



After requesting an immunization record be sent to a new primary care provider in Massachusetts: "I am actually impressed that it was this easy to get the records taken care of - you are to be commended!"

- Karen Antonio, mother

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NEW AUDIOLOGY REPORT

One in Ten!

In the United States, permanent hearing loss is identified in 1.4 per 1000 infants screened. In Rhode Island, the screening fail rate has fallen significantly in recent years to 1% (116 out of 11,580 infants screened) in 2012. **Out of ten infants who fail the screen, approximately one has permanent hearing loss, and recent data suggest that the number of children diagnosed with hearing loss at five years of age doubles.** It is not safe to assume a failed hearing screen is due to fluid or debris. Prompt follow-up to screening results is crucial to assure speech, language, and healthy brain development.



Each year there are children who are not documented as receiving the recommended newborn hearing screening follow-up.

Reasons include parent refusal, moves out of state, inability to contact parent (invalid address and phone number), parent unresponsiveness (does not return calls or schedule and keep appointments), and lack of reporting by the audiologist. Needed services may include initial screen, re-screen, or diagnostic audiology. The largest group of children not receiving recommended follow-up are infants who pass the newborn hearing screen but have risk factors for late onset hearing loss, such as a family history of hearing loss or a neonatal intensive care stay. These children need close audiological monitoring.

Two new features have been added to KIDSNET related to newborn hearing screening follow-up. The intent is to improve care coordination and help assure that all children get the recommended follow-up.

Primary care providers can now run a practice report that lists all of their patients who need follow-up from newborn hearing screening.

A similar report has been mailed to providers quarterly, beginning in 2013. However, the KIDSNET report allows practices to run the report themselves, assist families with scheduling appointments and monitor if follow-up has been documented more frequently. Even a few months can be critical to the rapidly developing infant brain so timely follow-up is urgent.

In addition to reporting diagnostic testing results, audiologists can now report the dates of hearing aid fittings and cochlear implant surgery.

Hearing aids need to be refitted as a child grows. Sometimes use of hearing aids is discontinued or intermittent for various reasons. This can have a detrimental impact on development. Cochlear implant surgery must be followed up with services such as "mapping" to program the implant to the specifications and needs of its user.



TIP OF THE DAY

When searching for a record in KIDSNET, don't forget the "wildcard".

If you are not sure about the correct spelling of a child's name, you can search for a child with partial information by using the * sign. For example, if you enter Jo* you can find records for children named Joseph, Jonathan, Jose, etc. Enough information must be entered to uniquely identify a child. If the child cannot be found an error message will display ("No children were found matching criteria"). More information will be required. If more than one child matches, the message "More than one child found meeting your criteria, please narrow your search" will appear. Enter more information, such as mother's date of birth or the full first or last name to find the child.

MEANINGFUL USE – HL7 2.5.1 IMMUNIZATION OBJECTIVE

In order to qualify for meaningful use funds, immunization records must be sent from electronic health records (EHR) to KIDSNET using HL7 2.5.1 format. Each practice that vaccinates individuals younger than 19 years of age and wishes to begin sending data from an EHR should complete and submit the Registration of Intent Form for the **Immunization Meaningful Use Stage 2 Objective**. The form is required no later than 60 days after the start of the eligible provider or eligible hospital's reporting period begins. This form should also be completed for practices wishing to upgrade from sending HL7 2.3.1 messages to HL7 2.5.1 messages. **Contact Jeff Goggin, Jeff.Goggin@health.ri.gov, 401-222-4968** with questions or concerns.

NATIONAL INFANT IMMUNIZATION WEEK (NIIW) MARKS 20TH ANNIVERSARY

National Infant Immunization Week (NIIW), set for April 26 – May 3, 2014, is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities.

The following events are scheduled for Wednesday, April 30th: Michael Fine, MD, Director of Health, will be interviewed on ABC about the importance of infant immunization, and First Lady of Rhode Island, Stephanie Chafee, RN, MBA, will be reading a story to children at the Friendship Street Head Start Center in Providence.

To learn more about activities being planned, follow the Rhode Island Department of Health (HEALTH) on Facebook and Twitter (@RIHEALTH; #NIIW) or visit www.health.ri.gov.

TIPS AND TIME-SAVERS FOR TALKING WITH PARENTS ABOUT HPV VACCINE

CDC research shows: The "HPV Vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from a provider is the single best predictor of vaccination.

Try Saying: "HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today."

STATE SUPPLIED VACCINE (SSV) ENROLLMENT JUNE 2014

Annual SSV enrollment will begin in June. An immunization advisory will be sent out in late April providing more detail and information about changes to be aware of when enrolling.

The Immunization Resource Manual & Forms (www.health.ri.gov/resources/immunization) will be updated with the latest vaccine enrollment and ordering information prior to the start of enrollment.

CURRENT VACCINATION INFORMATION STATEMENTS (VIS)

Vaccine	VIS Date	Vaccine	VIS Date	Vaccine	VIS Date	Vaccine	VIS Date
Chickenpox	3/13/08	Hib	2/4/14	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	on hold	Rotavirus	08/26/13
Hepatitis B	2/02/12	Influenza (TIV)	7/26/13	PCV13	2/27/13	Td	2/4/14
						Tdap	5/29/12

Please replace outdated VIS forms by ordering current versions:
www.health.ri.gov/forms/onlineordering/form_immunization