

Contra Costa Health Plan

COMMUNITY PROVIDER NETWORK MEETING

Doctors Medical Center - San Pablo

Tuesday, January 17, 2012 7:30 AM to 9:00 AM

Administration Conference Room (ACR 1st Floor) Continental Breakfast will be served

I. Call to order

J. Tysell, MD

II. Approval of Minutes

J. Tysell, MD

III. Medical Director's Report

J. Tysell, MD

IV. California Children's Services

Barbara Sheehy, MS

V. Provider Concerns

J. Tysell, MD

VI. Adjourn

J. Tysell, MD

Next Meeting – April 17, 2012

Administration Conference Room (ACR) is located on the 1st floor near the main entrance. Doctors San Pablo staff has asked that we park in guest and patient parking only. All other areas are permit parking only. *Thank you*.

Please RSVP: (925) 313-9500

CONTRA COSTA HEALTH PLAN

Community Provider Network – West County

Meeting Minutes – January 17, 2012

Attending:

J. Tysell, MD; Mary Berkery, RN; N. Banks, MD; O. Eaglin, PA; R. Harrison, RN, NP; K. Kaminski, PA; A. Lopresti, MD; P. Mack, MD; J. Mahony, MD; E. Ruiz, NP; P. Washington, FNP; K. Ceci, MD.

Guests: Barbara Sheehy, MS California Children's Services

Discus	sion	Action	Accountable
I.	Meeting called to order @ 7:45 am.		J. Tysell, MD
II.	Agenda approved with no change.		J. Tysell, MD
III.	Approval of Minutes: Minutes approved as read.		J. Tysell, MD
IV.	Medical Director's Report:		J. Tysell, MD
V.	HEDIS:		J. Tysell, MD
	 CPN patients and patients who deliver at community 		
	hospitals are less likely to get Post Partum visits		
	 CCHP is exploring whether a collaboration with Public 		
	Health Department can help facilitate postpartum visits in		
	the desired 3 to 8 week timeframe after delivery.		
	 Though many prenatal patients in the CCRMC network 		
	begin care with labs, etc., they must see a provider in the		
	first trimester to meet HEDIS standards		
	Brookside staff indicated a willingness to review postpartum	" = "	
	protocol.		
	Dual Eligible:		
	 Could be next group mandated into managed care. 		
	 Medi-Cal Health Plans would be responsible for benefits not 		
	covered by Medicare, e.g. some DME, some medications.		100
	County Health Services Staffing:		
	 Several groups of employees will experience cuts in pay. 		
	 Several PCPs have moved to Kaiser 		
	 CCRMC has developed an incentive program to encourage 		
	PCPs to stay.		
	EPIC (Electronic Health Record):	s = 1	
	• Expected to go live July, 2012.		
	 Will allow CPN providers to see member health info from 		
	CCRMC system.		
	QIPs (Quality Improvement Projects):		
	Two being studied by CCHP: Pediatric Obesity and new		
	statewide collaboration to reduce hospital readmissions		
	ADHC:		
	Benefit will be reduced but not eliminated	e ^t e ₁	
	More stringent criteria		
	Many are dual eligible SDD:		
	SPDs:		
	Over 6000 new SPD members to date		W 11 12 12 12 12 12 12 12 12 12 12 12 12
	Dr. Cammisa now employed part time by CCHP to assist with CM and LIM activities related to SPDs, a.g. Han C. The complete of the SPDs and LIM activities related to SPDs. The complete of the SPDs and LIM activities related to SPDs. The complete of the SPDs and LIM activities related to SPDs. The complete of the SPDs and LIM activities related to SPDs. The complete of the SPDs and LIM activities related to SPDs and LIM activities related to SPDs. The complete of the sponsored to the s	-	
	with QM and UM activities related to SPDs, e.g. Hep C		
V/I	protocols CCS (California Children's Somiass)		D Charle MC
VI.	CCS (California Children's Services):		B. Sheehy, MS
	Speaker Barbara Sheehy, MS, Administrator of program	11	
	Long term medical program for kids with serious and always medical program of 1020?		
	chronic medical problems, since 1920's		

	 CCS-eligible conditions are almost any chronic serious condition, and include cancers, heart problems, hearing aids, and wheelchairs. PCPs can refer directly or through CCHP. Children will be screened by CCS to see if they qualify. 	
VII.	Provider Concerns:	J. Tysell, MD
	 Discussion on Preferred Drug List changes and opiate 	
	medication alternatives.	
VIII.	Adjourn:	J. Tysell, MD
	Meeting adjourned @ 9:00 am.	

Next meeting – April 17, 2012

CONTRA COSTA HEALTH PLAN

Community Provider Network – West County

Meeting Minutes – October 18, 2011

Attending:

J. Tysell, MD; Beverly Jacobs, FNP; Mary Berkery, RN; Norman Banks, MD; Regina Harrison, NP; Kristof Kaminski, PA; Porshia Mack, MD; John Mahony, MD; Olga Eaglin, PA; Esther Ruiz, NP; Andrew Wallach, MD; Pamela Washington, FNP; Thomas Smith, MD; Elouise Joseph, MD

Guests: Peggy Hackett, RN

Discus	e: Peggy Hackett, RN	Action	Accountable
I.	Meeting called to order @ 7:38 am.		J. Tysell, MD
II.	Agenda approved with no change.		J. Tysell, MD
III.	Approval of Minutes: Minutes approved as read.	17.	J. Tysell, MD
IV.	Medical Director's Report:		J. Tysell, MD
V.	HEDIS:		J. Tysell, MD
	Reviewed results of last report.	så.	0. 1) 56m, mb
	Next year will not include female mammograms and will		
	focus more on adolescent health indicators.		
	Tdap:		B. Jacobs, FNP
	Still available thru Advice Nurse if indicated will probably		
	be referred to Night Owl if necessary.		# T
	 Schools have attained about 95% compliance especially in 		
	Richmond School District in celebration with bus health		*
	vans from Contra Costa County Public Health Clinic		
	services.	A.	M Doulsons DN
	Dental Varnish:		M. Berkery, RN
	• Reminder to apply varnish on children <6 yo 3x/1 yr with		74
	exam and immunization – it is a billable visit. Billing code is		B. Jacobs, FNP
	D 1203.		<i>B.</i> vacoos, 1141
	SPD Update:		
	 Approximately 5000 enrollees since June – approximately 850 a month. 		
	Approximately 20 have requested to stay with non-		
	contracted previous provider, some of these providers have		
	become contracted providers with CCHP or have agreed to		
	see patients for 1 year @ CCHP rates.		M. Berkery, RN
	Post Partum visits:		
	 Reminded providers to have newly delivered mothers return 		
	to MD for Post Partum visit and exam between 4 and 8		B Jacoba END
	weeks. This is a HEDIS indicator.		B. Jacobs, FNP
	Fraud, Waste & Abuse:		
	 Orientation to CCHP Policies of these topics. 		22
	History discussed.		
	 Reporting process and consequences of violation of policies 		
	discussed.		
	Discussed possible staff reporting and consequences to		
	violators.		2
	• Example test taken by all attendees.		
	Copies of test signed and returned – will be filed in		
	Credential folder of each provider to signify orientation		
	completed.		
	Physicians responsible for orienting/training office staff (materials included in provider's bulletin peaket)		
	(materials included in provider's bulletin packet).	1	

VI.	Provider Concerns:	J. Tysell, MD
	Discussed issues were focused on electronic regards and access to Pharmacy Program for specific medications.	
VII.	Adjourn: Meeting adjourned @ 9:05 am.	J. Tysell, MD

Next meeting – January 17, 2012



INFLUENZA HEALTH ALERT

JANUARY 9, 2012

STATEWIDE INFLUENZA ACTIVITY REMAINS SPORADIC, WITH TWO CASES CONFIRMED IN CONTRA COSTA COUNTY. FLU ILLNESS OFTEN PEAKS DURING THE MONTHS OF FEBRUARY-MARCH. VACCINATION AND GOOD INFECTION CONTROL REMAIN THE BEST PREVENTION STRATEGIES. THIS YEAR'S FLU VACCINE CONTAINS ANTIGENS FROM INFLUENZA A H1N1 (SWINE), A H3N2 AND INFLUENZA B AND IS RECOMMENDED FOR ALL PERSONS 6 MONTHS AND OLDER.

CIRCULATION OF A NOVEL SWINE-ORIGIN TRIPLE REASSORTANT H3N2 INFLUENZA (S-OTRH3N2) VIRUS INFECTING HUMANS HAS BEEN REPORTED IN SEVERAL STATES. NONE OF THESE CASES HAS OCCURRED IN CALIFORNIA. FOR UPDATES RELATED TO THIS NOVEL INFLUENZA VIRUS, VISIT

http://www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm

ACTIONS REQUESTED OF CLINICIANS

- COLLECT AND SUBMIT SPECIMENS FROM CHILDREN ≤ 18 YEARS WITH INFLUENZA-LIKE ILLNESS SYMPTOMS. NOTE: ALMOST ALL
 OF THE S-OTRH3N2 INFLUENZA VIRUSES HAVE BEEN IN PEDIATRIC PATIENTS.
- REPORT TO CONTRA COSTA COMMUNICABLE DISEASE PROGRAM (925-313-6740) FATAL CASES OF LABORATORY CONFIRMED
 SEASONAL INFLUENZA IN PERSONS 0-64 YEARS OF AGE. SAVE SPECIMENS FROM HOSPITALIZED CRITICALLY ILL AND FATAL CASES,
 SUBMIT TO CONTRA COSTA PUBLIC HEALTH LAB (925-370-5775) FOR FURTHER TESTING.
- REPORT ONE OR MORE LAB-CONFIRMED CASES OF INFLUENZA <u>OR</u> OUTBREAKS OF UNDIAGNOSED ILI IN RESIDENTS OF LARGE GROUP OR INSTITUTIONAL SETTINGS (E.G. LONG-TERM CARE, ASSISTED LIVING FACILITIES OR COLLEGE DORMITORIES)
- CONTINUE INFLUENZA VACCINATION EFFORTS FOR ALL PERSONS 6 MONTHS OF AGE AND OLDER. CHILDREN UNDER 9 YEARS OF
 AGE WHO DID NOT RECEIVE ANY DOSES OF 2010-2011 INFLUENZA SEASON VACCINE SHOULD RECEIVE TWO DOSES OF 20112012 SEASON VACCINE, ONE MONTH APART.

QUESTIONS? CALL CONTRA COSTA PUBLIC HEALTH COMMUNICABLE DISEASE AT 925-313-6740. INFLUENZA INFORMATION MAY BE FOUND AT CCHEALTH.ORG

Recommended Schedule of Childhood Immunizations

Tdap booster, Meningococcal, HPV (3 dose series)	11-12 years old
5th DTaP, 4th Polio, 2nd MMR , Varicella	4 - 6 years old (school entry)
Hep A (2 doses 6-12 months apart)	1-2 years old
1st MMR, Varicella (chickenpox) 4th Hib, DTaP, PnuCon	12-15 months old
Flu (during flu season)	6 months – 18 years old
3rd Polio	6-18 months old
3rd DTaP, Hib, HepB, PnuCon, Rotavirus	6 months old
2nd DTaP, Polio, Hib, PnuCon, Rotavirus	4 months old
1st DTaP, Polio, Hib, PnuCon, Rotavirus, 2 nd Hep B	2 months old
1 st Hep B	Birth

Contra Costa Health Services recommends that immunizations be obtained from one's private doctor whenever possible (schedules in private practice may differ slightly).

For more information call your doctor or Contra Costa Immunization Program at: 925-313-6767

For vaccines recommended for adolescents and adults, visit www.cdc.gov/vaccines



2010 - 2011

CONTRA COSTA PUBLIC HEALTH

Immunization Clinic Calendar

Clients are seen on a first come, first served basis. Please come early, as we stop accepting clients when the clinics are full. Our busiest time of year is during August and September. Vaccines are not given during pregnancy at any of the clinic sites (except flu and whooping cough vaccines). Clinics are closed on holidays. Cash or check only - no credit or ATM cards accepted.

1-800-246-2494

No appointment is needed at any of the clinic sites.

Richmond Public Health

39th Street & Bissell Avenue, 1* Floor, Richmond Mondays, 1:00 – 4:30 p.m.

Brentwood Public Health

171 Sand Creek Road, Suite A, Brentwood Tuesdays, 1:00 - 4:30 p.m.

Pittsburg Public Health

2311 Loveridge Road, Pittsburg Wednesdays, 1:00 - 4:30 p.m.

Concord Public Health

2355 Stanwell Circle, Concord Fridays, 1:00 - 4:30 p.m.

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Fee Schedule effective 7/1/2010

Polio (injectable)	Tdap	Td	DTaP or DT	\$1	
jectable)			DT	0.00 per person or \$30	(WAIVABLE FEE.
Pneumococcal (Pediatric)	MMR	Meningococcal	Hib	\$10.00 per person or \$30.00 per family (3 or more children)	(WAIVABLE FEES) 18 YEARS & YOUNGER

Hepatitis B

Varicella-Chickenpox

Hepatitis A\$ 70.00 (each dose) Hepatitis B\$ 65.00 (each dose) HPV(ages 19-26 years)\$140.00 (each dose) Varicella\$120.00 (each dose)	(NON-WAIVABLE FEES) AGES 19 & OLDER	Td\$15.00 Tdap\$15.00	(WAIVABLE FEES) AGES 19 & OLDER
MMR\$ 80.00 Meningococcal\$140.00 Pneumococcal (Adult)\$ 46.00 Shingles (ages 60 & up)\$175.00	5) AGES 19 & OLDER	Polio (injectable)\$15.00 Flu (Adult)\$15.00	4GES 19 & OLDER

or visit Contra Costa Health Services website at www.cchealth.org For travel immunizations call: 925-313-6488

Consent for minors:



Children under 14 years of age must be accompanied by a parent, legal guardian or authorized relative or caretaker.

Unaccompanied children 14-17 years must have an informed consent The parent, guardian, or authorized relative or caretaker needs to indicate their relationship to the child and give a phone number where they can be signed by the parent, legal guardian or authorized relative or caretaker.

California law requires, that at the time of enrollment in California schools, children must have or must obtain the following immunizations (with some exceptions based on age, religious belief, or medical reasons):

IMMUNIZATIONS RE	QUIRED	IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY, K-12
POLIO	4 doses	But 3 doses meet requirement if at least one dose was given on or after the 4th birthday.
DIPHTHERIA, TETANUS, AND PERTUSSIS Age 6 years and under (Pertussis is required) DTaP or DTP, or any combination of DTaP/DTP with DT or Td (Tetanus and Diphtheria)	doses but	4 doses meet requirements for ages 4-6 If at least one dose was given on or after the 4 th birthday.
Age 7 years and older (Pertussis is <u>not</u> required) Td, DT, DTaP, DTP, Tdap or any combination of these	doses but	3 doses meet requirement for ages 7-17 years if at least one dose was given on or after the 2 nd birthday. If last dose was given before the 2 nd birthday, one more (Td or Tdap) dose is required.
7 th through 12 th grade	1 dose	One dose of Tdap on or after 10th birthday.
MEASLES, MUMPS, RUBELLA (MMR) Given together as one injection	1 or 2 doses (2)	Must be given on or after the 1st birthday.
HEPATITIS B	3 doses	Required for all children entering kindergarten on or after $8/97$, and all children entering 7^{th} grade on or after $7/1/99$.
VARICELLA	1 dose	Required for all children entering kindergarten, 18 months of age and older or as an alternative, provider documentation of chickenpox disease.
 Mumps is recommended but not required for children over age 7. 	children ov	er age 7.

(2) A second dose of MMR is legally required at kindergarten entry and 7th grade entry.

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	REQUIRED FOR DAY CARE CENTERS, PRESCHOOLS, HEADS	
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	IMMUNIZATIONS REQUIRED FOR DAY CARE CENTERS, PRESCHOOLS, HEADSTART PROGRAMS, FAMILY DAY CARE HOMES, AND CALWORKS ELIGIBILITY	
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	18 months through 4 years	15-17 months	Under 2 months	Age of Child	IMMUNIZATIONS REQUIRED FO
	3 Polio, 4 DTaP (or DTP), 3 Hep B, 1 Hib 1 MMR given on or after the 1st birthday 1 Varicella required for all children 18 months of age and older or provider documentation of chickenpox disease	3 Polio, 3 DTaP (or DTP) and 2 Hep B 1 Hib at any age 1 MMR is needed on or after the 1st birthday	None required 1 Polio, 1 DTaP (or DTP), 1 Hib and 1 Hep B 2 Polio, 2 DTaP (or DTP), 2 Hib and 2 Hep B 2 Polio, 3 DTaP (or DTP), 2 Hib and 2 Hep B	Number of doses required	IMMUNIZATIONS REQUIRED FOR DAY CARE CENTERS, PRESCHOOLS, HEADSTART PROGRAMS, FAMILY DAY CARE HOMES, AND CALWORKS ELIGIBILITY

DOCUMENTATION: All pupils entering schools, day care, preschool, headstarts or family day care homes must present a written immunization record from a health care provider. Transfer students may present the California School Immunization Record (the blue card) from their prior school. The record must show the month and year for each vaccine received, and month, <u>day</u>, and year for MMR and Hib if received in the month of the first birthday.

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Plan Recomendado de Vacunas Durante la Infancia

11-12 años de edad	4 - 6 años de edad (ingreso a la escuela)	1-2 años de edad	12-15 meses de edad	6 meses - 18 años de edad-	6-18 meses de edad	6 meses de edad	4 meses de edad	2 meses de edad	Al nacer	The same of the sa
Tdap refuerzo, Meningococcal, HPV (3 series de dosis)	Quinta dosis contra DTap, cuarta dosis contra Polio, Segunda dosis MMR, Varicela	Hep A (dos dosis 6 a 12 meses aparte)	Primera dosis MMR, Varicela Cuarta dosis Hib, DTaP, PnuCon	Gripe (durante la temporada de la gripe)	Tercera dosis contra Polio	Tercera dosis contra DTaP, Hep B, Hib, PnuCon, Rotavi	Segunda dosis contra DTaP, Polio, Hib, PnuCon, Rotavi	Primera dosis contra DTaP, Polio, Hib, PnuCon, Rotavin Segunda dosis contra Hep B	Primera dosis Hep B	

Polio Vacuna de Polio Inactivada (IPV)

Difteria, Tétanos, Tos Ferina

Hib
MMR
Hep B
Hep A
PnuCon
Meningococcal Hemophilus Influenza Tipo b (Hib) vacuna conjugada Sarampión, paperas y sarampión alemán Hepatitis B vacuna-(El tiempo para recibir esta vacuna puede variar) Hepatitis A vacuna

HPV Meningocócica vacuna conjugada Vacuna de virus del papiloma humano Pneumococcal para niños

Tétanos, Difteria, Tos Ferina

Servicios de salud de contra costa recomiendan obtener las vacunas con el médico personal de la familia cuando sea possible. (El Plan Recomendado de Vacunas puede variar ligeramente en consultorios privados).

Departamento de Salud Pública de Contra Costa: 925-313-6767 Para mayor información llame a su doctor o al

Para información acerca de las vacunas recomendadas para adolescents y Adultos, visite www.cdc.gov/vaccines





2010 - 2011

Departamento de Salud Pública de Contra Costa

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Calendario de las Clínicas de Immunizaciones

de la gripe y de la tos ferina). Las clínicas de vacunas están cerradas durante los vacunas no se dan durante el embarazo en ninguna clínica (excepto las vacunas época del año cuando estamos más ocupados es de Agosto a Septiembre. Las Las personas son atendidas por orden de llegada. Por favor llegue lo más temprano posible porque no se aceptan clientes cuando la clínica está llena. La días festivos. Solo dinero efectivo o cheques - no se acepta credito o tarjetas de

1-800-246-2494

No necesita cita en estas clínicas

Richmond Departamento de Salud Pública

Esquina de la 39 Calle y Avenida Bissell, 1 Piso, Richmond Todos los Lunes, 1:00 – 4:30 pm

Brentwood Departamento de Salud Pública

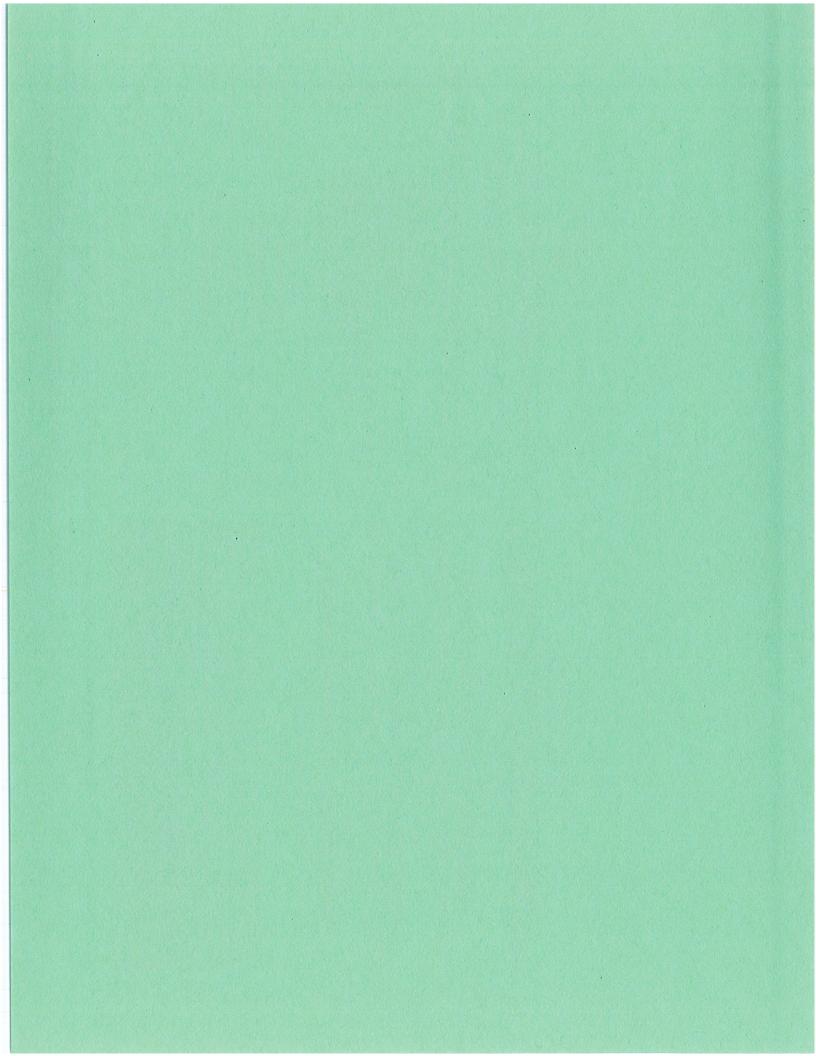
171 Sand Creek Rd., Suite A, Brentwood Todos los Martes, 1:00-4:30 p.m.

Pittsburg Departamento de Salud Pública

Todos los Miércoles, 1:00 - 4:30 p.m. 2311 Loveridge Rd., Pittsburg

Concord Departamento de Salud Pública

Todos los Viernes, 1:00 - 4:30 p.m. 2355 Stanwell Circle, Concord



Costo de Vacunas (efectivo 7/1/2010)

Р	Tdap	DT	0	
Polio-(inyectable)	ap		DTaP or DT	18 Añ El costo es de \$10 por persor (a nadie se le negarán e
Pneumococcal (para niños)	MMR	Meningocócica	Hib	18 Años O Menores El costo es de \$10 por persona o \$30 por familia (3 niños o mas) (a nadie se le negarán estas vacunas si no puede pagar)

MMR	Hepatitis A\$ 70.00 (cada dosls)
(VACUNAS QUE HAY QUE PAGAR) 19 AÑOS Y MAYO	(VACUNAS QUE HAY QUE
Flu/Gripe (para adulto)	Tdap\$15.00
Polio (inyectable)	Td\$15.00
(OPTAR PAGO) 19 Años Y Mayores	(OPTAR PAGO
Gripe.	HPV

RES

-\$15.00 -\$15.00 Hepatitis A Hepatitis B

Varicela Chickenpox

Rotavirus

2		0	
Herpes Zoster-	Pneumococcal (Meningocócica	MMR
Herpes Zoster-(edades 60 años y mayores)-\$175.00	Pneumococcal (para adulto)\$ 46.00	Meningocócica \$140.00	MMR\$ 80.00
s)-\$175.00	-\$ 46.00	- \$140.00	-\$ 80.00

Para vacunas de viajeros llame: 925-313-6488 O visite nuestro sitio en el internet www.cchealth.org

Varicela --

--- \$120.00 (cada dosis

Hepatitis B -----\$ 65.00 (cada dosis) HPV(edades 19-26 años)-\$140.00 (cada dosis



- Consentimiento para menores de edad:

 Todos los menores de 14 años de edad deben venir acompañados por uno de lospadres, apoderado legal o la persona autorizada por los padres.

 Niños de 14 a 17 años de edad que no están acompañados nor un adulto deben
- Niños de 14 a 17 años de edad que no estén acompañados por un adulto, deben de tener un consentimiento firmado por los padres, apoderado legal o persona autorizada por los padres

La persona que firme el consentimiento debe indicar en el mismo su parentezco con niño y el número de teléfono a donde se les pueda localizar

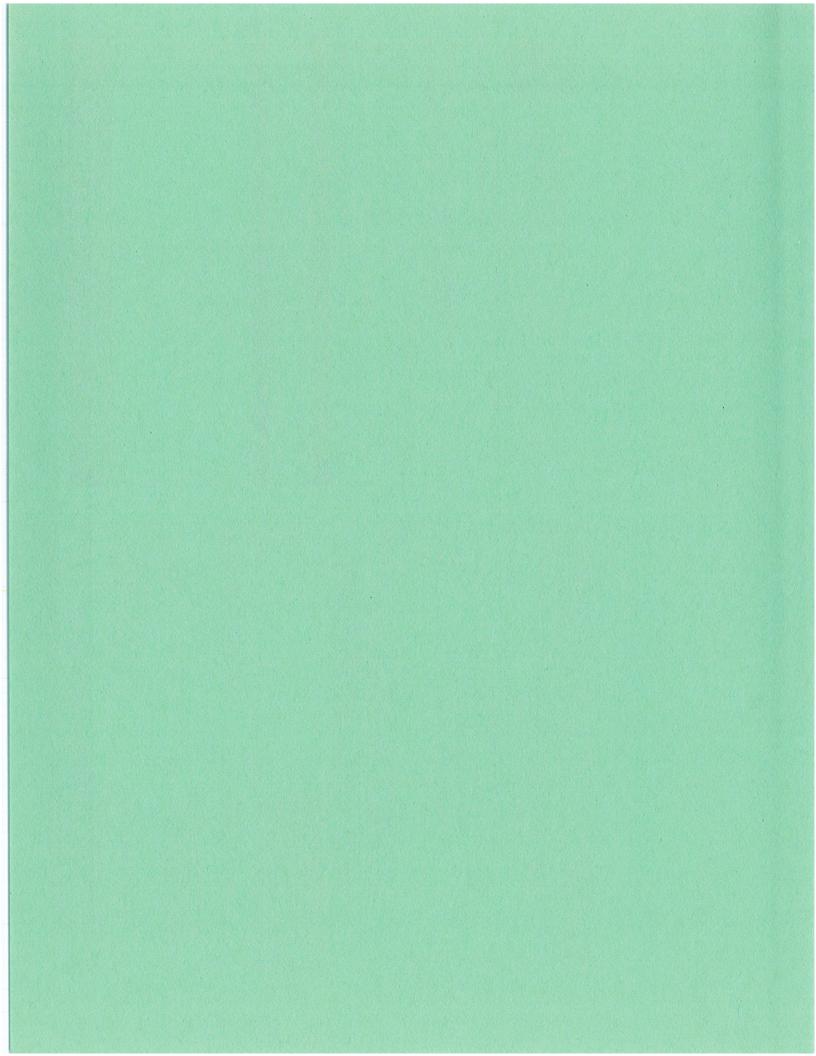
La ley de California requiere, que cuando los niños se registren en las escuelas de California, tienen que tener, o deben obtener las siguientes vacunas (con algunas excepciones dependiendo de la edad, creencias religiosas o por razones médicas):

ANCORNA MEGOLINARIA FAMA EMBALIANA A LA ESCUELA	THOUSE.	SUN VICTORIA
<u> POLIO</u>	4 dosis	3 dosis cumplen con el requisito si por lo menos recibió una dosis después del cuarto cumpleaños.
DETERMA TELANOS TOS FERINA (DTP) Menores de 6 años (Requieren lá vacuna contra la Tos Ferina) DTP/DTaP o cualquier combinación de DTP/DTaP con DT 6 Td (Tétanos y Difteria)	5 dosis pero	Cuatro dosis cumplen con el requisito si la última dosis se administró después de los 4 años de edad.
Mayores de 7 años (No requieren la vacuna contra la Tos Ferina) Td, DT, ó DTP/DtaP, Tdap ó cualquiera combinación de estas.	4 dosis pero	3 dosis llenan los requisitos para las edades de 7 a 17 años si por lo menos una dosis fue dada el dia del segundo cumpleaños o después. Si la última dosis se edió antes del segundo cumpleaños se requiere una dosis más de Tdap.
Grados 7 al 12	1 dosis	Una dosis de 10 años de edad y mayores.
<u>SARAMPION, SARAMPION ALEMAN, PAPERAS - MMR</u> Son administradas juntas en una sola Inyección.	1 o 2 dosis (2)	Debe darse en el primer año o después del primer año de edad.
HEPATITIS B	3 dosis	Requerida para entra al kinder duranta el mes de Agosto de 1997 o después y para todos los niños que entren al 7o. grado el 1 de Julio de 1999 o después.
<u>VARICELA</u>	1 dosis	Requerida para todos los niños que entran a kinder, niños de 18 meses y mayores. Como alternativa se acepta documentación del porovecdor médico indicando que el niño tuvo varicela.

(1) Para ninos mayores de / anos se recomienca la vacuna contra las repetas, pero no es ouigacirto.
 (2) Una segunda dosis de la vacuna MRR (Sarampión, sarampión aleman, paperas) es un requisito legal para lingresar al Kinder y para ingresar al 7 grado.

	VACUNAS REQUERIDAS PARA NIÑOS QUE ATIENDEN CENTROS DE CUDADO DURANTE EL DÍA, JARDÍNES INFANTILES, PROGRAMÁS DE HEADSTAIT Y ELEGIBLES PARA CALWORKS
Edad del niño	Vacunas y número de dosis requeridas
Menos de 2 meses	Ninguna
2 a 3 meses	1 Polio, 1 DTaP (o DTP), 1 Hib, y 1 Hep B
4 a 5 meses	2 Polio, 2 DTaP (o DTP), 2 Hib, y 2 Hep B
6 a 14 meses	2 Polio, 3 DTaP (o DTP) y 2 Hib y 2 Hep B
15 a 17 meses	3 Polio, 3 DTaP (o DTP) y 2 Hep B 1 Hib Una de MMR es requerida al año de edad o después
18 meses a 4 años	3 Polio, 4 DTaP (o DTP), 3 Hep B y 1 Hib 1 MMR es requerida al año de edad o después. La vacana de varieda es requisito en alico mayores de 18 metes. Como alternativa se acepta decumentación de un provesdor de salud indicando que el niño tuvo varieda.

DOCUMENTACION: Todos los estudiantes que entren a una escuela guarderia o programa de aprendizaje en California deben presentar una prueba por escrito del doctor o clinica de immunizaciones, indicando fechas de vacunas recibidas. Los estudiantes que se estén cambiando de escuela pueden presentar la documentación de la escuela anterior. Esta documentación debe indicar el mes y el año en que se recibió cada vacuna; si la vacuna MMR y Hib fue recibida en el mes del primer cumpleaños, debe indicarse el mes, día y año.



Immunization Update

Medi-Cal Managed Care Medical Directors Meeting
January 12, 2012

California Department of Public Health, Immunization Branch



Overview

- ACIP Recommendations: Hepatitis B vaccine for adults with diabetes
- ACIP Recommendations: Quadrivalent HPV vaccine for males
- Update on ACIP MCV4 Recommendations
- Update on ACIP Tdap Recommendations
- PCV13 Reminder
- Adolescent Immunization Data
- Preteen Vaccine Week



Adults with Diabetes and Hepatitis B

California Department of Public Health, Immunization Branch



Background

- Since 1996, 25 of 29 outbreaks of hepatitis B infection in long-term care facilities were reported to CDC involving adults with diabetes receiving assisted blood glucose monitoring
- Infection control initiatives alone have not been successful in halting outbreaks



Hepatitis B Vaccine Safety and Efficacy

 Hepatitis B vaccination appears safe at any age but is less efficacious and less-cost effective among older adults.

OCDPH

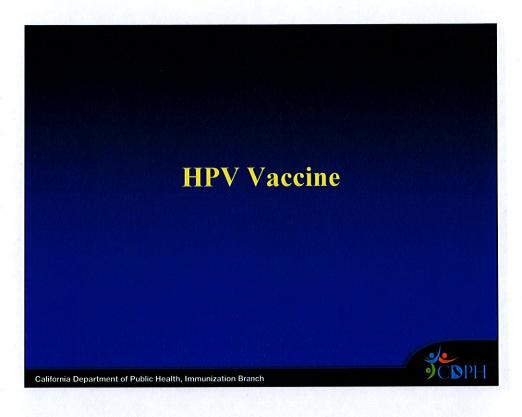
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ACIP Recommendations: Hepatitis B Vaccine and Adults with Diabetes

- Hepatitis B vaccination should be administered to unvaccinated adults with diabetes who are aged 19 through 59 years of age
 - Complete series as soon as feasible after diagnosis.
- Hepatitis B vaccination may be administered to unvaccinated adults with diabetes who are ≥ 60 years of age at the discretion of the treating clinician.

MMWR. December 23, 2011; 60 (50):1709-1711. http://www.cdc.gov/mmwr/pdf/wk/mm6050.pdf

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Background of HPV Vaccine Licensure

- Quadrivalent HPV vaccine is directed against HPV types 6, 11, 16, and 18
 - Licensed for females for the prevention of:
 - Cervical cancer and precancers, and genital warts (2006)
 - Vulvar and vaginal cancers and precancers (2008)
 - Licensed for males for prevention of:
 - Genital warts (2009)
 - Licensed for males and females for prevention of anal cancers and precancers (2010)
- Bivalent HPV vaccine is directed against the oncogenic HPV types 16 and 18
 - Licensed for females for prevention of cervical cancers and precancers (2009)

Updated ACIP Recommendations: Quadrivalent HPV Vaccine (HPV4) for Males

- ACIP recommends routine vaccination of males aged 11 or 12 years with a 3 dose series of HPV4.
 - The vaccination series can be started beginning at age 9 years.

MMWR. December 23, 2011; 60 (50):1705-1708. http://www.cdc.gov/mmwr/pdf/wk/mm6050.pdf

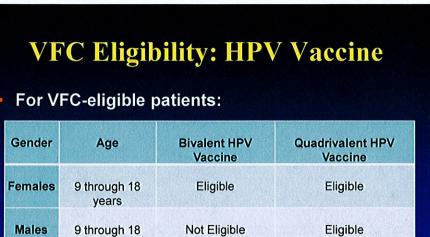
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Updated ACIP Recommendations: Quadrivalent HPV Vaccine for Males

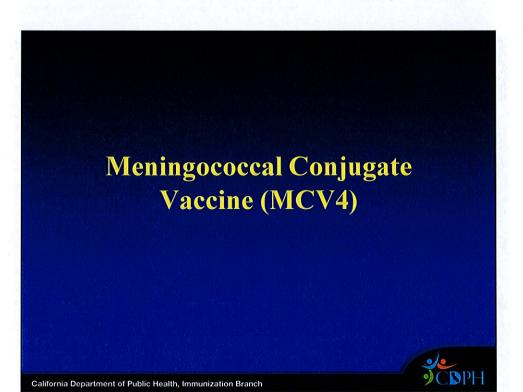
- HPV4 vaccination is recommended for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series.
- HPV4 vaccination is recommended for men who have sex with men (MSM) and immunocompromised males who are aged 22 through 26 years who haven't been vaccinated previously or who have not completed the 3-dose series.
- Other males aged 22 through 26 years may also be vaccinated.

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years



ACIP Recommendations: Meningococcal Conjugate Vaccine Booster

- Routine immunization age at 11 12 years
- Booster dose recommended at age 16 years for those who received a dose at age 11 through 12 years
 - If vaccinated at age 13 through 15 years, they should receive a one-time booster at age 16 through 18 years

Note: Recommended for high risk persons 9 months through 55 years.

http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf

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ACIP Updated Tdap Recommendations



ACIP Recommendations: Tdap

- Pregnant adolescents who have not previously received Tdap should receive a dose of Tdap, preferably after 20 weeks gestation.
 - If not administered during pregnancy, Tdap can be administered immediately postpartum.
- Tdap may be given <u>at any time</u> after a prior dose of Td to provide pertussis protection. There is no minimum interval.

http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf

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ACIP Recommendations: Tdap

- Persons 65 years and older who have or who anticipated having close contact with an infant <12 months and haven't yet received Tdap, should receive a dose of Tdap regardless of interval since prior Td
 - At this time, either Tdap product may be used
- Children age 7 through 10 years who are not fully vaccinated against pertussis and who don't have a contraindication, should receive Tdap for pertussis protection.

http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf



PCV13 Supplemental Dose— Don't Forget!

- A supplemental dose of PCV13 is recommended for all children through the age of 59 months who completed a PCV7 series
- For high risk children, a supplemental dose of PCV13 is recommended through age 71 months and may be given through age 18 years for those high-risk children that completed the PCV7 series.
- Providers should no longer have PCV7 in their refrigerators

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Adolescent Immunizations and Pertussis Booster Requirement

Pertussis Booster Requirement

- Thanks for sharing messages with your providers and beneficiaries on the pertussis booster requirement for 7th -12th grades
- Starting 2012-2013 and annually thereafter, the requirement for a pertussis booster (Tdap) for all students before admission to 7th grade will continue.
 - Remind parents and providers to immunize their 6th graders now!
 - Give Tdap, HPV vaccine (males and females), meningococcal conjugate vaccine, influenza vaccine.
 - Catch-up on other recommended immunizations!
 - E.g., 2 doses of varicella
 - www.shotsforschool.org

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National Immunization Survey Teen, 13-17 Years, California – 2009 and 2010

Vaccine	Rate 2009	Rate 2010
1 Tdap	53.1% (46.7-59.5)	71.2% (65.1-76.5)
1 MCV4	58.4% (52.0-64.6)	66.7% (60.5-72.3)
1 HPV	49.2% (39.9-58.6)	56.1% (46.9-64.9)
3 HPV	21.8% (15.8-29.4)	32.0% (24.5-40.6)
2 MMR	87.2% (82.6-90.8)	87.9% (82.2-92.0)
3 Нер В	89.6% (85.5-92.7)	89.0% (83.5-92.8)
VAR disease	40.0% (34.1-46.2)	40.1% (33.9-46.6)
1 VAR*	88.0% (81.6-92.4)	90.8% (84.1-94.8)
2 VAR*	56.9% (48.2-65.2)	57.3% (48.7-65.4)
Disease or 2 VAR	74.1% (68.1-79.3)	74.4% (68.3-79.6)
Influenza**		54.0% (47.9-60.1)

*If no disease

**6 mos –17 years Interim results thru Feb 2011 (2010-2011)

m OCDPF

http://www.cdc.gov/vaccines/stats-surv/default.htm

National Immunization Survey Teen, Recommended Adolescent Immunization by Age (13-17 Years) -- U.S.-- 2010

	13 years	14 years	15 years	16 years	17 years
Tdap	73.7%	77.2%	72.0%	65.4%	54.6%
	(71.2-76.2)	(74.8-79.3)	(69.5-74.3)	(62.6-68.1)	(51.7-57.4)
MCV4	63.8%	66.6%	64.0%	61.8%	57.1%
	(61.1-66.5)	(64.0-69.1)	(61.4-66.5)	(58.9-64.5)	(54.2-60.0)
1 HPV*	38.9%	48.5%	51.1%	51.7%	53.1%
	(34.9-43.1)	(44.5-52.6)	(47.0-55.3)	(47.8-55.7)	(49.1-57.1)
3 HPV*	23.2%	30.5%	31.9%	36.9%	37.5%
	(20.1-26.6)	(26.9-34.3)	(28.3-35.6)	(33.2-40.8)	(33.7-41.5)
Completed	64.1%	68.2%	65.6%	74.3%	74.6%
HPV series*§	(55.9-71.5)	(61.7-74.0)	(59.4-71.3)	(69.4-78.7)	(68.8-79.6)

*Females only

§For those who had at least 24 weeks between first dose and interview

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Preteen Vaccine Week February 12-18, 2012





CDPH Activities for Preteen Vaccine Week

- 2012 Preteen Kit is now available on CDPH website
- PVW Monthly Support Calls
- Partners: CIC, CDE, California Adolescent Health Collaborative, the California School Health Centers Association, CA PTA, and the California School Nurses Organization
- Contact Rebeca Boyte if questions: Rebeca.boyte@cdph.ca.gov



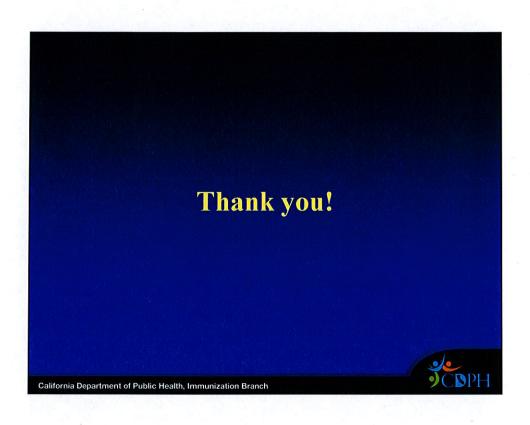
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Recommended Immunizations and Preventive Health Care

- Preteen Health Visit
 - Visit early during 6th grade school year
 - · Avoid a back-to-school rush during summertime
 - · Can provide early documentation to schools
 - All recommended immunizations—Tdap, MCV4, HPV, influenza
 - Catch-up immunizations—2 varicella, 3 hep B, 2 MMR, etc.
 - Recommended preventive care

CDPH





Our website can be accessed at: cchealth.org
Go to **Health Plan** on the left side column.
When you get to Health Plan, go to **For Providers** on the left column.

The formulary is on the left side column under For Providers, called Preferred Drug List.

The Specialist search engine is called **Provider Directory**.

Our entire **Provider Manual** can be found at this site, as well as **Provider Bulletins**, **Clinical Guidelines**, and information about our **Community Provider Network Meetings**.