



"KIDSNET is certainly expanding beyond childhood immunizations to a total health resource for all ages. I am particularly impressed with your rapid embracing HIT and integration with RI EMR's in practices and health care facilities." -**Peter A. Howland, MD, MPH, Pediatrician** (Retired)

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KIDSNET WELCOMES

A Child's University, Cornerstone School, HIV Surveillance Program/Office of HIV/AIDS and Viral Hepatitis, Woonsocket Public Housing Authority, Connecting for Families (CFF), Healthy Families America - EBCAP, and Parents as Teachers - BVCAP

NEW (HL7) DATA SUBMITTERS

Barrington Family Medicine, Children's Choice Pediatrics, David A. Johnson, DO, Family Physicians of Newport, Family Physicians of Tiverton and Little Compton, Jamestown Family Practice, and Kent County Pediatrics.

Please note: All State-Supplied Vaccine (SSV) providers who are currently in the process of securing HL7 Interface funding, or who are in the HL7 Interface testing phase, must continue submitting KIDSNET Immunization Data Sheets for all patients younger than 19 years of age. KIDSNET will notify you in writing when your electronic health record (EHR) HL7 interface is successfully transmitting your patient immunization data electronically to KIDSNET Production. If your practice is using an EHR and you are interested in more information about potential HL7 Interface funding related to the submission of data electronically to KIDSNET, contact Jeffrey Goggin, 401-222-4968, jeff.goggin@health.ri.gov.

KIDSNET THANKS PROVIDERS FOR ENSURING NEWBORN HEARING SCREENING FOLLOW-UP

In the United States, permanent hearing loss is identified in 1.4 per 1000 infants screened. In Rhode Island, the screening fail rate has fallen significantly in recent years to 1% (138 out of 11,637 infants screened) in 2011. Of the children who fail the screen, approximately 10% have permanent hearing loss, and recent data suggest that the number of children identified with hearing loss doubles by five years of age.

It is not safe to assume a failed hearing screen is due to fluid or debris. Prompt follow-up to screening results is crucial to assure speech, language, and healthy brain development. This follow-up is best accomplished through the infant's medical home.

Despite very high newborn hearing screening rates in Rhode Island, ensuring appropriate follow-up remains challenging. The Rhode Island Hearing Assessment Program (RIHAP) recently sent lists of patients needing follow-up to Rhode Island primary care providers. Within days, many calls from parents and providers came in to schedule screening and diagnostic appointments for infants in need of follow-up. Thanks to all healthcare providers who took action. RIHAP will continue to send this report. Soon the hearing report will be available to providers in KIDSNET. Visit www.health.ri.gov/newbornscreening/hearing/for/providers or call RIHAP, 401-277-3700. Diagnostic or other patient information can also be faxed to RIHAP, 401-276-7813. Thank you for helping ensure that all children with hearing loss have the opportunity for healthy development.



THE BENEFITS OF HPV VACCINE

Genital Human Papillomavirus (HPV) is the most common sexually transmitted disease in the world. Gardasil (HPV4) vaccine prevents infection with the types of HPV that cause most cases of cancer and genital warts. CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine 3-dose vaccination of boys and girls aged 11 and 12 years. The vaccine is also recommended for girls (ages 13 through 26 years) and boys (ages 13 through 21 years) who have not yet been vaccinated or who have not received all three doses. Gardasil has been found to be safe and effective in preventing serious HPV-related diseases, including cancer.

- Rhode Island has the **highest HPV vaccine coverage** rates in the United States, but providers should strive for 100% coverage rates. (Figure 1)
- There are common reasons and beliefs why parents don't have their children vaccinated against HPV. (Figure 2)
- Coverage rates **significantly increase** when the provider educates and recommends vaccinations to parent.

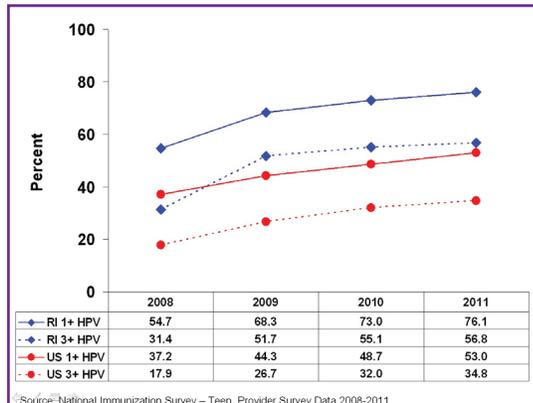


Figure 1. Trends of HPV vaccination coverage rates among females 13-17 years of age, Rhode Island and the United States, 2008-2011.

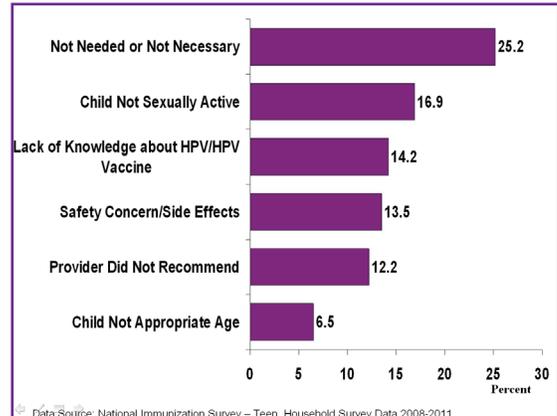


Figure 2. Parental reasons for not vaccinating against HPV, Rhode Island, 2008-2011, Combined.

The Rhode Island Medical Journal HPV public health report can be found at:

<http://rimed.org/rimedicaljournal/2013-01/2013-01-39-health.pdf>.

A patient Missing Immunization report for HPV vaccine can be run by providers by logging into KIDSNET.

SUBMISSIONS OF HL7 RECORDS INCREASE

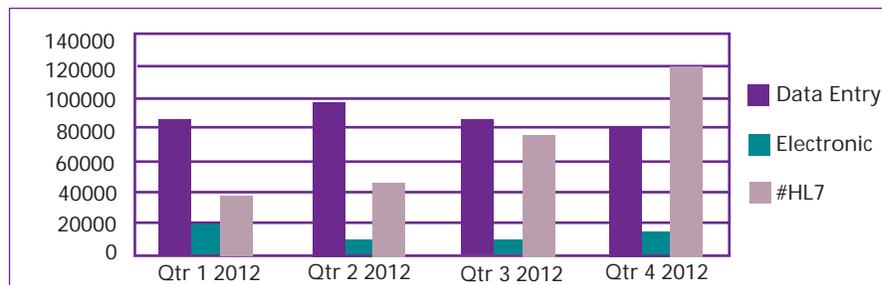


Figure 3

KIDSNET has seen a steady increase in the submission of HL7 immunization records despite a stable volume of data entry. In the first quarter of 2012, approximately 39,000 KIDSNET HL7 records were submitted and over 120,000 HL7 records during the last quarter of 2012. It should be noted that the fourth quarter increase can in part be attributed to the volume of flu shots from school-based clinics.

HEALTH NO LONGER ACCEPTING FAXES

All orders of non-flu vaccine must be made online through the Ocean State Management of State-Supplied Immunization System – OSMOSSIS. Faxing vaccine orders, transfers, waste, or return information is no longer acceptable. Temperature logs may still be faxed to the Rhode Island Department of Health (HEALTH).

NEW CDC VACCINE REFRIGERATOR RECOMMENDATIONS

The CDC has revised recommendations for proper vaccine storage units. The new recommendations are to use a stand-alone refrigerator unit and a stand-alone freezer unit for safe vaccine storage. If you are using a combination refrigerator/freezer unit, use only the refrigerator compartment. Most common household refrigerator/freezers have combined temperature control units that can create cold spots and temperature fluctuations in the refrigerator portion of the unit. The risk of freeze damage to refrigerated vaccines is increased in combination units because air from the freezer is circulated into the refrigerator to cool it. This can freeze temperature sensitive vaccines. Also, the freezer compartments of many combination units are not capable of maintaining the correct temperature for frozen vaccines. For more info contact [Sue Duggan-Ball, 401-222-1580; sue.dugganball@health.ri.gov](mailto:sue.dugganball@health.ri.gov)