



# The Philadelphia Immunization Program Newsletter

The Philadelphia Department of Public Health  
Division of Disease Control

DONALD F. SCHWARZ, MD, MPH  
Deputy Mayor, Health & Opportunity  
Health Commissioner

NAN FEYLER, JD, MPH  
Chief of Staff

CAROLINE C. JOHNSON, MD  
Director, Division of Disease Control

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## Immunization Program Provider Spotlight: Verree Pediatrics

Congratulations to **Verree Pediatrics, LLC**, (10125 Verree Rd, Suite 215) this quarter's spotlight provider! The Philadelphia Immunization Program commends Verree's friendly staff, their clean and organized office, their regular screening for VFC eligibility and documentation of immunization histories, and their consistent administration of vaccines according to the AAP/ACIP schedule. Of special note, Verree Pediatrics has also been reporting their pediatric immunization data to the KIDS registry electronically for more than a year now with great success.

With an average of 100-150 pediatric patients visiting the office for immunizations each month, Verree didn't think they were large enough to be able to report electronically. As it turns out, no practice is too small to report immunizations to KIDS this way. The electronic method can be tailored to a practice's needs and capabilities, requires little effort to set up, and can be a great time-saver for even the smallest providers.

Verree Pediatrics began reporting immunization data electronically last May, and says the process has "absolutely saved time" and "seems foolproof." Previously, the office manager wrote out immunization logs by hand, which often had to be done daily to keep up with the volume of records, and sometimes the stack grew to 40-50 pages per month. "It was starting to become a lot," she said.

By contrast, the new electronic process takes just 5 minutes per month! Now the practice just runs a simple report through their billing software (Medisoft: McKesson – San Francisco) to extract immunization information on the children who visited the office in the past month. They then log into KIDS and upload the data. Within a day or so, the registry is updated with this new immunization information.

The advantages are many: because all the data is already in the billing system, the practice does not have to worry that immunizations or patient visits might get overlooked in their monthly reports, or that records could get misplaced in the shuffle "because of sheer human error, or forgetting."

### **Advantages of electronic reporting with KIDS**

- Saves you and your staff time and effort
- Patient histories more accurate and complete
- Greatly reduces data errors
- Method is secure and HIPAA compliant
- Reported vaccinations appear in KIDS almost immediately
- Free and easy to do!

### **How can I submit our immunization data electronically?**

The KIDS registry accepts data in a variety of electronic formats. KIDS staff can work with your practice's billing software to exchange vaccination data with the registry. Even if your office does not use billing software, KIDS staff can assist you in setting up a way to report data securely through the internet. Provider sites are given a secure KIDS Web File Repository (WFR) account (<https://kids.phila.gov/wfr>) with a username and password to directly upload their monthly immunization data. Contact Brian Jorgage for more information: 215-685-6455.

The staff can be confident about the accuracy of vaccination dates or the spelling of difficult names. Perhaps most importantly, the time once spent on filling out logs can now be devoted to doing other things.

Verree Pediatrics has also integrated the use of the KIDS registry into the pediatric visit routine. The registry has proven especially helpful in determining new patients' vaccination status, and also allows the practice to print immunization histories for these patients that can be included in their charts. This is especially helpful since new patients don't always bring shot records with them, and their parents aren't always certain about what immunizations their children have received. With existing patients, the practice knows their immunizations will be in the registry a day or two after they were submitted, so they can be more confident that their vaccination histories are up to date.

Congratulations to Galina Privorotsky, MD, Antonietta Fuoco, office manager, and everyone at Verree Pediatrics!

### **IMPORTANT KIDS REPORTING REMINDERS!!**

The Philadelphia Health Code § 6-210 authorizes the Philadelphia Department of Public Health to establish immunization requirements for the prevention of communicable diseases, including reporting requirements for the KIDS Registry. **ALL** immunizations administered in Philadelphia to **ALL** children 0 through 18 years of age must be reported to the registry. This requirement applies to **ALL** providers, public and private, and to **ALL** vaccine doses, whether VFC vaccine or privately purchased. If you have any questions about KIDS reporting, please contact Longina Dubiel at 215-685-6830.

## KIDS Registry and Immunization Program Updates

### Tips on Printing KIDS Immunization Records

The Patient Immunization Record and School Immunization Record in KIDS now have the City of Philadelphia seal appearing as a background. People who do not have access to or are not familiar with the registry can now more easily recognize these reports as official immunization documents. Here are some pointers for getting better results with your record printouts:

#### Printing the background seal:

Your printer must be set to print this image. On your internet browser, go to the *Tools* pulldown menu, then choose "Internet Options" and click on the *Advanced* tab. Make sure the box next to "Print background colors and images" is checked.

#### Fitting the Patient and School Immunization Records for printing:

For most computers and printer settings, these records generally look better with the page layout set to "landscape." After producing these reports from the "Reports" screen, click on the printer icon on the upper left corner of the screen. Generally, page layout can be changed to landscape through the "Preferences" option on the Print menu that appears. For the Patient Record, it is sometimes helpful to choose to print 2 pages per sheet (an option usually found on the *Finishing* tab of the Print menu under "Document Options.")

### In Brief: Immunization Program News

In May, the Philadelphia Immunization Program and the Pennsylvania Chapter of the American Academy of Pediatrics hosted an Immunization Techniques Training Program for Medical Assistants in Philadelphia. The half-day, interactive education sessions focused on the basics of vaccines, immunization administration, and pediatric immunization schedules. About 20 MAs completed the training, which included workshops on patient comfort measures, drawing up vaccines, and vaccine administration techniques. Additional training sessions are planned for in the fall; please call Lisa Morgan for more details: 215-685-6872.

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The Immunization Program has begun a pilot program with Philadelphia-area birth hospitals to promote Tdap vaccine for new mothers before hospital discharge. Infants too young to be vaccinated often acquire pertussis through unvaccinated household contacts - and in a third of cases their mothers are the source. Albert Einstein Medical Center, one of the hospitals participating in the pilot, has achieved a 75% acceptance rate among post-partum women in its birthing ward. A number of other birthing hospitals are beginning to implement this program as well. For more information, contact Kate Cushman: 215-685-6424.

### Immunization Events Calendar

**August 25, 2008, 7:05pm**

#### Phillies Game/Adult Immunization Awareness Night

Southeastern Pennsylvania immunization coalitions will come together to recognize Adult Immunization Month as the Phillies take on the Los Angeles Dodgers at home. Representatives from the Philadelphia Immunization Coalition and the surrounding coalitions of Lehigh Valley and Bucks, Chester, Delaware, and Montgomery Counties will be on hand to promote adult immunizations. Tickets may be purchased for \$4 off the regular price in select sections by calling 215-463-5000 (you must mention Adult Immunization Awareness Night), or through the following link: [www.phillies.com/immunization](http://www.phillies.com/immunization)

**August 28, 2008, 12-2:30pm**

#### 2008 Immunization Update Webcast

On Aug. 28, the CDC will present its annual "Immunization Update" broadcast through the web. The course reviews current and late-breaking immunization issues, including a live Q&A session in which participants can interact with course instructors through a toll-free phone line. The program will also be available on-demand through the CDC's web site after the live broadcast. Continuing education credit is available. For more information on how to access the broadcast, visit: <http://www.cdc.gov/vaccines/ed/broadcasts.htm>

**September 25, 2008, 9am-3pm**

#### Philadelphia Immunization Coalition Annual Business Meeting

Topic: Influenza

Christ Church in Philadelphia/ Neighborhood House/Great Hall - 2nd floor, 20 N. American St., Phila., PA 19106

For more information, contact: Thomas Drone, PIC Program Coordinator  
Drone@email.chop.edu / Tel #: 267-426-2877

### Immunization Program Contacts:

Immunization Program Manager:  
Jim Lutz (215) 685-6603

Medical Director:  
Dr. Barbara Watson (215) 685-6842

VFC Coordinator:  
Veronica Alvarez (215) 685-6498

VFC-AFIX Visits:  
Lisa Morgan (215) 685-6872  
Lori Matijkiw, RN (215) 685-6466  
Barbara Savoca, RN (215) 685-6466

KIDS Registry Assistant Coordinator:  
Longina Dubiel (215) 685-6830

KIDS Registry Helpline: (215) 685-6784

VFAAR Program/Community Flu Clinics:  
Kate Cushman: (215) 685-6424

Immunization Outreach Programs:  
Alexandra Ossa (215) 685-6833

Perinatal Hepatitis B Program:  
Bruce Barlow, RN (215) 685-6853

Varicella Surveillance Project:  
Niya Spells (215) 685-6838

Vaccine Order Questions:  
Christine Wilson (215) 685-6728

Immunization Program Communications:  
Lauren Hutchens (215) 685-6854

## Vaccine and Vaccine-Preventable Diseases Updates

### Newly Licensed Vaccines

The following three vaccines were approved by the Food and Drug Administration (FDA) within the last few months. The ACIP voted to include these vaccines in the VFC program at its June 2008 meeting. The Philadelphia VFC Program will notify providers about the availability of these vaccines through VFC, expected in August 2008 at the earliest.

**DTaP/IPV/Hib (Pentacel® - sanofi)** In June, the FDA approved this combination vaccine, indicated for active immunization of children 6 weeks - 4 years of age against diphtheria, tetanus, pertussis, poliomyelitis and invasive *Haemophilus influenzae* type b disease. Pentacel is approved for administration as a 4-dose series at 2, 4, 6, and 15-18 months of age.

**DTaP/IPV (Kinrix® - GSK)** Also in June, the FDA approved this combination vaccine, indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis as the fifth dose in the DTaP vaccine series for children 4-6 years of age.

**Rotavirus (Rotarix® - GSK)** was approved by FDA in April 2008. Like Merck's RotaTeq®, Rotarix is a live attenuated oral vaccine. Unlike RotaTeq, Rotarix is administered as a two-dose series at the recommended ages of 2 and 4 months. For BOTH licensed rotavirus vaccines, the provisional ACIP recommendations include the following:

- Min. age for first dose: 6 weeks
- Max. age for first dose: 14 weeks, 6 days
- Interval between doses: ≥ 4 weeks
- Max. age for last dose: 8 months, 0 days

The ACIP does not state a preference for either product but recommends the series be completed with the same product whenever possible. If the product used for previous doses is not available or is unknown, the available product should be used to complete the series, and a total of three doses should be given.

### Influenza:

For the 2007-08 influenza season, 83 deaths associated with influenza infections among children aged <18 years were reported to CDC nationwide as of June 19, 2008. Influenza-related pediatric deaths were reported from 33 states, and all patients had laboratory-confirmed influenza virus infection.

Of particular note, 92% of cases (58 of 63) aged ≥ 6 months (the minimum age for influenza vaccine eligibility) with known vaccination status had not been vaccinated against influenza according to 2007 ACIP recommendations.

In Feb. 2008, the ACIP voted to recommend annual influenza vaccination for all children aged 6 months to 18 years. ACIP intends for the recommendation to be implemented "as soon as feasible, no later than the 2009-10 influenza season." Influenza vaccine will be available through the VFC program in quantities sufficient to meet this recommendation.

### Measles:

From Jan. 1 - April 25, 2008, 64 confirmed measles cases in the US were reported to CDC. All cases were linked to international travel (either directly or indirectly), and transmission occurred in both community and healthcare settings. Of all cases, only one had proof of prior vaccination. Fourteen of the cases were infants too young to be vaccinated.

Measles is a highly contagious respiratory illness that can result in severe complications, including pneumonia and encephalitis. It is spread by contact with an infected person (through breathing, coughing, or sneezing), and typically presents with a high fever, cough, runny nose, and red, watery eyes. Providers are urged to consider the diagnosis of measles in susceptible individuals who present with these symptoms, giving special consideration to those who report recent overseas travel or contact with persons

who have traveled overseas. Ensure that your patients are appropriately protected against measles, and report all suspected measles cases immediately to the DDC: 215-685-6748, or 215-686-1776 after hours.

### Rotavirus:

Preliminary data published in the CDC's June 25 *Morbidity and Mortality Weekly Report* (MMWR) indicate the ongoing 2007-08 rotavirus season started later than usual and has been less severe than during any of the past 15 seasons for which data are available. The number of laboratory tests performed for rotavirus from Jan. 1 - May 3, 2008 was 37 percent lower than usual, and the proportion of tests conducted for gastroenteritis that were positive for rotavirus was 79 percent lower than usual.

### Zoster:

In May, the CDC recommended that people ≥ 60 years of age should be vaccinated against shingles with a single dose of zoster vaccine (Zostavax® - Merck), even if they have had a previous episode of shingles. The new recommendation replaces the CDC's 2006 provisional recommendation. The vaccine was found to cut the occurrence of shingles in half in those ≥ 60, and by 64% in those 60-69.

Shingles is caused by the varicella zoster virus (VZV), which also causes chickenpox. When a person recovers from chickenpox, VZV becomes dormant within the body, but if it reactivates later in life, the result can be shingles. Shingles is characterized by clusters of blisters that can cause severe pain that may last for weeks to years.

About one in three people in the U.S. will develop shingles in their lifetime. The risk increases with age starting at around age 50, and is highest in the elderly; half of people living to age 85 have had or will get shingles. The risk of experiencing chronic pain also increases with age.

### Surveillance: Varicella Zoster Virus

Dr. Irini Daskalaki, a former pediatric infectious disease fellow who has worked closely with the DDC Immunization Program and Epidemiology Unit, will serve as a medical epidemiologist for the Varicella Active Surveillance Project (VASP) and will be the principal investigator for a new VASP study examining the 2-dose varicella vaccination regimen. With the help of Dr. Daskalaki, VASP will continue to monitor the incidence of varicella in Philadelphia and assess the impact of the varicella vaccination program on disease.

All suspected and confirmed varicella cases in Philadelphia *must* be reported to VASP by law within five days. Varicella cases are reported by a variety of sources, including physician offices, schools, and daycares. More than 300 sites in West Philadelphia play a vital role in varicella surveillance through twice-monthly reports to VASP that indicate the presence or absence of varicella cases. The diagnosis of breakthrough varicella (varicella infection occurring more than 42 days after receipt of varicella vaccine) is often challenging without laboratory confirmation because of its atypical presentation. To help, the CDC offers free Specimen Collection Kits and subsequent laboratory testing to local healthcare providers. For more information, please contact VASP at (215) 685-6838.

## Provisional Immunization Requirements for Philadelphia School Entry, 2008-09

*Please note that these requirements, which would affect 6th grade entry, will not take effect until approval by the Philadelphia Board of Health, expected later this summer. They are listed here so that providers may prepare for a likely increase in demand for these vaccines over the summer and at the time of school entry.*

Grades	Vaccines	Requirements
K – 1	Diphtheria & Tetanus.....	4 Doses: at least one after 4th birthday (DTaP/DTP/DT/Td)
	Pertussis.....	4 Doses: at least one after 4th birthday (DTaP or DTP)
	Polio.....	3 Doses (OPV/IPV)
	Measles.....	2 Doses: both after 1st birthday (MMR or MMRV)
	Mumps.....	2 Doses: both after 1st birthday (MMR or MMRV)
	Rubella.....	2 Doses: both after 1st birthday (MMR or MMRV)
	Hepatitis B.....	3 Doses: properly spaced (HBV)
	Varicella.....	2 Doses: both after 1st birthday (Varicella or MMRV) or documentation of chickenpox immunity proven by laboratory testing or a written statement of prior chickenpox disease from a healthcare provider
2-5 and 7-12	Diphtheria & Tetanus.....	3 Doses: at least one after 4th birthday (DTaP/DTP/DT/Td/Tdap)
	Polio.....	3 Doses (OPV/IPV)
	Measles.....	2 Doses: both after 1st birthday (MMR or MMRV)
	Mumps.....	1 Dose: after 1st birthday (MMR or MMRV)
	Rubella.....	1 Dose: after 1st birthday (MMR or MMRV)
	Hepatitis B.....	3 Doses: properly spaced (HBV)
6th grade only	Diphtheria & Tetanus.....	4 Doses: at least one after 10th birthday (DTaP/DTP/DT/Td/Tdap)
	Pertussis.....	1 Dose: at least one after 10th birthday (Tdap)
	Polio.....	3 Doses (OPV/IPV)
	Measles.....	2 Doses: both after 1st birthday (MMR or MMRV)
	Mumps.....	1 Dose: after 1st birthday (MMR or MMRV)
	Rubella.....	1 Dose: after 1st birthday (MMR or MMRV)
	Hepatitis B.....	3 Doses: properly spaced (HBV)
	Varicella.....	2 Doses: both after 1st birthday (Varicella or MMRV)
Meningococcal.....	1 Dose (MCV4)	

### Staff Spotlight

AFIX (Assessment, Feedback, Incentives, and eXchange of information) is a quality assurance program endorsed by the CDC. In Philadelphia, AFIX visits are combined with annual VFC site visits in which an Provider Quality Assurance Nurse (PQA Nurse) assesses compliance with immunization standards, including vaccine storage and handling, immunization documentation, and timely and appropriate administration of immunizations. After an initial visit, the nurse conducts a feedback session with the provider and the office/clinic staff, during which the nurse and provider discuss any findings from the assessment and collaboratively decide upon quality improvement goals for the practice. The summer newsletter puts the spotlight on our PQA Nurse Team of Lori Matijkiw and Barbara Savoca.



Lori was born and raised in Philadelphia and earned a BSN from Penn and an MA in Education from La Salle University. She has 20 years experience in adult medicine/critical care at Einstein and the Medical College of Pennsylvania Hospitals and worked as a Certified School Nurse for the School District of Philadelphia for seven years. She joined the Immunization Program in Aug. 2007.



Barbara joined the Immunization Program in June. She has nursing experience in the acute, home care/hospice, insurance, non-profit and research settings, and also served as a Navy Nurse. She has collaborated with the NIH on local health studies, has experience in utilization review and quality assurance, and is certified in healthcare quality (CPHQ). Barbara earned her BSN and MPA (Masters in Public Administration & Policy) from Rutgers University. She has been inducted into Pi Alpha Alpha, the National Honor Society for Public Administration. Barbara also volunteers as a foal-sitter in the neonatal intensive care unit at the Widener Large Animal Hospital of the University of Pennsylvania at the New Bolton Center.