



"I have found KIDSNET to be a great help! Every time we place a child I can go to KIDSNET and find valuable information, especially immunization records, which I give to the foster parents, so they can bring them to the doctor's office. I am extremely glad that I was trained for this." -Arleen DiCicco, Child and Family

## IN THIS ISSUE

- >> CDC Childhood Immunization Champion
- >> State Supplied Vaccine (SSV) Enrollment
- >> Newborn Screening - SCID
- >> Reportable Birth Defects
- >> Certified Rhode Island Lead Centers
- >> Multi-vaccine VIS

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## KIDSNET WELCOMES

The Goddard School, South Kingstown



### Rhode Island's CDC 2014 Childhood Immunization Champion

"So proud of being in a state that makes immunizing an easy job."  
**Richard K. Ohnmacht, MD, FAAP**

Dr. Richard Ohnmacht's experience in pediatric vaccine research has made him a passionate champion of immunization, both within his own practice and for children throughout Rhode Island. As a researcher, Dr. Ohnmacht has participated in dozens of research studies, and helped to ensure that children get maximum immunity against vaccine-preventable diseases. As a member of Rhode Island's Vaccine Advisory Committee, he provides guidance to the Rhode Island Department of Health on issues of vaccine distribution and administration. His work on the Vaccine Advisory Committee and his decades of research experience have helped protect children statewide and beyond from a variety of diseases.

Dr. Ohnmacht supports childhood immunization in Rhode Island as a pediatrician, researcher, and authoritative expert. In his practice, he has earned parents' trust and respect through his willingness to listen to their concerns and talk with them about immunization. Understanding the importance of good data collection in coordination of care, Dr. Ohnmacht is committed to entering his patients' immunization data into KIDSNET promptly and accurately. He uses KIDSNET to assess the vaccination statuses of patients and bring them up-to-date on vaccines as necessary. Thanks to Dr. Ohnmacht's dedication to immunization and to open communication with families, his patients' immunization rates are among the highest for any practice in Rhode Island.

**For his leadership on vaccine issues as both a physician and a researcher, Dr. Ohnmacht is Rhode Island's CDC 2014 Childhood Immunization Champion.**

## TIP OF THE DAY

When KIDSNET is unable to inform the family that the child's information is in KIDSNET, because the notification letter was returned undeliverable, the following message appears: "**Inactive - Address Blank**". Information will not be viewable until a good address is provided by fax (401-222-1442) or phone (401-222-5960) or mailed to the Rhode Island Department of Health, KIDSNET Program (3 Capitol Hill, Room 302, Providence, RI 02908). A new letter will be sent to the family, the status will change to "**Active**", and the KIDSNET record will then be viewable to KIDSNET users.



## 2014-2015 STATE-SUPPLIED VACCINE ENROLLMENT

Practices are now able to enroll in the Rhode Island Department of Health (HEALTH)'s State-Supplied Vaccine Program for 2014-2015. Practices that do not reenroll by July 1, 2014 will not be able to continue ordering vaccine until their enrollment has been completed and certified.

[Enrollment instructions](#) (Please review this document before beginning enrollment to ensure that you have all the necessary information on hand. These instructions can also be found in the [Immunization Resource Manual](#).) [Enrollment portal](#). If you have any questions about enrollment, contact Deborah Porrazzo (401-222-7876; Deborah.Porrazzo@health.ri.gov). A list of practice contacts at HEALTH is also available [online](#).



**MISSION:** Facilitate the collection and appropriate sharing of health data with healthcare providers, parents, Maternal and Child Health (MCH) programs and other child service providers for the provision of timely and appropriate preventive health services and follow-up.

## NEWBORN SCREENING FOR SEVERE COMBINED IMMUNODEFICIENCY (SCID)

As of August 1, 2014, Rhode Island will begin screening all infants born in the state for Severe Combined Immunodeficiency (SCID). SCID is a rare disease that causes dangerously low levels of white blood cells, which protect the body from infection. Babies with SCID appear healthy at birth, but if the disorder is not detected and treated quickly, they can become seriously ill or even die when exposed to common infections. Babies have the best chance of being cured through a bone marrow transplant if they are diagnosed and treated by three months of age. The addition of SCID to Rhode Island's newborn screening panel is consistent with a national trend toward expanded newborn screening.

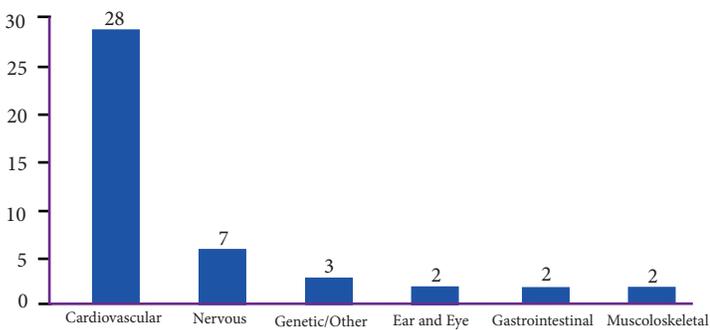
Child health physicians and other healthcare providers will be notified if a patient does not pass the initial screen for SCID.

**To learn more about newborn screening and what you should do to ensure babies receive appropriate follow-up care, visit [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers)**

## REPORTABLE BIRTH DEFECTS

In 2005, regulations were enacted mandating all physicians and healthcare providers to report birth defects to the Rhode Island Department of Health (HEALTH). Reporting birth defects helps the Rhode Island Birth Defects Program assure that these children receive appropriate services on a timely basis and helps identify children who would not have been diagnosed with a birth defect before newborn discharge. Since 2011 KIDSNET provider liaisons have been training participating providers and their office staff to report birth defects using a web-based reporting system in KIDSNET.

**Provider Reported Birth Defects by Body System in Rhode Island, 2012 - Present**



**Note:** This represents 32 children born from 2004 - 2014, some have more than one birth defect.

Since 2011 32 children have been identified through KIDSNET as having at least one birth defect, of whom 19 (59%) had not previously been identified by the Rhode Island Birth Defects Program. The body system with the most reported defects was the cardiovascular system. Septal heart defects (n=7) were the most common cardiovascular defect. There were 28 separate cases of reported deafness or general hearing loss beginning in September 2011. This demonstrates the value of KIDSNET reporting – it demonstrates that many children are getting diagnosed with birth defects after birth at facilities where data was not previously available to the Birth Defects Program.

The Birth Defects Program wants to thank Aquidneck Medical Associates of Newport, South County Family Medicine, the Pediatric Heart Center of Rhode Island Hospital, participating audiologists, and others who have and continue to report birth defects to the Rhode Island Department of Health.

**“To report a birth defect, click on the “Birth Defects Reporting” link in the left-hand menu bar in KIDSNET and enter the requested information.”**

If you need assistance or training on reporting birth defects in KIDSNET, contact Janet Limoges ([Janet.Limoges@health.ri.gov](mailto:Janet.Limoges@health.ri.gov)) or Gail Barbone Miller ([Gail.BarboneMiller@health.ri.gov](mailto:Gail.BarboneMiller@health.ri.gov)).

## CERTIFIED LEAD CENTERS FOR NON-MEDICAL CASE MANAGEMENT

Lead screening rates have declined in recent years, perhaps in response to the decline in the number of children with elevated lead levels. However, based on new research evidence for detrimental effects of lead exposure, the CDC has lowered the level of blood lead considered elevated from 10 to 5 mcg/dL. Each year, children continue to be exposed to lead hazards and are identified with elevated blood lead levels. Continued vigilance about screening is needed to assure prompt identification and intervention. KIDSNET has three lead screening provider reports to assist primary care providers in identifying their patients in need of screening. For training on these reports in KIDSNET, contact Janet Limoges ([Janet.Limoges@health.ri.gov](mailto:Janet.Limoges@health.ri.gov)) or Gail Barbone Miller ([Gail.BarboneMiller@health.ri.gov](mailto:Gail.BarboneMiller@health.ri.gov)).

**As of May 2014, HEALTH's Healthy Housing and Lead Poisoning Prevention Program is referring children with venous blood lead levels in the range of 5 to 14 mcg/dL to one of four certified lead centers for non-medical case management.**

Families accepting services will receive a home visit which includes a visual assessment of the home by a case manager, lead education, cleaning techniques, and temporary lead hazard control measures to mitigate future exposure to lead hazards. Lead Centers can also refer the family for a HEALTH-supported comprehensive environmental inspection to identify lead hazards inside and outside the home and work with owners/landlords to abate these hazards. Please see [www.health.ri.gov/healthrisks/poisoning/lead/for/providers](http://www.health.ri.gov/healthrisks/poisoning/lead/for/providers) for lead screening recommendations.

**Contact info for Lead Centers: Blackstone Valley CAP, 723-4520, East Bay CAP, 437-5104, St. Joseph Center for Health and Human Services, 456-4310, and Westbay CAP, 732-4660.**

## MULTI-VACCINE VIS

The pediatric Multi-vaccine VIS is being temporarily removed from service so it can be updated to reflect current ACIP recommendations. An updated edition should be available by mid-2014. In the meantime, please do not use the 11/16/2012 edition of the Multi-vaccine VIS. Instead, use the individual VISs when DTaP, Hib, Hepatitis, Polio, PCV13 and/or rotavirus vaccines are administered.