



NEWSLETTER

VIRGINIA IMMUNIZATION INFORMATION SYSTEM
VIRGINIA DEPARTMENT OF HEALTH

JANUARY - MARCH 2017

What's New...

2017 VVFC Program Requirement

Please note that the VDH requirement for all Virginia Vaccines for Children (VVFC) providers to record administered vaccines into the Virginia Immunization Information System (VIIS) went into effect January 1, 2017. Providers are to enter all administered vaccines from both public and private stock into VIIS within 30 days of administration by way of manual entry or data exchange. The entry of historical data is not a requirement, but is strongly recommended as a strategy to obtain accurate coverage rates. If you have not or cannot meet this deadline please let us know as soon as possible. VVFC will work with providers who notify contact to maintain their eligibility to participate with the VVFC Program. If you have questions regarding this requirement contact Ms. Mbaitisi at: Monalisa.Mbaitisi@vdh.virginia.gov.

Did You Know...

January is Cervical Cancer Awareness Month!

CDC has released an updated VIS for Gardasil-9 (attached and also available at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html>), containing information about the recently-approved 2-dose schedule. Otherwise, it is the same as the existing Gardasil-9 VIS. While this updated VIS should ideally begin to be used now, existing stocks of the current VIS may continue to be used, particularly for patients using the 3-dose schedule.

Note that the VIS no longer specifies "Gardasil-9." This is because Gardasil-9 will soon be the only HPV vaccine available in the U.S., as Cervarix and Gardasil (quadrivalent HPV vaccine) will no longer be sold in the United States. The appropriate VIS should continue to be used for those two vaccines as long as unexpired doses remain available.

****More HPV information on page 2.****

Technology Corner

Reviewing Data Sent Through Data Exchange

Data Exchange already set up? Great! Don't forget to check on how your data is coming over into VIIS. You have access to both your EMR system and VIIS so you are best suited to know if the information coming over to the registry is accurate and complete! As a data exchange partner with VIIS, you are expected to actively review your data and work with the VIIS team to correct data quality issues that are found in the registry. We want to make sure the information in the registry is as accurate and up-to-date as possible but we can't do it without you! Please contact your VIIS Consultant to set up a training session if you do not already know how to do this.

VIIS Registration & Training

Are you in need of VIIS training or know a provider/school who wants access? Contact a VIIS Consultant at (804) 864-8055 or viisinfo@vdh.virginia.gov

REMINDER:

Administrators are responsible for completing the required annual renewal in order for a facility to maintain access to VIIS. If the administrator is no longer at the facility, please contact your VIIS Field Consultant immediately. Also, ask if your annual renewal is up-to-date.

Visit us online at: <http://www.vdh.virginia.gov/viis>



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Dear Physician and Practice Associates

CALL TO PREVENT CANCER!

Health care providers are part of a national effort to dramatically increase adolescent vaccination against the HPV infections that can cause cancer. HPV vaccination is cancer prevention. The vaccine is underused in our country despite the overwhelming evidence of its effectiveness and safety. One of the top five reasons parents cite for not vaccinating against HPV is the lack of effective recommendations for HPV vaccine at 11 or 12 years old.

WHAT YOU SAY MATTERS, HOW YOU SAY IT MATTERS EVEN MORE!

A clear, brief recommendation from you can instantly change how parents think about HPV vaccine. Research shows that simply changing the words used to introduce HPV vaccine makes a tremendous difference. Start your vaccine discussion with all 11- and 12 year-olds and their parents by using one of the following statements:

“Now that your child is 11, he/she is due for three vaccines. These will help protect him/her from meningitis, HPV cancers, and pertussis. We’ll give those shots at the end of the visit.”

“Your preteen needs three vaccines today to protect against meningitis, HPV cancers, and pertussis.”

By confidently stating the child is due for three vaccines, and by putting the HPV vaccine in the middle of the recommendation (instead of at the end as an afterthought), parents perceive that it’s a normal, recommended vaccine rather than a controversial or optional one. Research has shown that this approach significantly increases the likelihood of vaccination. Attached you will find a CDC “Tips and Time-savers for Talking with Parents about HPV Vaccine” resource that offers language you can use to address parental concerns.



CALL TO ACTION!

As a trusted member of our network of providers, we urge you to join our efforts with the American Cancer Society and the National HPV Vaccination Roundtable to prevent cancer. Your delivery of firm, timely, and consistent recommendations for HPV vaccine will protect your patients from HPV-associated cancers and infections. HPV vaccine *is* cancer prevention, and *you* are the key!



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