

IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter

Summer 2011

News & Summaries

IRIS Update

The Immunization Program has exciting news regarding the Immunization Registry Information System (IRIS) and the transition to a version of the Wisconsin Immunization Registry (WIR). Effective June 8, 2011, signed contracts are in place with the vendor to make Iowa-specific enhancements to the application! The Immunization Program anticipates the new version of IRIS will be 'live' in about 12 months. A more exact timeline will be available over the upcoming months.

Some of the new IRIS features will include:

- Fully web-based application
- Ability to exchange immunization data with electronic health records (EHRs) via the state Health Information Exchange (HIE)
- Improved data integrity by preventing duplicate records from being created
- Increased ability for health care providers to access data
- Immunization Evaluator provides accurate details of needed vaccines
- Immunization assessments to evaluate patient immunization status
- Interface with Vital Records for birth and death data
- Mass data entry

Over the upcoming months, the Immunization Program will work with the vendor to complete construction of the new system, data migration, testing and training for users. At any time if you have questions, please contact the IRIS Coordinator, Kim Tichy, at 800-374-3958 Ext.3 or by email at Kimberly.Tichy@idph.iowa.gov. In addition, to get IRIS updates directly in your inbox, please send a blank email to [join-IRISUSERS@lists.ia.gov](mailto:IRISUSERS@lists.ia.gov).

Immunization Conference Held in Des Moines

Nearly 800 health professionals attended the 2011 Iowa Department of Public Health (IDPH) Immunization Conference in Des Moines on June 8 and 9. The two-day conference focused on current immunization information and vaccine education for health care providers. The conference has grown from a group of about 20 local public health agency staff in 1994 to more than 765 attendees this year from 12 states.

Conference speakers included Dr. Paul A. Offit, Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia; Dr. William Atkinson, CDC Immunization Program; Alison Singer, Founder and President of the Autism Science Foundation; Dr. Gregory A. Poland of the Vaccine Research Group at the Mayo Clinic in Rochester, Minnesota; and Dr. Luis Castagnini, Iowa Health Systems. *Thank you to everyone who attended the 2011 Iowa Immunization Conference!*

Iowa Immunization Champions

This spring, the Immunization Program sent a request to more than 1,000 immunization partner organizations asking for their nominations of immunization champions - people who work day in and day out to better the health of Iowans. After reviewing the many applications, the review committee selected five applicants to receive this award. The Awards of Excellence are special for several reasons including, the awardees were nominated by their peers or supervisors, people who felt strongly they should be commended for their hard work and dedication and the awardees are recognized for their commitment to public health and the impact they have on their communities and state as a whole, making them 'champions' in the truest sense.

The immunization champion award winners, featured below, are part of a special group of health care professionals known for their successful work, innovation and unfailing commitment to Iowans. The Iowa Immunization Program thanks these recipients for their dedication to promoting and protecting the health of Iowans.

Iowa Healthcare Collaborative – Des Moines

The Iowa Healthcare Collaborative (IHC) has made the reduction of hospital associated infections through immunization of health care workers a top priority. The advisory committee established a goal that 95 percent of Iowa hospital workers be vaccinated against influenza by 2010. Beginning in 2006, and throughout each of the four ensuing six-month campaigns, IHC worked to increase immunization rates among health care workers through informational toolkits, posters, letters to hospital administrators and presentations at the IHC Annual Meeting and Patient Safety Conference.



Through diligence and partnerships with Iowa hospitals and the Iowa Hospital Association, the percentage of hospital employees vaccinated against influenza rose steadily from 67.9 percent in 2006-2007 to 91 percent in the 2009-2010 influenza season. This compares to a 40 percent rate nationally. Dr. Purtle accepted the award on behalf of the Iowa Healthcare Collaborative.

Regional Medical Center OB Department under the leadership of Assistant Manager Lee Ann Fenton – Manchester

LeAnn Fenton and the Regional Medical Center OB Department are committed to ensuring that Iowa's youngest residents start their lives with the best chance possible for lifelong health.

In 2007, following a presentation on the importance of protecting newborns from pertussis by immunizing their caregivers, LeAnn took action. Recognizing the opportunity the OB Department had, LeAnn advocated for an immunization program in the Regional Medical Center OB department. Under her leadership, policies and procedures for a Tdap program were implemented, including education on the importance of Tdap immunization, the assessment and administration of Tdap to mothers while still in OB, and the assessment and referral of Tdap for fathers. In addition to the Tdap vaccine, the immunization program also includes the assessment and administration of MMR and seasonal influenza.



LeAnn's efforts to include an immunization assessment and vaccine administration as part of labor and delivery at Regional Medical Center have increased the Tdap vaccination rate and provided opportunities for collaboration with health care providers in meeting vaccine needs.

Sara Kokke Primary Health Care, Inc., East Side Center – Des Moines

Primary Health Care in Des Moines serves a wide array of patients. Almost 50 percent of those served are minorities or immigrants, 50 percent are uninsured and many are non-English speaking families. It takes a dedicated and hard-working public health professional to meet and overcome these challenges. Sara Kokke is that kind of person.

Colleagues say Sara likes the challenge of figuring out the best way to take care of patients seen at Primary Health Care and in turn, patients appreciate her friendliness and knowledge. Faced with an immunization rate at East Side Center of 46 percent in July of 2009, Sara volunteered to recall patients every month that weren't up to date on their immunizations. Seeing a need for a more proactive approach to reach patients not included in the recall list, she requested an expanded list, and IRIS reminder lists were identified as a potential source for a more comprehensive list. With this tool, Sara went above and beyond by not only implementing a more efficient process for East Side Center, but also volunteering to take over the process for another PHC site. By September, 2010, the East Side Center immunization rate had risen to 94 percent; a similar increase was noted at the other site.



Lori Baldwin and Sue Nielsen Siouxland District Health Department – Sioux City

Between them, Sue Nielsen and Lori Baldwin represent more than 40 years of public health experience at the Siouxland District Health Department. Together, they coordinate the entire department's immunization activities including clinics; ordering and inventory of vaccine and supplies; scheduling; and education of public health nursing staff, interpreters and volunteers. Lori and Sue are charged with doing audits of the immunization records of all students enrolled in five Woodbury County school districts and 32 licensed child cares.

In 1995, Lori and Sue created a Tri-State Immunization Coalition, with representatives from public health departments in Nebraska, South Dakota and Iowa. In 2003, the Coalition expanded to include representatives from physician offices in the Tri-State region. In 2006, another expansion added coalition members from Sioux City schools, Head Start, the Native American Resource Center and more. Last year, Lori and Sue worked on educating coalition members about the importance of adolescent vaccinations and helped to coordinate the offering of Tdap to all ninth graders in Woodbury County. The Siouxland District Health Department Childhood Immunization Program continues to serve more of Iowa's children than any other program in the state. The last audit showed 99.8 percent immunization compliance in grades pre-K through 12. In FY 2010, the Siouxland Health Department immunized 4,683 children; 13,260 doses of vaccine were administered during 149.5 hours of immunization clinic time.



Mercy Medical Center Immunization Clinic and Heather Waters, Infection Preventionist and Control Manager - Cedar Rapids

Heather Waters, Infection Preventionist and Control Manager at the Mercy Medical Center Immunization Clinic in Cedar Rapids recognized that paper just wasn't cutting it when a routine employee vaccination drive required about 45 minutes in order for employees to sift through consent forms prior to receiving the vaccine. A series of improvements led to a switch to electronic assessment and tracking in 2009. Using laptops to improve speed of the flu clinic flow, Heather coordinated clinic staff, marketing, vaccination storage and immunization processes for both employees housed in the hospital as well as outlying facilities such as home health, hospice and the fitness center.



For this year's campaign and clinic, Mercy utilized a dedicated clinic area, increased the use and efficiency of laptop computers to assess and track employees for their immunization status and employed LEAN principles in the flow of the clinic that transformed the once 45 minute wait into a 1 to 5 minute timeframe. Through her leadership and dedication, Mercy Medical Center has achieved a 95 percent

vaccination rate for all employees' influenza immunization.

Congratulations to our 2011 Iowa Immunization Champions!

Local Public Health Billing Project

The Iowa Department of Public Health (IDPH) received a grant from the Centers for Disease Control and Prevention (CDC) to develop a billing plan allowing Local Public Health Agencies (LPHAs) to bill Medicare, Medicaid and third party insurance companies for the delivery of immunization services.

This project will develop a plan for a billing system that will save programs revenue, enable programs to reach additional populations, provide vaccines not currently offered and undertake new immunization initiatives to address special under-vaccinated populations with reduced access to vaccination services.

IDPH has contracted the services of a third-party medical billing company, HS Medical Billing, to develop a billing strategy and tools for use by all LPHAs interested in billing for immunization services.

The project includes collaboration with multiple stakeholders including LPHAs, governmental agencies and insurance companies.

The goal of the project is to provide a tool kit for LPHAs that desire to bill for immunization services. It will include the following:

- Guidelines for credentialing an agency and its providers with the appropriate payer organizations.
- Information, resources, and time requirements to implement a billing program.
- Technology information regarding software selection, EHR technology and claim submission strategies.
- Sample forms, policies and guidelines for billing requirements of the various third-party payers.

For more information regarding the billing project activities, contact Marnell Kretschmer at 1-800-831-6292 Ext. 3 or email marnell.kretschmer@idph.iowa.gov.

Storage & Handling Spotlight

Varivax and Zostavax Vaccine Storage and Handling Information

Effective June 6, 2011, Merck will no longer ship Varivax and Zostavax vaccine to customers using dry ice.

In the past, Varivax and Zostavax have been shipped using dry ice. Both of these vaccines will now be packed for shipping with six frozen gel packs as refrigerant in the shipping containers. The gel packs are for one-time use only and should be discarded upon receipt of the vaccine. The vaccine shipping containers are packed according to Merck guidelines that take into account the maximum temperature to which the container will be exposed, the time in transit, and the need to keep the vaccine at the appropriate temperature during shipping.

The shipping containers are designed to maintain proper temperatures for three days from the shipment date, which is located on the packing list. It is important to verify the date the vaccine was shipped on the packing list to assure it arrived within the three day window for delivery.

If the container is received after the three-day shipping time period or you have questions about the condition of the vaccine upon arrival, store the vaccine appropriately, mark do not use, and contact the vaccine manufacturer, Merck, for additional guidance.

To maintain potency of Varivax and Zostavax, the vaccine must be stored frozen between -58°F and +5°F (-50°C to -15°C). Diluent should be stored in the refrigerator (2°C to 8°C or 35°F to 46°F) or at room temperature (20°C to 25°C or 68°F to 77°F). The diluent is located in the top compartment of the shipping box underneath the cardboard cap.

The manufacturer recommends that the vaccine NOT be transported on dry ice. Use of dry ice may subject the product to temperatures colder than -58°F (-50°C).

VFC Spotlight

The Iowa VFC Program has implemented Economic Order Quantity (EOQ) effective June 1, 2011. EOQ is an order and distribution methodology to establish a balance between shipping costs and available vaccine inventory at the VFC vaccine distributor, McKesson. Each VFC provider has been assigned a vaccine order frequency (monthly, bi-monthly, quarterly). If you are unaware of your vaccine order frequency or have questions regarding EOQ contact the VFC Program at 800-831-6293, Ext. 4 or Ext. 5.

Question Corner

Information regarding Iowa immunization requirements is available on the Iowa Immunization Program's [website](#).

Q. I am a new immunization clinic nurse. We follow the ACIP schedule but what immunizations are required for school and child care?

A. The Iowa Immunization Program has developed a one-page chart to assist providers in identifying required immunizations. The chart is included in this newsletter, or click [here](#) for the link.

Q. Children are required to have two doses of MMR vaccine to start school. Does the second dose of MMR vaccine have to be on or after 4 years of age?

A. No, Iowa immunization requirements for school require the second dose of MMR vaccine to be no less than 28 days after the first dose. The second dose of MMR is traditionally given with the kindergarten immunizations, but if the second dose is given at least 28 days after the first dose it is a valid protective dose. ACIP considers receipt of 2 documented doses of MMR vaccine, given on or after the first birthday and separated by at least 28 days, as proof of immunity to measles, mumps, and rubella. No serologic testing is required or recommended to confirm immunity.

Q. How many doses of DTaP are required for school entrance?

A. Most children will receive 5 doses of DTaP given at 2, 4, 6 and 15 months of age with a booster dose at 4 to 6 years. The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age. The answer is 4 or 5 doses depending on when the doses of vaccine are administered.

Q. What immunization paperwork is required for enrollment in Iowa schools?

A. After the immunizations are given, the parent/guardian should be given an updated immunization record. In order to attend school or licensed child care, the child will need an Iowa Department of Public Health Certificate—either the Certificate of Immunization, Provisional Certificate of Immunization or Certificate of Immunization Exemption. A brief explanation of each certificate is included below. The family may also want a copy of the immunization record. If your clinic utilizes the immunization registry information system, IRIS, you can generate copies of the Certificate of Immunization directly from IRIS.

- **Certificate of Immunization**-Issued when applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
- **Provisional Certificate of Immunization**- Issued when the applicant has received at least one dose of each of the required vaccines but has not completed all the required immunizations or is a transfer student from another U.S. school system.
- **Certificate of Immunization** - Iowa law allows for medical and religious exemption to immunization.

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{3, 4}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003. ² DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus-and diphtheria-containing vaccine should be used.
		Polio ⁶	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁵
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁷

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

³ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁵ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁶ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁷ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4-weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

Resources

Provider Resources for Vaccine Conversations with Parents

Making time to talk with parents about vaccines during the well-child visit may be challenging. Here's some help: CDC, AAP, and AAFP created these materials to help you assess parents' needs, identify the role they want to play in making decisions for their child's health, and then communicate in ways that meet their needs. These resources are collectively called *Provider Resources for Vaccine Conversations with Parents*. Click [here](#) for more information.

Epidemiology and Prevention of Vaccine-Preventable Diseases 2011

This comprehensive immunization course provides the most current information in the constantly changing field of immunization. It is updated annually to provide the latest recommendations from the ACIP. Each of the ten sessions is 60 to 90 minutes in length and includes case studies and a discussion of frequently-asked questions. The [web-on-demand course](#) is now available, and the DVD will be available soon. Continuing education is available. Additional information is provided in each [session](#). For information and updates on other courses, please visit the NCIRD [Education and Training web page](#).

Immunization Update

Save the Date: Join CDC for their annual [Immunization Update](#) on August 4, 2011. This live satellite broadcast and webcast will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza, meningococcal, zoster, Tdap, and human papillomavirus vaccines. The 2.5-hour broadcast will occur live from 9:00 to 11:30 AM (Eastern Time) and will be re-broadcast that day from 12:00 noon to 2:30 PM (Eastern Time). Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors via email and fax.

To register to attend the broadcast at a specific location, or to search for available locations, visit the [CDC/ATSDR Training and Continuing Education Online System](#). Site registration is open now and individual registration begins on July 7, 2011. For questions about registration, call 800-418-7246 or email ce@cdc.gov. You do not need to register to participate in the webcast.

Iowa Department of Public Health, Immunization Bureau Email Lists

The Iowa Immunization Program has several email lists available to help health care providers receive important information from the Iowa Department of Public Health. Providers can send a blank email to the addresses below to receive updates directly in their inbox!

- VFC List: join-VFC@lists.ia.gov
- Immunization Program List: join-IMMUNIZATION@lists.ia.gov
- IRIS List: join-IRISUSERS@lists.ia.gov