



I just wanted to say how grateful I am that DCYF is able to access KIDSNET. It makes my job easier to have access to the information that in the past was more time consuming to obtain. I am able to verify information that is pertinent to the department to ensure that a child's medical needs are being met. -**Cheryl Dacey, SCWII, RI Department of Children, Youth, and Families (DCYF)**

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## KIDSNET WELCOMES

William H. Davies, Jr. Career and Technical High School

## NEW (HL7) DATA SUBMITTERS

Wood River Health Services, John McGonigle MD, Petteruti Family Medicine, PRIME, Stuart Demirs MD, Sunshine Pediatrics, University Family Medicine, and Warren Family Practice.

## KIDSNET IS NOW AVAILABLE TO DCYF

Rhode Island Department of Children, Youth, and Families (DCYF) administrators and staff (assigned User IDs and Passwords) completed Rhode Island Department of Health KIDSNET trainings this past summer. Trainees provided positive feedback about how important access to child preventive health information can be to DCYF caseworkers and foster parents. KIDSNET helps caseworkers track children who are missing or need follow-up from various preventive health services such as newborn screening, lead screening, and immunizations.

Use of KIDSNET by DCYF staff has been steadily increasing, with 3,222 KIDSNET pages viewed in July; 3,456 pages in August; and 4,564 pages in September. Special thanks to all who helped to make KIDSNET, Rhode Island's integrated child health information system, available to registered DCYF staff.

## SCHOOL-LOCATED FLU VACCINATION CLINICS

A school-located flu vaccination program runs each fall throughout Rhode Island. Clinics are for students in kindergarten through 12th grade. There is no out-of-pocket charge for flu vaccination for students. The insurance information of students who have health insurance will be collected, but no student will be turned away for a lack of insurance. The Wellness company sends flu data for Rhode Island children <19 to the KIDSNET data base. **Please visit <http://www.health.ri.gov/find/vaccinations/> for the 2013 fall schedule**

Patients who have received a flu shot at a school clinic, or elsewhere, and who are listed on your practice KIDSNET patient list report, will appear on the primary care provider's Immunizations Submitted to KIDSNET by Other Providers KIDSNET report.

If you would like to learn more about practice reports please contact **Janet Limoges, janet.limoges@health.ri.gov, 401-222-7681** or **Gail Barbone Miller, gail.barbonemiller@health.ri.gov, 401-222-4644** to arrange for a training session.

## KIDSNET ADMINISTRATOR DUTIES

One Administrator is designated per organization and is responsible for:

- Adding KIDSNET Users for their organization on an 'as needed' basis
- Assuring that all Users are aware of and abide by the terms of the KIDSNET Agreement
- Maintaining a file with a signed Confidentiality Agreement for each KIDSNET User
- Promptly terminating KIDSNET access for any User who leaves the organization or whose duties no longer require KIDSNET access (It is a good idea to add this to your organization's exit check list used when employees leave)
- Providing user support for forgotten User IDs and Passwords for their group
- Informing users that they are never to share User IDs and Passwords with others
- Reporting any breaches in confidentiality related to use of KIDSNET



## WHOOPIING COUGH - PERTUSSIS

Whooping cough, known medically as Pertussis, is a highly contagious respiratory tract infection. Although it initially resembles an ordinary cold, whooping cough may eventually turn more serious, particularly in infants. The best way to prevent Pertussis is through vaccinations. The childhood vaccine is called **DTaP**. The whooping cough booster vaccine for adolescents and adults is called **Tdap**. Both protect against whooping cough, tetanus, and diphtheria.

## RESURGENCE OF PERTUSSIS

RI has seen a resurgence of pertussis in the past few years. Clinical providers should remain vigilant in identifying new cases of pertussis and prophylaxing their close contacts. Immunity from childhood vaccination typically wanes and new cases may be seen three to five years after their last booster. A pertussis case is defined as a cough illness lasting at least two weeks with one of the following: paroxysms of coughing, inspiratory “whoop” or post-tussive vomiting. Adults and adolescents often do not have typical whooping or post tussive vomiting. Do not wait for two weeks of cough to test for pertussis, if it is suspected.

- For testing, submit two calcium alginate nasopharyngeal swabs (one for each nostril) in one tube of Regan Lowe transport media for PCR and culture to the State Health Laboratory.
- Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis.
- Isolate pertussis patients at home and exclude them from school/work and community activities for five days after antibiotics are started.
- Identify as many exposed close contacts of index cases and place on prophylactic antibiotic (regimen is identical to treatment) regardless of the age or vaccination status of the contact.

Close contacts who are at highest risk for pertussis are infants less than one year of age, persons with immunodeficiency conditions, and pregnant women in their third trimester (as they may transmit to the newborn). Such contacts are often targeted by public health for “targeted prophylaxis”, usually by a letter to parents from schools with one or more cases of pertussis, and where it may be difficult to identify every contact.

Another strategy is “cocooning” by vaccination with Tdap all adults and children that may exist in their immediate contact circle, of a high risk individual.

Please report pertussis upon diagnosis or strong clinical suspicion to the Rhode Island Department of Health. **Utpala Bandy, MD, MPH, Division of Infectious Disease and Epidemiology, Rhode Island Department of Health, utpala.bandy@health.ri.gov** For more information on pertussis visit <http://health.ri.gov/diseases/pertussis/>

## NEW HL7 IMPLEMENTATION GUIDE

A new HL7 Implementation Guide is available on the KIDSNET web page HL7 2.5.1 Implementation Guide for Immunization Messaging - 8/28/2013 for practices wishing to send immunization data to KIDSNET electronically. Please share this information with your electronic health record vendor. You may contact: **Kim Salisbury-Keith** [kim.salisburykeith@health.ri.gov](mailto:kim.salisburykeith@health.ri.gov) or **Jeff Goggin** [jeff.goggin@health.ri.gov](mailto:jeff.goggin@health.ri.gov) with any questions regarding this Guide.

KIDSNET continues to accept HL7 2.3.1 messages, while those practices wishing to test HL7 2.5.1 messages (the new standard format for immunization data) should contact KIDSNET in December 2013

## WEB FILE REPOSITORY (WFR)

Each designated administrator that uses KIDSNET is responsible for terminating access to KIDSNET information when an employee in their organization leaves. Some agencies use WFR to securely transfer confidential data between the agency and KIDSNET. If someone with access to the WFR leaves, please contact **Jeannine Warrenner, jeannine.warrenner@health.ri.gov** to lock their account. Jeannine can also assign accounts to new staff. Using someone else’s account is not appropriate.

## CURRENT VACCINATION INFORMATION STATEMENTS (VIS)

Vaccine	VIS Date	Vaccine	VIS Date	Vaccine	VIS Date	Vaccine	VIS Date
Chickenpox	3/13/08	Hib	12/16/98	Meningococcal	10/14/11	PPSV	10/06/09
DTaP/DT/DTP	5/17/07	HPV	5/17/13	MMR	4/20/12	Polio	11/08/11
Hepatitis A	10/25/11	Influenza (LAIV)	7/26/13	Multi-vaccine	11/16/12	Rotavirus	8/26/13
Hepatitis B	2/02/12	Influenza (TIV)	7/26/13	PCV13	2/27/13	Td/Tdap (use for Td)	01/24/12
<b>Please replace outdated VIS forms by ordering current versions:</b> <a href="http://www.health.ri.gov/forms/onlineordering/form_immunization.php">www.health.ri.gov/forms/onlineordering/form_immunization.php</a>						Tdap (use for Tdap)	05/09/13