

Nevada State Immunization Program

Legislative Briefing

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Bureau of Child, Family & Community Wellness
Nevada State Health Division
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In collaboration with:
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INTRODUCTION

Approximately 42,000 adults and 308 children in the United States die annually from vaccine preventable diseases or their complications. Immunizations have significantly reduced morbidity and mortality rates among children and adults in the United States and across the globe. Diseases that once were devastating to individuals and whole communities, such as smallpox and polio, have been nearly eradicated from the Earth. In addition, immunizations are a cost-effective way to improve overall public health. For each birth cohort vaccinated in the United States in accordance with the Advisory Committee on Immunization Practices (ACIP), a national committee housed within the Centers for Disease Control and Prevention (CDC) that determines vaccination standards:

- Society saves \$43.4 billion
- Healthcare costs are reduced by \$9.9 billion
- 33,000 lives are saved
- 14 million cases of disease are prevented ¹.

Governmentally, not every state's immunization program and immunization registry is organized the same. With immunizations being one of the basic foundations to public health to prevent diseases, immunization programs and registries have become a vital piece to protecting people from vaccine preventable diseases.

Not every state is organized the same governmentally with immunization programs and immunization registries. In Nevada, the Nevada State Immunization Program (NSIP) is administered by the Nevada State Health Division. The program is broken into two sections – the Vaccines for Children (VFC) Program and the immunization registry which is officially named Nevada WebIZ.

Other immunization champions in Nevada include three non-profit organizations: Immunize Nevada, the Northern Nevada Immunization Coalition and the Southern Nevada Immunization Coalition, as well as Nevada's county health districts, community health nurses and tribal partners. Working together through advocacy, outreach, education and grass roots efforts, these organizations are the go-to sources for immunizations in Nevada.

This report provides information on the VFC Program, Nevada WebIZ, why immunization registries are important, how immunization registries affect state immunization rates and rankings, and survey information from Nevada's leading immunization experts.

VACCINES FOR CHILDREN

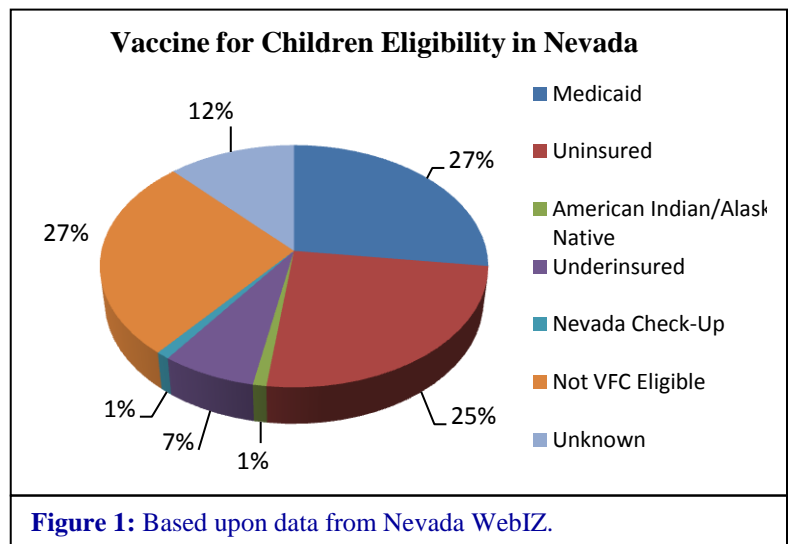
The Vaccines for Children (VFC) Program, created in 1994 by the federal government, is a federal entitlement program aimed at improving vaccine availability. This program provides free vaccines to children aged birth through 18 years who meet at least one of the following criteria:

- Eligible for Medicaid
- No health insurance
- Underinsured
 - Children who have private health insurance but the coverage does not include vaccinations
 - Children whose insurance covers only selected vaccines
 - Children whose insurance caps immunization coverage at a certain amount
- Are of American Indian, Native American, or Alaska Native heritage, regardless of insurance status ².

If children are eligible for the VFC Program, they are entitled to receive the full immunization series as recommended by the ACIP.

Parents and guardians can obtain immunizations for their children in three primary ways: 1) if eligible, receiving vaccines from a VFC provider at no charge, but responsible for the administration fee; 2) visiting a community clinic that offers vaccines for free or at a reduced price; and 3) visiting a medical provider that offers privately stocked vaccinations. In Nevada the administration fees associated with each VFC vaccine is capped at \$16.13 per shot. Office visit fees associated with each access point vary, as does the ease with which parents and guardians gain access to vaccinations.

The NSIP is responsible for enrolling providers into the VFC Program. Once enrolled, providers are able to receive vaccine at no cost from the federal government to vaccinate VFC-eligible children. The NSIP also ensures vaccine safety and efficacy through provider education, site visits, and assessments. Site visits and assessments include review of vaccine storage and handling practices, and assessment of the immunization status of two year olds in the practice. In Nevada, there are 289 enrolled VFC providers administering federally supplied vaccines. Publicly purchased (federal, state and county) vaccines account for 61% of all reported childhood vaccinations in Nevada for 2010. Refer to Figure 1 above.



SECTION 317 VACCINES

Another aspect of VFC is Section 317 vaccines. The Section 317 program is a discretionary federal grant program to all states, 6 cities, territories and protectorates which provides vaccines to children and adolescents not served by the VFC program. The NSIP primarily uses Section 317 vaccines to vaccinate adults and children against influenza, high risk adults against Hepatitis A and B, and to protect new parents against tetanus, diphtheria, and acellular pertussis.

PERINATAL HEPATITIS B PREVENTION

The national perinatal hepatitis B prevention program began in 1990 as part of the Vaccine and Immunization Amendments because Congress recognized the need to foster efforts to prevent perinatal hepatitis B virus transmission, and make resources available to develop and implement state programs. Since 1991, the CDC has annually awarded funds to support perinatal hepatitis B prevention programs among the 64 immunization grantees. These programs have made great strides in the prevention of hepatitis B transmission from infected mothers to infants.

Based on the success of past endeavors of hepatitis B disease reduction among both children and adults, new hepatitis B infections have declined from approximately 260,000 cases in the United States in the 1980's to an estimated 43,000 new infections in 2007. The CDC seeks to eliminate hepatitis B virus transmission in the United States; however, this goal cannot be reached without assistance from the immunization grantees, especially Perinatal Hepatitis B Prevention Coordinators.

The NSIP has one statewide Perinatal Hepatitis B Coordinator and funds local health authorities (LHA's) to perform case management in respective jurisdictions. These LHA's include Carson City Health and Human Services, Southern Nevada Health District, and Washoe County Health District. With federal funding from the CDC, the NSIP was able to hire a contractual position to begin to accomplish federally required activities.

Having a perinatal hepatitis B prevention component of the program is vital for many reasons such as:

- Hepatitis B is a blood borne and sexually transmitted virus. Rates of new infection and acute disease are highest among adults, but chronic infection is more likely to occur in persons infected as infants or young children.
- It is crucial that infants born to hepatitis B positive women receive the hepatitis B birth dose and hepatitis B immune globulin (HBIG), within 12 hours of delivery.
- HBIG and the hepatitis B birth dose vaccine are 85% to 95% effective in the prevention of hepatitis B infections in infants born to women who are hepatitis positive. Without these time sensitive measures in place, the likelihood of becoming a chronic carrier of hepatitis B and developing cirrhosis and liver cancer increases, and infants are more susceptible. Such that newborns have a 90% chance of becoming chronic hepatitis B carriers, and children between one and five years of age have a 30% chance of becoming chronic carriers.

- For a newborn infant whose mother is hepatitis B positive, the risk for chronic hepatitis B infection is 70% - 90% by age 6 months in the absence of HBIG, hepatitis B birth dose, and full hepatitis B vaccination series.
- Children who are not infected at birth remain at risk from long-term interpersonal contact with their infected mothers and other household contacts. In one study, 38% of infants who were born to hepatitis B positive mothers and who were not infected perinatally became infected by age 4 years.

Every federally funded immunization program must conduct specific perinatal hepatitis B prevention activities. These activities include:

- Maintaining and disseminating perinatal hepatitis B protocol to local health authorities, prenatal care providers, obstetrical care providers, neonatal care providers, pediatricians, family practitioners, delivery hospitals, and laboratories.
- Educating providers and delivery hospitals to routinely screen pregnant women for hepatitis B during each pregnancy.
- Implementing procedures for documenting hepatitis B screening results in prenatal care records and forwarding original laboratory results to the delivery hospital.
- Educating providers to verify prenatal hepatitis B test results of pregnant women on admission for delivery and test women with unknown status and those with high risk behaviors.
- Conducting case management to ensure that all infants born to hepatitis B positive mothers receive a hepatitis B birth dose, remaining doses of hepatitis B vaccine series, and post-testing.
- Working with state surveillance staff to ensure complete perinatal case reporting to CDC.
- Identifying household contacts and sexual partners of hepatitis B positive pregnant women, determine susceptibility, and ensure they receive the hepatitis B vaccine series.
- Conducting hospital medical record reviews to determine if hospitals are testing and vaccinating against hepatitis B.
- Conducting hospital survey to determine if hospitals have developed written policies, procedures, and standing orders in place for vaccinating newborns with hepatitis B birth dose.
- Monitoring completeness of reporting of hepatitis B positive pregnant women to the appropriate health department office by prenatal care providers, delivery hospitals, and laboratories.
- Working to establish statewide case management system.
- Educating delivery hospitals on the hepatitis B birth dose recommendation and addressing barriers to implementing birth dose policies in delivery hospitals.

The NSIP has sought funding from the CDC to implement the perinatal hepatitis B component for a number of reasons.

- In 2008, Nevada had 114 newborns born to hepatitis B positive women with one child becoming hepatitis B positive (2009 data available at end of March 2011).
- 19 birthing hospitals in Nevada.
- In 2009, 28% of newborns did not receive a hepatitis B birth dose (see Figure 2).
- Lack of provider education on perinatal hepatitis B.
- Need to decrease the number of infants becoming chronic hepatitis B carriers.
- Lack of completeness of laboratory and prenatal care reporting.
- Lack of statewide case management system.
- Lack of children completing full series (see Figure 3) and post-testing.

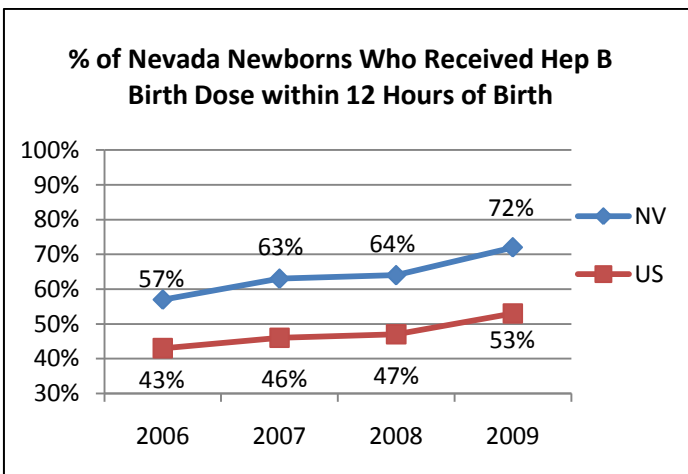


Figure 2: Nevada above national average. 2006 ranked 13th, 2007 11th, 2008 7th, 2009 4th in nation when compared to other states.

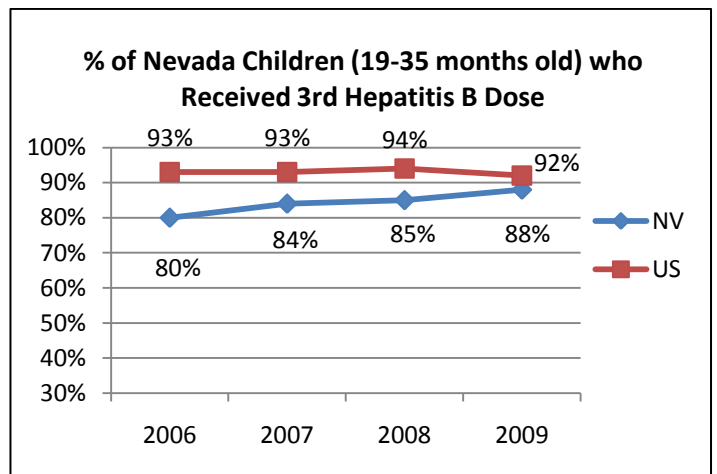


Figure 3: Nevada below national average. 2006 ranked 51st, 2007 51st, 2008 51st, 2009 50th in nation when compared to other states.

As shown in Figure 2, Nevada is above the national average for percentage of newborns who received a hepatitis B birth dose within 12 hours of birth. Administering this birth dose within 12 hours is the standard of care. With 72% of newborns vaccinated at birth there was still 28% of newborns that did not receive the hepatitis B birth dose. Though Nevada is above the national average and ranked in the top 13 when compared to other states, there is still room for growth. Information regarding the National Immunization Survey and state ranking begins on page 11.

As shown in Figure 3, Nevada falls below the national average for children completing the hepatitis B series (hepatitis B = three dose series). Even with improvements made in the percentage of children completing the series, Nevada is consistently ranked at the bottom when compared to other states. This too leaves drastic room for growth.

Even though the data in Figures 2 and 3 has room for improvement, data also shows that Nevada is doing a good job preventing children from becoming hepatitis B positive. In 2008, only one child became hepatitis B positive from their infected mother.

IMMUNIZATION REGISTRIES

The other component of the NSIP is the statewide immunization registry – Nevada WebIZ. In 2003, the NSIP introduced an electronic immunization registry or immunization information system (IIS) called Nevada WebIZ. WebIZ is the name of the application created by Envision Technology Partners, Inc. located in Colorado.



Immunization registries are confidential, population-based, online computerized databases that collect vaccination data on individuals in a specific geographic area, such as a state. Immunization registries are used as a tool to gather vaccination records from multiple providers, and in turn, consolidate the records in one location. Today, paper immunization cards are not frequently used. Instead electronic immunization registries have become the standard of practice over the last several years and will continue to be so in the future.

Nevada WebIZ allows registered users such as doctors, nurses, medical assistants, health departments, hospitals, urgent cares, schools, pharmacies, child care centers, and other professionals to record vaccinations they administered or to access information about their patients' vaccinations, including vaccinations given at other medical offices. The system makes it simple to keep track of a patient's vaccinations even if the patient visits more than one physician.

The easy accessibility of Nevada WebIZ allows vaccine providers to accurately administer immunizations to their patients based upon the person's immunization registry record. This helps individuals receive the correct immunization and in the timeframe recommended by the ACIP vaccination schedule. Also with an immunization registry, healthcare professionals and disease investigators can more accurately identify those at risk during a disease outbreak, locate "pockets of need" in the community, and better serve Nevada's migrant and transient population.

Proof of vaccination is very important throughout a person's lifespan. Children need proof of vaccinations for school, child care, and summer camp requirements. Adults need proof for school, travel, and even work requirements. Nevada WebIZ is Nevada's official immunization record. No longer are the old immunization cards frequently used or even recommended. These old cards can be easily lost leaving a person with no proof of vaccination. Instead, the use of immunization registries is highly recommended and encouraged due to their ability to store immunization records in one safe secure location.

BENEFITS OF IMMUNIZATION REGISTRIES

Health Professionals:

- Consolidates vaccinations from all providers into one record
- Prints official immunization records
- Forecasts immunizations due at time of visit based on current recommendations
- Generates reminder lists for immunizations that are due or overdue
- Assesses providers current level of immunization coverage for specific birth cohorts
- Allows for vaccine inventory management
- Produces reports including patient counts, doses administered, and inventory reports
- Downloads Vaccine Information Statements and various reference materials
- Tracks vaccinations for transient individuals in Nevada
- Prevents duplicate immunizations by providing access to patients' immunization history
- Can identify underserved populations
- Free access ³.

Parents:

- Keeps track of children's vaccination records
- Eliminates repeat or unnecessary vaccinations, saving time, money and unnecessary over-vaccination
- Prints up to date and official vaccination records instantly
- Lost immunization paper records can be reprinted
- Free for participant ⁴.

NEVADA'S IMMUNIZATION REGISTRY LAW

During the 74th Nevada Legislative Session Nevada Revised Statutes (NRS) 439.265 was passed into state law. This law requires any healthcare provider who administers any of the recommended ACIP immunizations to children to record the documentation of the immunization(s) into Nevada WebIZ. This law was implemented on July 1, 2009. With NRS 439.265 and adoption of corresponding Nevada Administrative Code (NAC) (R041-08), this made it possible for all children who were vaccinated to be recorded into Nevada WebIZ, and allowed for adults to voluntarily participate. Therefore, as of July 1, 2009, Nevada WebIZ was an "opt-out" immunization registry for children and an "opt-in" immunization registry for adults ^{5,6}.

At the end of 2009, the Nevada State Board of Health adopted an amendment to the original regulations (R094-09) that made Nevada WebIZ a fully "opt-out" registry ⁷. As a result, all vaccinations administered to children *and* adults were mandated to be recorded into Nevada WebIZ. This became effective January 28, 2010. Adults and parents/guardians still have the option to "opt-out" of the immunization registry if they do not want themselves or their child/children to participate.

NEVADA WEBIZ STATISTICS

This section identifies how NRS 439.265 and corresponding NAC have contributed to increasing the number of records in Nevada WebIZ and how the registry affects Nevada's state ranking in regards to immunization coverage.

As of December 28, 2010 Nevada WebIZ had:

- 2,138,554 patients representing 79% of Nevada's population ⁸
- Over 20 million vaccinations
- 862 providers
- 1,653 clinics
- 6,628 active users.

Patients Age Distribution:

Out of the 2,138,554 patient records in Nevada WebIZ (refer to Figure 4 below):

- 42% are between the ages 0 -18 years
- 58% are 19 years old and older.

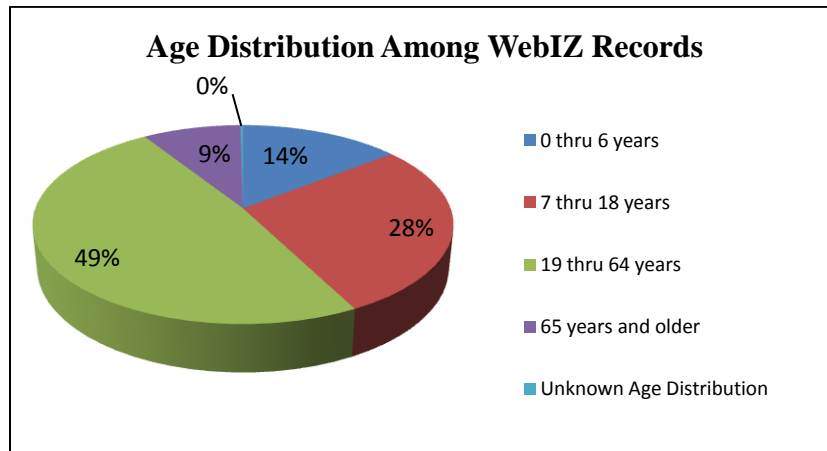


Figure 4: Common age groups used in vaccinations based on ACIPs recommendations. The unknown age distribution accounts for 5,070 records due to records missing date of birth. This accounts for less than 1% of Nevada WebIZ records and therefore is labeled in Figure 4 as 0%.

Time Legend	
Quarter 1 (Q1) = January – March	Quarter 3 (Q3) = July - September
Quarter 2 (Q2) = April – June	Quarter 4 (Q4) = October - December

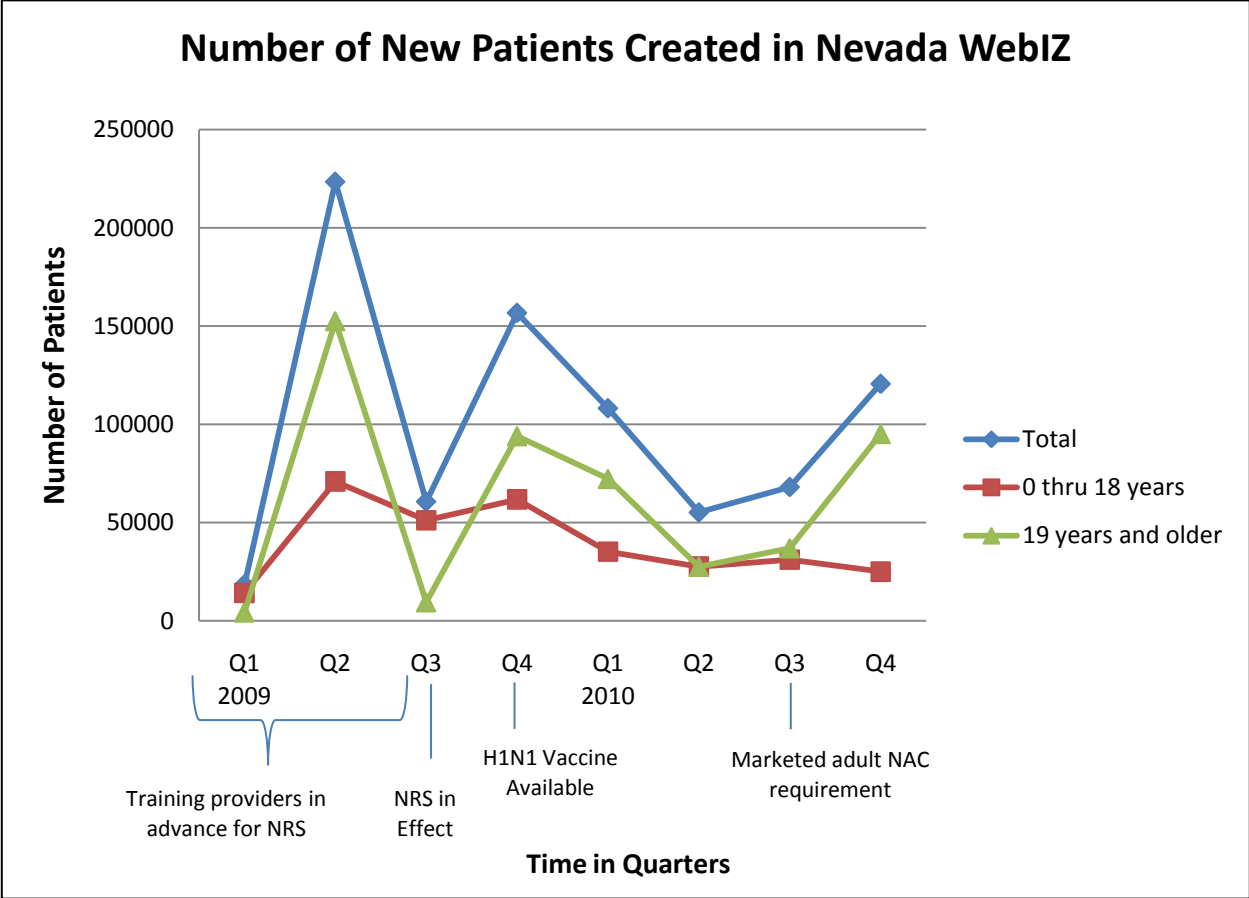


Figure 5: Number of new records created in Nevada WebIZ by quarters over the last two years.

The number of new patients created in Nevada WebIZ refers to new individuals having an immunization record created. Prior to NRS 439.265 going into effect, Nevada WebIZ staff trained as many immunization providers as possible. In Figure 5, the *total* number of patients created greatly increased between Q1 2009 and Q2 2009 which is a direct result of more providers using Nevada WebIZ. Why did the number of adult records increase prior to the adult requirement? Adults voluntarily wanted to have their immunization information in Nevada WebIZ.

After July 1, 2009 (Q3 2009), as well as at the start of Q3 2010, the number of *total* new patients and *adult* new patients created again increased tremendously due to the H1N1 Vaccination Campaign, NRS 439.265, and marketing the adult requirement that was implemented via the Nevada State Board of Health.

Over the time span indicated in Figure 5 many children already had immunization records in Nevada WebIZ, therefore the number of new patients for children 0 – 18 years of age did not increase nearly as much as adults.

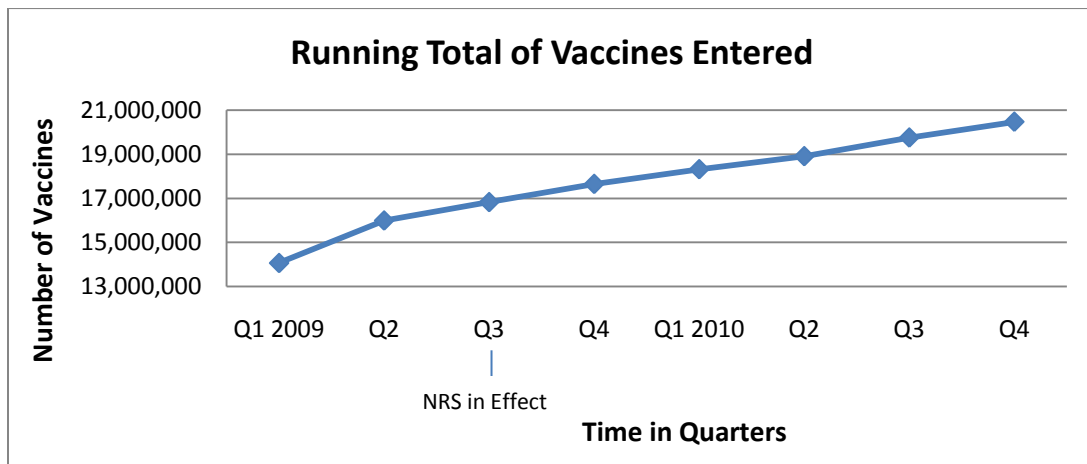


Figure 6: Running total of vaccines entered into Nevada WebIZ. Shows a 45% growth from January 1st 2009 to December 2010.

As of January 22, 2011, Nevada WebIZ has over 2.1 million adults and children in the registry.

HOW STATE COVERAGE RATES ARE DETERMINED

Immunization registries do more than just assist providers in vaccinating their patients appropriately, consolidating immunization records, and giving individuals an official immunization record. Immunization registry data is partially used to determine state ranking of immunization coverage.

Every year, vaccination coverage on children 19-35 months of age is determined for each state via the National Immunization Survey (NIS). The NIS is conducted jointly by the National Center for Immunizations and Respiratory Diseases and the National Center for Health Statistics (both part of the CDC). The immunization rates per state are placed in the order of highest to lowest coverage, therefore determining a national ranking.

The NIS survey is conducted via telephone. The first phase of the telephone surveys asks parents what vaccinations their child has received. Most parents have some type of paper immunization record at home, whether it's an old immunization card or a print out from the immunization registry. With permission from the parent, surveyors then contact the child's physician to determine if in fact the child did receive the vaccinations indicated by the parent⁹. A provider will either reference their patient medical record or an immunization registry record.

Statistics are gathered based upon the vaccination series. Over time the vaccination series has changed due to new vaccinations and/or the number of recommended doses per vaccine changing. A child is considered to be up-to-date on their vaccinations if they have received the number of doses listed below per vaccine type.

2000 – 2001 = 4:3:1:3:3

- 4 doses of diphtheria, tetanus, acellular pertussis (DTaP)
- 3 doses of polio (IPV)
- 1 dose of measles, mumps, rubella (MMR)
- 3 doses of haemophilus influenza type b (Hib)
- 3 doses of hepatitis B (HepB).

2002 – 2008 = 4:3:1:3:3:1

- 4 doses of diphtheria, tetanus, acellular pertussis (DTaP)
- 3 doses of polio (IPV)
- 1 dose of measles, mumps, rubella (MMR)
- 3 doses of haemophilus influenza type b (Hib)
- 3 doses of hepatitis B (HepB)
- 1 dose of varicella (Var).

2009 = 4:3:1:0:3:1:4

- 4 doses of diphtheria, tetanus, acellular pertussis (DTaP)
- 3 doses of polio (IPV)
- 1 dose of measles, mumps, rubella (MMR)
- 0 doses of haemophilus influenza type b (Hib)
- 3 doses of hepatitis B (HepB)
- 1 dose of varicella (Var)
- 4 doses of pneumococcal (PCV).

Due to a Hib vaccine shortage, 2009 NIS data and state rankings are based upon the 4:3:1:0:3:1:4 series.

According to the NIS, Nevada historically has had low immunization rates relative to other states for the recommended 4:3:1:3:3:1 childhood immunization series, and has consistently ranked near the bottom when comparing all 50 states. Nationally, immunization rates have generally remained around 70 percent or higher, while rates for Nevada have remained lower than the national average. On a positive note, Nevada's national ranking has improved from 50th in the nation in 2005 to 45th in 2009. The figures below display historical NIS immunization rates for the United States and Nevada from 2000 through 2009 ¹⁰ and Nevada's state rankings.

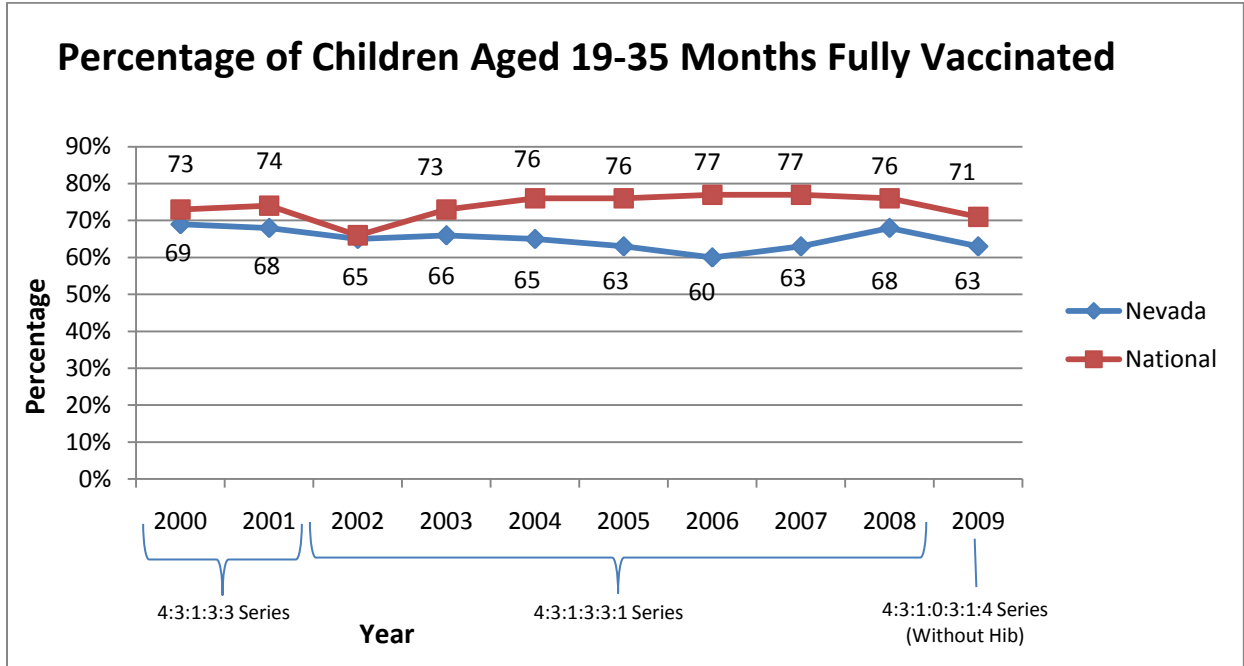


Figure 7: National and Nevada immunization coverage determined by the NIS. Hib vaccine production was reduced beginning in 2007, and began to increase in July 2009. The Hib shortage was related to a voluntary recall and suspension of vaccine production. To ensure that enough vaccine would be available for all U.S. children to complete the primary Hib vaccination series, CDC recommended that providers defer the booster dose of Hib vaccine. On October 17, 2008 it was announced that restoration of Hib vaccine to the market would be delayed until mid 2009.

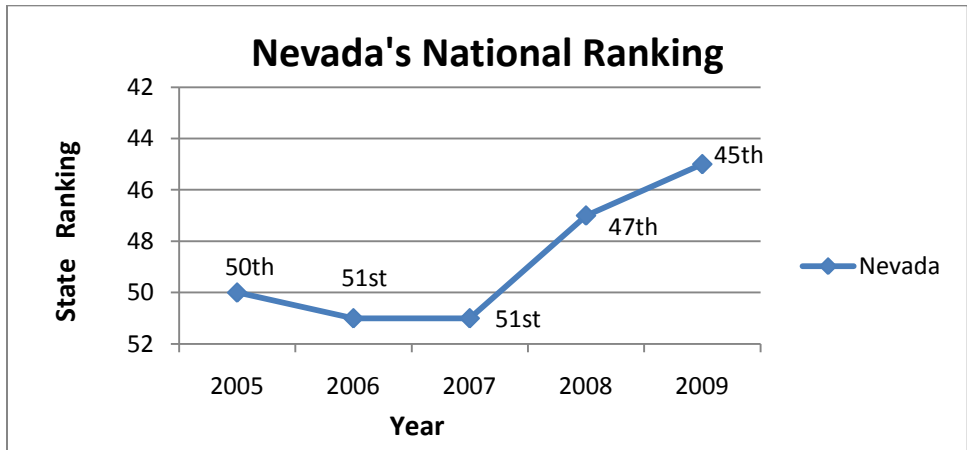


Figure 8: Data gathered from the NIS.

KEY INFORMANT INTERVIEWS

An online survey of immunization experts was conducted to obtain input about immunization practices in Nevada, as well as to solicit ideas for improving immunization coverage in the state. 15 key informants were selected in consultation with the Southern Nevada Immunization Coalition. Among the key informants were individuals from the Nevada State Health Division, NSIP, Carson City Health and Human Services, Washoe County Health District, Southern Nevada Health District, Clark County School District, the CDC, health insurance companies, nonprofit organizations dedicated to serving low-income populations or advocating for immunizations, and medical providers serving young children. Key informants working in Nevada were from multiple regions across the state.

Key informants were given an electronic survey to complete and selected informants were contacted for a short follow-up telephone survey. The results of the survey are below:

Risk Factors that Affect Immunization Decisions on Whether a Parent Immunizes Their Child

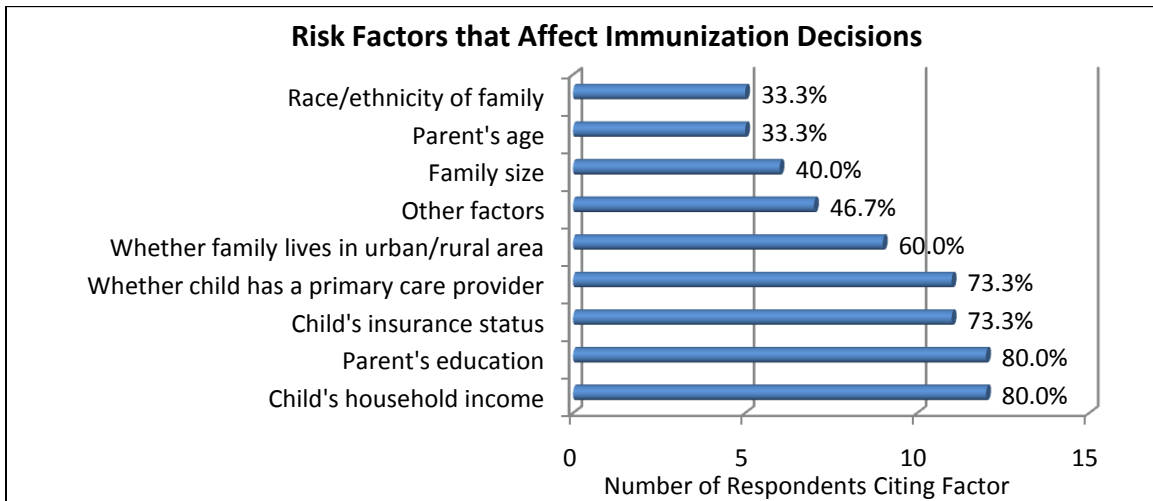


Figure 9

Barriers to Improving Immunization Rates

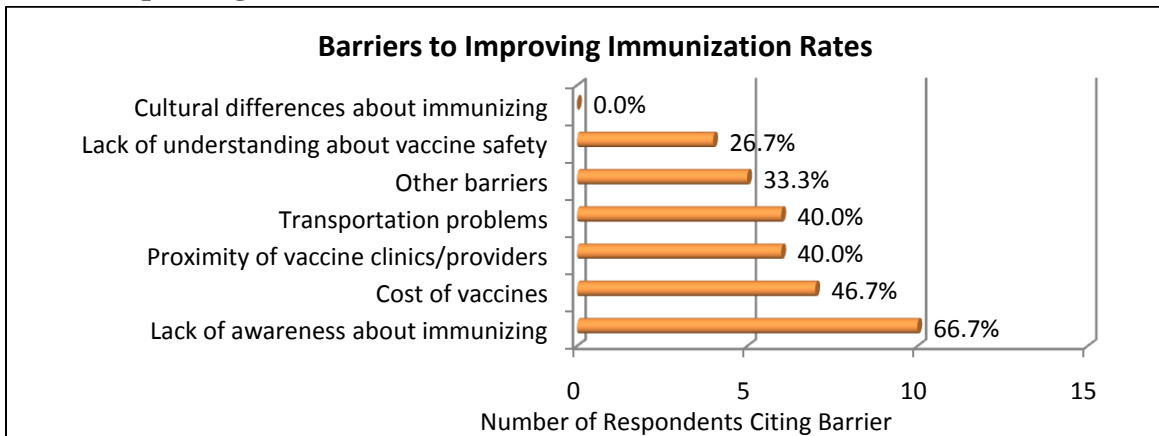


Figure 10

Provider or Supply-Based Barriers to Accessing Immunizations

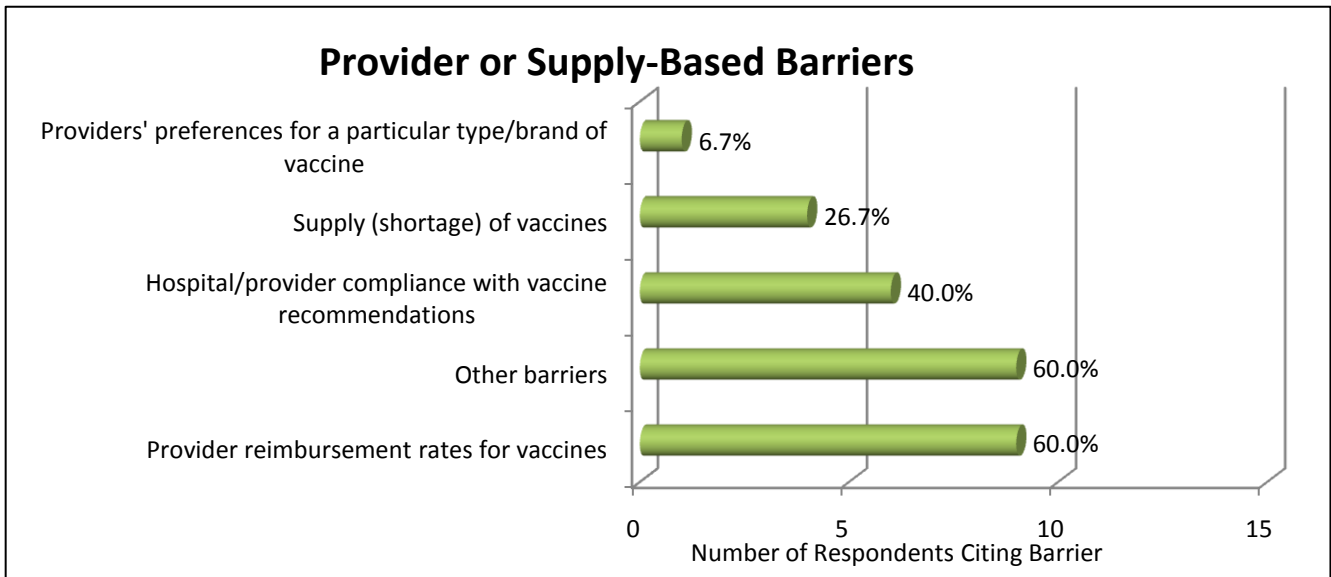


Figure 11

Factors Contributing to Nevada's Immunization Rates

All key informants were asked to provide their thoughts about factors that contribute to Nevada's low immunization rates relative to other states' rates. Below are the listed common themes from the key informants.

- Lack of knowledge about recommended vaccines and the schedule
- Lack of promotion of timely vaccines, particularly in young children
- Transient population in Nevada
- Lack of promotion or understanding of the "medical home" concept
- Competition between free vaccine clinics and other providers that offer vaccines
- Lack of consistent statewide immunization policies and implementation of policies
- Reimbursement rates for vaccines
- Lack of providers willing to stock all or some vaccines
- Insured families in rural areas lack access to non-VFC providers.

Recommendations for Improving Nevada's Immunization Rates

Finally, key informants were asked to offer specific recommendations for improving immunization rates in Nevada.

- Increase and continue promotion of immunizations
- Utilize media campaigns to show a "human face" to vaccine-preventable diseases
- Engage rural media as community stakeholders
- Extend hours of vaccination clinics or medical providers to include evenings and weekends
- Mobilize immunization clinics
- Use reminder/recall systems to remind parents and adults of their next vaccinations

- Maintain immunization efforts first on young children aged 0-3 years of age, with secondary focus on adolescents
- Implement legislation that increases criteria needed for immunization exemptions.
- Continue legislative support for enacting immunization policies
- Increase provider training of billing and coding best practices
- Close gap of rural access to immunizations by developing public-private partnerships
- Continue using Nevada WebIZ
- Provide vaccination clinics in alternative locations such as schools
- Continue to enroll providers in the VFC Program
- Increase access to programs and incentives for private providers to vaccinate
- Assess provider immunization rates and provide advice on how to improve rates
- Identify pockets of need throughout Nevada and implement strategies to vaccinate underserved populations
- Continue immunization efforts in rural Nevada.

The NSIP will strongly consider recommendations made by the key informants. Some recommendations such as consistent statewide immunization requirements have already been implemented by the program and partners.

HOW IS NEVADA RAISING IMMUNIZATION RATES?

Every Day

Day-to-day operations at the NSIP focus on achieving increased immunization rates and decreasing vaccine preventable disease. On a day-to-day basis, the program supplies vaccinations to VFC providers. This allows providers to vaccinate the VFC-eligible population of children 18 years of age and younger. Without this federally mandated program, children who are eligible for Medicaid, have no health insurance, are underinsured, or are of American Indian, Native American, or Alaska Native would more than likely go unvaccinated. This would in turn increase the incidence of vaccine preventable diseases, decrease Nevada's immunization rates, and decrease Nevada's national ranking. Supplying vaccine to VFC providers is a vital piece of the day-to-day operations.

The program is also constantly recruiting new VFC providers. With new practices opening up in Nevada, providers now offering vaccination services, and the possibility of re-recruiting former VFC providers, it is important to continuously recruit providers into the VFC program.

The NSIP also staffs a Nevada WebIZ Help Desk, Monday through Friday, 8am to 5pm. This allows Nevada WebIZ users to call with any questions or receive technical assistance on any aspect of the immunization registry. The Help Desk is also able to assist parents/guardians who need an official immunization record on their child or themselves for personal purposes such as school, work, or travel. The Help Desk also assists out of state schools in requesting a child's official immunization record when the child has moved out of Nevada.

The NSIP also subgrants half of its operations budget to LHA's and immunization coalitions to conduct grant required activities on the state programs behalf. LHA's are also known as health departments or health districts.

Nevada's LHA's are:

- Carson City Health & Human Services
- Southern Nevada Health District
- Washoe County Health District
- Nevada State Health Division (rural Nevada)

Nevada's immunization coalitions are:

- Immunize Nevada
- Northern Nevada Immunization Coalition
- Southern Nevada Immunization & Health Coalition

The LHA's use the subgranted funding to conduct VFC and Assessment Feedback Incentives Exchange (AFIX) site visits. The VFC site visits assure safe and effective vaccine is being provided to Nevada's citizens and provides technical assistance as needed to providers. The AFIX component of site visits assist providers in increasing their immunization rates. This is done through the analysis of immunization records on specific birth cohorts (clients), providing feedback on rates for each vaccine and discussing mechanisms for improvement.

The LHA's also use the subgranted funding to work directly with the State Immunization Program to implement perinatal hepatitis B prevention in each jurisdiction.

The coalitions receive funding through subgrants to increase immunization awareness, education, and access to vaccinations; provide immunization information, education, and support to providers; collaborate with LHA's and other organizations to support community vaccination clinics, and advocate for policy changes to maximize vaccination levels.

Special Projects

In addition to the day-to-day activities the NSIP and subgrantees provide, there are also many special projects that are being conducted to help improve Nevada's immunization rates. These special projects include:

- Working with school districts, Local Health Authorities, and coalitions to provide vaccinations in elementary, middle, and high schools during school hours. This mechanism was piloted during the H1N1 influenza season in the Carson City School District by Carson City Health and Human Services. Because of the efforts in Carson City schools during H1N1 over 53.7% of school children were vaccinated compared to other large counties that did not have school based campaigns at 16.7% and 17%.

- H1N1 immunization campaigns in schools (during school hours) revealed the increased uptake of vaccine for that targeted population. As a result, school based health centers as an access point for immunizations is being explored.
- Collaborating with state and local Public Health Preparedness Programs to vaccinate 12,000 – 15,000 people against influenza every year. This collaboration benefits the programs by vaccinating Nevadan’s free of charge and allowing state and local Public Health Preparedness Programs to test their emergency preparedness plans.
- Creating innovative relationships with existing programs such as Public Health Preparedness to support their grant deliverables as well as providing infrastructure and mechanisms to get vaccines to Nevadan’s. NSIP is currently creating a plan with Washoe County Health District, Northern Nevada Immunization Coalition, Washoe County School District, and state and Washoe Public Health Preparedness to train school nurses for public health emergencies (such as H1N1). This will help school nurses respond to their populations if targeted. The objective of this training is twofold: train school nurses for public health emergencies and selected school nurses will participate in modified Point of Dispensing (PODS) clinics by vaccinating middle school children with Tdap (required for school entry at 7th grade) to “test” the training they received.
- Increasing the number of OB/GYN providers vaccinating against influenza. During the H1N1 season, the NSIP was successful at recruiting OB/GYN providers to vaccinate their pregnant patients against H1N1. Due to the success of this project, the program decided to sustain and increase the number of OB/GYN providers vaccinating. Pregnant women are an “at risk” population that historically miss opportunities to get immunized with flu vaccine, usually because their providers don’t carry the vaccine.
- Funding the Shots for Tots Program. The state is funding Southern Nevada Health District to conduct immunization assessments in 50 child care centers. The health district will also vaccinate the children who are not up-to-date on their vaccinations.
- Educating child care providers. Washoe County Health District will educate child care providers through community education sessions. Child care providers will then be able to share important resources and materials with parents.
- Cocooning against pertussis. The NSIP has implemented a cocooning project to prevent the spread of pertussis disease to newborn babies. Pertussis is dangerous and even deadly to infants, especially because they are not old enough to be vaccinated or may not have completed the pertussis vaccination series. Nevada leads the nation in respect to this issue. Every birthing hospital in Nevada receives state supplied pertussis vaccine (317 discretionary vaccine) and participates in the project which recommends vaccinating two family members (typically parents) of a newborn during their stay at the birthing hospital. Approximately 34,000 to 36,000 births occur every year in Nevada.
- Utilizing Televox. Through a partnership with Pfizer, the NSIP implemented a free telephone and postcard reminder for children who are not up-to-date on Prevnar – vaccine to protect against pneumococcal disease. The reminder does not specifically mention Prevnar,

only that their child may be due for vaccinations and to schedule an appointment with their provider or health department. Telephone calls and postcards are being sent to parents once per month on children aged seven to 59 months.

- Continuing the Nevada Immunization Learning Exchange (NILE). On a monthly basis the Immunize Nevada coalition conducts webinars to educate providers on specific vaccine topics. Webinars have and continue to be conducted on storage and handling, proper vaccination techniques, billing and coding, Nevada WebIZ, etc.
- Educating medical assistants. The Immunize Nevada coalition has been conducting a 4-hour training for medical assistant to learn the basis for administering vaccinations. This training is being offered quarterly in various locations throughout Nevada.
- Marketing VFC Program to parents. The Southern Nevada Immunization and Health Coalition is in the process of creating and implementing a media campaign to market the VFC Program. The VFC Program has never been marketed to parents before. The goal is to increase the number of children being seen by VFC providers for vaccinations.
- Recruiting new VFC and adult providers through WebIZ and our local health jurisdictions.

With day-to-day activities and special projects the NSIP, LHA's, and coalitions are working hard to improve immunization rates in Nevada and Nevada's national ranking. No one activity or special project will improve rates alone, but a combination of these efforts may.

CONCLUSION

With immunizations being one of the basic foundations to public health in preventing disease, it is vital that every state has an immunization program and immunization registry. Immunizations are not only for children, but for adults too. Many vaccine preventable diseases can strike people of any age. With the high cost of illness, it makes sense to prevent vaccine preventable diseases from even occurring. Vaccine preventable diseases are not only preventable, but can also be deadly. In the NSIP, the VFC and Nevada WebIZ components are vital in protecting the health and lives of everyone living in our state.

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