



CVP Update



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VFC Coordinators!
Don't forget to participate in the CT WiZ Electronic Health Record Survey.

An important survey was recently sent to CVP Coordinators. Don't forget to fill it out online!

The survey collects information about your clinic's use of or future plans to use an electronic health record (EHR). We will use this information to assess the readiness of clinics to report electronically to Connecticut's Immunization Information System, CT WiZ. This will help to expedite the clinic onboarding process.

We ask that one survey be completed for each PIN. It should take less than 15 minutes to complete.

Please fill out this survey whether or not your clinic currently has an electronic health record (EHR).

If your clinic has an EHR, some of the questions you will be asked are technical in nature. If you have a person who provides technical support for your EHR, we would also like his or her input. Therefore, we ask you to do the following:

1. If possible, complete the survey with the person who gives you technical support.
2. If this is not possible, complete as much of the survey as you can and submit it (no need to wait!) AND forward the survey link to the person who gives you technical support. **It is okay if we receive more than one survey concerning a clinic.**
3. When asked in the survey, be sure to provide us with the contact information of the person who gives you technical support.

[Click to access the survey.](#)

2019 Immunization Schedules:

The 2019 [Child and Adolescent Immunization Schedule](#) and the [Adult Immunization Schedule](#) are available on the CDC website.

The screenshot shows two main sections: 'For Health Care Providers' and 'For Parents & Adults'. The 'For Health Care Providers' section includes 'Child and Adolescent Immunization Schedule (birth through 18 years)' and 'Adult Immunization Schedule (19 years and older)'. The 'For Parents & Adults' section includes 'Parent-Friendly Schedule for Infants and Children', 'Parent-Friendly Schedule for Preteens and Teens', 'Resources for Parents', and 'Resources for Adults'. There are also small images of children and adults.



CT WiZ Update

Who has Access to CT WiZ...so far

- As of February 2019, real-time bi-directional data is being exchanged between EHR and CT WiZ! So far, there are 94 clinics in the EHR onboarding process.
 - **For Step-by-Step Instructions to onboard your clinic with CT WiZ, visit:**
[EHR Data Exchange](#).
 - The [Meaningful Use attestation letter](#) by Department of Social Services/Department of Public Health is being updated for Program Year 2019.
- Once your clinic is in the EHR Onboarding Process, to ensure high data quality:
 - Below we are sharing the **“Roles and Responsibilities”** two-page chart that DPH will review with the EHR Vendor and Provider/Clinic Staff. This lets everyone know what to do **“during”** the EHR onboarding process and **“after”** your data is being reported to production in CT WiZ.
- School Nurses are actively using CT WiZ too—with 497 already on line!
- CVP Clinics will request access according to the [process](#) outlined on our CT WiZ website and in our October 24, 2018 webinar, [How do I? Questions and Answers on the New Connecticut Immunization Information System—CT WiZ](#).
- *Friendly reminder:* DPH Immunization Program is required to send the [CT WiZ Confidentiality Agreement](#), **every two years**, to providers and local health directors. By March 1st, please sign and fax to (860)707-1925. *The medical director who signs the CVP Provider Profile and the Local Health Director should sign and share with staff so everyone is aware of CT WiZ and maintains confidentiality of CT WiZ data. Thank you.*



Connecticut American Academy of Pediatrics Webinar
April 24th at 12:10pm—1:00pm
Please Register in mid-March at: ["CT AAP Webinar on CT WiZ"](#)

CT WiZ - EHR Data Exchange

“Roles and Responsibilities”

DPH IIS Staff



During	After
<ul style="list-style-type: none"> • Provide general coordination/project management, communication, and customer service. • Provide specific contacts with technical and programmatic expertise. • Provide an appropriate testing/validation platform. • Communicate details about the onboarding process and thresholds for success. • Make onboarding documentation easily accessible/readily available and ensure that it is up to date at all times. • Provide timely feedback on message conformance/performance and data quality. • Assist with issue identification and troubleshooting. • Manage expectations about process, milestones, and timelines. • Inform stakeholders of any system updates/changes. 	<ul style="list-style-type: none"> • Provide appropriate training for providers and communicate ongoing expectations for a production interface. • Provide continued communication and coordination. • Monitor data feeds for errors. • Notify providers of any changes to CT WiZ or outages that may impact existing interfaces. • Continue to post updated documentation as requirements and standards evolve.

EHR Vendor

During	After
<ul style="list-style-type: none"> • Provide project management and technical expertise (testing and development) on behalf of the EHR team. • Be an active participant in all elements of the onboarding process and attend all meetings/conference calls. • Ensure the EHR system aligns with HL7 transport and messaging standards. • Work with IIS to identify, troubleshoot, and quickly resolve any issues with the interface or submitted messages. • Help IIS manage expectations about process, milestones, and timelines with the provider. • Assist providers with proper configuration of their EHR. 	<ul style="list-style-type: none"> • Assist providers with proper configuration of their EHR. • Train providers on how to monitor their interface (performance and ACKs) and resolve issues or seek assistance as needed. • Facilitate transition from the onboarding/implementation team to the long-term support team. • Assist with maintaining the connection and monitoring the interface for performance and errors. • Provide technical support to the provider and resolve any technical issues. • Maintain conformance with HL7 transport and messaging standards. • Notify providers (and possibly IIS) of any changes to the EHR or outages that may impact existing interfaces.

Provider/Clinic

During	After
<ul style="list-style-type: none"> • Complete all necessary enrollment forms/paperwork and engage the EHR vendor to get onboarding resources assigned. • Identify a primary sponsor to be an active participant in all elements of the onboarding process and attend meetings/conference calls as appropriate. • Provide production or production-quality data for testing and validation. • Coordinate appropriate staff for end user testing and troubleshooting. • Identify and resolve issues caused by improper workflows or poor data entry that adversely impact data quality. • Work with EHR vendor or provider technical staff to resolve issues with the interface or submitted messages. 	<ul style="list-style-type: none"> • Verify initial setup is correct and data from the EHR is successfully populating Production IIS. • Monitor ACK interface and appropriate EHR/IIS reports to identify changes in volume or quality of messages or anything else that raises red flags about the interface. • Immediately report issues to the IIS and EHR contacts for assistance in troubleshooting. • Correct data entry errors and establish appropriate policies/procedures to address issues with workflow and data quality; train staff as needed. • Communicate with IIS about any system changes/updates or outages that may impact existing interfaces. • Provide updated contact information for staff changes at either the provider or EHR vendor. • Notify IIS of mergers/acquisitions/ closures. • Perform a complete inventory reconciliation each time a vaccine order is submitted through CT WiZ. • Review the Patient Reminder/Recall Report under the Patient Management section in CT WiZ to: <ul style="list-style-type: none"> • Manage patients that may need to be inactivated from the clinic or jurisdiction (CT). • Identify patients who are due or overdue for immunizations. • Review the Invalid Doses Report under the Coverage Statistics section in CT WiZ and correct any data entry errors in both the EHR and CT WiZ. • Review the Patients with Possible Duplicate Vaccinations Report under Data Quality-User section in CT WiZ and correct the information in the patient's record in CT WiZ. • If the EHR does not specifically prevent users from recording a vaccination date that precedes the date of birth, review the Shots before Date of Birth Report under the Data Quality-User section in CT WiZ and correct the information in both the EHR and CT WiZ.

Have you visited our [website](#) lately?



We've updated it!

Check it out to stay up to date and see what's new!



Influenza Vaccination Honor Roll



The Immunization Action Coalition is recognizing healthcare settings that have mandated influenza vaccination for their staff with the goal to protect their patients. There are now 805 organizations enrolled in the IAC's [Influenza Vaccination Honor Roll](#). The honor roll recognizes hospitals, long-term care facilities (LTCFs), medical practices, pharmacies, professional organizations, health departments, and government entities that have taken a stand for patient safety by implementing mandatory influenza vaccination policies for healthcare personnel.

IAC urges qualifying healthcare organizations to apply by visiting the [Application page](#).

Measles in Connecticut

During January 2019, DPH identified 2 adult cases of measles in New Haven County; the source of these cases is unknown, although both were probably exposed to measles in early January. No secondary transmission was identified as part of this investigation. While measles remains rare in Connecticut, disease transmission routinely occurs in other parts of world resulting in ongoing risk of imported disease. Vaccination continues to be the most important strategy to limit the spread of measles. Please see the [January 2019 Measles Advisory](#) for additional information about preventing and managing measles in a clinical setting.



IAC's ["Ask the Experts" web section](#) is a compilation of common as well as challenging questions and answers (Q&As) about vaccines and their administration. Here you will find more than 1,000 Q&As on all vaccines routinely recommended in the United States and everything related to vaccinations.

Vaccination Awards

Connecticut was recently awarded two CDC Certificates of Recognition at a recent meeting: one for influenza and one for adolescent vaccine coverage. These awards belong to the providers in Connecticut as these high rates could not have achieved without their dedication and hard work. **Congratulations and thank you to everyone!** The awards read as follows:



- "In recognition of your accomplishment in achieving outstanding progress toward the Healthy People 2020 target of 70% for influenza vaccination coverage among children aged 6 months through 17 years during the 2017-2018 Influenza season."
- "In recognition of your accomplishment in achieving outstanding progress toward the Healthy People 2020 targets for each of four vaccines among adolescents age 13 through 17 years based on the 2017 National Immunization Survey - Teen (NIS Teen) data." The four vaccines are influenza, Tdap, HPV, and MCV4.



It is not too late to get flu vaccine!

Flu cases statewide remain widespread in Connecticut. It is not too late to get a flu vaccine! As of February 8, 2019, there have been 22 influenza-related deaths in the state. Find out more on current influenza [activity](#) in Connecticut.

Questions? Comments? Concerns?

We'll get back to you with the information you need or find us on the [website](#).



Phone: 860-509-7929 Monday- Friday 8:30am-4:30pm
Address: State of CT, Department of Public Health
[Immunization Program](#)
410 Capitol Ave, MS #11 MUN
Hartford, CT 06134



Human Papillomavirus (HPV) Vaccination Report:

HPV VACCINE
IS CANCER PREVENTION

Working Together to Reach National Goals for HPV Vaccination

December 2018

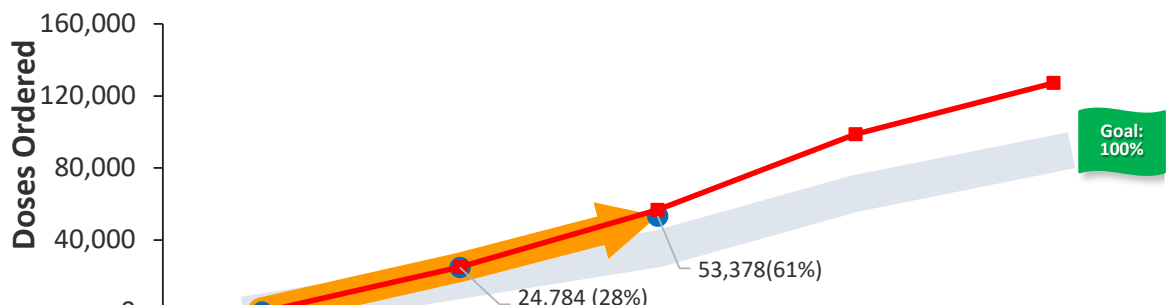
This report highlights your jurisdiction’s adolescent vaccination coverage estimates from the 2017 National Immunization Survey-Teen. In addition, please see below for your jurisdiction’s human papillomavirus (HPV) vaccine distribution trend for the first two quarters of 2018.

The HPV Vaccination Report has a new look! However, the same great information is being presented. As usual, you will find HPV vaccine ordering data for your jurisdiction below. This report also features results from the 2017 National Immunization Survey-Teen on the second page.

The National Immunization Survey-Teen (NIS-Teen) is conducted annually to estimate vaccination coverage among adolescents aged 13–17 years in the 50 states, the District of Columbia, and selected local areas and territories. In 2017, data for 20,949 adolescents were analyzed. Comparing estimates from 2017 to those from 2016, coverage increased for ≥1 dose of HPV vaccine (from 60.4% to 65.5%), ≥1 dose of the meningococcal conjugate vaccine

(MenACWY) (82.2% to 85.1%), and ≥2 doses of MenACWY (39.1% to 44.3%), while coverage with the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) remained stable at 88.7%.¹ In addition, 48.6% of adolescents were up to date (UTD) with the HPV vaccine series in 2017 compared with 43.4% in 2016.¹ Although the increase in HPV vaccination coverage is encouraging, much work remains in order to reach the coverage levels of the other two routinely recommended adolescent vaccines and the *Healthy People 2020* goal of 80% for series completion for adolescent vaccines. For the complete national profile, click the link for the 2017 NIS-Teen *MMWR* in the “Reference” section of this report. For NIS-Teen data specific to your jurisdiction, see page 2 of this report.

Year-to-date total of HPV vaccine doses ordered* in Connecticut, compared with the estimated number of doses needed to fully vaccinate 11-year-olds† in Connecticut in 2017 and 2018 (first and second quarter)



	Year Start	Q1 (20%)	Q2 (40%)	Q3 (75%)	Q4 (100%‡)
2017 Estimated‡	0	17,578	35,155	65,916	87,888
2018 Actual	0	24,784	53,378		
2017 Actual	0	25,035	56,668	98,758	127,171

Based on an estimated total of 43,944‡ 11-year-olds in Connecticut, your jurisdiction has thus far ordered **61%** of the HPV vaccine doses needed to vaccinate all 11-year-olds in 2018. If all the ordered doses are used for 11-year-olds, Connecticut is on track for ordering a sufficient amount of vaccine for this age group in 2018.

*These data represent an estimate of all HPV vaccine doses distributed in Connecticut. The 9-valent HPV vaccine is currently the only HPV vaccine available in the United States.

†The 11-year-old population estimate was obtained from the U.S. Census: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPSYASEX- &prodType=table.

‡Estimated percentages of vaccine orders are based on the 11-year-old population estimate and national HPV vaccine ordering patterns over the last several years.

Estimated vaccination coverage with select vaccines among all adolescents aged 13–17 years, United States and Connecticut, National Immunization Survey–Teen (NIS-Teen), 2016–2017

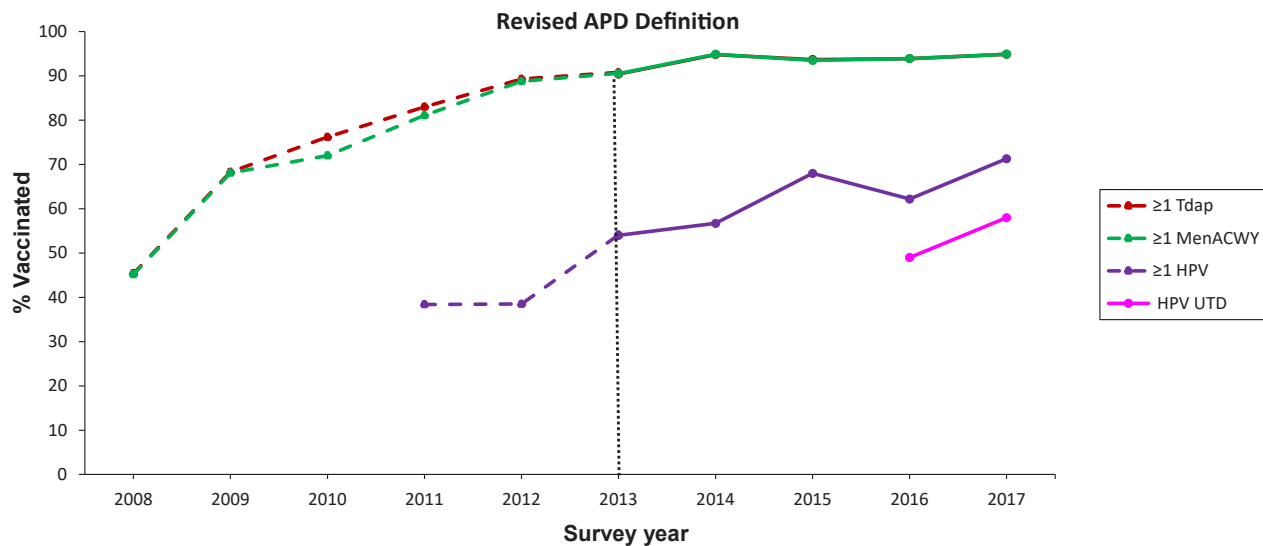
	HPV UTD*	≥1 HPV	≥1 Tdap	≥1 MenACWY
	%(95% CI)	%(95% CI)	%(95% CI)	%(95% CI)
US overall				
2016	43.4(±1.3)	60.4(±1.2)	88.0(±0.9)	82.2(±1.0)
20167	48.6(±1.3)†	65.5(±1.2)†	88.7(±0.9)	85.1(±0.9)†
Connecticut				
2016	49.0(±6.3)	62.2(±6.2)	93.9(±3.3)	93.9(±3.1)
2017	58.0(±6.5)	71.3(±6.0)†	94.9(±2.4)	94.9(±2.7)

Note: Statistical comparisons were made using t-tests. Differences were considered statistically significant at p<0.05 (†). Estimates with confidence interval half-widths >10 might not be reliable.

Abbreviations: CI = confidence interval; HPV = human papillomavirus vaccine; HPV UTD = HPV up to date; ≥1 HPV = ≥1 dose HPV vaccine; ≥1 Tdap = ≥1 dose tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; ≥1 MenACWY = ≥1 dose quadrivalent meningococcal conjugate vaccine.

*HPV UTD includes those with ≥ 3 doses and those with 2 doses when the first HPV vaccine dose was initiated prior to age 15 years and there were at least 5 months minus 4 days between the first and second dose as specified by Clinical Decision Support for Immunization (CDSi).

Estimated vaccination coverage among all adolescents aged 13–17 years, Connecticut, NIS-Teen, 2008–2017



*NIS-Teen estimates from 2008–2013 connected with dashed lines are previously published estimates using the previous adequate provider data (APD) definition. NIS-Teen estimates from 2013–2017 connected with solid lines use the revised APD definition. For more information, see reference 1.

- In 2017, coverage with ≥ 1 HPV vaccine dose increased, while estimates for ≥1 Tdap and ≥1 MenACWY vaccines were similar to 2016 estimates.
- In 2017, ≥1 dose HPV coverage in Connecticut was 23.6 percentage points lower than coverage for ≥1 dose Tdap and 23.6 percentage points lower than coverage for ≥1 dose MenACWY.
- In 2017, 58.0% of adolescents were up to date (UTD) with the HPV vaccine series, compared to 49.0% in 2016; this change was not statistically significant.

Reference

1. Walker TY, Elam-Evans LD, Yankey D, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2017. MMWR Morb Mortal Wkly Rep 2018;67:909–917. DOI: <http://dx.doi.org/10.15585/mmwr.mm6733a1>.

New Resource

- **New Continuing Medical Education (CME) Opportunity: "Making the Case, Championing for HPV Cancer Prevention in Your Practice."** This new CME is designed to educate clinicians about current HPV vaccine recommendations, best practices for effectively recommending HPV vaccination and addressing questions from parents of age-appropriate boys and girls, and strategies to foster team wide collaboration to increase HPV vaccination coverage in their practices. Access this CME opportunity here: <https://www.medscape.org/viewarticle/898084>.



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