The “1-3-6” National goals for Early Hearing Detection and Intervention (EHDI) are to screen infants by one month of age, complete a diagnosis (permanent hearing loss or normal hearing) by three months of age, and enroll in Early Intervention by six months of age.

Below are data for the 11,199 children born in Rhode Island in 2017.

10,947 (98.6%) screened by one month old
1,175 (10.6%) had a risk factor for late-onset hearing loss
384 (3.5%) referred to Audiologist

233 (60.7%) had a documented diagnosis
138 (59.2%) diagnosed by three months old
35 (15.0%) had permanent hearing loss
151 (39.3%) had no documented diagnosis

28 (80%) had a documented Early Intervention (EI) enrollment
14 (50%) enrolled in EI by six months old
7 (20%) had no documented EI enrollment

Reasons for lack of diagnosis or enrollment in Early Intervention include moves out of state, declining services, diagnosis in process, unable to reach family, or family not completing the diagnostic process. For more than 50% of those missing a diagnosis or EI enrollment, the reason was due to difficulty contacting parents or parents not completing the diagnostic process. Active involvement by primary care and other community providers who provide services to infants can help improve these outcomes. KIDSNET can be used to identify patients in need of newborn hearing screening follow-up, both by running reports or by looking up an individual child.

OSMOSSIS Blackout
Due to CDC’s renewal of Adult Contracts on July 1, 2019, OSMOSSIS will be down starting at noon on June 26. The system will resume on July 1 at noon.

Any orders placed after the noon deadline on June 26 will be declined, and any incomplete orders will be deleted from OSMOSSIS. If you have any questions, please contact your Immunization Team Representative.
Changing EHR
Reminder if you change your EHR vendor, upgrade your current EHR technology, affiliate with a new organization, or adopt EHR technol-
ygy for the first time, please notify KIDSNET and the State immunization program. Notify your Immunization Representative or KIDSNET
Provider Relations Representative and Jeff Goggin at jeff.goggin@health.ri.gov.

Live Virus Vaccines Administered to Patients
When administering live virus vaccines, such as MMR and Varicella, on a schedule that differs from Rhode Island’s recommended
childhood schedule, please remember that there should be a 28-day separation between the vaccines. The KIDSNET immunization
algorithm follows CDC guidelines. This means that if two live virus vaccines are not separated by a 28-day interval, the second live virus
vaccine will not count towards the child’s series completion. This will cause the child to appear as past-due in KIDSNET.

National Safety Month
June is National Safety Month. While KIDSNET cannot prevent accidents from happening,
it can help Rhode Island doctors determine if the children they are treating are immunized
and up-to-date on other childhood screenings. Being up-to-date on screenings, such as
lead screening, helps children stay safe and healthy. KIDSNET can play a helpful part in
care coordination. To learn how to better utilize KIDSNET, contact your KIDSNET Provider
Relations Representative.

2019-2020 SSV Program Enrollment
Enrollment in Rhode Island’s State-Supplied Vaccine (SSV) Program for 2019-2020 opened on June 3. If your practice has not yet enrolled or
re-enrolled, please do so as soon as possible, as vaccine orders placed after July 1 will not be processed until enrollment has been completed
and certified. Please note: If you did not attend the SSV Workshop in April, you will be required to view the workshop presentation once
you complete the 2019-2020 enrollment process. Enrollment is also a great time to update your KIDSNET group administrator. Product
reservation is the practice’s way to reserve flu vaccine that will be needed for the entire 2019-2020 flu season. Providers can reserve up to
120% of the doses they reported as administered during the 2018-2019 season. You must reserve vaccine by age categories.

New: This year, Fluad will be offered for adults age 65 and older. Fluad helps protect against the same flu strains as other seasonal
flu shots and contains an immune-enhancing ingredient that can help provide a strong immune response to the flu. Fluad comes in
a single dose syringe and is a little milky in appearance.

Available products (all preservative- and latex-free):

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<thead>
<tr>
<th>Pediatric</th>
<th>Adult</th>
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<tbody>
<tr>
<td>Vaccine</td>
<td>Age group</td>
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<tr>
<td>Fluarix  0.5 ml</td>
<td>quadrivalent</td>
</tr>
<tr>
<td>Flulaval  0.5 ml</td>
<td>quadrivalent</td>
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<tr>
<td>Flumist: quadrivalent</td>
<td>2-18 years Limited Supply</td>
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For the upcoming season, providers can use state-supplied flu vaccine for their Medicare Fee-For-Service patients without needing
to reimburse RIDOH or order private supply. See www.health.ri.gov/publications/instructions/ImmunizeForLifeEnrollment.pdf for
enrollment instructions.

If you have questions, contact:
• Enrollment - Maria.Bisono@health.ri.gov
• Flu vaccine returns - Denise.Cappelli@health.ri.gov
• Becoming a mass/community (off-site) immunizer - Tricia.Washburn@health.ri.gov
• KIDSNET - Janet.Limoges@health.ri.gov or Carla.LarocheHarris@health.ri.gov