



KIDSNET UPDATE

RHODE ISLAND'S INTEGRATED CHILD HEALTH INFORMATION SYSTEM

MAY / JUNE 2017

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CENTER FOR HEALTH DATA AND ANALYSIS (CHDA)

Sam Viner-Brown
Chief

Ellen Amore
KIDSNET Program Manager
ellen.amore@health.ri.gov
401-222-4601

Kim Salisbury-Keith
Development Manager
kim.salisburykeith@health.ri.gov
401-222-5925

Jeff Goggin
Immunization Interface Manager
jeff.goggin@health.ri.gov
401-222-4968

PROVIDER RELATIONS

Janet Limoges
janet.limoges@health.ri.gov
401-222-7681

Carla Laroche-Harris
Carla.LarocheHarris@health.ri.gov
401-222-4644

PROGRAMMER

Jeannine Warren

DATA MANAGEMENT/DATA QUALITY

Joel Balkum	Catherine Drance
Christine Jason	AJ Lizarda
Richard Lupino	



DATA FACT

During the last five years (2012-2016), **53 infants** had an abnormal newborn screening for hemoglobin disorders. All 53 of those infants were referred to the Hemoglobin clinic at Hasbro Children's Hospital for additional follow-up testing. Forty-eight out of the 53 (91%) infants referred were diagnosed with a Hemoglobin Disorder.

LEAD ARTICLE CLARIFICATION

It is critical for all physicians to screen their patients for lead poisoning through the age of six. The last newsletter stated that Rhode Island providers are required by law to conduct two blood lead screening tests on children by the time they are 36 months old. However, more specifically, providers are required to conduct one blood test between 9 and 15 months, and a second blood test at least 12 months later, between 21 and 27 months, on all children.

The last newsletter also stated that all Rhode Island providers are required by law to screen a child annually after age three if the child has two non-elevated blood lead levels. To clarify, these children are to be screened annually using the "Risk Assessment Questionnaire", not a blood lead screening test. Only children who have a blood lead level ≥ 5 mcg/dL during one of the two blood tests conducted before 36 months of age, or who meet the blood lead screening requirements of the Risk Assessment Questionnaire, need a blood lead test annually after 36 months. RI Lead Screening guidelines:

<http://www.health.ri.gov/publications/brochures/provider/LeadScreeningAndReferralInterventionProcess.pdf>

NEWBORN SCREENING AND DIAGNOSTICS

All infants born in Rhode Island receive a newborn bloodspot screening within 24-48 hours of birth. The Rhode Island Newborn Screening panel currently screens for 31 blood conditions. The Newborn Screening Coordinator contacts all pediatric providers when there is an abnormal newborn screening to discuss follow-up steps. It is very important to discuss the urgency of timely follow-up care with families. All normal and abnormal newborn screening results can be viewed under the KIDSNET "Newborn Screening" tab.

If an infant has an abnormal newborn screening, they may be referred to one of the five diagnostic follow-up clinics (Metabolic, Endocrine, Cystic Fibrosis, Hemoglobin, Immunology) at Hasbro Children's Hospital for additional testing. Pediatric providers can view diagnostic follow-up information entered by the clinics under the KIDSNET "Newborn Diagnostic Summary" tab. Diagnostic information entered by the clinics include: confirmed diagnosis, treatment, and medications.

For a complete list of newborn screening conditions screened for in Rhode Island, please visit www.health.ri.gov/newbornscreening/blood/.

If you are not able to view newborn screening results in KIDSNET and would like to obtain results, please contact the VNA Newborn Screening Coordinator at **401-921-7619**.



Rhode Island Department of Health (RIDOH)
Center for Health Data & Analysis, KIDSNET Program
3 Capitol Hill, Providence, Rhode Island 02908
Health Information Line: 401-222-5960 / RI Relay 711
www.health.ri.gov

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NEWBORN HEARING SCREENING – “NOW HEAR THIS!”

Prompt follow-up to a newborn hearing screening is imperative, as pathways in the brain for hearing, speech, and language are laid down very early in life. **National guidelines recommend newborn hearing screening by 1 month of age, diagnosis by 3 months, and intervention by 6 months** – the sooner, the better. A “wait and see” attitude can be detrimental. Many community partners help ensure that recommended newborn hearing screening follow-up occurs. However, some KIDSNET users are unaware or do not attend to this information. The KIDSNET Hearing Assessment page displays newborn hearing screening results, recommended follow-up, and diagnostic audiology results that have been reported. More and more KIDSNET users are checking this page and assisting families with scheduling this critical follow-up; the first quarter of 2017 saw the highest number of hits by external users to the Hearing Assessment page in almost two years. Please take a moment to check out this important page for your patients or clients. For questions or assistance in understanding how KIDSNET can help you coordinate newborn hearing screening services for your patient/client, please contact Liza Then at liza.then@health.ri.gov or 401-222-6146.

OSMOSSIS BLACKOUT AND ENROLLMENT DEADLINE

Rhode Island’s State-Supplied Vaccine (SSV) ordering system, OSMOSSIS, will be down from noon on June 28 through noon on July 5, due to renewal of the CDC adult vaccine contracts. Providers will not have access to OSMOSSIS during this time, and any incomplete orders in the system as of June 29 will be deleted.

The OSMOSSIS blackout will not impact ability to complete SFY18 (July 1, 2017 – June 30, 2018) SSV Program Enrollment. Providers that have not enrolled will not be able to submit vaccine orders after July 1, 2017 until SFY18 enrollment has been completed and certified.

LEAD RECALL

The FDA has issued a warning of falsely low blood lead results from venous samples processed by Magellan Diagnostics’ LeadCare® analyzers. The safety alert does not apply to capillary blood lead test results collected by fingerstick or heelstick using Magellan Diagnostics’ LeadCare analyzers.

Due to the potential for falsely low blood lead test results from LeadCare analyzers, the CDC recommends that healthcare providers re-test patients who:

- Are younger than 6 years (72 months) of age at the time of this alert (May 17, 2017) and had a venous blood lead test result of less than 10 micrograms per deciliter analyzed using a Magellan Diagnostics’ LeadCare analyzer; or
- Are currently pregnant or lactating women who had a venous blood lead test performed using a Magellan Diagnostics’ LeadCare analyzer

The Rhode Island Department of Health responded to this warning by identifying the 1544 Rhode Island children who met the above criteria – updating addresses in KIDSNET and notifying parents by mail. Primary care providers have also been notified. Anyone with questions about this recall should contact Michelle Kollett-Almeida in the Lead Poisoning Prevention Program at 401-222-7794.

SHARING OF ELECTRONIC IMMUNIZATION DATA WITH KIDSNET

Provider offices are required to report administered vaccines within one week of when they are given, and historical vaccines within one week of obtaining the information from another practice or source. Following some electronic health record (EHR) upgrades, KIDSNET has stopped receiving historical immunizations (administered by another practice). Please note the definitions:

- **Administered vaccines** – those vaccines administered by the Provider site – currently or in the past
- **Historical vaccines** – those vaccines administered by another Provider site

Action steps for provider offices:

1. Confirm that your EHR system is currently sending historical immunization data to KIDSNET
2. Confirm that administered and historical vaccines are being entered correctly by your office for transmission to KIDSNET
3. Work with your EHR vendor if there are any issues transmitting the correct information

(Note: All certified EHR products are tested for their ability to successfully transmit both administered and historical immunizations as part of the certification process.)

When KIDSNET does not receive all administered and historical immunization data for patients, it can adversely affect your practice’s coverage rates. By taking the above steps you can avoid the time-consuming alternative of submitting immunization data to KIDSNET on paper. Provider locations wishing to take advantage of query response, once made available by KIDSNET, will be required to demonstrate the ability to send on an ongoing basis both administered and historical immunization data to KIDSNET.

Please contact Jeff Goggin at Jeff.Goggin@health.ri.gov or 401-222-4968 with questions.

VIS DATES

VIS statements are available at <http://www.immunize.org/Vis>

Check your stock of VISs against this list. If you have outdated VISs, get current versions.

Adenovirus	6/11/14	J. enceph.	1/24/14	Rabies	10/6/09
Anthrax	3/10/10	MCV4/MPSV4	3/31/16	Rotavirus	4/15/15
Chickenpox	3/13/08	MenB	8/9/16	Shingles	10/6/09
DTaP	5/17/07	MMR	4/20/12	Td	4/11/17
Hib	4/2/15	MMRV	5/21/10	Tdap	2/24/15
Hepatitis A	7/20/16	Multi-vaccine	11/5/15	Typhoid	5/29/12
Hepatitis B	7/20/16	PCV13	11/5/15	Y. fever	3/30/11
HPV	12/2/16	PPSV	4/24/15		
Influenza	8/7/15	Polio	7/20/16		