

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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National Public Health Week

"A Healthier America: One Community at a Time"

The Iowa Department of Public Health and its partners join the American Public Health Association in celebrating National Public Health Week from April 5-11, 2010. The theme of this important observance, "A Healthier America: One Community at a Time," provides public health partners in Iowa with a unique opportunity to:

- Demonstrate the importance of public health in promoting and protecting the health of community members and the community itself;
- Showcase the efforts of local public health partners to achieve the goal of creating a healthier Iowa and America, one community at a time; and
- Increase engagement in and support for simple solutions that improve personal and community health through schools, workplaces, and other community partnerships.

"This year's primary deliverable is a series of one-page success stories that feature the good work of our local partners, who are working hard to make their community a healthier place to live, learn, work and play."

"An added feature this year is a directory of county public health agencies. In particular, NPHW organizers encourage those involved in community health initiatives, schools, and workplace wellness to contact their local health department to explore partnerships during National Public Health Week."

What's happening in your community?

Go to www.idph.state.ia.us/webmap/default.asp?map=preparedness_contacts and click on the interactive map to

contact your local public health agency.

Visit to www.idph.state.ia.us/nphw.asp for more information about National Public Health Week (NPHW), how you can get involved, how you can make NPHW work for you or download the "Healthy Communities" magazine (20 MB), produced for the 2007 "Barn Raising" Governor's Conference on Public Health. You can also download graphics for display or printed materials.

Training: Child Safety in the Outdoor Play and Learning Environment

Colleagues: On April 22, 2010, from 2-4 p.m., Healthy Child Care Iowa will host an ICN training session with Heather Olsen, Ed.D., from the National Program for Playground Safety. The target audience is program administrators, teachers, nurses and consultants. For more information and to register, go to the Iowa Public Television Web site at www.iptv.org/iowa_database/event-detail.cfm?ID=10443.

To register for this session, click on the link provided. Read through the description of the event, then click on "register here" and follow the step by step instructions. You are welcome to request any room in Iowa. Watch you inbox for a confirmation/denial e-mail. If the site you selected is denied, IPTV is happy to help you find a room that will work. You may contact IPTV at 1-800-532-1290 or (515) 242-4181; (515) 242-4187 or by e-mail at abby@iptv.org.

Please share this announcement with your colleagues.

What Health Reform Means for MCH



On March 21, 2010 the U.S. House of Representatives passed a health reform package consisting of the Patient Protection and Affordable Care Act by a final vote of 219 to 212 and the Health Care and Education Affordability Reconciliation Act of 2010, also by a final vote of 220 to 211. On March 23, President Obama signed the Patient Protection and Affordable Care Act into law.

What's Next? - To complete health reform passage, the Senate will now take up the Health Care and Education Affordability Reconciliation Act of 2010. This means that the funding for the Maternal, Infant, and Early Childhood Home Visitation program and the Prevention and Public Health Fund among many other provisions should soon be reality.

The Association of Maternal & Child Health Programs (AMCHP) provides a brief overview that highlights some important MCH-related in the Senate Health Reform Bill. To view the AMCHP overview, go to www.amchp.org/Advocacy/health-reform/Pages/default.aspx.

NACCRRA Releases Latest Report

On March 11, 2010, the National Association of Child Care Resource & Referral Agencies released its latest report - *Leaving Children to Chance: NACCRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes, 2010 Update*. This report, which took an in-depth look at small family child care home regulations two years after the release of the first report, revealed that most states are still failing to protect the health, safety and well-being of children in small family child care homes.

To view the report, go to www.naccrra.org/publications/naccrra-publications/leaving-children-to-chance.

Regional Child Protection Center Workshop Series

The Regional Child Protection Center at Blank Children's Hospital seeks to improve outcomes for child victims of abuse by providing free educational opportunities for members of our professional community. The purpose of the Workshop Series is to impact the systematic coordination of services for children and families through increased professional knowledge and skills surrounding developmentally appropriate, child-focus interventions.

To view information about upcoming workshops, go to pages 8-9 of **The UPdate**.

Healthy Lifestyles Conference

The Healthy Lifestyles Conference will be held April 21, 2010 at the Comfort Suites in Burlington, Iowa. The goal of the conference is to inform and update participants about current health issues regarding obesity; increase public awareness of overweight issues that affect our health and lifestyles; and engage participants in learning about effective strategies for providing obesity prevention education. A registration brochure can be downloaded from pages 10-15 of **The UPdate**.

Best Practices - VNA of Dubuque PSA

The following is a public service announcement developed by the staff at VNA of Dubuque that they plan to air on local radio stations several weeks before Mother's Day (May 9). Please consider doing something similar in your service area:

Mother's Day is May 9

Each year in the U.S., more than 500,000 are born prematurely. The National Healthy Mothers, Healthy Babies Coalition is launching "text4baby", a free mobile information service that provides pregnant women and new moms with information to help them care for their health and give their babies the best start in life. If you are pregnant or a new mom, "text4baby" can help keep you and your baby healthy. Sign up for the service by texting "BABY" to 511411 to receive free text messages each week, timed to your due date or baby's date of birth.

Actions you can take to have a healthy baby include:

- Take a multi-vitamin containing at least 400 mcg of folic acid daily. Taken before pregnancy, folic acid can reduce birth defects of the brain and spine.
- Don't smoke and avoid second hand smoke. Smoking increases the risk of premature birth.
- Don't use alcohol or illegal drugs. They can cause lifelong health problems for the baby.

Need help finding a prenatal health care provider, paying for prenatal care or obtaining healthy food? Call the Clayton County Visiting Nurse Association Maternal Health Program and the Women, Infants and Children (WIC) program toll-free at 1-800-836-7867 today.

Administration/Program Management

Iowa Medicaid Enterprise (IME) Informational Letter #890 - Electronic Remittance Advice

As announced in October 2009, beginning with the March 8, 2010 pay cycle, the IME remittance advice statement that explains the Medicaid payment will only be available to providers via an electronic method. The IME will no longer supply paper remittance advice statements. There are two options for providers to view their remittance advice statements electronically.

Option 1: View Remittance Advice Images via the Iowa Medicaid Portal Access (IMPA)

Remittance advice statements are available for free to any enrolled provider through the Medicaid Web portal, IMPA. This secure Web site allows providers to view an exact replica of the former paper remittance advices. Signing up for online access takes approximately ten minutes; providers must do the following:

1. Go to <https://secureapp.dhs.state.ia.us/imp> click on “register new account” (upper left) and enter the required information and click “create.” After the account is created:
2. Go to www.tfaforms.com/144326 and complete an access form. Once that form is completed and the submit button is clicked, the IME will be automatically notified that the account has requested access to the remittance advice. The form will be reviewed and approved or denied, and an e-mail will be sent as soon as the process is complete to the address listed on the form, within two business days.

Option 2: HIPAA 835 RA Transactions

The HIPAA 835 is a standard transaction that all healthcare payers (such as Medicaid) are required to use to communicate details of the payments they make to providers of service. Iowa Medicaid 835's are available through EDISS at www.edissweb.com/med. To begin receiving 835's, providers must complete enrollment and registration forms. This can be done online at www.edissweb.com/med/forms/onboard.html. EDISS provides a free (downloadable) software program to view and print the 835 remittance advice. This software can also be used to submit electronic claims to the IME.

Providers can sign up to get an electronic remittance advice statements even if they do not submit claims electronically. For any questions regarding the EDISS process, support is available at 1-800-967-7902.

See Informational Letter #890 on page 16 of **The Update**. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally (in Des Moines) at (515) 256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.

Administration/Program Management

2010 Childhood Immunization Schedules

The recommended immunization schedules for persons aged 0 through 18 years and the catch-up immunization schedule have been approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). See pages 17-19 of **The Update** to view the following three schedules released by the Centers for Disease Control and Prevention (CDC).

- Recommended Immunization Schedule for Persons Aged 0 through 6 Years
- Recommended Immunization Schedule for Persons Aged 7 through 18 Years
- Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind

Changes for 2010 include:

- The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on or after the 4th birthday and at least 6 months since the previous dose. In addition, if 4 doses are administered prior to age 4 years, an additional (5th) dose should be administered at age 4 through 6 years.
- The hepatitis A footnote has been revised to allow vaccination of children older than 23 months for whom immunity against hepatitis A is desired.
- Revaccination with meningococcal conjugate vaccine is now recommended for children who remain at increased risk of meningococcal disease after 3 years (if the first dose was administered at age 2 through 6 years) or after 5 years (if the first dose was administered at age 7 years or older).
- Footnotes for human papillomavirus (HPV) vaccine have been modified to include the availability of an recommendations for bivalent HPV vaccine, and a permissive recommendation for administration of quadrivalent HPV vaccine to males aged 9 through 18 years to reduce the likelihood of acquiring genital warts.

To access a ready-to-print version of the MMWR containing the schedule, go to www.cdc.gov/mmwr/PDF/wk/mm5851-Immunization.pdf.

Calendar

April 7-8, 2010

35th Annual Conference on Perinatal Medicine

April 13-14, 2010

Iowa Governor's Conference on Public Health

Scheman Conference Center, Ames

April 29, 2010

Bureau of Family Health Grantee Committee Meeting

9 - 11:30 a.m., ICN

APRIL

Contract Required Due Dates

1 - Change CARES Password

10 - Due: CCNC Encounter
Data

15 - Due: MH & CH 2010
Direct Care Chart Audits

15 - Due: FP Chart Audit
(Internal) Results

15 - Due: GAX & Expenditure
Report

28 - Export WHIS Records to
IDPH

30 - Due: FP Supplemental
Expansion Funds Report

30 - Due: Dental Data Report

30 - Due: ***hawk-i*** Grassroots
Outreach Quarterly Report



Bureau of Family Health: 1-800-383-3826

Teen Line: 1-800-443-8336

Healthy Families Line: 1-800-369-2229

FAX: 515-242-6013

NAME	PHONE	E-MAIL
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Trusty, Stephanie	281-4731	strusty@idph.state.ia.us
Ubiñas, Mary	281-4653	mubinas@idph.state.ia.us
Wheeler, Denise	281-4907	dwheeler@idph.state.ia.us
Wolfe, Meghan	281-0219	mwolfe@idph.state.ia.us

Area code is 515

Regional Child Protection Center Workshop Series

Series Overview & Purpose

The Regional Child Protection Center at Blank Children's Hospital seeks to improve outcomes for child victims of abuse by providing free educational opportunities for members of our professional community. The purpose of the Workshop Series is to impact the systemic coordination of services for children and families through increased professional knowledge and skills surrounding developmentally appropriate, child-focused interventions.

Intended Audience

The Workshop Series is intended for professionals involved in the child protection field including: Department of Human Service professionals, law enforcement, attorneys, victim advocates, medical and mental health providers, family service professionals, nurses and school-based professionals.

Location

The Workshop Series will be held at the Kelley Conference Room in the Education & Research Center on the Iowa Methodist/Blank Children's Campus. Park in the south end of the parking ramp and take the southeast elevators to Level G.



**BLANK CHILDREN'S
HOSPITAL**

IOWA HEALTH - DES MOINES

2010 Workshops

Wednesday, April 14

Impact of Social & Emotional Trauma
on Early Development

Presented By: Dr. Richard Gaskill, Ed.D.

ChildTrauma Academy Fellow, Clinical Director & Children's Services
Coordinator, Sumner Mental Health Center,
Wellington, KS

Tuesday, May 25

Best Practices in Child Fatality &
Severe Child Physical Abuse Investigations

Presented By: Brian Killacky

Supervisor, Cook County States Attorney's Office,
Capital Lit. Post Conviction DNA Unit Branch 66 Felony Review Unit,
Chicago, IL

Workshop Series Schedule

Please **choose a morning or afternoon session** as the information is repeated.

Morning Session

8:00 to 8:30 a.m.
8:30 to 10:00 a.m.
10:00 to 10:15 a.m.
10:15 to 11:45 a.m.

Registration
Presentation
Break
Presentation

Afternoon Session

12:30 to 1:00 p.m.
1:00 to 2:30 p.m.
2:30 to 2:45 p.m.
2:45 to 4:15 p.m.

Registration
Presentation
Break
Presentation

CEU Information

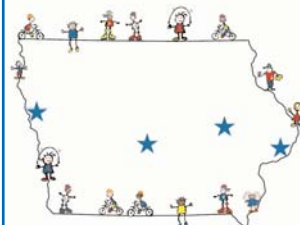
Each workshop session meets the requirements for approval for:

- Iowa Board of Social Work Examiners: 3 CEU credit hours
- Iowa Board of Behavioral Science Examiners: 3 CEU credit hours
- Iowa Board of Psychology Examiners: 3 CEU credit hours
- Iowa Supreme Court Commission - May 25 only: 3 CLE credit hours
- Iowa Board of Certification - Category A Special Populations: 3 CEU credit hours
- Iowa Board of Nursing Provider #31, Iowa Health - Des Moines: .36 CEU credit hours
- Iowa Board for the Treatment of Sexual Abusers:
April 14: 3 credit hours of victim related education
May 25: 3 credit hours of treatment related education
- Iowa Department of Public Health, Bureau of EMS, Mercy School of EMS: 3 CEU credit hours

CEU approval requires the participant's full-time attendance. CEUs and CLEs will be offered free of charge and the attendee will be awarded a certificate of attendance upon completion of the workshop.

**See back for topic/speaker
information and registration.**

Sponsored in partnership by the:



**IOWA CHAPTER
OF CHILDREN'S
ADVOCACY CENTERS**
Serving all of Iowa's children

Regional Child Protection Center

Workshop Series

Wednesday, April 14, 2010

Impact of Social & Emotional Trauma on Early Childhood Development

Presented by: Dr. Richard Gaskill, Ed.D.
ChildTrauma Academy Fellow, Clinical Director & Children's Services Coordinator,
Sumner Mental Health Center, Wellington, KS

Course Objectives:

- To learn fundamental neurodevelopmental principles impacted by trauma.
- Recognize common symptoms of social and emotional trauma.
- Design intervention programs to remediate developmental trauma.

CLEs not approved for this session.

Tuesday, May 25, 2010

Best Practices in Child Fatality & Severe Child Physical Abuse Investigations

Presented by: Brian Killacky
Supervisor, Cook County States Attorney's Office,
Capital Lit. Post Conviction DNA Unit Branch 66 Felony Review Unit, Chicago, IL

Course Objectives:

- To illustrate key investigative issues in the investigation of child fatality and severe physical abuse.
- To expose the investigative practitioner to various forms of CFI (child fatality investigation).
- To illustrate, through investigative examples, the importance of a MDT approach to these complex investigations.

Registration - RCPC Workshop Series

Name: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Work phone: _____ Email: _____

Sessions you are registering for:

☐ **Wednesday, April 14**

☐ Morning

☐ Afternoon

☐ **Tuesday, May 25**

☐ Morning

☐ Afternoon

Register by going online at www.blankchildrens.org or by mailing your registration to:
Blank Children's Hospital, Attn: Erin Luft-Wiskus, 1200 Pleasant Street, Des Moines, IA 50309.

Healthy Lifestyles Conference

April 21, 2010

Comfort Suites, Burlington, Iowa

Featured Speakers:

Chef Cyndie Story, PhD, RD
Zonya Foco, RD, CHFI, CSP
Mark Towers, BS, MS



Presented by Southeast Iowa Regional Coalition for Lifestyle Enhancement

Christine O'Brien
Emily Carrick
Patty Steiner

(319) 753-0193
(319) 372-5225 or 1-800-458-6672
(319) 754-7556 or 1-800-914-1914

Speakers

Chef Cyndie Story, PhD, RD has a PhD in Food and Lodging Management obtained through Iowa State University's Child Nutrition Leadership Academy. She is a Registered Dietitian and culinarian working primarily in school foodservice since 1989. Chef Cyndie has presented numerous hands on and demonstration style food production and food safety classes throughout the U.S. Her specialties include quantity food preparation, recipe development, food safety, work simplification, fresh produce fabrication, nutrition, and merchandizing techniques that encourage customers to make healthier choices. Chef Cyndie knows the importance of exceptional food quality, presentation, and safety.



Zonya Foco, RD, CHFI, CSP, America's Nutrition Leader, is on a mission to win the war on obesity, type-2 diabetes and heart disease. A master of inspiration, motivation and visual humor; Zonya reaches millions of people each year with a common-sense approach to healthy eating through her TV show, "Zonya's Health Bites," best-selling cookbook, *Lickety-Split Meals for Health Conscious People on the Go!*, co-authored health novel, *Water with Lemon*, and national speaking calendar.

In January 2008 Zonya joined Bob Greene on a national tour as a guest nutritionist and presenter for "Oprah & Bob's Best Life Challenge," providing entertaining and educational cooking presentations. As a nationally recognized expert on nutrition and wellness, Zonya has partnered with Health Alliance Plan (HAP) of Michigan to develop and present HAP's award-winning Weight Wise program, launched in 2004. Zonya has earned the prestigious Certified Speaking Professional (CSP) designation and her boundless energy inspires audiences across North America to stop dieting and start living the healthy life they deserve.

Zonya received her bachelor's degree from Eastern Michigan University and then worked for eight years as a clinical nutritionist for the Michigan Heart and Vascular Institute at St. Joseph Mercy Hospital in Ann Arbor.

Mark Towers, BS, MS is the founder of Speak Out Seminars. He has been educating people in change management workshops throughout the United States, Europe, South Africa, Mexico and Canada for eighteen years. His educational, motivational and entertaining programs have provided people with the tools to truly transform their lives.

Mark has earned two degrees from the University of Iowa. He received his bachelor's degree in Secondary Education in 1972 and his master's degree in Counseling Psychology in 1977. After spending several years in the education field he became a professional speaker for audiences such as ABC-TV, Hallmark Card, AT&T, Merrill Lynch, GTE and many government agencies.



Mark Towers' research has been very extensive. Change is today's only constant. In order to cope with the current environment of "permanent white water," one must be able to continuously reinvent. Mark applies his intelligence, experience, humor and wisdom to nudge you in a new direction.

Conference Agenda

Wednesday, April 21, 2010



- | | |
|--------------------|---|
| 8:00 – 8:45 a.m. | Registration |
| 8:45 – 8:55 a.m. | Welcome and Introductions |
| 8:55 – 9:05 | IDPH Obesity Trends in Iowa |
| 9:05 – 10:30 a.m. | Power of One Good Habit
<i>Zonya Foco, RD, CHFI, CSP</i> |
| 10:30 – 10:45 a.m. | Beverage Break |
| 10:45 – 12:15 p.m. | State of the Plate
<i>Chef Cyndie, PhD, RD</i> |
| 12:15 – 1:00 p.m. | Lunch (Provided) |
| 1:00 – 1:45 p.m. | Breakout Sessions:
Too Fickle to be Fit? <i>Zonya Foco</i>
Little Changes Can Make Big Differences:
<i>Mark Towers</i>
Feeling Stressed? <i>Celeste Fry</i> |
| 2:00 - 2:45 p.m. | Breakout Sessions
Tricks of the Trade! <i>Chef Cyndie</i>
Ready, Set, Step: <i>Celeste Fry</i>
Workplace Wellness: <i>Dept of Public Health</i> |
| 3:00 – 4:15 p.m. | How to Stay Inspired, Energized and Win!
<i>Mark Towers, BS, MS</i> |
| 4:15 p.m. | Wrap Up, CEUs and Evaluations |





Conference Goals

- ❖ Inform and update conference participants about current health issues regarding obesity.
- ❖ Increase public awareness of overweight issues that affect our health and lifestyles.
- ❖ Engage participants in learning about effective strategies for providing obesity prevention education

Conference Location

Comfort Suites
1780 Stonegate Center Drive
Highway 61 South, Burlington, Iowa

You may book accommodations at this hotel by calling them directly at 319-753-1300 or through their website at www.comfortsuites.com. Parking is free.



Funding:

This conference is funded in part by Great River Medical Center, Lee County Health Department and Community Action of Southeast Iowa.

Partners/Sponsors



General Information

Conference Registration:

Registration includes lunch, beverage breaks and conference materials.

Registration fee: \$70 if postmarked by April 16, 2010
After April 16TH, Registration is \$90
Student Registration rate is \$25

Cancellation Policy: Cancellations must be received in writing by April 16, 2010 and are subject to a \$15 service fee. After April 16, 2010, substitutions will be accepted but no refunds will be given.

Please make your check out to: SIRCLE Conference

Send your registration fees to:

SIRCLE Conference
Community Action of Southeast Iowa
Attention: Christine O'Brien
2850 Mt. Pleasant Street - Suite 108
Burlington, Iowa 52601
FAX: 319-753-0687

CEUs available for the following:

Nurses: .6 CEUs hours pending approval through Southeastern Community College: Provider Number 24.

Dietitians and other disciplines: A Certificate of Attendance will be available for those needing CEU documentation.



Healthy Lifestyles Conference

Registration

Please use the form below to register for the Healthy Lifestyles Conference,
to be held in Burlington, Iowa on April 21, 2010.

Name: _____

Title: _____ RN License Number: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

E-Mail Address: _____

Please note any Special Needs (Dietary, Disability, Breast Feeding Room, etc.): _____

Conference Fees:

Early Bird Registration: Fee \$70 – (postmarked by April 16, 2010)

Registration: Fee \$90 After April 16, 2010

Student Registration: Fee \$25

☐ Check Enclosed (*Make check payable to SIRCLE Conference*)

Amount \$ _____

Check # _____

PO # _____

Send Check to:

SIRCLE Conference

Community Action of Southeast Iowa

Attention: Christine O'Brien

2850 Mt Pleasant Street - STE 108

Burlington IA 52601

FAX: 319-753-0687

Cancellation Policy: Cancellations must be received in writing by April 16, 2010 and are subject to a \$15 service fee. After April 16, 2010, substitutions will be accepted but no refunds will be given.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 890

TO: All Iowa Medicaid Providers
FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)
DATE: March 15, 2010
SUBJECT: Electronic Remittance Advice

As originally announced in October 2009 (Informational Letters 847 and again in 860 and 877), beginning with the March 8, 2010 pay cycle, the IME remittance advice statement (RA) that explains the Medicaid payment will only be available to providers via an electronic method. The IME will no longer supply paper RAs. There are two options for providers to view their RAs electronically.

OPTION 1: View RA images via the Iowa Medicaid Portal Access (IMPA)

RAs are available for free to any enrolled provider through the Medicaid web portal, IMPA. This secure website allows providers to view an exact replica of the former paper RAs. Signing up for online access takes approximately 10 minutes; providers must do the following:

1. Go to <https://secureapp.dhs.state.ia.us/imp/> click on "register new account" (upper left) and enter the required information and click "create." After the account is created:
2. Go to <http://www.tfaforms.com/144326> and complete an access form. Once that form is completed and the submit button is clicked, the IME will be automatically notified that the account has requested access to the RA. The form will be reviewed and approved or denied and an e-mail will be sent as soon as the process is complete to the address listed on the form, within 2 business days. After approval, remittance advice will appear as an option when the user logs back into the account they created in step 1.

Public libraries allow access to a computer and the internet free of charge to the general public.

OPTION 2: HIPAA 835 RA Transactions

The HIPAA 835 is a standard transaction that all healthcare payers (such as Medicaid) are required to use to communicate details of the payments they make to providers of service. Iowa Medicaid 835s are available through EDISS at <http://www.edissweb.com/med/>. To begin receiving 835s, providers must complete enrollment and registration forms; this can be done online at: <http://www.edissweb.com/med/forms/onboard.html>. EDISS provides a free (downloadable) software program to view and print the 835 RA. This software can also be used to submit electronic claims to the IME. **Providers can sign up to get an electronic RA even if they do not submit claims electronically.** For any questions regarding the EDISS process, support is available at 1-800-967-7902.

Providers are also reminded that effective July 1, 2010 payments will only be transmitted via an electronic format and Informational Letters will only be available electronically. Please refer to the prior Informational Letters (noted in the first paragraph); details will continue to be sent on these changes.

Questions? The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally (in Des Moines) at 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹		HepB	HepB			HepB							
Rotavirus ²			RV	RV	RV ²								
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote ³	DTaP					DTaP	
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		Hib						
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPSV		
Inactivated Poliovirus ⁶			IPV	IPV		IPV						IPV	
Influenza ⁷							Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR		see footnote ⁸			MMR	
Varicella ⁹							Varicella		see footnote ⁹			Varicella	
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series		
Meningococcal ¹¹											MCV		

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children except certain high-risk groups
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV series	
Meningococcal ³		MCV	MCV	MCV	
Influenza ⁴		Influenza (Yearly)			Range of recommended ages for catch-up immunization
Pneumococcal ⁵		PPSV			
Hepatitis A ⁶		HepA Series			
Hepatitis B ⁷		Hep B Series			Range of recommended ages for certain high-risk groups
Inactivated Poliovirus ⁸		IPV Series			
Measles, Mumps, Rubella ⁹		MMR Series			
Varicella ¹⁰		Varicella Series			

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.

3. Meningococcal conjugate vaccine (MCV4).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.

4. Influenza vaccine (seasonal).

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).

5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ³		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria, Pertussis/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.