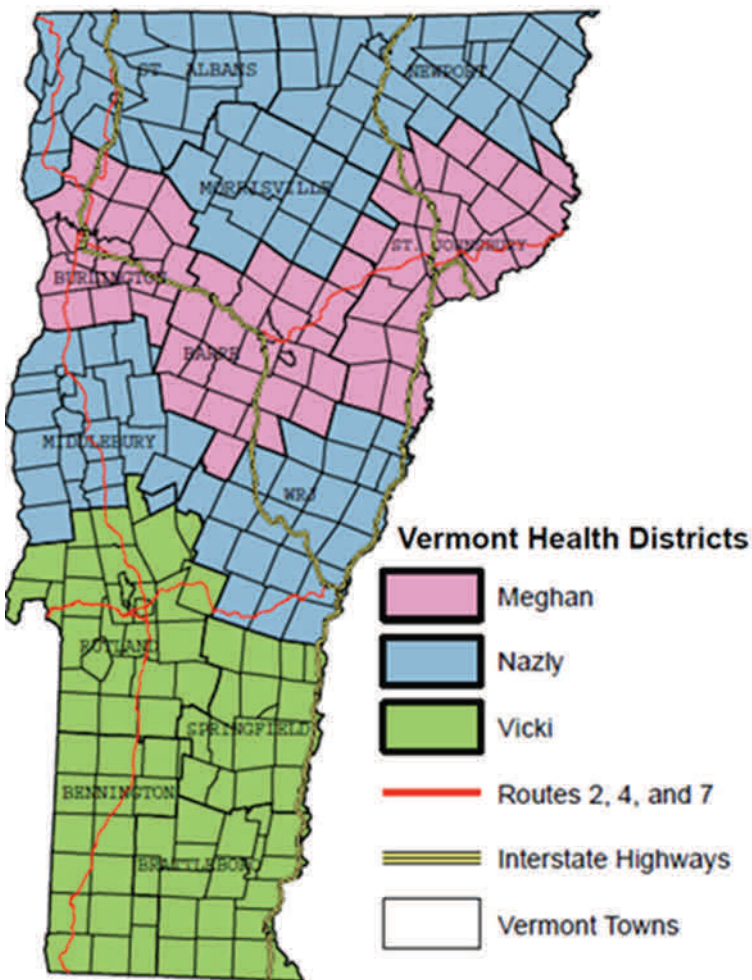
What about household contacts with newborns? Still, only one lifetime dose of Tdap is recommended.

## VFC Program Changes

The federally mandated Vaccines for Children (VFC) Program has instituted numerous changes in the past three years. The VFC Program was established by Congress in 1994 to ensure access to vaccines for individuals 0-18 years that are enrolled in Medicaid, underinsured, uninsured, American Indian or Alaskan Native. The VFC program has been extremely successful in increasing immunization rates across the U.S. and reducing vaccine preventable disease. However, a 2012 report by the Inspector General found widespread vaccine management issues in the VFC program that may impact vaccine viability and effectiveness. In response to this report, the CDC greatly expanded requirements for all VFC enrolled providers regarding vaccine storage and handling.

The Vermont Immunization Program has strived to meet the changing CDC requirements, maintain strong working relationships with primary care practices and ensure access to vaccines throughout Vermont. However, it was difficult for District Office public health nurses working 15 hours/week with the VFC program to effectively address all aspects of the VFC program. In order to meet CDC requirements, retain providers in the VFC program and ensure consistency in the implementation of the VFC program, three full-time staff have been assigned responsibility to:

## VFC IZ Site Visitors Regional Divisions



- Conduct all VFC enrollment, compliance and unannounced site visits
- Conduct annual provider training on the VFC program
- Manage all vaccine temperature excursions
- Provide set up, training and technical support for temperature monitoring data loggers
- Assist with annual reenrollment and follow up

These changes were implemented Jan 1, 2016. Each site visitor is responsible for approximately 70 practices. The map denotes the assignee for each region.

### VFC Site Visitors



Meghan Knowles, MS



Vicki Swenor, RN., BSN, PHN



Nazly Guzman, MA



Ines Burazerovic MPH, CHES  
VFC Coordinator

Don't fret! The District Office public health nurses are still there to support your practice. You should contact them for vaccine specific questions, scheduling issues, AFIX (quality improvement) visits and Immunization Registry training. They will continue to offer [monthly immunization clinics](#) for those lacking access or insurance and work to ensure community immunization needs are adequately addressed.

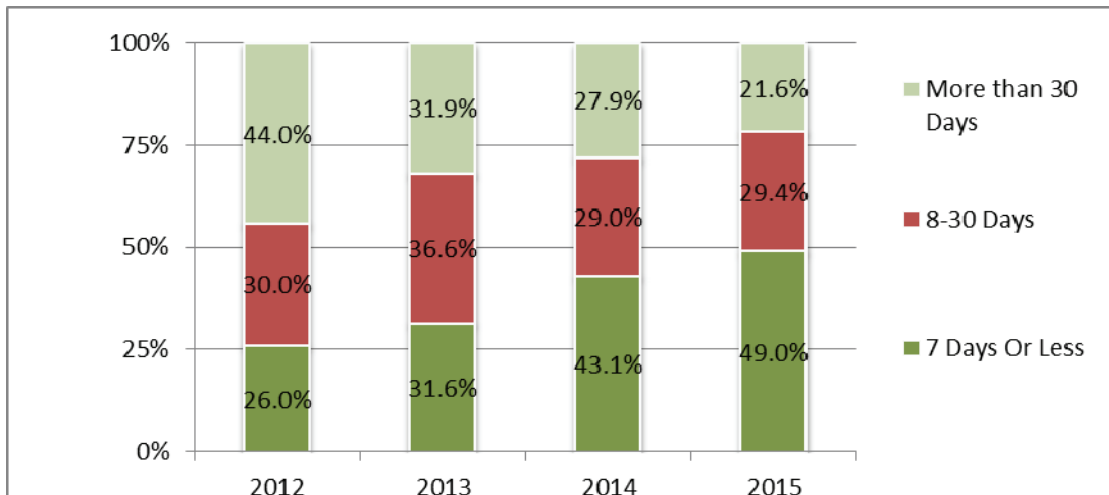
## How “Good” is the Data in the Vermont Immunization Registry (IMR)?

It’s an important question. Practices want to know if the vaccine coverage rates they are measured by are accurate, and the health information they rely on is correct. Immunizations are added to the IMR directly from provider Electronic Health Records, through monthly imports from health insurers and pharmacies, and through direct record entry by providers shortly following administration. All data are assessed quality before information is accepted, and monitored for quality assurance on an ongoing basis.

### Timeliness

About three quarters of medical provider sites and all but one Vermont hospital send or enter data into the IMR. One hundred and ten medical practice sites and hospitals are sending information directly from their electronic health records, while others are sending monthly files, or entering records directly. Thanks to HL7 real time messaging, this information is now getting into the IMR much more quickly. The chart below shows improvement in the time it takes for immunization information from providers to reach the IMR.

**Number of Days from Immunization Administration to Receipt in IMR  
Children Aged 19-35 months**



We have published a data brief with more details about Registry data regarding completeness and accuracy. You can find it on the [here](#) and on the Immunization Registry homepage.