



GRITS Champion

Kroger Health Solutions (KHS) Downloads 50,000 Immunization Records into the GRITS Registry



Kroger Health Solutions is one of 3,000 partners of the Georgia Registry of Immunization Transactions and Services (known as GRITS). GRITS partners have entered and/or downloaded over 56 million patient records on five million clients into the GRITS database over the last three years.

GRITS is accessible to all public and private providers, including retail immunization providers. In 2005, Kroger Health Solutions (KHS) was the first pharmacy to interface with GRITS. Subsequently, KHS can access and enter immunizations administered into GRITS.

In 2005, Kroger pharmacists downloaded through the interface approximately 50,000 immunization records for Georgia. Kroger pharmacists administered vaccinations that protect against influenza, pneumonia, hepatitis A, hepatitis B, tetanus, and diphtheria. The goal for 2006 is 100,000 vaccinations.

“Optimally, all vaccinations should take place within the patient’s medical home, that is, where the patient receives their comprehensive healthcare,” said Michelle Conner, Program Director, Georgia Immunization Program. “However, many adults do not make regular doctor visits, and KHS, as well as other sites, offer immunizations, especially to adults, in a convenient and timely manner.”

“The benefits of GRITS are obvious,” said Kroger Pharmacist Frank

Simpson. “Using GRITS, physicians and public health departments are able to verify quickly the immunization records of their patients. The majority of the time, an adult patient does not have a copy of their immunization records. Without this registry, the healthcare provider has no knowledge of previous vaccinations. The benefit for the customer is that if the immunizations provider uses GRITS as intended, we will avoid any unnecessary or inappropriate vaccinations.”

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GRITS is designed to collect and maintain accurate, complete and current vaccination records to promote effective and cost-efficient disease prevention and control. The Georgia Immunization Registry law, passed in 1996 as a childhood registry and expanded by House Bill 1526 to include adults, requires reporting by “any person who administers a vaccine or vaccines licensed for use by the United States Food and Drug Administration to a person.” Several options are available for submitting immunization records to GRITS. Georgia’s immunization providers also have quick and easy access to immunization records on individual children and adults, and are able to generate a variety of reports on each individual’s immunization status.

“While we have almost 3,000 partners using GRITS, we still have a long way to go before everyone who administers a vaccination is trained to use GRITS on a daily basis,” said Thomas Moss, GRITS Manager. “We applaud Kroger Health Solutions and all of our partners for administering vaccinations and adding records into the GRITS registry.”

For questions on how to become a GRITS partner, call the Georgia Immunization Program/GRITS at (404) 463-0810 or visit <http://health.state.ga.us/programs/immunization/grits/>.

This article was contributed by Connie F. Smith, Program Information/Marketing Coordinator with the Georgia Immunization Program, Division of Public Health. ■



Adult Immunization Schedule

The Adult Immunization Schedule has been approved for October 2006 to September 2007. To access information on the changes and a PDF for printing color copies to be displayed in your office, please go to:

<http://www.cdc.gov/nip/recs/adult-schedule.htm>

Recommended Childhood and Adolescent Schedule

The Interactive Immunization Scheduler for Children (age 5 years and younger) has been revised, please go to:

http://www2a.cdc.gov/nip/kidstuff/newscheduler_le

HPV

For the latest information on HPV infection and the vaccine (including Spanish-language materials), please go to: <http://www.cdc.gov/std/hpv>

Influenza

To access comprehensive information from the American Medical Association on influenza, such as, vaccinating healthcare workers, vaccine manufacturing, supply and distribution, go to:

<http://www.ama-assn.org/go/influenzasummit>

Visit www.choa.org/immunization to access previous volumes of the Immunize Georgia newsletter and the Take 5 for Teens brochure.

Immunize Georgia

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1655 Tullie Circle NE, Atlanta, Georgia 30329-2321

Children’s Healthcare of Atlanta®
404-250-kids, www.choa.org

Immunize Georgia
Angie Matthiessen, M.S.W.
404-785-7225, fax 404-785-7258
angie.matthiessen@choa.org

Georgia Immunization Program
Ruth Gilmore, B.S.N.
404-657-3158, fax 404-657-1463
<http://health.state.ga.us/programs/immunization/>

Vaccines For Children Program
404-657-5013, fax 404-657-5736
800-848-3868, fax 800-372-3627

**American Academy of Family Physicians
Georgia Chapter**
404-321-7445, www.gafp.org

**American Academy of Pediatrics
Georgia Chapter**
404-876-7535, www.gaaap.org

CDC-INFO Contact Center
800-232-4636, www.cdc.gov/nip

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Children’s Healthcare of Atlanta
Community Health Development and Advocacy
1655 Tullie Circle
Atlanta, Georgia 30329-2321



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Immunize Georgia

A PUBLICATION OF CHILDREN'S HEALTHCARE OF ATLANTA AND DHR'S GEORGIA IMMUNIZATION PROGRAM



Georgia Ranks Third in the Nation

In the 2005 National Immunization Survey (NIS), Georgia ranked third in the nation, moving up from fourth place in 2004.

The NIS survey, conducted by the Centers for Disease Control and Prevention, looks at children between 19 and 35 months of age who have completed the 4:3:1:3:3:1* vaccination series. The number of children who received these vaccines rose from 82 percent in 2004 to 82.4 percent in 2005. Massachusetts ranked first with 90.7 percent and Nebraska second with 83.9 percent. With the national average being 76 percent for the last two years, Georgia's success has come with a lot of hard work.

According to Dr. Stuart T. Brown, Division Director of Public Health, much of Georgia's achievement can be attributed to the impact of the Georgia Registry of Immunization Transactions and Services (GRITS). GRITS allows for providers to collect and maintain accurate, complete and current vaccination records. As more providers throughout Georgia embrace the benefit of GRITS, the effect on immunization rates can only improve.

The NIS showed a significant improvement in the number of children who are receiving three-doses of the pneumococcal conjugate vaccine (PCV) in Georgia. The number of children receiving three-doses rose from 67.9 percent in 2004 to 80.1 percent in 2005—an increase of 12.2 percent. It should be noted that four doses of PCV are recommended before the age of 15 months. Ensuring children receive all four doses will increase the amount of protection from pneumococcal infection, which can cause severe disease in children under five years of age.

The 2005 Georgia Immunization Study results are also in, demonstrating much work still remains to be done. This study design calculates immunization rates for children who turned

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Improving Vaccination Rates in Your Practice

As discussed in the cover article, the 2005 National Immunization Survey ranked Georgia third in the nation at 82.4 percent. However, the 2005 Georgia Immunization Study noted a slight decrease in the immunization rates from 2004 to 2005. While the national report showed success, the Georgia study shows we need to continue working to increase immunization rates in order to reach the intended goal of 90 percent.

Several studies published this year have identified issues that can and do impact the immunization rates. These issues include parental involvement in the decision-making process and the timeliness of vaccinations.

ISSUES THAT IMPACT IMMUNIZATION RATES

Parental involvement in the decision-making process

An international survey of 6,600 parents of children less than one year of age looked at parents' motivation toward their child's healthcare, including their child's vaccinations.¹ Results showed:

- One in five parents did not feel vaccinating their baby is absolutely essential.
- Only one third of parents knew vaccines can prevent life-threatening diseases.
- Eighty percent of mothers felt they do not participate enough in the vaccination decision-making process.
- 67 percent wanted more influence in this process.
- 68 percent of parents said they wanted more information on vaccinations.
- 48 percent said they initiate the vaccination discussion with the physician.

In summary, according to the report, "parents said they would like more information about which diseases can be prevented with vaccination, what are the adverse effects, when injections have to be repeated, how many are required and research about efficacy."¹

Timeliness of vaccinations

In the October 2006 issue of *Infectious Diseases in Children*, the Every Child by Two organization, founded by First Lady Rosalynn Carter and former Arkansas First Lady Betty Bumpers, reiterated that "despite the record immunization rates, many infants do not receive all of their vaccines on time, which can put them at risk for a number of diseases."²



According to Gary S. Marshall, M.D., professor of pediatrics at the University of Louisville School of Medicine in Kentucky, the Recommended Childhood and Adolescent Immunization schedule continues to get more complicated, especially

as it gets updated annually. Coverage rates to measure how we are doing with immunizations can no longer give the most comprehensive picture. Dr. Marshall states, "If children do experience delays in receiving shots, they may be suboptimally protected and many of them never catch up. If they don't catch up, they are more vulnerable to disease."²

The 2003 National Immunization Survey results were analyzed by researchers from the Centers for Disease Control and Prevention (CDC). The research was focused on looking at the immunization histories (according to the Recommended Childhood and Adolescent Immunization Schedule) for 15,000 two-year-old children, showed the following results²:

- 74 percent of the group had not received their immunizations on time.
- 37 percent were delayed for more than six cumulative months.
- 21 percent of children who were considered covered by 24 to 36 months of age were severely delayed.
- Children older than six months of age were not fully vaccinated for four or more vaccinations.

INCREASING THE IMMUNIZATION RATES IN YOUR PRACTICE

Involve Parents

Researchers summarized the following suggestions for involving parents in immunization care and ultimately keeping disease rates down¹:

- Engage parents in a dialogue.
- Help parents make a well-informed decision.
- Teach parents to ask "Are my child's immunizations up to date?"
- Correct conflicting information on safety issues.

Adhere to the Recommended Standards for Practice

In the July 2006 issue of *Pediatric Annals*, a series of articles focused on practical tips for improving immunization rates in office practices³. Guest editor, Christopher Rizzo, MD, FAAP, states that "pediatricians must consider vaccine delivery a major business line of their practice." He suggests that practices interested in improving immunization rates should explore how current policies and procedures compare with the 17 Standards for Child and Adolescent Immunization Practices issued by the National Vaccine Advisory Committee in 2003.*

In addition, Dr. Rizzo discusses the Maximizing Office Based Immunization Practices Assessment (MOBI), an Ohio program that first assesses a practice's adherence to 12 MOBI practices and then provides a one-hour presentation to physicians and staff. Incidentally, his article also mentions the Educating Physicians in their Community (EPIC) program in Georgia as an example of a statewide program to educate physician practices on immunizations.**

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Record Attendance at the 13th Annual Immunize Georgia Conference

The 13th Annual Immunize Georgia Conference was held at the Georgia International Conference Center on September 12, 2006. This year's attendance hit a record high of almost 400 attendees!

Conference Highlights:

- Dr. Andrew Kroger reviewed major revisions to the "General Recommendations."
- Dr. William Atkinson reported on the anticipated changes to the 2007 Recommended Childhood and Adolescent Schedule.
- Families Fighting Flu, Inc was represented by two mothers who shared their stories about their children who died from influenza. Go to www.familiesfightingflu.org.
- The Annual Walt Orenstein Championship for Immunization Awards Luncheon

The annual Walt Orenstein Championship for Immunization Awards were presented to six outstanding recipients:



Listed L-R: *Bob Chalmers, Sherry Cook, Melody Shaw, Debbie Liby, Darrell Thompson, Dr. Walt Orenstein, Kathy Paulett-Shiplett, Yvonne Smith, Debbie King, Suzanne Mahaffey, Cristina Pasa*

At **Children's Medical Group, P.C., (CMG)** in metropolitan Atlanta, parents are encouraged to participate in getting a flu shot, especially if they have infants or young children. For the 2005-2006 flu season, CMG provided 15,000 doses of flu vaccine to families of their practice with about 7,000 families being protected. Parents (non-patients) are asked to complete a consent form. A mini-chart is then kept for each person receiving a vaccine. Approximately 90 percent of staff also receive a flu shot or nasal spray each year.

Cristina Pasa, MPH, from Chatham County, chairs the Adolescent Immunization Committee of the Everybody Counts Immunization Coalition (EBC). Through working with a teen focus group, she designed the teen campaign—"Protect What You Got - Get the Shot." She selected groups throughout the community such as colleges, government groups and service agencies to have their pictures taken with a nurse and a syringe and the slogan "Protect What You Got - Get the Shot," which will reach the public through posters and billboards.

Fayette County Board of Education School Health Services

Since 2002, Fayette County schools have consistently scored between 97 and 99 percent on immunization audits. School nurses coordinate onsite flu clinics for their staff through public and private providers. Fayette County is linked with the State Syndromic Surveillance Program, allowing the state to monitor student clinic visits regarding symptomatic complaints and trends in student attendance rates. Debbie King, the Coordinator for School Health Services in Fayette County, was highlighted in Fayette Woman magazine in August 2006 for her energy and efforts to lead her team to success.

Houston County Hot Shots coalition was formed in 2003. The school system has had a 100 percent immunization rate in school audits for kindergarten since that time. Houston Medical Center and Perry Hospital implemented a policy that all children admitted to the hospital have their immunization records printed from GRITS and placed on the front of their charts for checking immunization status. Through this coalition, Robins Air Force Base (RAFB) has agreed to be the first military base to have its Pediatric Clinic enter all vaccines given into the GRITS database. Flint Electric, Perry Water Authority, Centerville Water Authority and Houston County Water Authority are sending immunization messages in their bills and monthly magazines.

The North Central Health District Crawford County Health Department went the extra mile in April 2006 for National Infant Immunization Week (NIIW). Health department staff visited various public schools in the county to provide presentations on the importance of vaccines. The week included an "Immunization Carnival" with over 220 participants (Pre-K and K-5 students and families from the community) attending.

Sandee Zehnder, APRN is a true advocate for immunizations at Alpharetta Pediatrics. She single-handedly runs the flu clinics every year. When a family adamantly does not want to vaccinate, she meets with and educates the family. Ninety percent of the time, she convinces them to immunize. Her goal is to meet the family where they are and to kindly and compassionately get them to a place where they will immunize their children.

Clay Coleman also received a Service Excellence award from the Georgia Immunization Program for his commitment to provide exceptional customer service for the program from 1993 to 2006. The "Clay Coleman Service Excellence" award will be presented annually to a Georgia Immunization Program employee who who exhibits excellent customer service. ■

Listed below is the **12 MOBI Best Practices Assessment**:

1. Does your practice have someone you consider your immunization expert?
2. Has your practice had a free Assessment-Feedback-Incentive-Exchange (AFIX) measurement of its immunization rates within the past year? ***
3. Is your practice a Vaccines for Children (VFC) provider?
4. Does your practice have a written plan for saving vaccine in case of a power outage?
5. Do you provide [a current] Vaccine Information Statement (VIS) to parents for every shot at every visit and allow them to take it home? ****
6. Does your office use an immunization reminder and/or recall system for every patient?
7. Are you using all features of your statewide immunization registry? *****

As a rule, does your practice:

1. Give Hepatitis B #1 in the newborn period, prior to hospital discharge?
2. Give all vaccines that are due, regardless of the number of injections?
3. Give shots to children with minor illnesses, like colds, diarrhea and low grade fever?
4. Give shots to children at sick visits?
5. Allow patients to come in the same day for an immunization-only nurse visit?

REFERENCES

1. "Parents accept vaccination, but do not feel involved in the decision-making process." *Infectious Diseases in Children*. January 2006.
2. "Immunization Rates at record highs, ethnic disparities diminishing. However, Every Child by Two officials warn, timeliness is just as important as high rates." *Infectious Diseases in Children*. October 2006.
3. "Improving Immunization Rates in Practice Settings." *Pediatric Annals*; Volume 35: No. 7. July 2006.

- * To review the Standards for Child and Adolescent Immunization Practices, go to:
<http://www.cdc.gov/nip/recs/rev-immz-stds.htm#child>.
- ** For information on the EPIC program in Georgia, call 404-881-5081 or go to www.gaepic.org.
- *** For information about getting an AFIX measurement completed for your office, please contact the Georgia Immunization program at 404-657-3158.
- **** To obtain VISs in multiple languages, please go to www.immunize.org
- ***** For information about the Georgia Registry of Immunization Transactions and Services (GRITS), call 404-463-0810 or 888-223-8644 or go to <http://health.state.ga.us/programs/immunizations>. ■



Georgia Ranks Third in the Nation *continued from page 1*

2 in January 2005. Of the 2,634 children in Georgia who were located in 2005, 77 percent were adequately immunized at the 4:3:1:3:3:1 level, down from 81 percent in 2004. This is the second year that Georgia has been looking at the higher standard of coverage of 4:3:1:3:3:1. Previous to 2004, the 4:3:1** vaccination series had been the standard for evaluating coverage levels. With a state goal of 90 percent and a resurgence of such diseases as mumps and pertussis, Georgia providers should remain vigilant and focused on ensuring children receive their vaccinations in a timely manner.

The vaccination coverage levels for Hepatitis B illustrate that Georgia providers have embraced the recommendations for vaccinating infants against Hepatitis B. In 2005, 93 percent of infants had received two doses of Hepatitis B vaccine by 12 months of age, and 89 percent of children had received the recommended three doses by 24 months of age.

Several health districts continue to make great strides in ensuring their children have received the full series of vaccines. Gainesville Public Health District 2 had a 98 percent coverage level, up from 94 percent in 2004. Twelve of the state's public health districts (Albany, Athens, Augusta, Columbus, Dalton, Dublin, Gainesville,

Gwinnett, Macon, Savannah, Valdosta and Waycross) succeeded in immunizing at least 85 percent of their two-year-olds against 10 vaccine-preventable diseases. Dalton District 1-2 and Dublin District 5-1 had an increase in coverage levels between five and 20 percent.

The success of the Georgia Immunization Study would not be possible without the cooperation of public health offices; the Women, Infants and Children (WIC) program; GRITS; parents and the private physician offices (77 percent of childhood vaccines were administered in the private sector in 2005). To access the Georgia Immunization Study and read the full report, go to: <http://health.state.ga.us/pdfs/publications/reports/gaimmunizationstudy.05.pdf>.

- * 4:3:1:3:3:1 includes four doses of DTP/DTaP (diphtheria, tetanus, pertussis), three doses of OPV/IPV (polio – oral or injected), one dose of measles containing vaccine, three doses of Hib (*haemophilus influenzae* type b), three doses of hep B (hepatitis B) and one dose of varicella (chickenpox).
- ** 4:3:1 coverage levels include four doses of DTP/DTaP (diphtheria, tetanus, pertussis), three doses of OPV/IPV (polio – oral or injected) and one dose of measles containing vaccine. ■