



# Jab and Gab Immunization Newsletter

Wyoming Department of Health-1st Quarter- 2014



## Manager's Corner By Lisa Wordeman

*"Without continual growth and progress, such words as improvement, achievement, and success have no meaning."  
-Benjamin Franklin*

There are many areas in the Immunization Program that focus on helping providers to improve their immunization practices.

The AFIX Specialist works with you on your immunization coverage rates. You see how well you're doing with not missing any vaccination opportunities or whether or not you administered any invalid doses. The WyIR has many tools to help measure success through the Vaccination Data Quality or the Reminder/Recall Success Report. Finally, the

Compliance Specialist visits with providers to ensure quality storage and handling and to help identify areas for improvement.

Working with providers to identify areas of improvement is only beneficial if you recognize the need for improvement and have a commitment for continual growth. A provider can celebrate their great success with coverage rates this year, but if they do not continue to implement the changes they put in place and continue to make progress towards increased immunization rates, the rates will begin to decline.

The Immunization Program encourages

providers to be successful in all areas of their practice.

Immunization Program staff participate in various trainings and conferences throughout the year to stay up to date on current trends and new ways of improving efficiency and quality on immunization practices.

We then pass this information along to you.

I encourage you to seek out continual growth and progress. Take advantage of the quality time that Immunization Program staff are in your office and ask them questions.

If you haven't already signed up for the regional training, be sure to do so soon. It's a great opportunity for education and resources that you can take back to your

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office to implement. Let us know how we can help you with continual growth in an effort to improve, achieve, and succeed in your immunization practice.



### FINAL CALL TO REGISTER FOR 2014 REGIONAL TRAINING!!

The deadline to register for regional training is April 11th. The goal is to have at least one (1) staff member from each VFC/WyVIP Provider office. Click [HERE](#) to reserve your spot now!!

#### DATES/LOCATIONS:

May 20, 2014 - Sheridan

May 22, 2014 - Riverton

June 10, 2014 - Cheyenne

June 12, 2014 - Casper

June 24, 2014 - Rock Springs

June 26, 2014 - Jackson





## Lot Number Tags

### By Jude Alden, VFC Coordinator

It has been discovered that providers are adding a "tag" onto their lot numbers prior to receiving them into the WyIR inventory. This practice is prohibited as it results in multiple issues. An example of this type of tag is ABC123-WYIR or ABC213-Adult. In the event there is a lot number recall we are unable to identify which providers or which patients received this vaccine. Providers will be expected to resolve the issue prior to receiving additional vaccine orders.

When a provider is selecting a vac-

cine lot number to administer to a patient, the WyIR indicates whether the lot is public or private. This identification should be enough to select the appropriate lot number based on your patient's eligibility.

The only exception to this would be for providers that are part of the Vaccines for Uninsured Adults program to distinguish between adult and pediatric vaccine. An acceptable tag for adult vaccines is "-Adu." Please do not use any other tags on any other vaccines and only when necessary. For example Zoster would

not need a tag.

Providers may tag their private stock vaccine at their own discretion with the understanding that they will need an alternate method to search for recalled lot numbers.

If you have questions or concerns about these issues, please contact Jude Alden, Vaccine Coordinator, at [jude.alden@wyo.gov](mailto:jude.alden@wyo.gov).



## ACIP Update

### By Val Knepp, RN, Clinical and Compliance Specialist

The Advisory Committee on Immunization Practices (ACIP) met on February 26<sup>th</sup> & 27<sup>th</sup>, 2014 in Atlanta, Georgia. This year marks the 50<sup>th</sup> anniversary of the ACIP and the 20<sup>th</sup> anniversary of the VFC program. Listed below are some of the highlights from the meeting.

1. Flu efficacy thus far for the 2013-2014 flu season is at 61%.  
Influenza has been hitting middle aged adults particularly hard this season. It is being recommended that the composition of the 2014-2015 flu vaccine be the same as the current flu vaccine. There is serious consideration of a preferential recommendation for LAIV (Flumist®) in healthy children and this will be discussed further at the June ACIP meeting. The same recommendations for flu vaccination were approved for the 2014-2015 flu season; to vaccinate all persons ages 6

months and older.

2. There were 5 meningococcal outbreaks at college campuses between February of 2009 and November of 2013. All of these were from Serogroup B. The meningococcal vaccine rMenB was used to vaccinate those from Princeton University. This vaccine is approved for use in other countries, but not in the U.S. Pfizer currently has a serogroup B meningococcal vaccine (MenB®) in development. A meningococcal outbreak workgroup is also being formed.
3. There was discussion regarding switching to a different schedule for PCV13 vaccine. Data was presented on using a 3+1, 2+1 and 3+0 schedule. Further discussion will take place at the June 2014 ACIP meeting.
4. Safety monitoring of Tdap during pregnancy is ongoing and thus far receipt of Tdap during pregnancy

is not associated with increased risks for adverse birth outcomes.

There are concerns that most Tdap vaccines are given prior to the 3<sup>rd</sup> trimester, while the recommendation is to give it during the late 2<sup>nd</sup> or any time in the 3<sup>rd</sup> trimester.

5. Merck is currently conducting immunogenicity studies on a 9-valent HPV vaccine. The 5 new serotypes contained in this vaccine include types 31, 33, 45, 52 and 58. Clinical trial data is set to be released in June 2014 with possible recommendations for use in February 2015 (pending FDA approval). Studies are being conducted on a reduced dosing schedule for HPV.





**Per CDC, Providers are no longer required to carry PPSV23 or Td.**  
 We thank providers for taking action to meet this requirement as well as for voicing concerns. Td and PPSV23 will still be available for ordering in single doses and providers are encouraged to order them when needed.



## Inventory Submission and Vaccine Orders By LaChel May, Provider Support Specialist

In January, there was a WyIR version upgrade. Although we have informed providers of several of the changes there were additional items identified. For clarification, providers should be aware of the following:

- Providers must "Submit" inventory prior to placing a vaccine order.
- Reconcile using accurate categories and reasons.
- "Correction of Invalid Entry" is no longer an available option for

providers. reason. If an inventory error truly is a "correction of invalid entry," contact LaChel May or Jude Alden. They can reconcile the inventory for you as long as valid justification is provided.

Providers that have an interface or do not actively enter patients into the registry may use "Administered, administered but chose not to be in the registry" to reconcile vaccines that have truly been administered.

Also, as a reminder when entering

patient vaccinations in the WyIR, "Historical" does NOT decrement from inventory. Vaccines should be entered in as "Administered" unless you are entering historical vaccines from a previous provider.

- Zero lot numbers should be reconciled out of the Reconciliation screen prior to submitting a vaccine order.

Questions on inventory reconciliation may be directed to LaChel or Jude.



Providers should have the most recent version of Adobe Reader downloaded in order to save and submit the PDF forms required for reporting. Visit <http://get.adobe.com/reader/otherversions/> to download the most recent version.



## Update: Vaccine Management Plan By Kristy Westfall, Compliance Specialist

There is a new vaccine management plan template available that has been updated with current CDC requirements, as of 02/24/14. The template can be found on the website at [www.immunizewyoming.com](http://www.immunizewyoming.com) under the Site Visit link. Providers that do not have an updated vaccine management plan will receive a requirement for correction within 2 weeks, as identified during their Compliance Visit. The updates to the plan include:

- Addressing Staff Training (and documentation of training) on vaccine management including storage and handling;

- Appendix to document staff training on vaccine management and storage and handling
- Having the signature of the individual responsible for the plan's content, hour of operation requirements
- Vaccine Shipping - Hours of Operation Changes: Providers must be on site with appropriate staff available to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours during that day.
- Vaccine Receiving - Review the

packing list to determine the length of time the vaccine was in transit. If more than 48 hours (or 72 for varicella-containing vaccines) contact the Immunization Program immediately as the vaccines may be compromised.

If you have any questions, please contact your Compliance Specialist, Diana or Kristy.





**REMINDER:** If you haven't already done so, please contact Control Solutions at (888) 311-0636 to order your data logger kit. These data logger thermometers will help you to align with CDC's upcoming storage and handling requirements.



## 2014 Site Visits

By Kristy Westfall, Compliance Specialist

A new year always brings about changes and 2014 is no different. The 2014 site visits will be full of new things, but fortunately they are all very positive changes and are sure to improve efficiency and overall program compliance.

- The site reviewers will be using a new system to conduct the site visits and to assess compliance within your facilities. With the new system comes new reports and provider follow-up plans.
- Providers will receive a report at the end of the site visits; however, these will look much different than in the past. Moving forward, if a provider has any compliance findings requiring follow-up, the provider will receive a follow-up plan that details all areas of VFC compliance with a check mark next to the areas requiring follow-up and a timeline for completion. This will be a very positive change as this will allow providers to see all areas of compliance, not only the ones that need attention. All follow-up

plans will be generated automatically from the new system and therefore some of the timeframes for follow-up will be different than in years past; however, all of this will be reviewed with you individually during your site visit(s).

- This year, recommendations that will become requirements in 2015 will also be noted on the follow-up plans to ensure providers are aware of changes coming in 2015. Follow-up plans will note any recommendations that are not currently being met that will need to be in place in order to be considered compliant in 2015. More details will be provided during your site visits in 2014 and at the 2014 VFC/WyVIP Regional Trainings.
- The new site visit process will now include a problem analysis format that will required site reviewers to delve into underlying issues for non-compliance. Because of this, site reviewers will be asking "why" a lot more during this year's site visits. This

change is very positive; it is an improvement initiative that will help us to help you determine if more staff training, additional resources, etc. are needed to help ensure your facility's compliance with the Program.

- By now, you should've all heard that in 2014 we will be conducting more Unannounced Storage and Handling Site Visits. These visits, just as the name implies, are not scheduled and can take place at any time. Based on the great feedback we received from the 2013 Site Visit Survey we will do everything we can to make these unannounced visits as convenient and least disruptive as possible.

Again, all of these changes will be discussed during your 2014 site visit(s). Please continue to review the Immunization Program website, [www.immunizewyoming.com](http://www.immunizewyoming.com), for resources and guidance, and contact the Immunization Program at 307-777-7952 with any questions.

## ELIGIBILITY TRIVIA

**Scenario:** An 18 year old patient goes to an RHC. He wants to get Hep A and Menactra. The patient has insurance that covers Hep A but not Menactra.

**What is their eligibility status? (answer on page 5)**



**Bi-Monthly Teleconference for all VFC/WYVIP Providers:**

**July 16, 2014 @ 12:15 p.m.**

**Telephone Number: 877-278-8686 (toll-free) Pass code: 309491**



## WyIR Update

By John Anderson, MA, WyIR Coordinator



### WyIR - What's New?

**HIPAA Privacy and Security Training now posted!** In an effort to assist providers in understanding the complexities of the HIPAA world, users may now have access to the training that was provided to Department of Health employees as part of their employee training. The training is highly encouraged for all users of the WyIR in order to assist them in protecting all of the data in the WyIR.

**Disable Password Autocomplete** information is now available for Internet Explorer, Mozilla Firefox, and Google Chrome. With the rapid update to the latest version of the WyIR (v5.13.8.4), many users reported issues in the previously recommended web-browser (Internet Explorer). These issues led to many users switching their web-browser, as recommended by our software vendor, to something other than Internet Explorer. After doing so, some users reported issues with their "password autocomplete" setting being enabled inappropriately.

In an effort to assist the users in updating their web-browser to the recommended settings, guidance is now posted under the document center, and on the WyIR portion of the [www.immunizewyoming.com](http://www.immunizewyoming.com) webpage.

A revised **Inventory Quick Start Guide** is now available. With the need to undergo an emergency version upgrade, a lot of changes presented in the new version, especially as related to inventory. The guide, in

concert with the **WyIR Vaccine Cheat Sheet** should assist users in entering private lots into the WyIR Inventory.

A new **Coverage Rate Report Quick Start Guide** is also presented in the Document Center and the WyIR portion of the [www.immunizewyoming.com](http://www.immunizewyoming.com) page.

This new report replaces the pocket of need reports, and provides a "coverage rate" for a provider and provides the information for those patients who are complete by vaccine type, as well as one dose away from a complete series. The series descriptions available to select from still align with the Reminder Recall

templates, but presents information in a positive manner (actual rate) versus negative manner (missing vaccinations from Pocket of Need).

### **WyIR - "In the Works"**

In an effort to align with the CDC's Required Awardee Objective: D-2 to "promote provider site participation and assure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives," the **Data Quality Reports Quick Start Guide** will be ready soon to assist organizations in improving their data quality. The WyIR Primary Contact will receive reports from the previous month, and can be used in identifying issues surrounding patient and vaccination data quality. Ideally, the reports will be helpful in the first step in a routine that will improve

immunization rates. More information will be available soon regarding these reports.

Progress is being made in updating the **WyIR Enrollment** for both Immunization Providers and School Nurses, and I hope to have the proposed changes routed and approved by the next newsletter.

The proposed changes of note include the substitution of the digital ID field with a checkbox/text entry field to agree to terms and conditions and for "signature." We are always looking for ways to make the enrollment process easier, and will again welcome your feedback regarding any implemented changes to apply to the next enrollment process, when possible.

The on-boarding process for organizations wishing to connect their Electronic Medical Record (EMR) to the WyIR through the Total Health Record (THR) via **HL7** has been approved. Data quality checks are needed prior to connecting, with requirements for data quality in place prior to moving the interface from testing to "live."

Additionally a "Risk Management" process has been approved, which should help ensure continued data quality after the interface connection has been made and data is flowing between systems. More information regarding "meaningful use" and connecting via HL7 to the WyIR can be found at <http://www.wyomingincentive.com/>.

**ELIGIBILITY TRIVIA ANSWER:** The patient is VFC eligible for Menactra and not VFC-eligible for Hep A. The patient is VFC eligible for Menactra because they are underinsured at an RHC. Since they are considered insured for Hep A they are not VFC eligible for Hep A. Therefore they would receive private stock Hep A for their immunization since it is not provided by the WyVIP Program.