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FUN FACT: 2,483,557 pages were viewed in KIDSNET in 2014.

TESTIMONIAL *Patricia Gianetti, LPN*

I recently began working in a health center for pediatrics, and ob/gyn. Although a seasoned nurse in long term care facilities and adult primary care, I came to this center with absolutely no experience with pedi. Once I was enrolled on KIDSNET, my life here on the job became less stressful. KIDSNET is a beautiful tool, a wealth of information at your fingertips, so very informative and helpful. Equally important, it is easy to maneuver about. For me to say that, believe me, it has to be for me to use it with such ease. I can extract information on immunizations, screenings, potential problems for child, and so much more. I am excited about how KIDSNET can help me, and also assist me with keeping my health center accurate and current.

TIP OF THE DAY

KIDSNET reports are more accurate if children who are no longer affiliated with a practice are removed from their KIDSNET patient list. Practices can update their patient list by running and printing their Patient List Report, highlighting the names of children who are no longer in the practice and mailing the corrected patient list to KIDSNET. If you know a patient has moved out of state, please indicate that on the patient list. The child's record will remain in the KIDSNET system but will no longer be associated with any of your KIDSNET practice reports

NEW PRINTER FRIENDLY FORMAT FOR IMMUNIZATION PAGE

The printer-friendly version of the Immunization Program's page now shows all submitted vaccines on one page rather than two pages. At the top of the printout, you will see the patient's name, date of birth, age, gender, KIDSNET status, and primary care physician's (PCP) name followed by the school-requirement indicators and the immunization chart. Footnotes explaining invalid vaccine doses are viewable at the bottom of the page.

NEW KIDSNET IMMUNIZATION DATA SHEETS TO BE DISTRIBUTED IN JULY

9-valent HPV vaccine (9vHPV) will be available for order through OSMOSSIS in July. New data sheets with the new 9vHPV CVX code 165 will be delivered to practices who report on paper. The new data sheets will be printed on colored paper. During the transition period when both types of HPV vaccine are being used, please indicate whether 4vHPV or 9vHPV is being administered. If you administer 9vHPV vaccine before you get new data sheets, enter the 9vHPV vaccine under 'other' and use CVX code 165. As soon as you receive new data sheets, please discard any old data sheets.

NEW CVX CODE FOR 9VHPV

The CVX code used for electronic reporting of 9vHPV is 165. Practices must either add this code or have their EHR vendors add the code. When entering data into the EHR, please verify that the vaccine that was administered is correctly recorded since 4vHPV and 9vHPV have different codes.

HOW HPV WILL NOW APPEAR ON A KIDSNET IMMUNIZATION RECORD

HPV currently displays as Gardasil. For future displays, see the table below.

CDC Short Name	CVX	MX	Brand Name	CPT	KIDSNET Display
HPV9	165	MSD	Gardasil 9	90651	9vHPV
HPV quadrivalent	62	MSD	Gardasil	90649	4vHPV
HPV unspecified*	137				HPV unspec
HPV bivalent**	118	SKB	Cervarix	90650	2vHPV

SSV IMMUNIZATION ENROLLMENT

Enrollment in Rhode Island's State-Supplied Vaccine (SSV) Program for 2015-2016 opened on June 1. Any vaccine order made after July 1 will not be processed if your 2015-2016 enrollment has not been completed and certified.



DEADLINE FOR PRE-BOOKING INFLUENZA VACCINE IS JULY 1

Healthcare providers are required to enroll and pre-book influenza vaccine by July 1 and can pre-book up to 120% of the doses they reported as administered in OSMOSSIS during the 2014-2015 influenza season.

Providers will be required to pre-book by vaccine type and age category.

PEDIATRIC INFLUENZA VACCINE

For the 2015-2016 flu season, there will be three options for pre-booking of pediatric vaccines:

- Fluzone, 0.25ml; pre-filled syringe; preservative and latex-free; quadrivalent
- Fluzone 0.5ml; pre-filled syringe; preservative and latex-free; quadrivalent
- FluMist; intranasal spray; preservative and latex-free; quadrivalent

ADULT INFLUENZA VACCINE

For the 2015-2016 flu season there will be four options for pre-booking of adult vaccines:

- Fluarix; pre-filled syringe; preservative and latex-free; quadrivalent
- Flulaval; 10--dose vial); latex-free; quadrivalent
- Fluzone High Dose; pre-filled syringe; preservative and latex-free; trivalent
- FluMist; If your practice pre-books FluMist, you are committing to take delivery of that FluMist vaccine; however, if there are not enough orders for FluMist, HEALTH will not order FluMist at all and will fulfill requests for FluMist with injectable vaccine.)

KIDSNET RECORD REQUEST FOR PATIENTS 19 AND OLDER

KIDSNET does not add immunizations that are administered after a patient's 19th birthday. KIDSNET records are no longer viewable once the patient turns 19. Providers can request a copy of a patient's immunization record by faxing a completed consent form to KIDSNET at 222-5734.

REMINDER: SCREEN ALL CHILDREN FOR LEAD POISONING UNTIL AGE 6

The only way to determine if a child is lead poisoned is to test them. All children should receive their first lead screening between nine and 12 months of age, and they should get their second screening by 36 months of age. There must be at least 12 months between the first and second test. Children should be tested annually until they turn 6. All blood lead results are reported to the State Laboratory and are entered into the patient's KIDSNET record.

The following actions should be taken:

- 5mcg/dL -19mcg/dL or greater are considered to be elevated and must be repeated within three months
- 20mcg/dL -44 mcg/dL: blood test must be repeated within one week
- 45 mcg/dL-69 mcg/dL: blood test must be repeated within 24 hours
- 70 mcg/dL: blood test must be repeated immediately

If a child's blood-lead level is 15 mcg/dL or higher, HEALTH will order a Comprehensive Environmental Lead Inspection. The results and notes from the home inspection will appear in KIDSNET and will include inspection date, case status, and the address of the home that was inspected. HEALTH recommends that the child's lead levels should continue to be monitored throughout the abatement process.

There are three different lead provider reports available KIDSNET:

- Children without a lead screening
- Children due for a second lead screening
- Children with blood-lead test results \geq 5ug/dl

For a copy of the Lead Screening and Referral Guidelines and Recommended Actions visit:

www.health.ri.gov/healthrisks/poisoning/lead/for/providers/

HOW DO I KNOW IF A CHILD IS ENROLLED IN WIC?

You can determine if a child is enrolled in the WIC program by using the WIC link in the left navigation bar. If the title is underlined, this indicates the child's KIDSNET record has WIC information. If a child is (or has been) enrolled in WIC you will find: WIC certification date, visit date, status (terminated or active), category, height, weight, most recent blood-lead test, and any risk factors. The WIC agency that serves the child and the child's family is identified and includes the agency's address and phone number so all providers can better coordinate care.

FARMERS' MARKETS OFFER HEALTHY OPTIONS FOR WIC FAMILIES

Farmers' markets are one of the easiest places for WIC families to find delicious and nutritious harvests of Rhode Island farms. The markets offer a diversity of foods fresh from the fields. Farmers' Market checks are valid for one season - from June 1 through October 31. For a list of local markets that accept WIC checks visit: www.farmfresh.org

NEWBORN SCREENING FOR CRITICAL CONGENITAL HEART DISEASE (CCHD) GOING LIVE JULY 1

Effective July 1, 2015, Rhode Island law mandates that all babies born in Rhode Island be screened for Critical Congenital Heart Disease (CCHD). Newborns will be screened for CCHD using pulse oximetry prior to hospital discharge. CCHD is a group of heart defects that can cause life-threatening symptoms soon after birth if left undiagnosed. Infants who are diagnosed with CCHD may need surgical intervention within the first year of life; however, CCHD is often treatable if detected early.

A child's physician and other healthcare providers will be notified if the child does not pass the CCHD screening. Critical Congenital Heart Disease screening results will be available in KIDSNET on the Newborn Screening page and can be reported on the Birth Defects page.

To learn more about critical congenital heart disease visit

<http://www.health.ri.gov/newbornscreening/pulseoximetry/for/providers/>

