KIDSNET UPDATE

FEBRUARY/MARCH 2016

RHODE ISLAND'S
INTEGRATED CHILD HEALTH
INFORMATION SYSTEM

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FUN FACT:

Of the 130 infants referred to an audiologist following a newborn hearing screen in 2015:

63% are enrolled in WIC,

32% are enrolled in a Family Visiting program,

26% are enrolled in Early Intervention, and

75% have a known Rhode Island primary care provider.

TESTIMONIAL

"KIDSNET is superb."

Dr. Louis Colantonio

MAILING HISTORICAL IMMUNIZATION DATA TO KIDSNET

When mailing historical immunization data to KIDSNET, please put a return address or a note on the inside that identifies your practice. This will aid us in identifying to which practice we should link the data. Also, please staple all patient information to the correct immunization sheets to reduce confusion, errors, and missed data. Thank you for your help and cooperation with this matter.

NEW (HL7) DATA SUBMITTERS

KIDSNET welcomes the following new electronic immunization data submitters: CharterCare –Lincoln; CharterCare – Pontiac; Children's HealthCare, Inc.; Family Care Center – MHRI; Pediatric Primary Care Center –MHRI; and Providence Pediatrics.

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GUIDANCE ON BOOSTER VACCINES
MENINGOCOCCAL CONJUGATE VACCINE (MCV4)

Current ACIP/CDC recommendations:

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age:

- The first dose at 11 or 12 years of age, with a booster dose (second dose) at age 16.
- If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. The minimum interval between MCV4 doses is 8 weeks.
- If the first dose (or series) is given at or after the 16th birthday, a booster is not needed, unless the adolescent becomes at increased risk for meningococcal disease.

Adolescents in this age group with HIV infection should get three doses:

- 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

Tetanus diphtheria acellular pertussis (Tdap) and Tetanus Diphtheria (TD)

Current ACIP/CDC recommendations:

- A single Tdap dose for persons 11 through 18 years of age.
- Pregnant women should be vaccinated during each pregnancy.
- Adolescents and adults who have or anticipate having close contact with an infant less than 12 months of age should receive a single Tdap dose if they have not previously received it.
- A Td booster dose is recommended every 10 years.

Currently, ACIP recommends only one lifetime dose of Tdap for everyone with the exception of pregnant women, who should be vaccinated during each pregnancy. Optimal timing for Tdap administration is at 27 through 36 weeks gestation, although Tdap may be given at any time during pregnancy. A person who received a dose of Tdap at age 11 or 12 should receive a booster dose of Td vaccine 10 years later, unless tetanus prophylaxis is required sooner due to an injury. If a person who previously received Tdap needs a booster dose of Td (as a routine booster dose or for wound management), it is acceptable to administer Tdap if Td is not available.

KIDSNET FACILITATES NEWBORN HEARING SCREENING FOLLOW-UP

The national goal is to screen all newborns for hearing loss by one month of age. For those not passing the screen who are referred to an audiologist, the goal is to have a diagnosis by three months of age. If hearing loss is confirmed, the goal is enrollment in Early Intervention by 6 months of age. Infants who pass the newborn hearing screen but have risk factors for late onset hearing loss also need close monitoring and should see an audiologist regularly. The window of opportunity for early brain and speech language development makes meeting these goals an urgent concern. The many sources of KIDSNET data make it possible for the Newborn Hearing Screening Program to identify community partners who can help facilitate newborn hearing screening follow-up. Program staff work with WIC, Family Visitors, Early Intervention, primary care providers and audiologists to promote timely follow-up. These partners reinforce the urgency of follow-up, help families schedule appointments, and report hearing screening and diagnostic results. The table below shows the participation in various community programs and health services among infants needing newborn hearing screening follow-up. For example, of the 214 infants who needed to repeat the initial newborn hearing screen, 57% of them are WIC clients and 29% are enrolled in a Family Visiting Program. Without help from community partners, many infants "fall through the cracks" and do not get the appropriate follow-up.

PARTICIPATION IN COMMUNITY SERVICES AMONG 2015 RI RESIDENT BIRTHS, EXCLUDING DECEASED (10,399 CHILDREN)

	Missed Initial Screen # (%)	Needing Rescreen # (%)	Referred to Audiologist # (%)	Passed with Risk Factors # (%)	Confirmed Hearing Loss # (%)
WIC	7 (21%)	121 (57%)	82 (63%)	533 (56%)	11 (58%)
Family Visit	7 (21%)	61 (29%)	41 (32%)	330 (35%)	8 (42%)
EI	4 (12%)	12 (6%)	34 (26%)	160 (17%)	14 (74%)
RI PCP	13 (39%)	187 (87%)	98 (75%)	802 (84%)	18 (95%)
RI Audiologist	6 (18%)	34 (16%)	102 (78%)	153 (16%)	19 (100%)
Total	**33**	**214**	**130**	**956**	**19**

Note: total does not equal the sum of enrollees in each program as children may be in more than one program.