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State of Nevada Immunization Program Overview

The Nevada State Immunization Program operates under the direction of the Nevada State Health Division, Department of Health and Human Services. The following document is a brief overview of Nevada's program components such as mission and goals, immunization rates, national ranking, financing, immunization registry and vaccine preventable diseases.

Mission

Decrease vaccine- preventable disease morbidity through increasing immunization rates among children, adolescents and adults in Nevada.

Goals

To fulfill this mission the State of Nevada Immunization Program implements grant objectives set forth by the Centers for Disease Control and Prevention:

- Childhood Immunization
- Adolescent Immunization
- Adult Immunization
- Education, Information, Training and Partnerships
- Epidemiology and Surveillance
- Immunization Information Systems (Nevada Immunization Registry)
- Perinatal Hepatitis B Prevention
- Population assessments
- VFC provider Quality Assurance
- Vaccine Accountability and Management

Program Components

The Nevada State Immunization Program strives to achieve these goals by developing, managing, and supporting the following programmatic components:

EXHIBIT M - HEALTH CARE
Meeting Date: 12-09-09
Document consists of 4 pages.
Entire Exhibit provided.

Vaccine for Children (VFC)

- Launched in 1994
- Provide free vaccines to children who are uninsured, underinsured, Medicaid eligible and Alaska Native or American Indian

Immunization Information System (IIS) – Nevada WebIZ (Immunization Registry)

In 2003, Nevada implemented the immunization software WebIZ (created by Envision Technology Partners, Inc.). Nevada WebIZ is the state's Immunization Information System (IIS) or Immunization registry. This online database electronically stores immunization records for both children and adults residing in Nevada. This registry is designed to consolidate immunization records into one electronic database for approved users to reference and record immunization information.

Immunization registries are proven tools to increase immunization rates. Nevada's increased efforts to enhance the functionality of the registry over the last 3 years played a large role in the increase of our National Ranking from last (51st) in the Nation to 47th.

As of June 30, 2009 Nevada the registry had:

- 2,777 users
- 410 active providers
- 704 clinics
- 1,548,417

To Date:

- 4,516
- 628 active providers
- 976 active clinics
- 1,715,479

In 2007 during the 74th Nevada Legislative Session, Nevada Revised Statute (NRS) 439.265 was passed into state law. This law was implemented on July 1, 2009 and mandates that any healthcare provider that administers any ACIP recommended immunizations will be required to report those immunizations to the Nevada Registry. This law allows for children to automatically be entered into the Nevada Registry, but can opt-out upon parental documentation.

Currently the web based registry only accepts new and historical immunizations via direct entry. Electronic submission of records has not been fully established via Health Level Seven (HL7). However, new enhancement and functionality will be top priority over the next two years. With ARRA stimulus funding, the State Immunization Program will be able to implement an HL7 interface with State Vital Records, develop and implement a de-duplication of records plan and base future electronic interfaces with providers who utilize electronic medical record systems to decrease burden and double entry of immunization data.

Immunization Rates and National Immunization Ranking

Nevada ranks 47th in the nation on immunization rates specific to coverage based on a 4:3:1:3:3:1 (4 DTAP, 3 Polio, 1MMR, 3 Hib, 3 Hepatitis B, 1Varicella).

Immunization coverage rates are a means of estimating immunization status in a specific age group. The standard measure is to estimate the coverage rates for children 19-35 months of age in order:

1) identify groups at risk of contracting vaccine preventable diseases; 2) stimulate efforts to

increase coverage rates; 3) evaluate the effectiveness of immunization strategies and programmatic activities. By 19 months of age a child should have received the complete recommended series of vaccinations for DTaP, Polio, MMR, Hib, Hep B, Varicella, and Pneumococcal (PCV7).

The National Immunization Survey (NIS) is an annual telephone survey that was implemented in 1994 as a national vaccination surveillance system for infants and young children. The NIS is drawn from the provider-verified dataset.

There are significant limitations of NIS that should be noted. The Centers for Disease Control and Prevention has cautioned against over-reliance on the state immunization coverage rankings.

There are a number of complex factors that affect immunization coverage rates:

- Historic high population growth;
- High transience rates;
- Immunization record scattering as children switch providers
- Inadequate number of immunization providers
- Lack of awareness about importance of immunizations

Though the immunization coverage rates are low, our disease rates are also low, indicating high community immunity. Immunization rates at school entry in Nevada are above 90%.

2008 NIS Rates and Data:

4:3:1:3:3:1

- U.S. 77.2
- Nevada: 68.5

Financing

The Nevada Immunization program receives vaccine and operations funding from several sources. The main source of operations funding is the federal Immunization and Vaccines for Children grant. Vaccine funding is received through the federal Vaccines for Children (VFC), Public Services Act Section 317, and State general fund for S-CHIP match to purchase vaccine for S-CHIP (Nevada Check Up).

Vaccines for Children is an entitlement to ensure children 18 years of age and younger who are uninsured, underinsured, Alaska Native or Native American, or who are eligible for Medicaid have access to free vaccine. Funding is received in the form of vaccine dose allocations based on estimates of VFC eligible population. VFC vaccine funding is awarded on a federal fiscal year basis and is in the form of direct federal assistance.

Public Health Services Act Section 317 Vaccine Funding (Section 317) is discretionary funding, subject to congressional appropriation, for the purchase of vaccines. Section 317 vaccine funding is awarded on a federal fiscal year.

State Children's Health Insurance Program (S-CHIP) or Nevada Check Up in combination of state General Fund match of federal dollars provides vaccine purchases for enrolled children.

Operations Financing is received through federal grant VFC and Section 317 funds. These dollars provide support to the State of Nevada Immunization Program and its statewide partners to achieve programmatic goals and objectives to increase immunization rates and decrease vaccine preventable infection.

Vaccine preventable disease

Although Nevada has ranked below the national average for immunization of children ages 19-35 months, the incidence of vaccine preventable diseases in Nevada has historically been low. Reported infections in 2006 and 2007:

2006		2007	
Pertussis	71	Pertussis	37
Mumps	5	Mumps	12
Invasive Hib	14	Invasive Hib	12
Hepatitis A	11	Hepatitis A	12
Hepatitis B	42	Hepatitis B	49
Perinatal Hep B	2	Perinatal Hep B	Not available
Rota Virus	740	Rota Virus	365

How can the incidence of disease be decreased?

ng in Nevada given the low immunization rates revealed in the National Immunization Survey?

- 2007-2008 Kindergarten Survey revealed that 96% of Nevada's Kindergartners are immunized.
- Herd Immunity- when a large percentage of the population is vaccinated, the spread of certain infectious diseases is prevented thereby protecting the unvaccinated or under-vaccinated population.
- Rates revealed by the National Immunization Survey may be skewed due to the transience of our population and sudden increase and decrease of residents in the Nevada. CDC experts agree that the NIS may be grossly inaccurate.

Behavioral Risk Factor Surveillance System (BRFSS) – Seasonal Flu Vaccine in Adults over the age of 65.

Nevada captures flu and pneumonia immunization prevalence data for its aging (over 65 years of age) population during the annual BRFSS survey.

Seasonal Flu Shot		Pneumonia Shot	
2005	53.0%	2005	69.8%
2006	57.7%	2006	69.1%
2007	61.9%	2007	66.7%
2008	57.1 %	2008	62.6%

In summary, the State of Nevada Immunization Program strives to increase immunization rates across the life span by implementing proven methods and recommended and required grant activities. Expected outcomes in future years are continued decrease in morbidity due to vaccine preventable disease and an increase in tracking and reporting of vaccines administered.