

# Immunize Georgia



A publication of the Georgia Department of Public Health

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WHAT'S INSIDE

## ! Measles

**Measles, also known as rubeola, is a highly contagious viral infection. Declared eliminated from the United States in 2000 due to a highly effective vaccination program, today's parents truly didn't understand the gravity of this disease until the recent resurgence.** This generation of parent is now acutely aware that keeping U.S. measles immunization levels high is critical to preventing a measles outbreak.

Measles typically begins with a fever, followed by cough, runny nose, sore throat and/or red, watery eyes. Two or three days after symptoms begin, tiny white spots may appear inside the mouth. Three to five days after

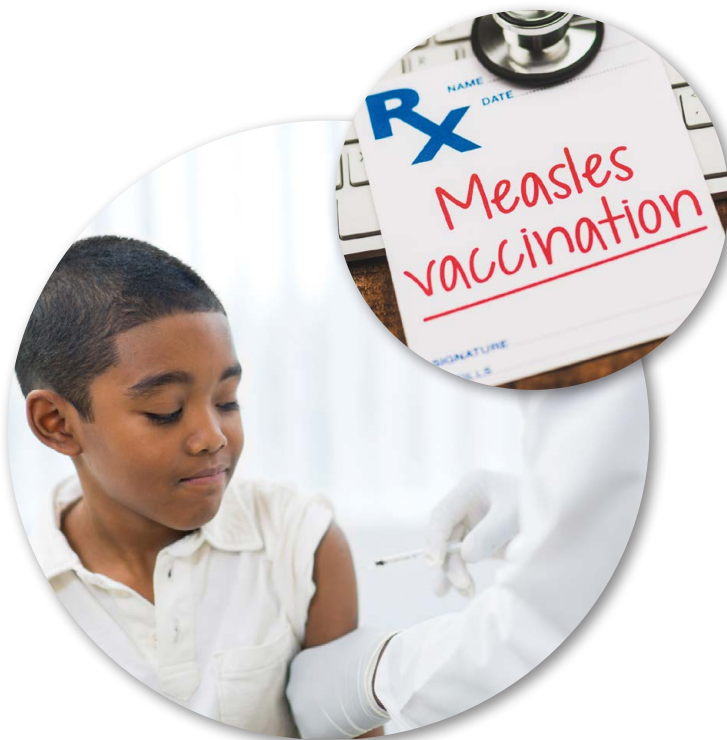
symptoms begin, a rash appears. The rash begins as flat, red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs and feet. Small, raised bumps may also appear on top of the flat red spots. The spots may become joined together as they spread from the head to the rest of the body. When the rash appears, a person's fever may spike to more than 104°F. After a few days, the fever subsides and the rash fades.

It is important to remember that measles is still common in many other countries and may be brought into the U.S. by unvaccinated travelers. People who have never received a measles-mumps-rubella (MMR) vaccine or who are not up-to-date on their MMR have the highest risk of acquiring measles. Particularly, children less than 12 months of age, who are not old enough to receive MMR, and immunocompromised persons have an increased risk.

Complications from measles are highest in infants, unimmunized pregnant women and immunocompromised persons. Complications are also common among children less than five years of age and adults 20 years of age and older. Diarrhea, middle ear infection, and pneumonia are the most commonly reported complications. More severe, but less common complications include inflammation of the brain (encephalitis), seizures and death.

Measles is spread by air-borne droplets when an infected person coughs or sneezes. A person with measles can spread it to others from four days before their rash appears to four days after it appears. Generally, the fever

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## Measles continued...

resolves after two to four days, and the rash resolves in five to six days. The length of recovery depends on whether other complications are associated with the illness.

Treatment for measles is mainly supportive as there is no specific treatment. People with measles need bed rest, fluids and control of fever. Children with complications need specific treatment and should be under the care of a physician.

If you think your child has been exposed to measles contact your doctor immediately. If your child has not been vaccinated, the measles vaccine may prevent disease if given within three days after exposure. Immune globulin (IG) may prevent or modify disease and provide temporary protection if given within six days of exposure in persons who cannot have the vaccine.

If you suspect measles, a physician can perform tests to confirm the diagnoses of measles. Blood, urine and/or throat samples can be tested for measles. Results are most accurate if testing occurs during the beginning stages of the disease.

Prevention is the best cure for measles. The measles vaccination is usually combined with mumps and rubella (MMR) or mumps, rubella and varicella (MMRV)

- Children should receive two doses of MMR vaccine: the first at 12 to 15 months of age and the second at four to six years of age. (During a measles outbreak, children may receive the second dose as soon as four weeks after the first dose, no matter how old they are.)
- All adults who have not had measles or a measles shot should receive MMR vaccine, particularly if they were born in 1957 or later.
- Certain adults (such as healthcare workers) should receive two doses of measles/MMR vaccine to make sure they're protected.

## FAQs

### My child has been exposed to measles, what should I do?

If you think your child has been exposed to measles contact your doctor immediately. If your child has not been vaccinated, the measles vaccine may prevent disease if given within three days after exposure. Immune globulin (IG) may prevent or modify disease and provide temporary protection if given within six days of exposure in persons who cannot have the vaccine.

### Is it okay to take my child to public places (i.e. grocery store, daycare, playground)?

If your child has been diagnosed with measles you should avoid taking him or her to public places until the disease has resolved (approximately four days after rash onset). All contact with unimmunized children, immunocompromised persons and pregnant women should be avoided. Note: Call your physician's office ahead of time to inform them that you are bringing in a child that has possibly been exposed to measles or has measles. This will allow the office to take precautions to assure no other children are exposed.

### How can measles be prevented?

Routine vaccination is the best way to prevent measles. However, additional steps to prevent the spread of the disease may include:

- Avoiding close contact with others who are coughing or ill
- Washing hands often
- Covering coughs and sneezes with a tissue or cough and sneeze into your sleeve
- Staying home if ill
- Seeking medical attention if measles-like symptoms develop ●

**Measles**  
IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

MEASLES SYMPTOMS TYPICALLY INCLUDE

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin

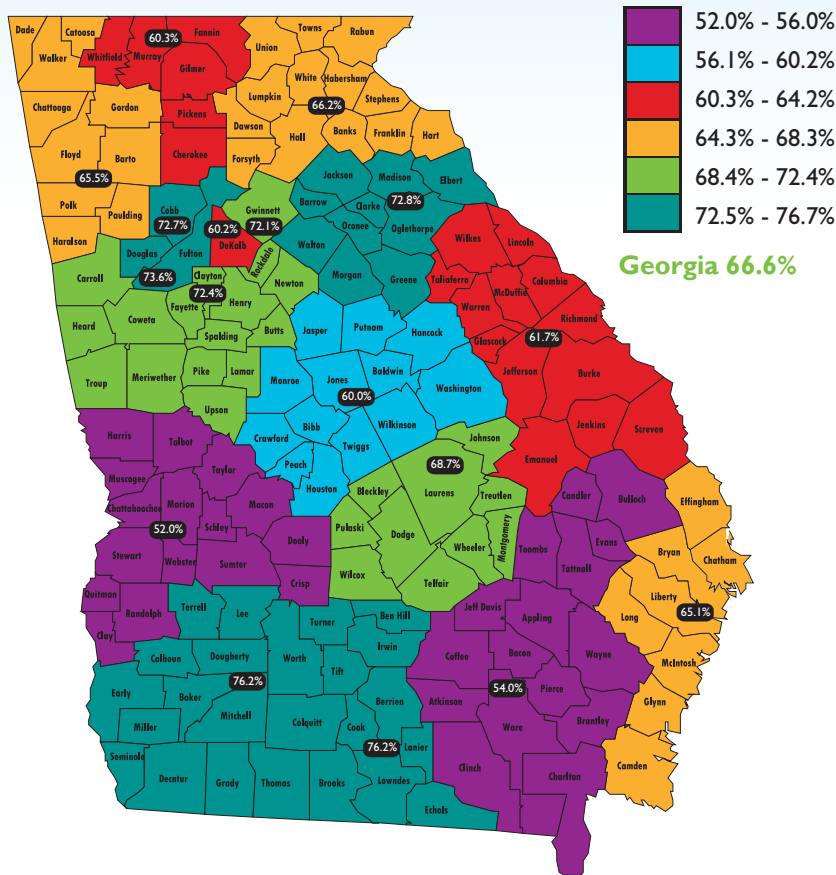
Measles Can Be Serious

- About 1 out of 4 people who get measles will be hospitalized.
- 1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.
- 1 or 2 out of 1,000 people with measles will die, even with the best care.

**YOU HAVE THE POWER TO PROTECT YOUR CHILD.**  
Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine according to the CDC's recommended schedule.

\*Source: www.CDC.gov

Percentage of individuals ≥ 65 years who self-reported receiving pneumococcal vaccination, 2013\*



**According to CDC, as many as 400,000 hospitalizations from pneumococcal pneumonia are estimated to occur annually in the United States. In some cases, it can even lead to death.**

Pneumococcal pneumonia is not a cold or the flu. It's an illness that is caused by streptococcus pneumoniae, a common bacterium. Symptoms like fatigue, chest pain, and difficulty breathing can appear without warning, and can be severe. Certain symptoms, like cough and fatigue, may last for weeks, or longer — even after treatment with antibiotics. Not only can pneumococcal pneumonia make you feel bad, it can also cause you to miss work and time with family and friends, impacting your everyday life.

Many people dismiss pneumonia as an illness that only the sick in hospitals or elderly people get. That's not always true. Pneumococcal pneumonia can occur in otherwise healthy people outside of hospital or health care settings. People as young as 50 may be at risk. Individuals may also be at risk for getting pneumococcal pneumonia again once they've had it. In some cases, pneumococcal pneumonia can lead to hospitalization and be life-threatening. It's the kind of illness that needs to be prevented, especially if you're 50 or older.

In the past, Medicare provides coverage for 1 pneumococcal polysaccharide vaccine for all beneficiaries. One vaccine at age 65 generally provides coverage for a lifetime, but for some high risk persons, a booster vaccine is needed.

As of February 2, 2015, Medicare Part B began covering a second dose of pneumococcal vaccine to align with updated recommendations from the Center for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP). ACIP now recommends persons 65 years and older receive a dose of pneumococcal conjugate vaccine (PCV13) and a dose of pneumococcal polysaccharide vaccine (PPSV23).

**Medicare now covers:**

- An initial pneumococcal vaccine to all Medicare beneficiaries who have never received that vaccine under Medicare Part B

A different, second pneumococcal vaccine one year after the first vaccine administered (that is, 11 full months have passed following the month in which the last pneumococcal vaccine was administered). ●

\*Data Source: 2013 Behavioral Risk Factor Surveillance Survey (BRFSS). Individuals may have been vaccinated at private providers office, public health clinic, retail pharmacies, or place of employment

## ! VFC, 317 and CHIP Funding Facts

**Did you know that VFC, 317 and CHIP funded vaccine shipments are split by funding per CDC's Vaccines for Children (VFC) Program requirements? Vaccine orders are shipped according to each provider's assigned funding split; based on provider submitted VFC Provider Profile enrollment numbers. Shipments are split by funding as defined below:**

**VFC:** Funds received through the VFC federal entitlement program that provides vaccines at no cost to children (0-18 years) who might not otherwise be vaccinated because of their inability to pay. VFC-eligibility criteria are as follows:

- Medicaid Recipients
- AI/AN
- Uninsured
- Underinsured (FQHC - Federally Qualified Health Centers /RHC - Rural Health Centers /CDC approved Deputized Clinics)

**CHIP (PeachCare for Kids®):** Vaccines purchased with funds received from Georgia Medicaid contracted Care Management Organizations (CMOs) for vaccines administered to PeachCare for Kids® recipients. Most eligible patients have insurance through one of the following CMOs:

- Amerigroup
- Peach State
- WellCare

**317:** Funds received through the federal immunization grant intended to provide vaccine for underinsured children seen in non-Federally Qualified Health Centers/ Rural Health Centers, non-deputized clinics, and eligible adults seen in state/local public health departments. The following populations are eligible for vaccines under this funding category:

- Eligible adults seen in state/local public health departments
- Underinsured children (seen in non-FQHC/RHC/ deputized clinics)

VFC currently has an approved plan in place with CDC that does not require providers to physically separate their VFC and CHIP/317 doses. Providers however, must ensure that each patient is screened for program eligibility during each visit, and that each publicly funded vaccine (VFC, 317, or CHIP) dose administered is reported in the correct eligibility category (Medicaid, AI/ AN, Uninsured, Underinsured, or PeachCare/CHIP).

**GRITS Reporters – Select Vaccine Preference Prior to Submitting Inventory Counts.**

Reminder: All GRITS reporters are required to select

a preference for all vaccine types including MMR, Varicella, Prevnar®, and all vaccines with only one brand/ presentation provided. Items not selected will not appear as items available for ordering from the “manage orders” screen.

### **Vaccine Storage and Handling Resources**

All providers should review helpful vaccine management material available via the following links:

CDC's Vaccine Storage and Handling Home Page – <http://www.cdc.gov/vaccines/recs/storage/default.htm>

CDC's Storage and Handling Toolkit – <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handlingtoolkit.pdf>

*(Contact your Immunization Program Consultant for a hard copy)*

### **You Call the Shots: Vaccine Storage and Handling Module**

– An interactive, web-based module that provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary. Continuing education credit is available.

<http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>

Additional resources for vaccine management include:

- <http://www.cdc.gov/vaccines/default.htm>
- <http://www.immunize.org/>

The VFC Administrative Office is available to assist you with your needs at 404-657-5013 or via email sent to [DPH-GAVFC@dph.ga.gov](mailto:DPH-GAVFC@dph.ga.gov). Your Immunization Program Consultant (IPC) is also available to assist you with hands on training. IPC's may be contacted by calling the VFC Office. Remember, if in doubt, call VFC for help! ●







# Common Questions About GRITS

## Q. What is GRITS?

GRITS is the state’s birth to death immunization registry designed to collect and maintain accurate, complete and current immunization records in compliance with Georgia Law (OCGA 31-12-3.1) and national health standards. Immunization registries are confidential, computerized information systems that contain information about immunization and clients of all ages. Individuals typically are entered into a registry at birth (often through a linkage with electronic birth records) or at first contact with the health care system. If a registry includes all individuals in a given geographical area and all providers are reporting immunization information, a registry can provide a single data source for all community immunization partners.

### Georgia Registry Law

- Official Code of Georgia, Chapter 31-12-3.1
- Enacted April 8, 1996 as a Childhood Registry
- Expanded July 1, 2004 as a Birth to Death Registry

### Key Points in Law

- Applies to all providers administering FDA approved vaccinations to any individual in the state of Georgia
- Requires providers to submit accurate vaccination information to the registry via the approved methods offered by the Department of Public Health/Georgia Immunization Program



- Allows sharing of immunization with schools, child care facilities, colleges and universities, and health care providers
- Provides parent/guardian notification when their child’s shots are due or overdue

### The goals of the Georgia Immunization Registry are:

- Ensure that all persons in Georgia receive appropriate, timely immunizations to lead healthy, disease-free lives
  - Assist providers and public health officials in reminding individuals when they or their children need or are past due for vaccination(s)
  - Assist public health officials in assessing and improving community immunization status
- Ensure access to up-to-date immunization records of Georgians

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## You Have Resources!

**Don’t feel like you need to start from scratch. On the DPH website we are building and updating resources for sharing – from best practice case studies, marketing tools and templates, public service announcements and more.**

**Some of the most popular resources include:**

**Vaccines for Teens** – A teaching sheet describing 7 vaccinations especially recommended for adolescents.

**Word to the Wise** – Immunization for Good Adult Health

**Flu Posters for Every Season**

**Be There For Your Child During Shots**

**“Hop to It!”** – Childhood and adolescent immunization schedule

**Give ‘Em Your Best Shot!** – General information on vaccines, forms for school, and on the diseases vaccines prevent

**New 7th Grade Immunization Requirements** – Parent Teaching Sheet



If you wish to order resources from the Georgia Immunization Program go to the Immunization Program website at <https://dph.georgia.gov/health-care-professionals>, download and complete form 3184 and fax to the Immunization Office at 404-657-1463. Orders will be filled and shipped to your facility at no charge. Flu Posters for Every Season can be downloaded online. If you have any questions regarding resources or orders please contact the Immunization Program Office at 404-657-3158. ●

## GRITS continued...

- Assist providers in evaluating the immunization status of their patients
- Avoid duplicate immunizations
- Meet the needs of Georgia's Immunization Registry mandate
- Provide a Registry that is cost-effective, user-friendly and efficient

### Q. How do I register to become a user of GRITS?

To gain access to the information contained in the GRITS system you must contact the GRITS Enrollment and training coordinator at 404-463-0807 or e-mail [dph-immreg@dph.ga.gov](mailto:dph-immreg@dph.ga.gov) and complete and sign an enrollment packet as well as submit a signed software user agreement. Once you have submitted the signed software use agreement and attended a GRITS training session you will receive an OrgCode, Username and password to gain access to the information contained with the GRITS system.

### Q. Is training available for providers?

**Yes.** Once an organization is enrolled in GRITS, the Enrollment and Training Coordinator will contact the immunization program consultant (IPC) for their district and arrange onsite training for the provider staff.

### Q. How do providers access the Registry?

Each authorized GRITS user will be given individual log in credentials to the secured website, which gives them access to the stored patient data. Providers will be able to submit records through one of three transfer methods:

Manual Entry – Users login to the site and manually enter patient data

Batch Uploads – Users login to the site and manually submit data files

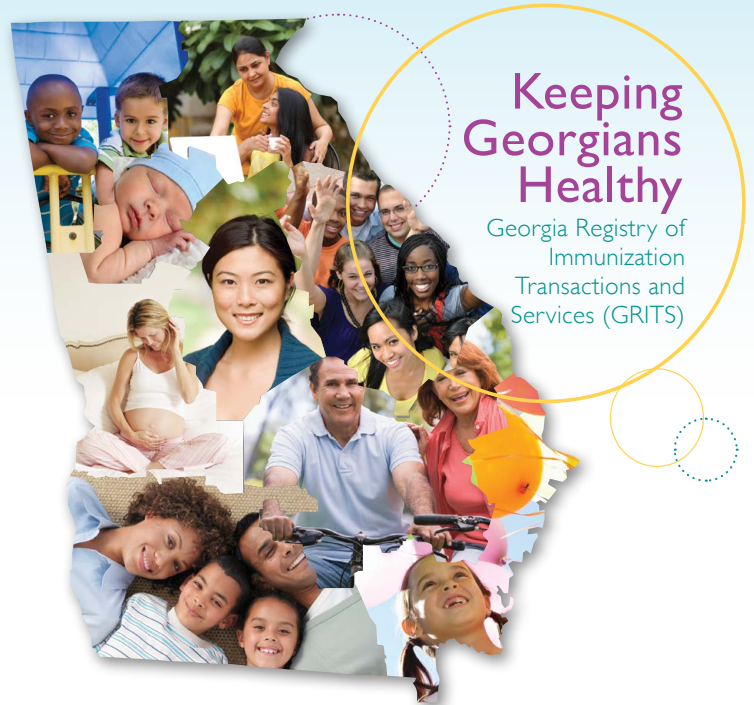
Realtime – Data is sent automatically utilizing either PHINMS or a Web Service interface

### Q. How soon should providers submit data to the Registry?

The Georgia Department of Public Health has identified 30 calendar days as the maximum time a provider is allowed to delay submitting vaccination/immunization information to GRITS.

### Q. Are providers required to enter the shot history of existing patients?

A complete immunization history can offer key benefits as calculation of immunization rates, accurate precall/recall and automated school certificates. Entry of immunization histories also benefits other immunization providers who can access the records through



## Keeping Georgians Healthy

Georgia Registry of Immunization Transactions and Services (GRITS)

GRITS, therefore avoiding administration of duplicate immunizations.

### Q. Can medical office staff enter records into the Registry?

**Yes.** The provider accepts responsibility for the submission of immunization records according to the requirements of the registry legislation. The provider may also authorize additional members of the office staff to enter records.

### Q. Will GRITS interface work with my existing Practice Management System or Medical Records Management System?

GRITS is willing to work with any vendor who desires to build an interface solution with the Registry. Please contact the GRITS interface team at [Nikki.Griffin@dph.ga.gov](mailto:Nikki.Griffin@dph.ga.gov) and [Patrice.Wade@dph.ga.gov](mailto:Patrice.Wade@dph.ga.gov) to inquire if your vendor has developed a certified interface with GRITS.

Client and immunization data can be exchanged with the GRITS application using either the GRITS flat file specification or HL7 batch and real-time data transfer specifications. Prior to performing a data exchange, your provider organization will need to contact the GRITS Enrollment and Training Coordinator and arrange to be set up in GRITS.

### Q. Is there a Help Desk to assist providers?

**Yes.** GRITS has a Help Desk which is available to all users between the hours of 8 a.m. and 5 p.m. Monday through Friday at 866-483-2958. Users can also submit questions and suggestions to the Registry Help Desk via the Help Desk email address, [dph-gaimmreg@dph.ga.gov](mailto:dph-gaimmreg@dph.ga.gov). ●

# The Immunization Certificate & School Requirements

## Georgia Immunization Guidelines for Schools and Childcare Facilities: Exemptions & Revisions

*A look at Georgia's immunization requirements and vaccination exemptions*

Georgia law requires children who attend a school or childcare facility be protected from certain vaccine-preventable diseases. Valid immunization certifications must be present at any school and/or childcare facility, such as after-school programs, the child attends. Certifications are required whether the child attends daily, part time or once in a while.

Requirements are frequently reviewed and revised to align with the current recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). It is the responsibility of school personnel, childcare facility operators, healthcare providers and parents for seeing that these rules and laws are enforced.

### Exemptions:

Georgia law allows two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file – either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

In the event of a vaccine-preventable disease outbreak, children with medical or religious exemptions will be excluded from attending the school or childcare facility.

### Medical Exemption Requirements:

- Medical exemptions do not mean a child is exempt from receiving all vaccines. They are only used when a child has a medical condition that keeps him/her from being able to receive a specific vaccine(s).
- A medical exemption must be marked on the Georgia Immunization Certificate.
- Letters are not accepted.
- A physician, Advanced Practice Registered Nurse (APRN) or physician assistant (PA) must re-evaluate the need for a medical exemption at least once a year. A new certificate of exemption must be issued at that time.
- Medical exemptions expire after one year from the date.

### Religious Exemption Requirements:

- The parent or guardian must give the school or childcare facility a signed and dated notarized affidavit stating that immunizations are against the family's religious beliefs. **There is no standard form for the affidavit of religious exemption.**
- The affidavit should be filed instead of the Georgia Immunization Certificate.
- The affidavit does not expire.

Vaccination is one of the best ways parents can help protect infants, children and teens from 16 potentially harmful diseases. If a child does not have a medical or religious exemption from vaccinations, he/she should receive all vaccinations. Vaccine-preventable diseases can be very serious and may require hospitalization or even be deadly. It is important that we continue to protect our children with vaccines because outbreaks of vaccine-preventable diseases can and do occasionally occur in this country.

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**GEORGIA SCHOOL IMMUNIZATION REQUIREMENTS**  
**Is your child ready for 7th grade?**

The graphic features a central laptop displaying "SHOT REQUIREMENTS FOR 7TH GRADE". Surrounding the laptop are various icons and photos: a stethoscope, a child being vaccinated, a globe, a clock, a stack of books, a basketball, a brain, and a group of children. The background is a light green grid.

Georgia schools require all students born on or after January 1, 2002 and entering, advancing or transferring into 7th grade need proof of an adolescent pertussis booster vaccination called Tdap and an adolescent meningococcal vaccination.

**DPH** Georgia Department of Public Health  
**Immunize Georgia**

Georgia School Immunization Requirements PSA



If you are a parent who would like more information on vaccinations, a few helpful resources are below:

**Facts for Parents: Diseases & the Vaccines that Prevent Them:**

<http://www.cdc.gov/vaccines/vpd-vac/fact-sheet-parents.html>

**10 Things You Need to Know About Childhood Immunizations:**

<http://www.cdc.gov/vaccines/vac-gen/10-shouldknow.htm>

**Parents' Guide to Childhood Immunizations:**

<http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>

If you are a provider, resources for having conversations with parents who are unsure about vaccinating their child are below:

**If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities:**

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-color-office.pdf>

**About Vaccine Conversations with Parents:**

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/about-vacc-conversations.html>

**Vaccine Resources to Share with Parents:**

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/resources-parents.html> ●

## Reaching Higher – Protecting More

Continuing Education Units available for nurses & pharmacists.



**SAVE THE DATE**  
Sept. 11, 2015



22nd Annual Immunize Georgia Conference to be held on September 11, 2015 at the Crowne Plaza Hotel Atlanta Perimeter at Ravinia

The 22nd Annual Immunize Georgia Conference will be held on September 11, 2015. As always, the latest information and updates on the immunization schedule will be provided, as well as a roster of talented, knowledgeable speakers. Nomination forms for the Walt Orenstein Champions for Immunization Award and Clay Coleman Excellence in Customer Service Award will be distributed and available online. Please consider nominating an individual or agency/coalition for excellent care in decreasing vaccine-preventable diseases in their community, as well as Immunization Program staff and individuals who go above and beyond the call of duty with the ultimate goal of immunizing Georgia. Conference brochures and further details to come.

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