



State Health Officer Bimonthly Webcast

Karen McKeown

State Health Officer

April 25, 2014



Agenda

- Welcome and Announcements
- Healthiest Wisconsin 2020 Baseline and Health Disparities Report
- Chapter 140 Overview
- The Wisconsin Immunization Program's Human Papillomavirus (HPV) Vaccine Initiatives
- Communicable Diseases Update



Congratulations!

- The Oneida County Health Department has received national accreditation from the Public Health Accreditation Board (PHAB).
- Wisconsin now has five local health departments with national accreditation, the highest number nationally.



Announcements: May Health Events

- [Hepatitis Awareness Month](#)
- [Melanoma/Skin Cancer Detection and Prevention Month](#)[®]
- [Mental Health Month](#)
- [Children's Mental Health Awareness Week](#), May 4 – 10
- [National Women's Health Week](#), May 11 – 17
- [Recreational Water Illness and Injury Prevention Week](#),
May 19 – 25
- [National Asian and Pacific Islander HIV/AIDS Awareness Day](#),
May 19
- [World No Tobacco Day](#), May 31



Announcements: June Health Events

- [Fireworks Safety Month](#), June 1 - July 04
- [Men's Health Week](#), June 9 – 15
- [National Lightning Safety Awareness Week](#),
June 22 – 28
- [National Cancer Survivors Day](#), June 1
- [World Sickle Cell Day](#), June 19



Announcements: Local Health Department Personnel Changes

- Darren Rausch, Greenfield Health Officer, is also serving as the Interim Health Officer for the Cudahy Health Department.
- Marilyn Schreuder is the new Health and Human Services Director for Price County. Mary Hahn retired from this position on March 14.
- Jennifer Rombalski is the new Health Officer for the Chippewa County Department of Public Health.
- Nicole Hunger will be the new Health Officer for the Buffalo County Department of Health and Human Services, starting May 5.



Announcements: Central Office Personnel Changes

- Kim E. Whitmore, MSN, RN, CPN, is the new Policy Section Chief and State Health Plan Officer for the Office of Policy and Practice Alignment.
- Dr. Timothy Corden is the new Chief Medical Officer for the Bureau of Community Health Promotion.

A map of Wisconsin is shown in the background, with the northern and western parts shaded in a dark teal color and the southern and eastern parts in a lighter cyan color. The text is overlaid on this map.

*Healthiest Wisconsin 2020 Baseline and
Health Disparities Report*
An Introduction to the Report

<http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>





Chapter Outline

- Background to *Healthiest Wisconsin 2020 Baseline and Health Disparities Report*
- Selected slides from the report, including:
 - Introductory slides that appear at the beginning of each health focus area and population chapter;
 - A sample slide from the demographic overview and each health focus area and infrastructure chapter;
 - At least one slide representing each population addressed in the report; and
 - Figures representing the variety of data sources used in the report.
- Important findings
- References
- Links to additional reports and resources



Report Overview

- This chapter is part of a larger report created by the Wisconsin Department of Health Services to track progress on the objectives of *Healthiest Wisconsin 2020 (HW2020)* and identify health disparities in the state. The full report is available at:
<http://www.dhs.wisconsin.gov/publications/P0/p00522.pdf>
- The report is designed to address the Health Focus Areas in *HW2020*. Where direct measures exist, data are presented; where direct measures are not available, related information may be included.
- Information about populations experiencing health disparities is provided in the Health Focus Area chapters and is summarized in separate chapters devoted to specific populations.
- Technical notes are available at:
<http://www.dhs.wisconsin.gov/publications/P0/p00522y.pdf>





Report Format

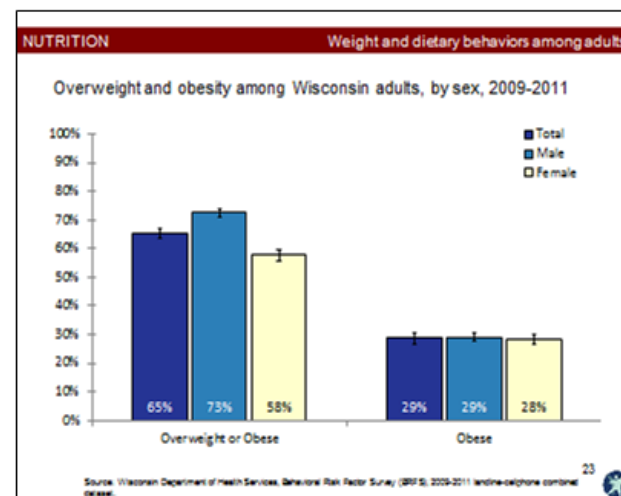
Full Report

- Format: PDF
- Intended use: reference document

Chapters

- Format: Annotated PowerPoint slide set
- Intended uses: presentations to
 - Decision-makers
 - Service providers
 - Community leaders
 - The public

Sample annotated slide



The Wisconsin Behavioral Risk Factor Survey (BRFS) is an annual telephone survey of state residents ages 18 and older carried out by the Wisconsin Department of Health Services in conjunction with the Centers for Disease Control and Prevention (CDC). Estimates for the total adult population and by sex and age use a combined landline and cellphone sampling design from years 2009-2011. Estimates by race/ethnicity, income, education, geography, disability status, and sexual orientation are from the landline-only sample population from years 2008-2011. For more information, refer to the Technical Notes chapter.

In this report, overweight and obesity are defined by the Body Mass Index (BMI), a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people.¹¹ Overweight and obese people are at risk for a variety of diseases and health consequences, including hypertension, coronary heart disease, type 2 diabetes, sleep apnea, and certain cancers.¹¹

In 2009-2011, approximately two-thirds (65%) of Wisconsin adults were overweight or obese and 29% were obese. Males were significantly more likely than females to be overweight. According to annual prevalence estimates from the CDC, obesity in Wisconsin increased by 35% from 2000 to 2010 (data not shown).¹²



Report Outline

Executive Summary

Section 1: Introduction

Section 2: Demographic overview

Section 3: Health focus areas

Section 4: Infrastructure focus areas

Section 5: Data summaries by population

Section 6: Technical notes



Report Outline: Detail

Section 3: Health focus areas

- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable diseases
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Nutrition and healthy foods
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

Section 4: Infrastructure focus areas

- Access to health care



Report Outline: Detail

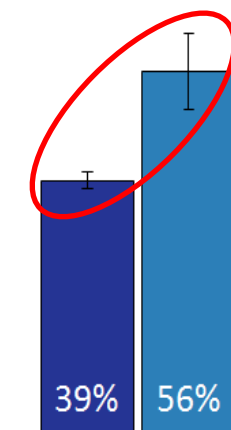
Section 5: Data summaries by population

- Racial/ethnic minority populations
 - American Indians
 - Asians
 - Blacks
 - Hispanics
- People of lower socioeconomic status
- People with disabilities
- Lesbian, gay, bisexual, and transgender populations
- Geography

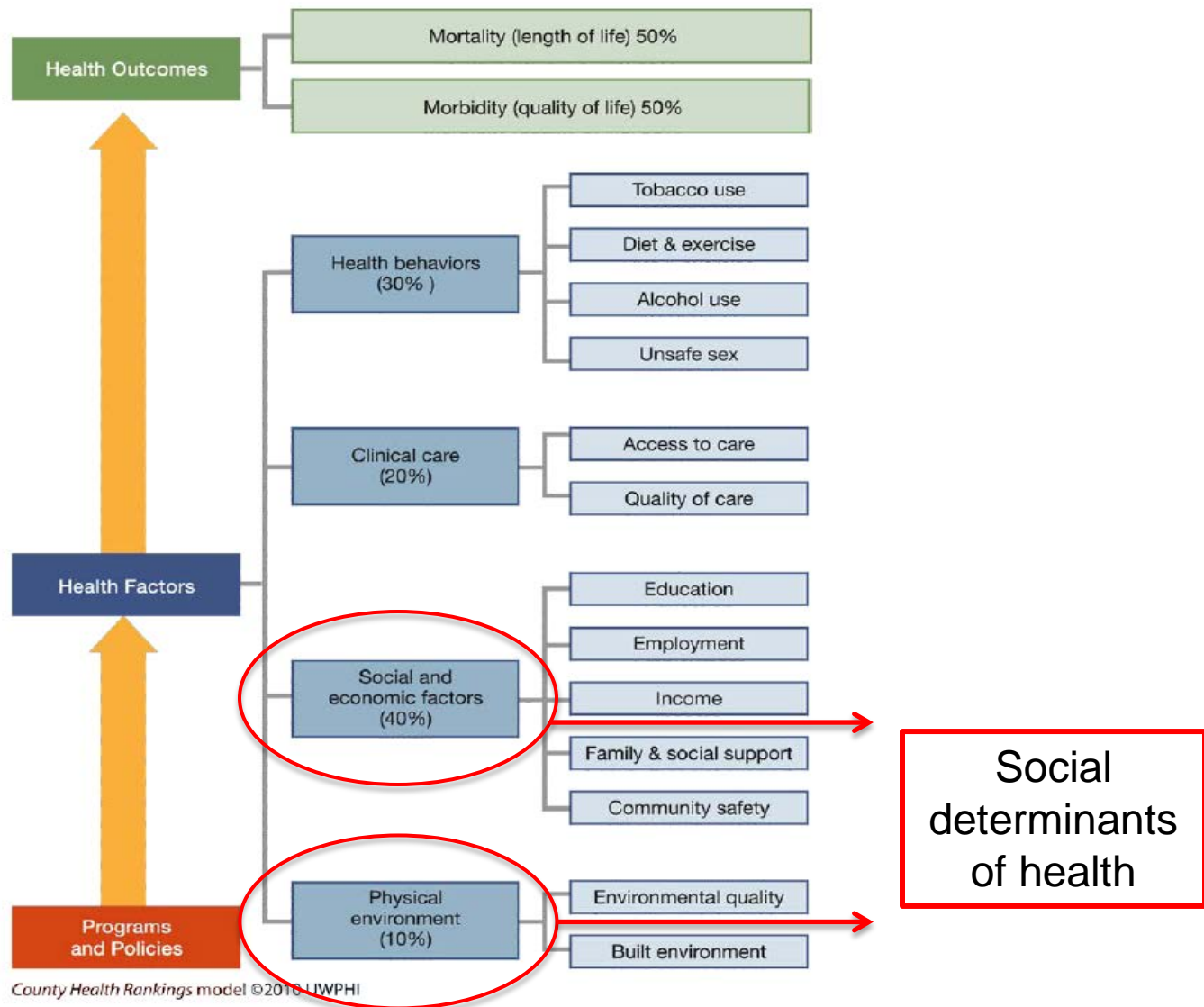


Data notes

- Please refer to the Technical Notes chapter for a more detailed description of limitations and methods:
<http://www.dhs.wisconsin.gov/publications/P0/p00522y.pdf>
- The 95% confidence intervals are denoted by error bars. Where confidence intervals do not overlap, as shown in the example on the right, differences are statistically significant. Larger confidence intervals may indicate less reliable estimates that should be interpreted with caution.
- Population estimates that are considered unreliable are excluded.
- Misclassification of racial/ethnic groups may affect the accuracy of rates.
- Unless otherwise indicated, the Hispanic population may include people of various races; Whites, Blacks, Asians, and American Indians are non-Hispanic.

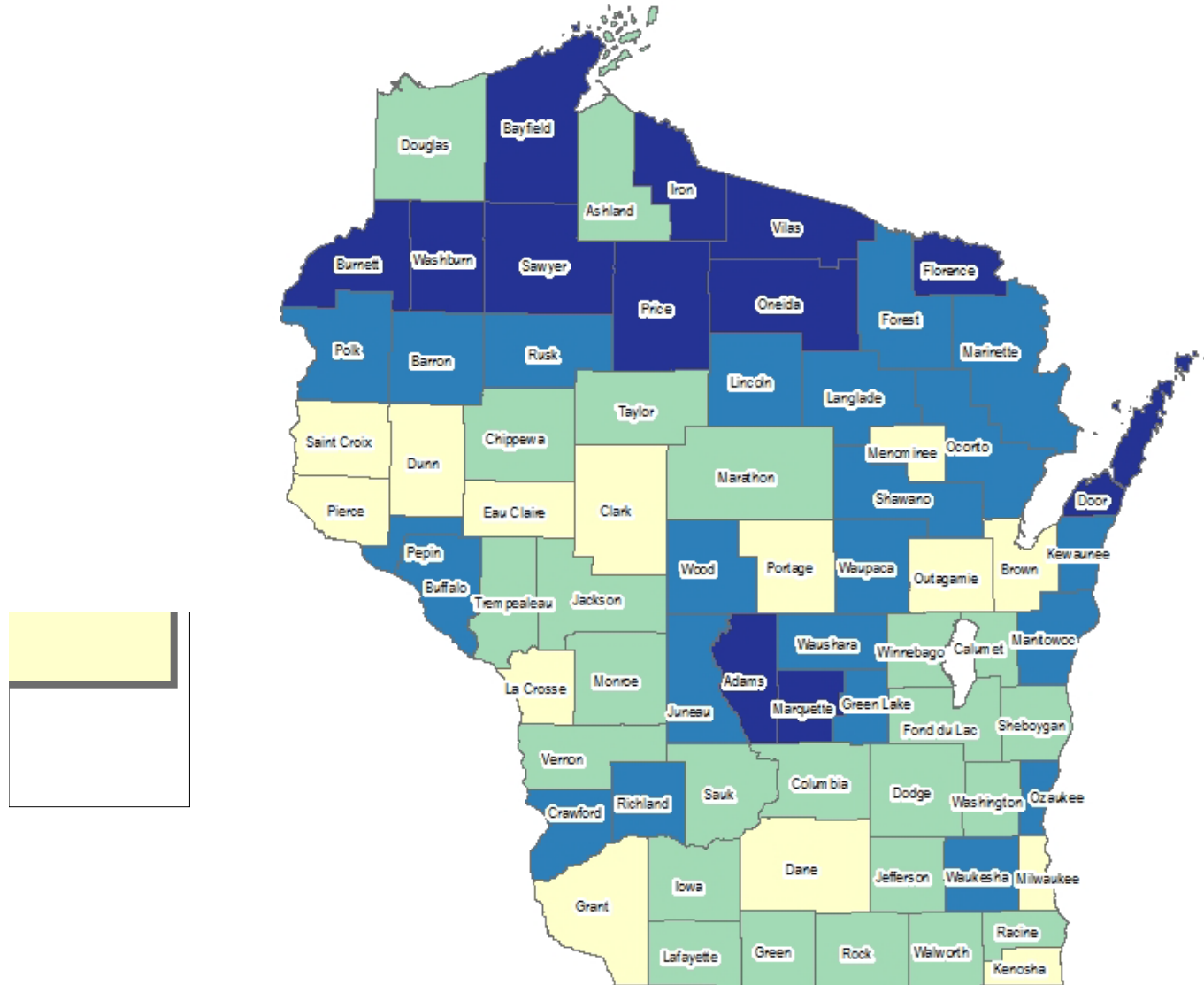


Factors that influence health





Median age by county, Wisconsin, 2010

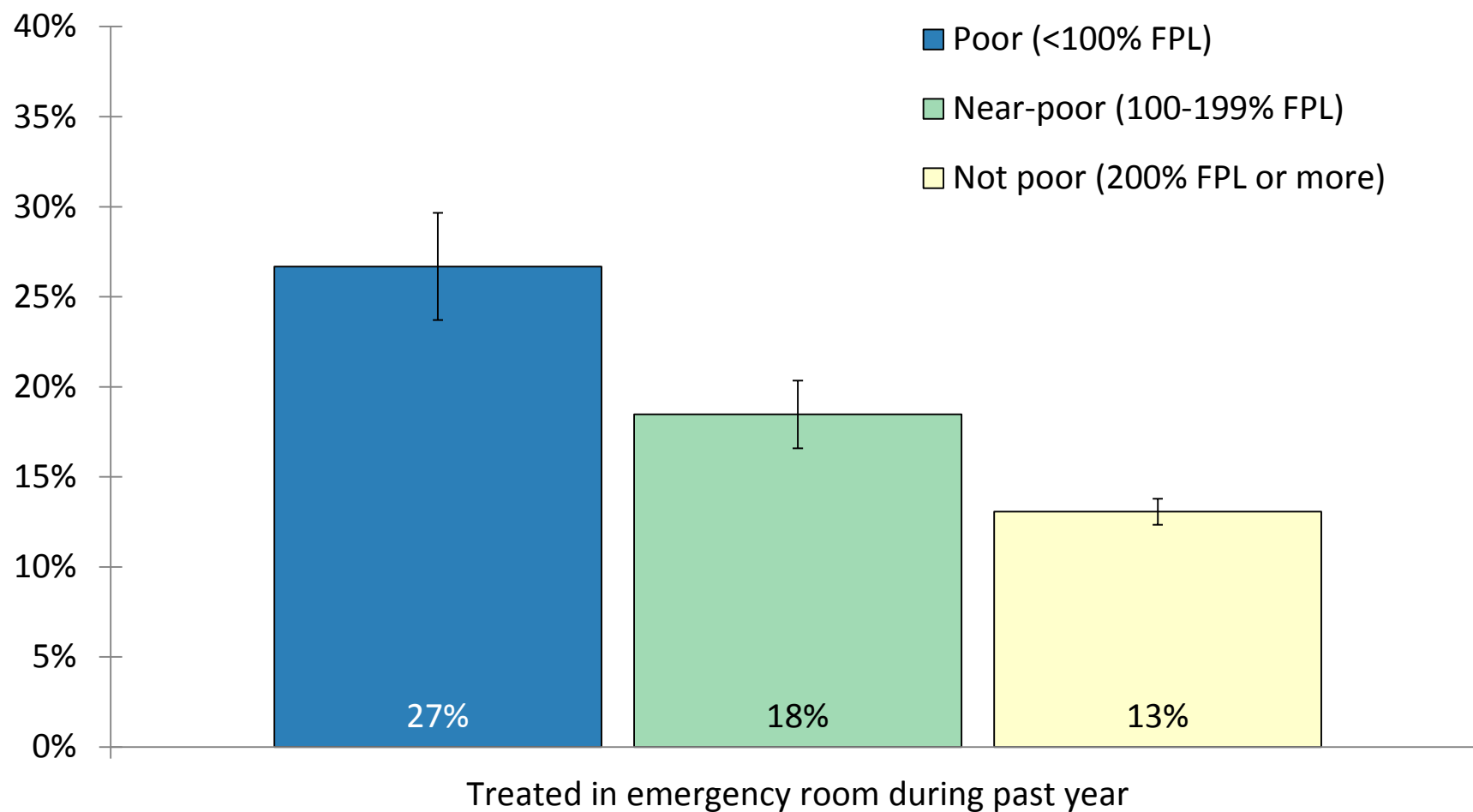


Source: U.S. Census, 2010.



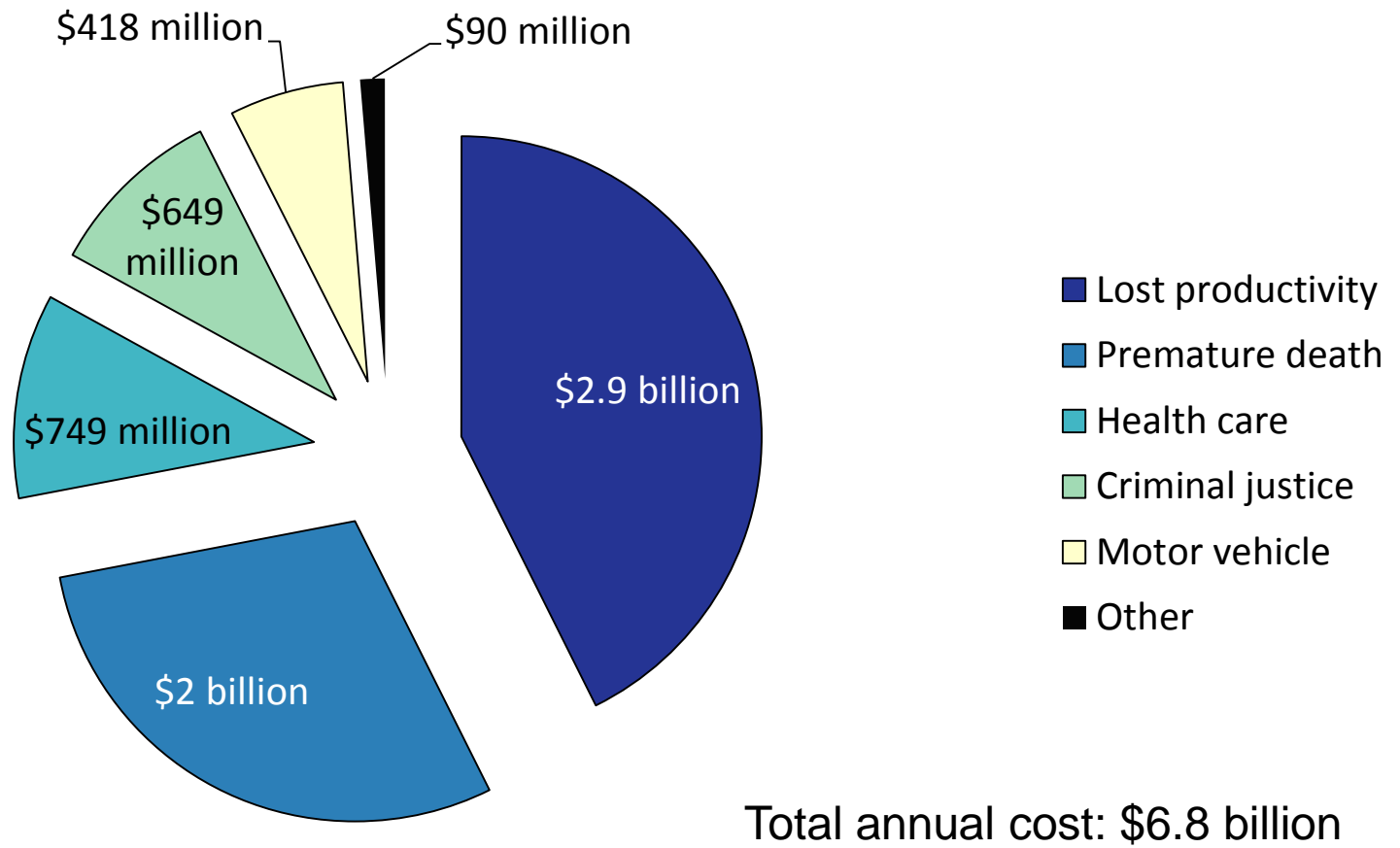


Emergency room utilization among Wisconsin residents, by poverty status, 2008-2010



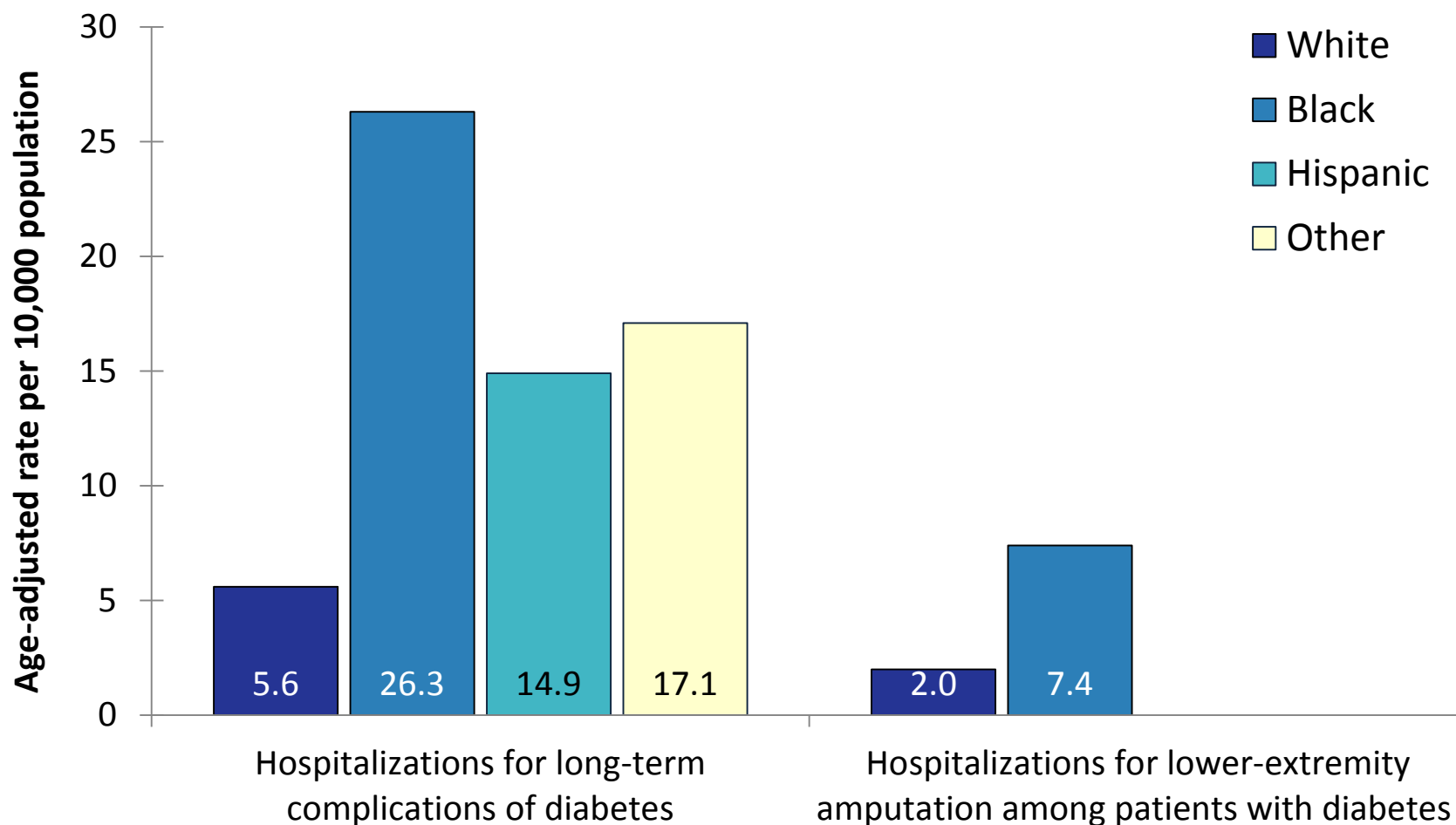


Estimated annual economic costs of excessive alcohol use in Wisconsin, 2011



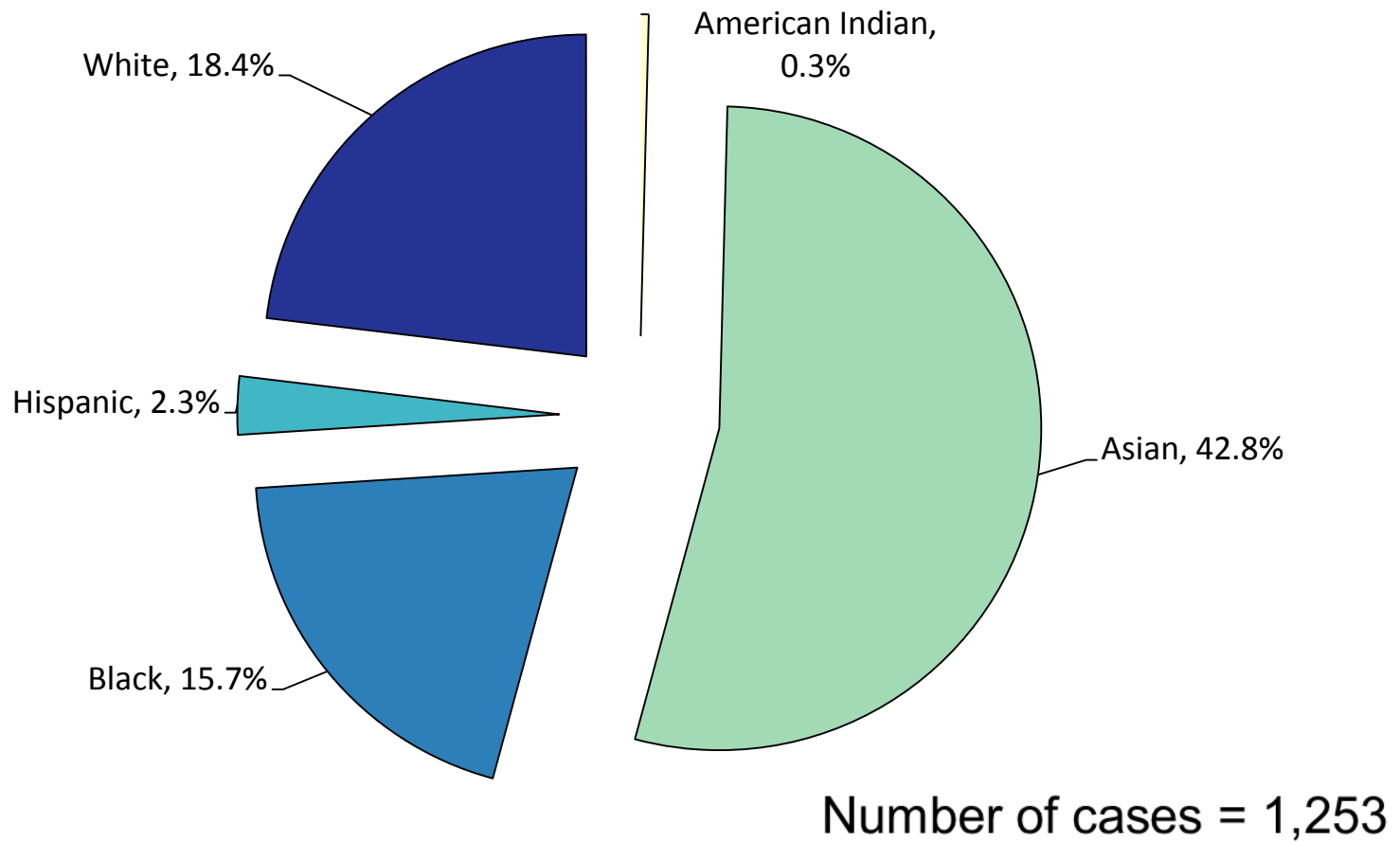


Hospitalizations due to long-term complications from diabetes among Wisconsin adults, age-adjusted rate per 10,000, by race/ethnicity, 2010

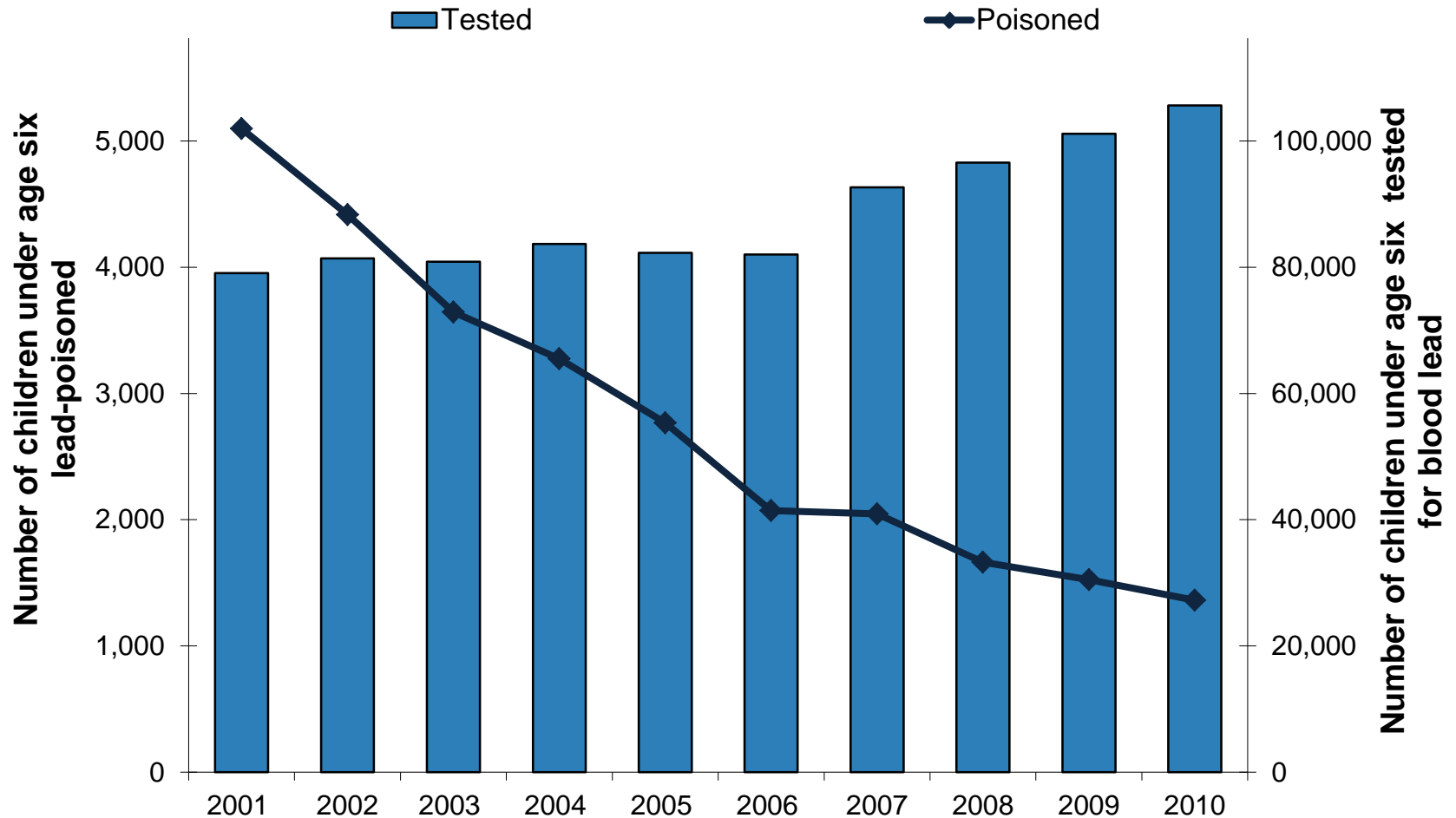




Chronic hepatitis B cases by race/ethnicity, Wisconsin, 2010-2012

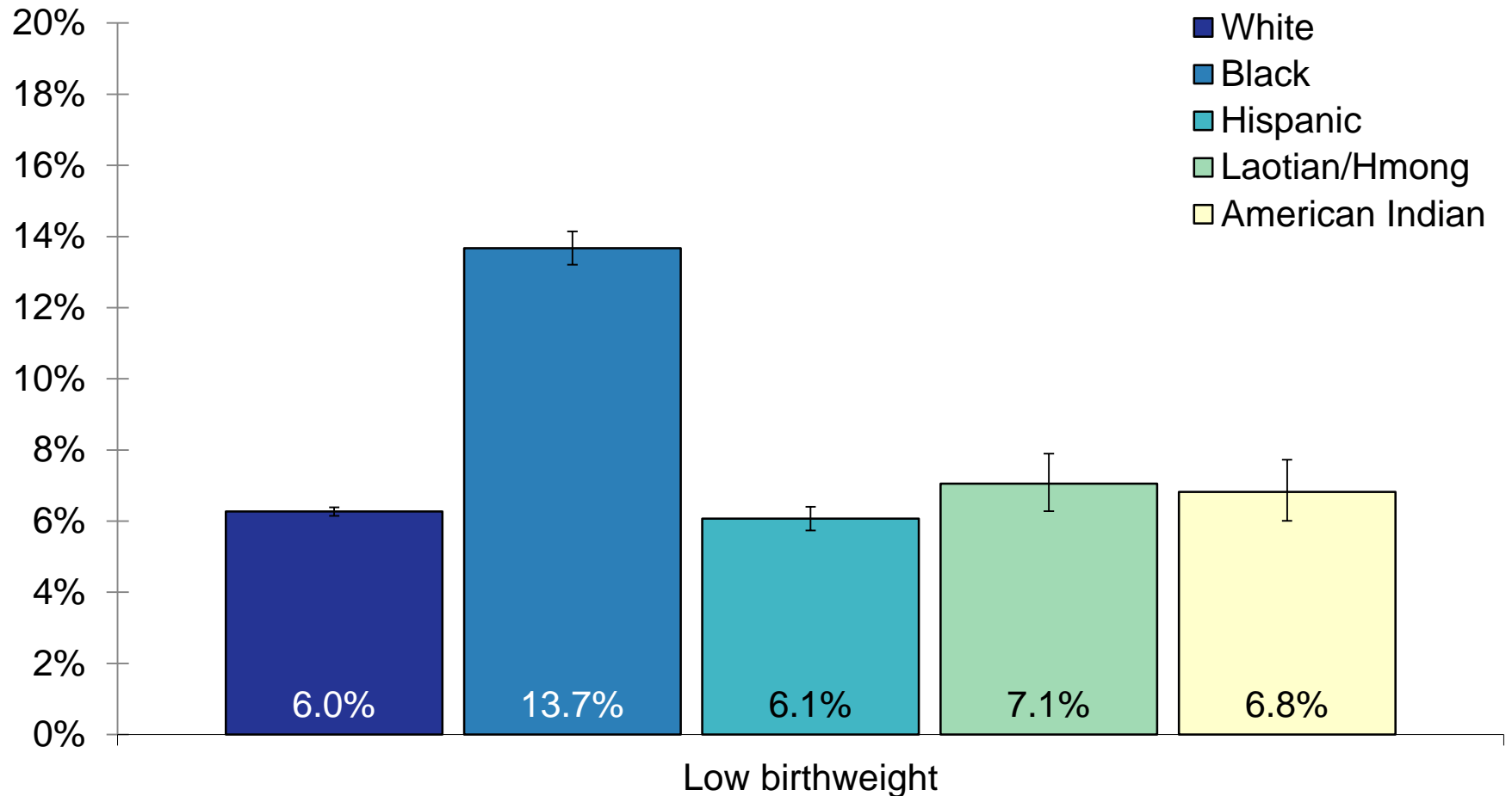


Number of Wisconsin children under age six who were lead tested and lead poisoned (10 mcg/dL or higher), Wisconsin, 2001-2010



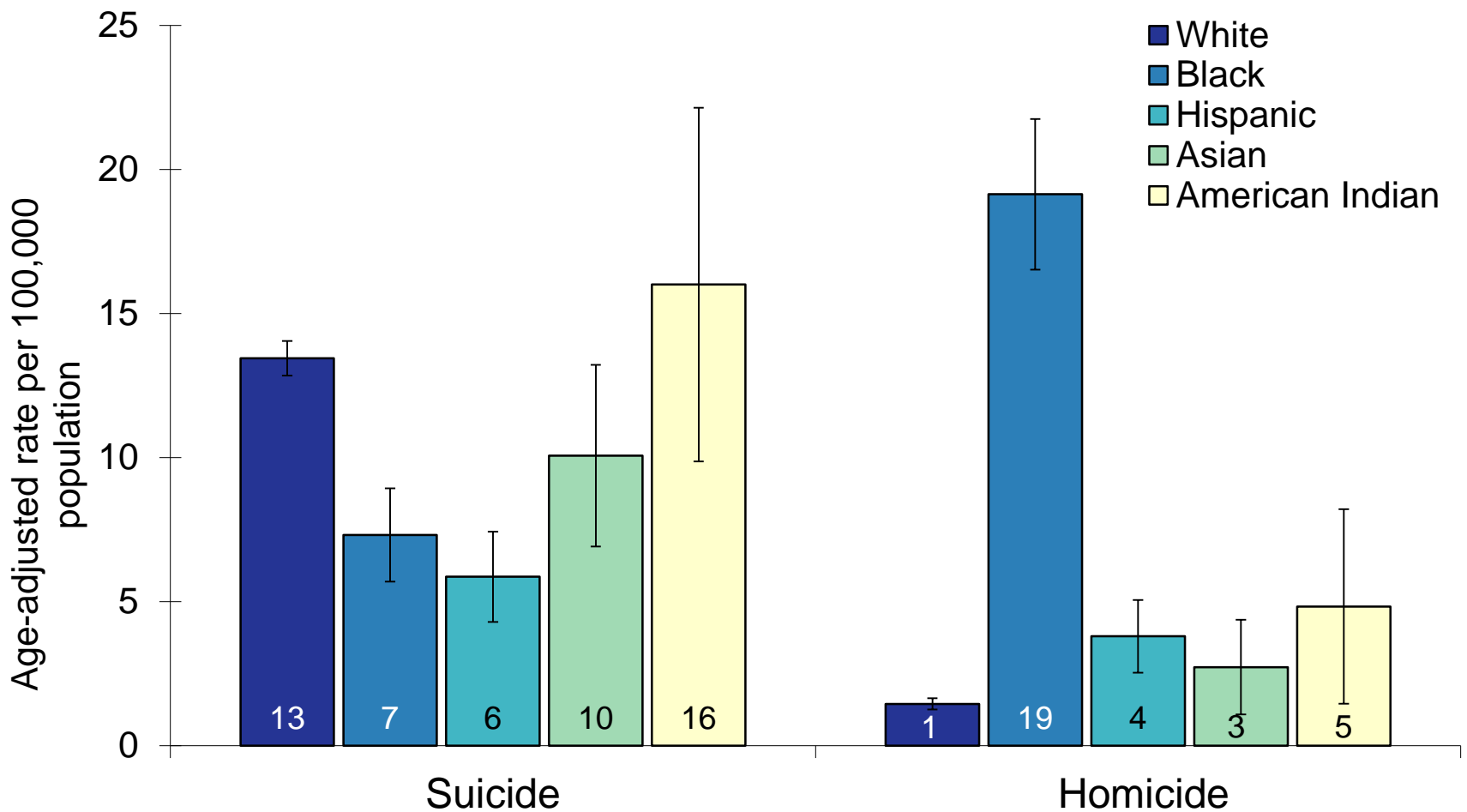


Percentage of low birthweight (<5.5 pounds) births, by maternal race/ethnicity, Wisconsin, 2008-2010



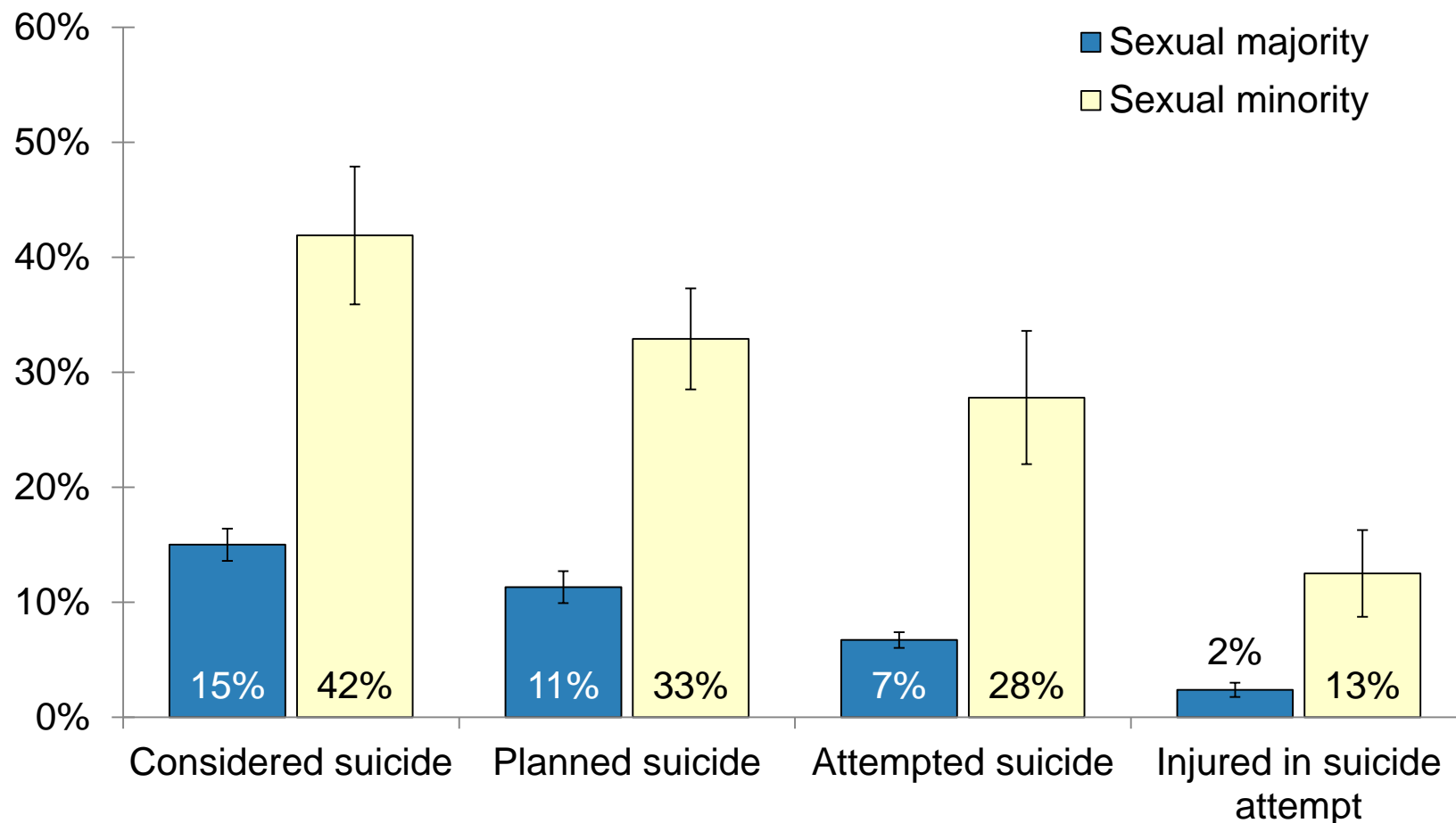


Intentional injury deaths by race/ethnicity, age-adjusted rates per 100,000, Wisconsin, 2008-2010



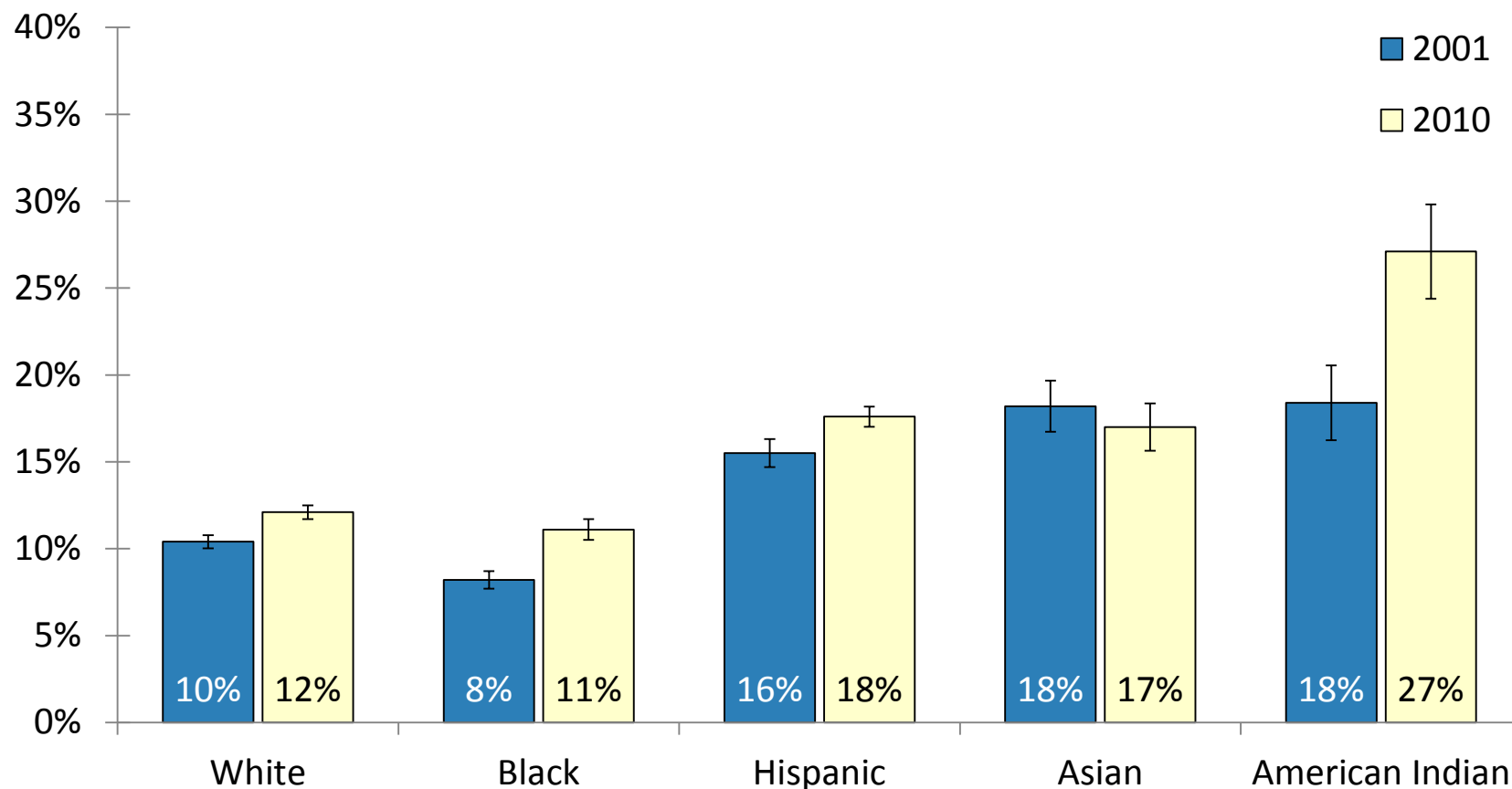


Suicide risk during past 12 months among Wisconsin high school students, by sexual minority status, 2007-2011





Obesity among children (ages 2-4 years) enrolled in the WIC, by race/ethnicity, Wisconsin, 2001 and 2010



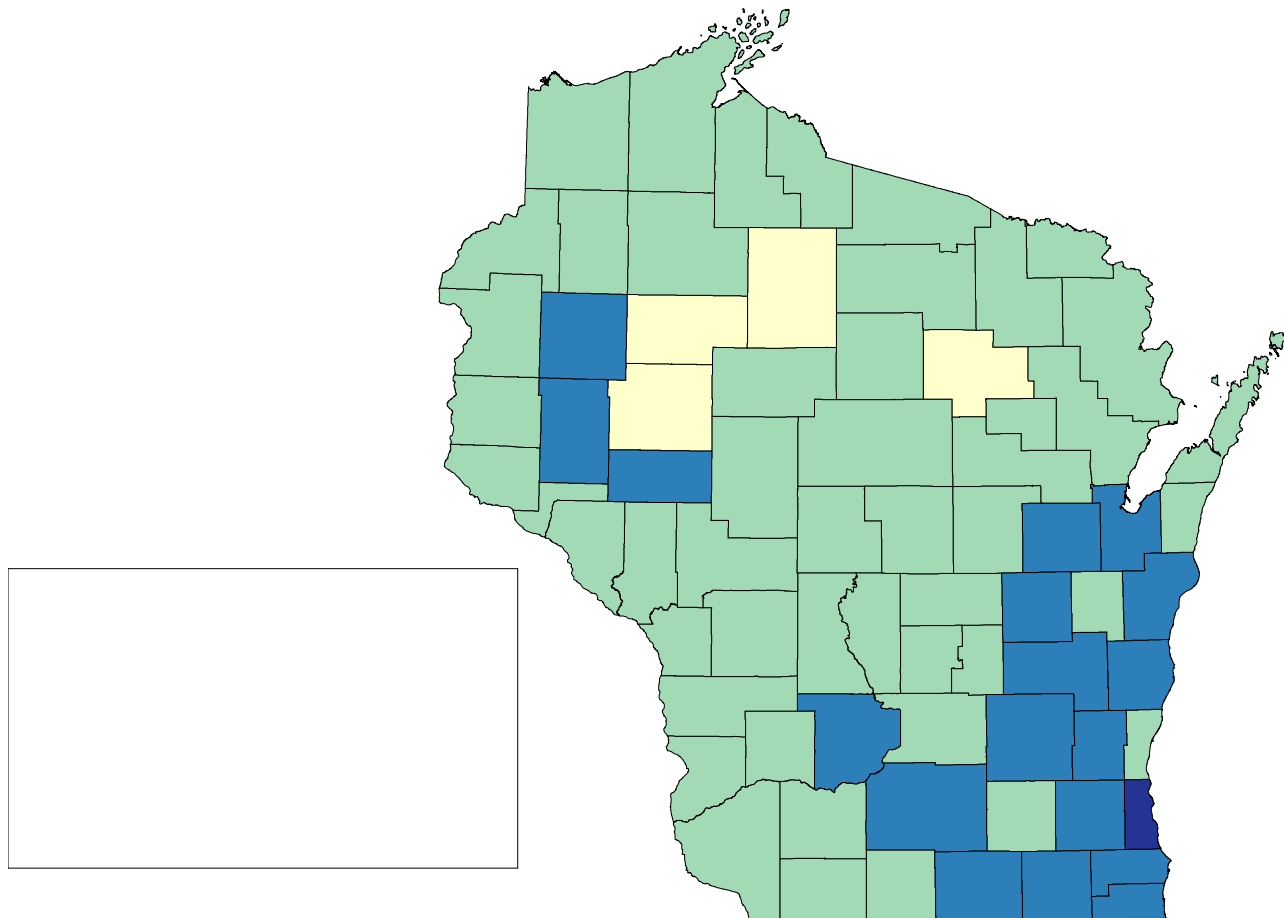
Source: Centers for Disease Control and Prevention (CDC) Pediatric Nutrition Surveillance Survey 2010.

Note: Based on $\geq 95^{\text{th}}$ growth chart percentiles for Body Mass Index for age. WIC is the Supplemental Nutrition Program for Women, Infants, and Children.



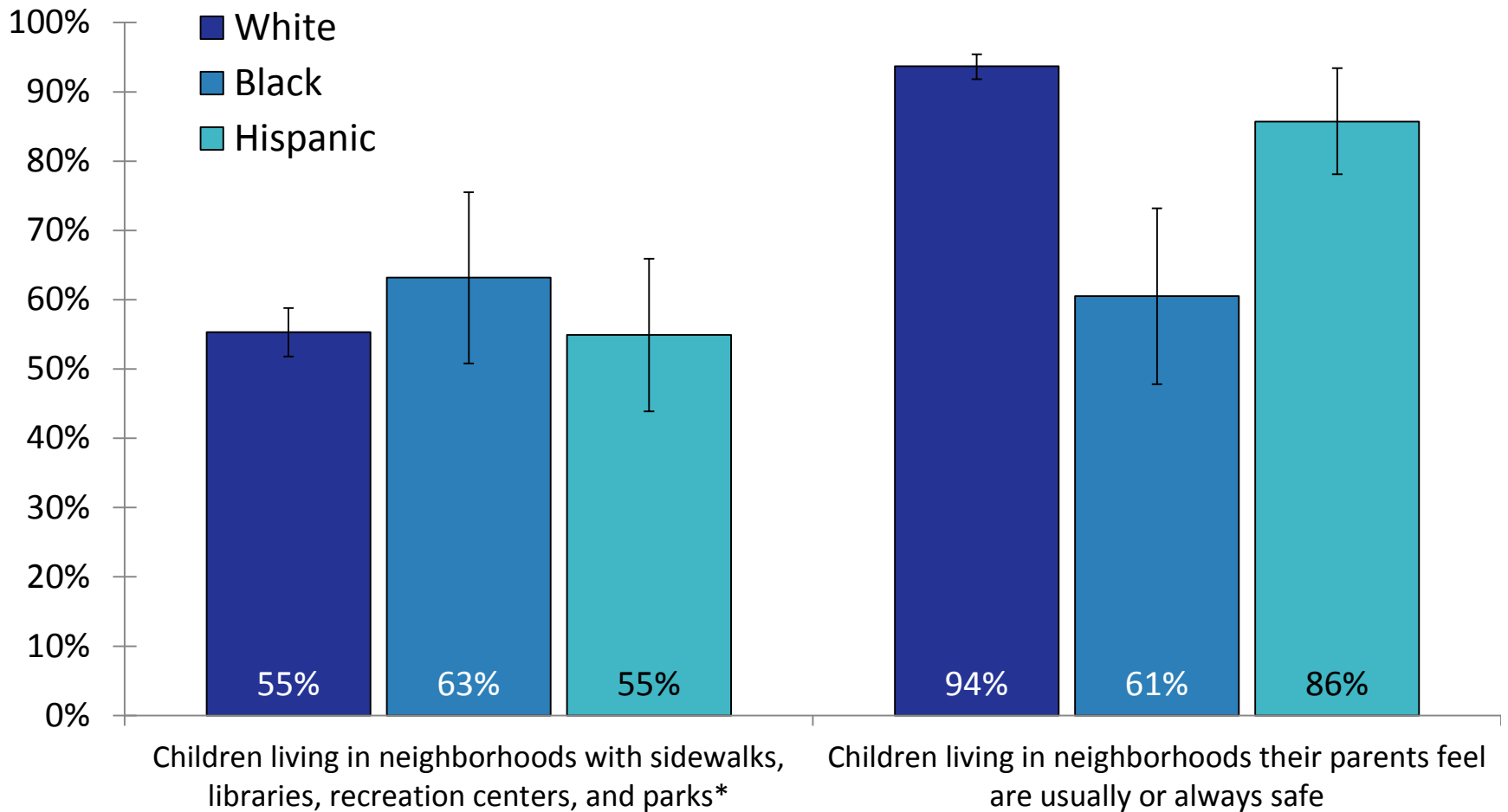


Number of full-time-equivalent (FTE) dentists needed to reduce significant shortages for Medicaid members, 2009





Neighborhood environment of children less than 18 years of age, by race/ethnicity, Wisconsin, 2011-2012

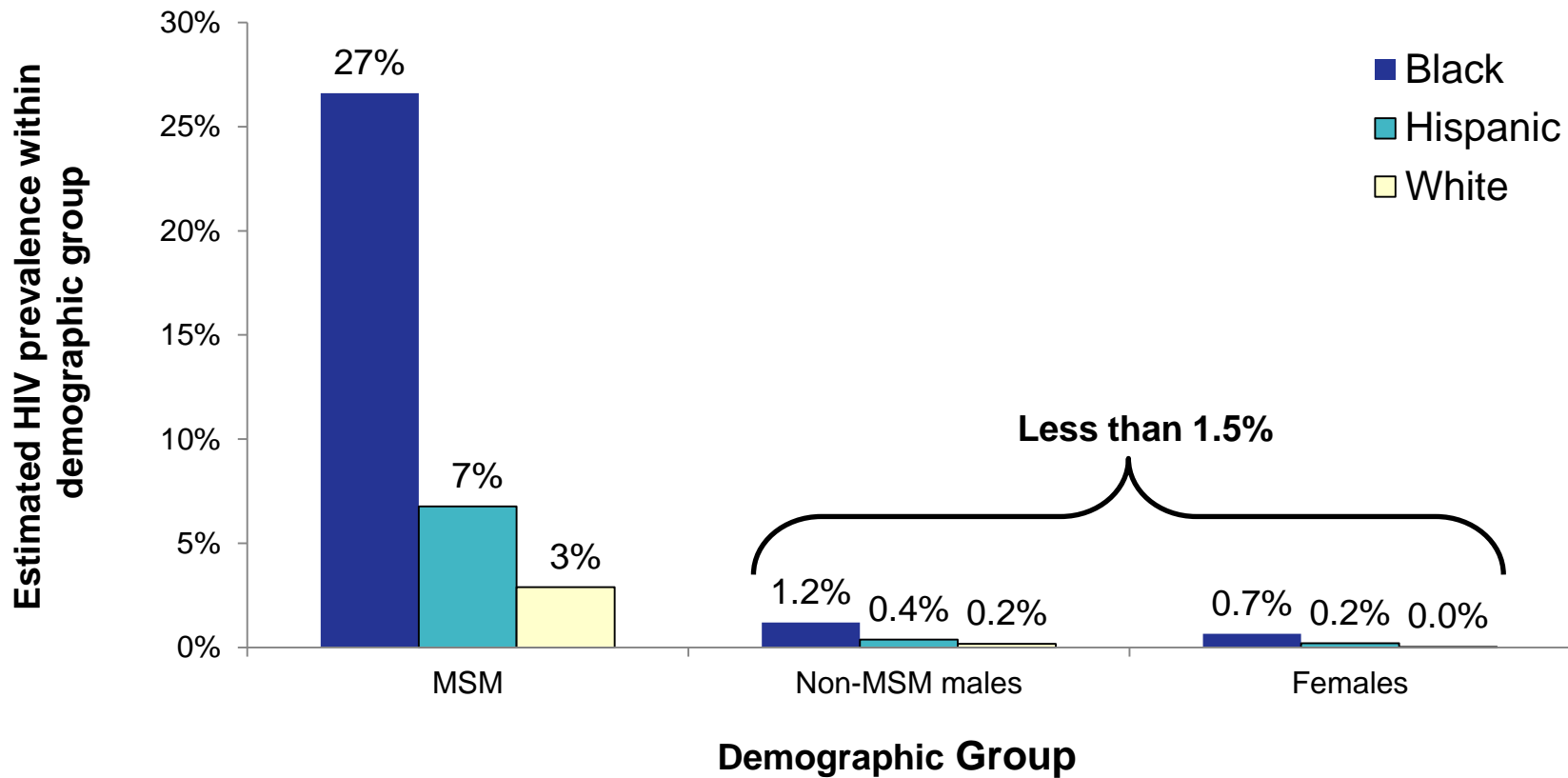


Source: 2011-2012 National Survey of Children's Health.

*Neighborhoods that include all four of these amenities. Data were not available for other races.



Estimated prevalence of HIV in selected demographic groups, ages 15-59, by race/ethnicity, Wisconsin, as of December 31, 2012



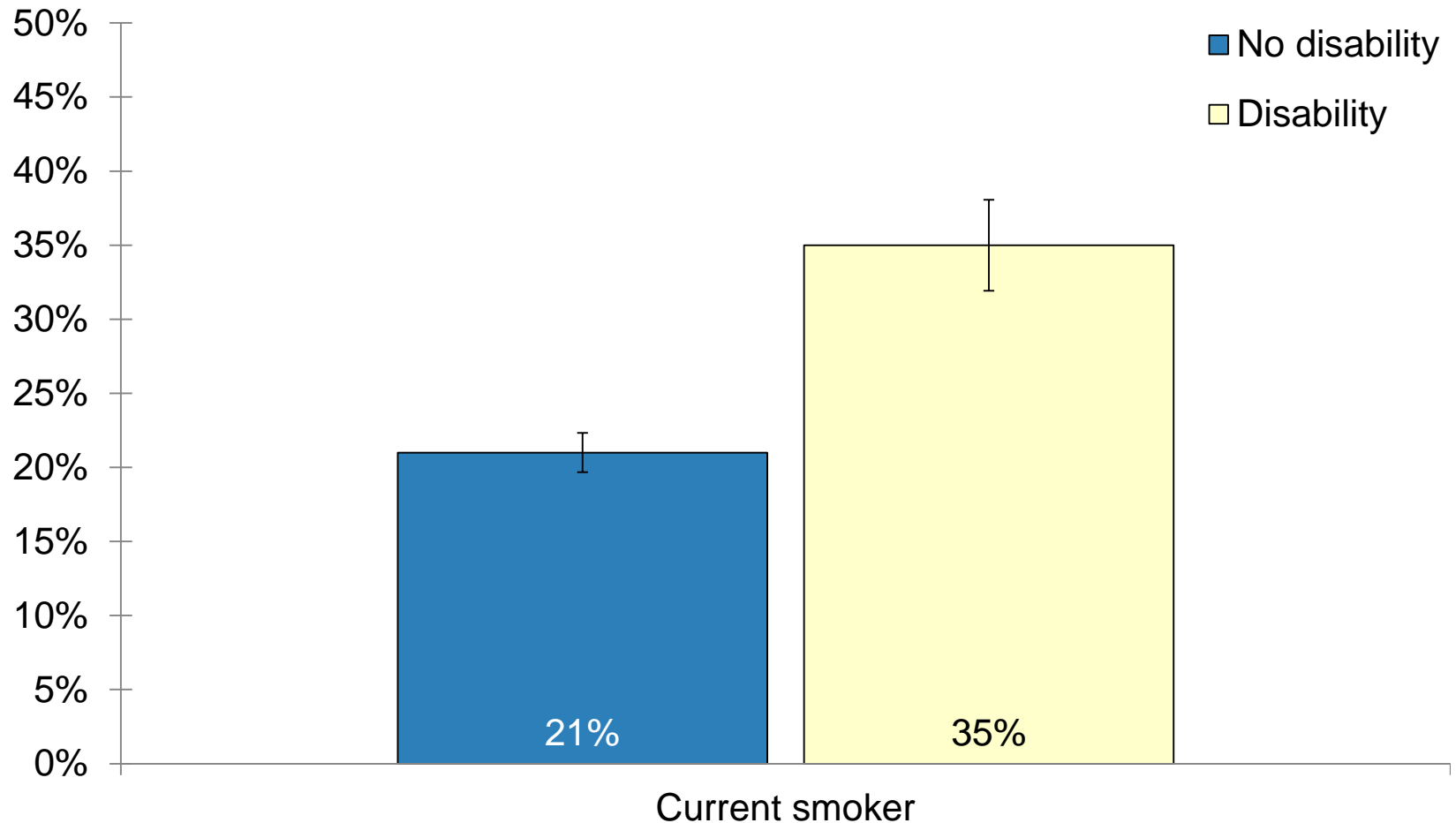
Source: Wisconsin Department of Health Services, Wisconsin HIV Surveillance System.

Note: MSM = Men who have sex with men. The estimated prevalence is adjusted to account for the CDC's estimate that 18% of HIV-infected persons are unaware of their infection and therefore not reported. The MSM population for each racial/ethnic group uses the CDC's estimate that 4% of adult males are MSM





Smoking among Wisconsin adults ages 18-64, by disability status, 2008-2011



Key points

Populations that experience health disparities

Populations that experience disparities in socioeconomic status, health risk behaviors, and health outcomes in Wisconsin include:

- Racial/ethnic minority populations
- People with lower socioeconomic status (low income and less education)
- People with disabilities
- Lesbian, gay, bisexual and transgender (LGBT) populations
- Residents of Milwaukee County and of rural areas



Key points

Need for additional data

Additional data are needed in order to better understand the extent to which health disparities exist in some of Wisconsin's relatively small populations, including:

- Hispanics/Latinos
- American Indians
- Asians
- People with disabilities
- LGBT populations
- Foreign-born populations



References

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2. Center for Urban Population Health. Milwaukee Health Report, 2011. <http://www.cuph.org/mhr/2011-milwaukee-health-report.pdf>
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<http://www.qualitymeasures.ahrq.gov/content.aspx?id=26561&search=Diabetic+complication>
9. National Institute of Diabetes and Digestive and Kidney Disease. National Diabetes Statistics, 2011. <http://diabetes.niddk.nih.gov/dm/pubs/statistics/>
10. World Health Organization (WHO). Hepatitis B.
<http://www.who.int/mediacentre/factsheets/fs204/en/>
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14. DHS. Wisconsin Primary Care Office. Number of Dentists Needed to Reduce Significant Shortages for Medicaid Members.
<http://www.dhs.wisconsin.gov/publications/p0/p00368.pdf>



15. CDC. State Indicator Report on Physical Activity, 2010.
http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010.pdf
16. Lieb S., et al. Statewide estimation of populations of MSM in the United States. Public Health Reports 2011;126(1):60–72.
17. CDC. HIV in the United States: At A Glance, 2013.
http://www.cdc.gov/hiv/resources/factsheets/PDF/stats_basics_factsheet.pdf



Links to additional reports and resources

- *Healthiest Wisconsin 2020 Baseline and Health Disparities Report:* <http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>
- *Healthiest Wisconsin 2020:* <http://www.dhs.wisconsin.gov/hw2020/>
- Wisconsin Minority Health Program: <http://www.dhs.wisconsin.gov/health/MinorityHealth/index.htm>
- Wisconsin Department of Health Services, listing of topics: <http://www.dhs.wisconsin.gov/data/topicaltz.asp>
- University of Wisconsin Population Health Institute, publications:
<http://uwphi.pophealth.wisc.edu/publications/index.htm>
 - *Opportunities to Make Wisconsin the Healthiest State*
 - *Health of Wisconsin Report Card*
 - *2013 Wisconsin Health Trends: Progress Report*



Contact information

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Chapter 140 Overview

Tim Ringhand, Regional Director

Western Region

Office of Policy and Practice Alignment



History of 140 Review Statutory & Administrative Rule

- 1993 Public Health Statutes revised:
 - WI statute **251.20 (1) Rule making**. The department shall promulgate rules that specify all of the following:
 - (1)** Required services for each of Levels I, II and III local health departments under s. 251.05 (2).
 - (2)** Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).



Statutory and Administrative Rule

Chapter DHS 140 - REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

DHS 140.07 Designation of level of local health department.

(1) Under the authority of s. 251.20 (1), Stats., the department shall direct a process to formally review the operations of all local health departments in a county or municipality at least every 5 years. A review of the operations of a local health department shall result in a written finding issued by the state health officer as to whether the local health department satisfies the requirements for a level I, II or III local health department.

(2) In directing the review under sub. (1), the state health officer shall use department personnel and other appropriate local health officials who have expertise in the field of public health and are knowledgeable about the requirements for local health departments.



Benefits of the DHS 140 Review

- For DHS:
 - Comply with Wisconsin Statute 250.
 - Assure a basic level of services for all citizens.
- For LHD an opportunity:
 - To update policies and procedures.
 - To reorganize resource materials and update agreements.
 - For staff and board members to learn from each other about the function and success of the local health department.



DHS 140.04

Level I Local Health Department

Required Services:

- a) Public health nursing services.
- b) Services to prevent and control communicable disease.
- c) Services to prevent other diseases.
- d) Services to promote health.
- e) Abatement or removal of human health hazards.
- f) Services to prevent the future incidence of occupational disease, environmental disease and human health hazard exposure.



140 Review History

- 1999 first 140 reviews
- Addressed the various levels of health departments.
 - Level I, II, III criteria and
 - Incorporated *State Health Plan*
- 2005 Organized tool using “Twelve Essential Public Health Services”
- 2009 Used an electronic survey tool except for health departments that had a new health officer since 2005.



DHS 140 – PHAB Crosswalk

Compare Wisconsin Statutes and Rules to PHAB Domains and Standards to identify:

1. Evidence requested by both PHAB accreditation and the DHS 140 Review.
2. Evidence requested by the DHS 140 Review only.
3. The PHAB Domain most closely related to each statute and rule reference.



DHS 140 – PHAB Crosswalk: The Evidence

140 Review Only:

- BOH Composition
- Records Retention
- Beach Closures
- Disease Manual
- CD Reporting
- Annual Report
- HO Requirements
- PH Nursing Program
- TB Isolation
- Screening & Follow Up
- Operating Budget

140 & Accreditation:

- BOH Engagement
- CHA
- CHIP
- Informing Public/
Elected Officials
- CD Outbreak Response
- CD & Injury Prevention
- Confidentiality
- Public Health Policy
- HHH Ordinance

Accreditation Only:

- Domain 4 – Community
Engagement
- Domain 9 – Quality
Improvement



2014 – DHS 140 Review Tool

- Based on 2009 DHS 140 Review Tool.
- Combines more Statute and Rule references.
- Uses DHS electronic systems for evidence collection.
- Tool organized by Essential Public Health Service.
- Identifies statute and rules addressed by PHAB accreditation.
- Provides method for PHAB accredited agencies to address about one-third of evidence requests through submission of their PHAB accreditation report.



Getting Started

- Two to three months prior to DHS 140 Process:
 - DHS sends 140 letter to Local Health Officer
 - Explaining the DHS 140 Review process.
 - Providing link to the tool(s) and SharePoint site.
 - Proposing timeline.
 - Proposing date for on-site review.
- DHS staff assigned for DHS 140 review.
- DHS 140 Review Team convened.
- Bureau-specific evidence identified in the DHS 140 Review Tool.



Timeline

- LHDs gather required documentation.
- Upload evidence to SharePoint.
- The DHS 140 Review Team reviews documentation within two weeks after LHD has uploaded all documents.
- DHS 140 Review Team sends any questions regarding LHDs documentation to LHD.
- The LHD respond to DHS 140 Review Team questions within two weeks.



140 Review – Documentation Submission - PHAB Accredited

For PHAB accredited agencies:

- Indicate on DHS 140 Review Tool if evidence for PHAB accreditation submitted met the PHAB evidence requirement.
- Submit PHAB accreditation report.
- If evidence used for PHAB accreditation does not correspond to DHS 140 required documentation requested, make requested documentation of meeting statute reference available.



DHS 140 Review

Evidence Submission

Evidence types: ***Do not submit any evidence containing patient confidential information!***

1. Web Links: links to documents available on agency or partner websites (e.g., community health assessment, community health improvement plan, annual report, minutes, newsletters)
2. Electronic documents: load electronic documents on the DHS 140 SharePoint site.
3. Hard copy documents: collect documents that cannot be sent electronically to be viewed during the on-site visit.



DHS 140 Level II and Level III Survey Review

Level II and Level III DHS 140 Review Surveys include:

- Level II and Level III Health Officer education and experience.
- Provision of public health programs and services:
 - Level II: seven (7) programs that meet at least five Healthiest Wisconsin 2020 focus areas.
 - Level III: fourteen (14) programs that meet at least seven Healthiest Wisconsin 2020 focus areas.
- Level III health departments provide the date of their most recent contract with the Division of Public Health for licensing and inspecting food, lodging and recreational facilities.



DHS 140 – On-Site Review

DHS 140 Review Team visits the LHD to:

- Clarify evidence submitted.
- Review hard copy documentation and complete review.
- Recognize the health department's public health services.



DHS 140 Review Outcome

DHS 140 Review Team determines if the LHD has met statutory requirements.

- If met,
 - DHS sends a letter to the LHD, Board of Health Chair, and County Board Chair or other designated representatives; and
 - DHS presents a certificate to the LHD.
- If not met,
 - DHS sends a letter specifying DHS 140 deficiencies and
 - DHS asks the LHD for remediation plan.



Certificate of Designation

Wisconsin Department of Health Services

(Insert name of health department)

Is a local health department in good standing with the statutes set forth by the Wisconsin Legislature and relevant administrative rules of the Department.

This local health department was formally reviewed by the Wisconsin Department of Health Services, Division of Public Health on *(insert date of on-site visit or determination letter date)*

It has been determined that this local health department meets the requirements and is so designated as a

Level (insert level of designation)

In accordance with DHS 140.07(4) this designation is in force up to five years.

Karen McKeown, RN, MSN
State Health Officer and Administrator
Division of Public Health

Date



**The Wisconsin
Immunization Program's
Human Papillomavirus
(HPV) Vaccine Initiatives**

Dan Hopfensperger

Director, Wisconsin Immunization Program

Bureau of Communicable Diseases and
Emergency Response



2014 Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap ¹	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
	Human Papillomavirus (HPV) Vaccine (3 Doses) ²	HPV
MCV4	Meningococcal Conjugate Vaccine (MCV4) Dose 1 ³	MCV4 Dose 1 ³ Booster at age 16 years
Influenza (Yearly) ⁴		
Pneumococcal Vaccine ⁵		
Hepatitis A (HepA) Vaccine Series ⁶		
Hepatitis B (HepB) Vaccine Series		
Inactivated Polio Vaccine (IPV) Series		
Measles, Mumps, Rubella (MMR) Vaccine Series		
Varicella Vaccine Series		

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series⁶. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.

FOOTNOTES

- ¹ Tdap vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.
- ² All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. Either HPV vaccine (Cervarix[®] or Gardasil[®]) can be given to girls and young women; only one HPV vaccine (Gardasil[®]) can be given to boys and young men.
- ³ Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.
- ⁴ Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.
- ⁵ A single dose of Pneumococcal Conjugate Vaccine (PCV13) is recommended for children who are 6-18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccine and what factors may place your child at high risk for pneumococcal disease.
- ⁶ Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your healthcare provider about HepA vaccine and what factors may place your child at high risk for HepA.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit <http://www.cdc.gov/vaccines/teens>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN[™]



AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

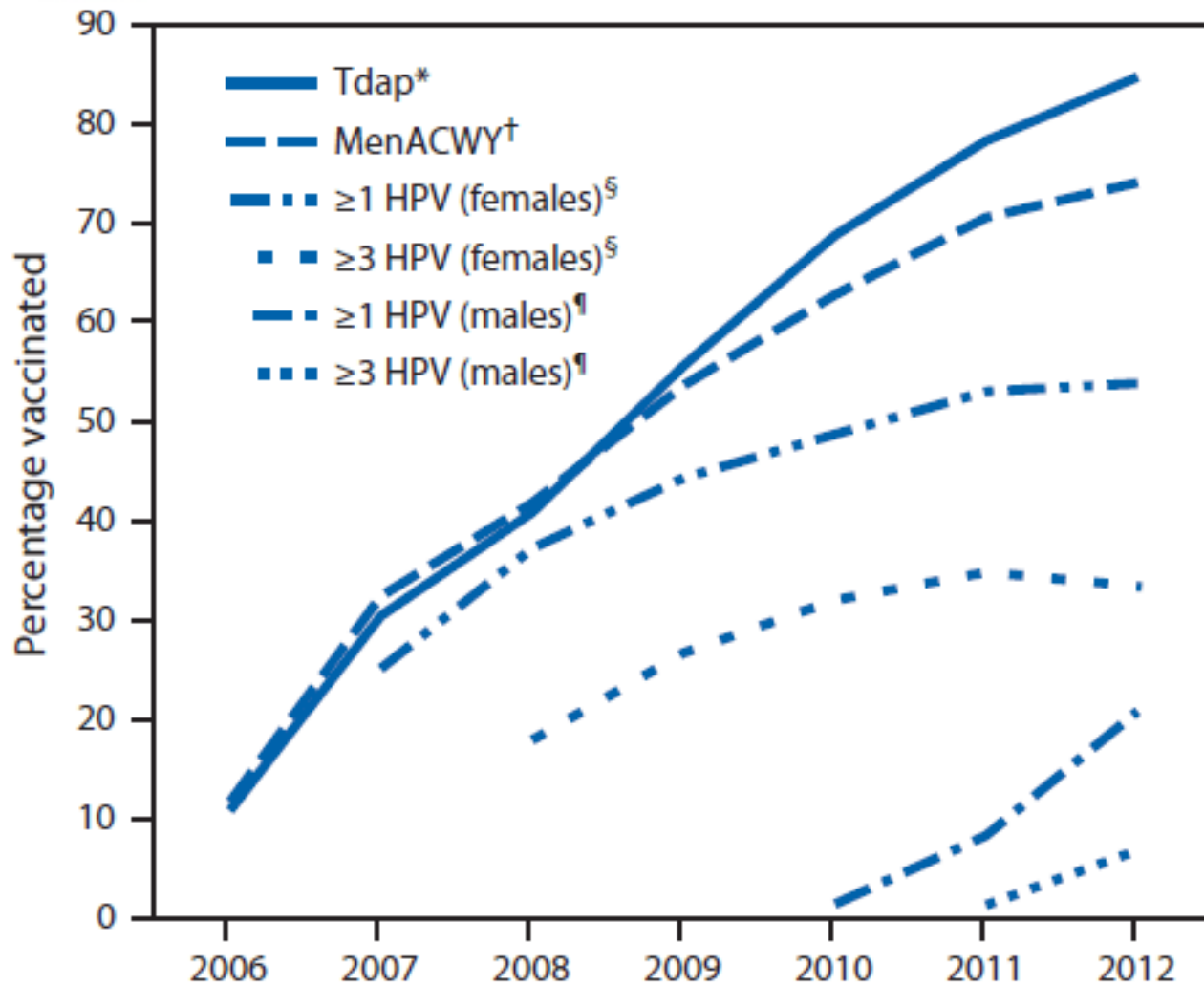


Advisory Committee on Immunization Practices to the CDC: Recommendations for HPV Vaccine

- Three-dose series, routinely at age 11-12 years.
 - Males: quadrivalent HPV (HPV4) vaccine only.
 - Females: either HPV4 or bivalent HPV (HPV2) vaccine.
- Catch-up vaccination: females aged 13-26 years, and males aged 13-21 years who have not completed the vaccine series.
 - HPV4 vaccine may be given to males aged 22-26 years who are not up-to-date.
- Also routinely recommended for men who have sex with men (MSM) and immunocompromised persons aged 22 through 26 years.



Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years, by survey year – NIS-Teen, U.S., 2006-2012



* ≥1 dose Tdap vaccine on or after age 10 years.

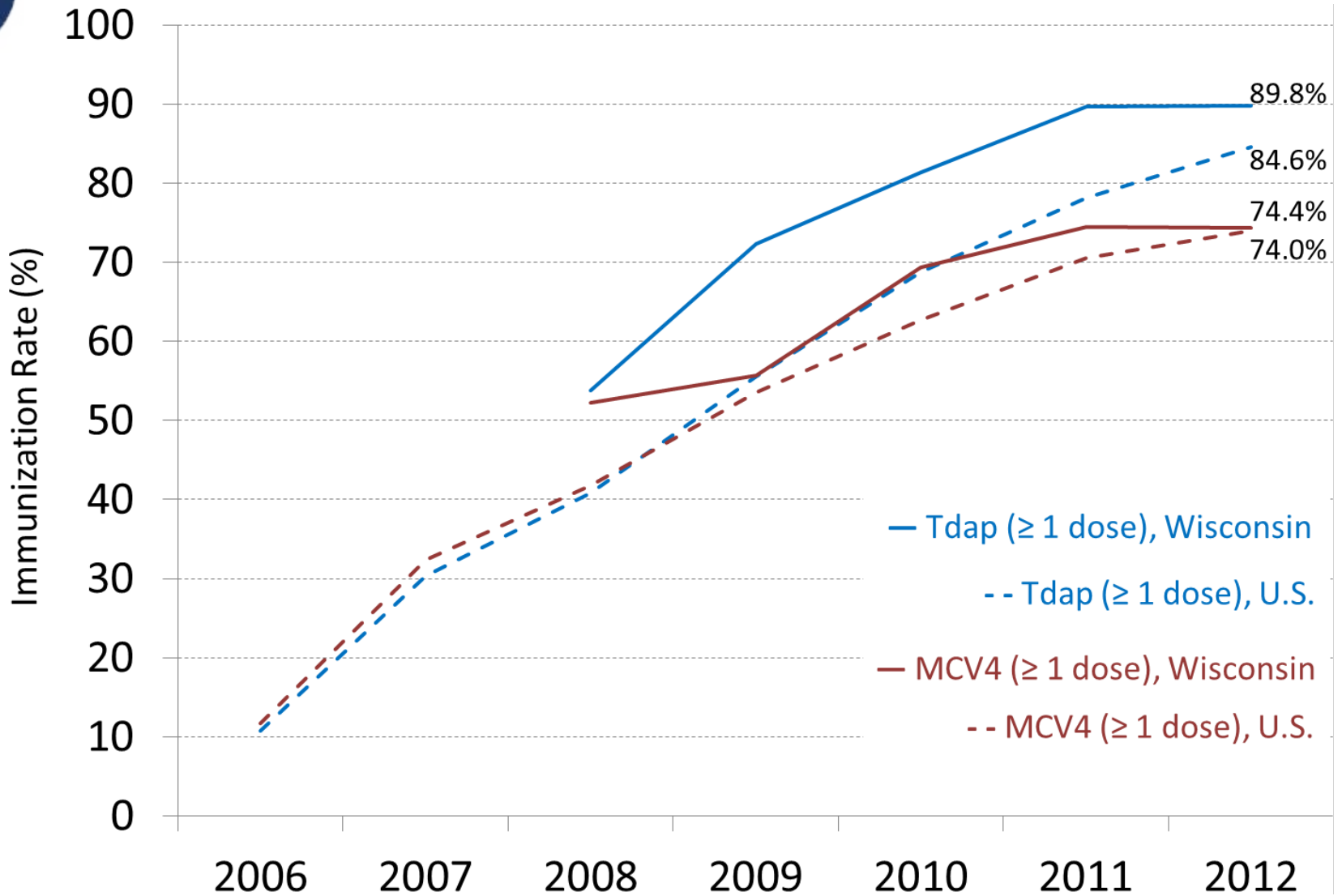
† ≥1 dose MCV4 vaccine.

§ HPV vaccine, either bivalent or quadrivalent, among females. ACIP recommends either bivalent or quadrivalent vaccine for females.

¶ HPV vaccine, either bivalent or quadrivalent, among males. ACIP recommends the quadrivalent vaccine for males; however, some males might have received bivalent vaccine.

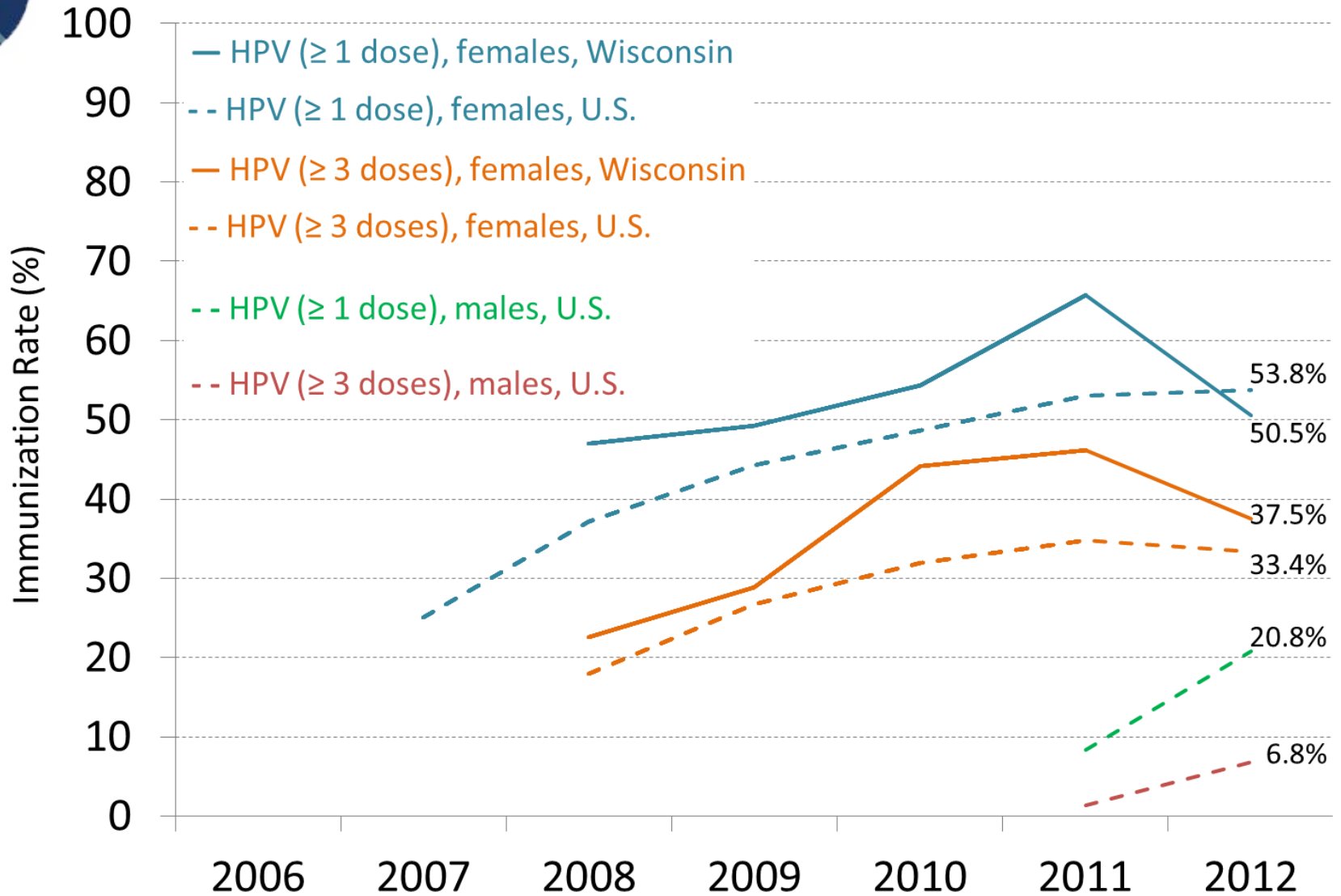


Estimated Tdap and MCV4 Vaccine Coverage Among Adolescents Aged 13-17 Years, NIS-Teen, 2006-2012, Wisconsin vs. U.S.



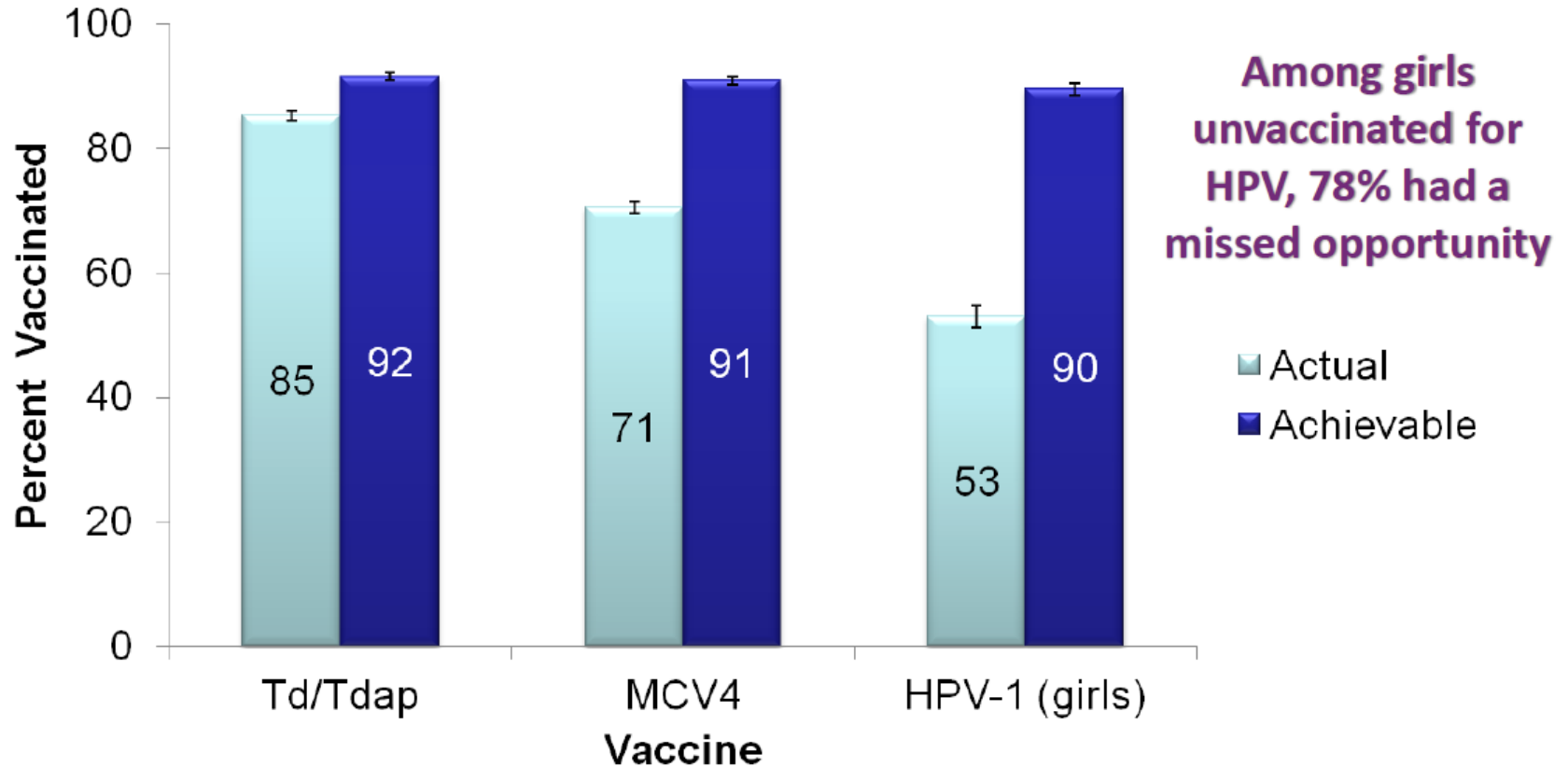


Estimated HPV Vaccine Coverage Among Adolescents Aged 13-17 Years, NIS-Teen, 2006-2012, Wisconsin vs. U.S.





Actual and Achievable Vaccination Coverage if Missed Opportunities Were Eliminated: Adolescents Aged 13-17 Years, NIS-Teen, 2011



Missed opportunity: encounter when some but not all ACIP-recommended vaccines are given

HPV-1: receipt of at least one dose of HPV

2011 NIS-Teen available at <http://www.cdc.gov/vaccines/stats-surv/nis/nis-2011-released.htm#nisteent>





Wisconsin Immunization Program Activities to Improve HPV Vaccine Coverage – 2013

- Letter sent to Wisconsin health care providers, including ACIP recommendations for adolescents and adolescent vaccine coverage rates.
 - Included links and resources to assist providers with improving adolescent immunization rates.
- Presentations given on adolescent immunization platform, with a focus on HPV vaccine and resources to improve coverage, during 13 regional workshops for providers enrolled in the Vaccines for Children (VFC) program.
- Conducted Assessment, Feedback, Incentives, and eXchange (AFIX) visits with VFC providers, sharing vaccine coverage rates and addressing barriers to immunization and strategies for improving coverage rates.



Wisconsin Immunization Program Activities to Improve HPV Vaccine Coverage – 2014

- Dr. Jeffrey Davis, Chief Medical Officer and State Epidemiologist for Communicable Diseases, will present on HPV disease and vaccine during the Communicable Disease Spring Seminars, June 10-12.
- Collaborating with the Wisconsin Chapter of the American Academy of Pediatrics (AAP) on organizing an HPV Vaccine Summit on June 16 (train-the-trainer educational event).
- Conducting enhanced AFIX site visits with VFC providers with low adolescent and childhood immunization rates:
 - Greater focus on quality improvement strategies.
 - Follow-up to evaluate changes in coverage rates.



Evidence-Based Tools To Improve Coverage Rates

- Wisconsin Immunization Registry (WIR) features that can help health care providers reach out to adolescents in their practices who are not up-to-date on their immunizations:
 - Adolescent immunization assessment and benchmark reports.
 - Ability to generate reminder and recall notices.
- We strongly encourage providers to use these effective, evidence-based tools to improve coverage rates among children and adolescents in their practices.
- More information is available at:
<http://www.dhs.wisconsin.gov/immunization/WIR.htm>.



CDC Communications Materials and Resources

- Free resources for immunization providers, patients, and parents:
www.cdc.gov/vaccines/who/teens/index.html
 - CDC print materials (fact sheets, flyers, posters) for preteens and teens – available in English, Spanish, Vietnamese, Korean, and for American Indian/Alaska Native populations:
www.cdc.gov/vaccines/who/teens/products/print-materials.html
- Tips and Time-savers for Talking with Parents about HPV Vaccine:
www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html

Multimedia Products



- Posters, flyers, and fact sheets
- Podcasts and PSAs
- Videos
- Web features
- Health e-cards
- Web button





Questions and Comments?

Wisconsin Immunization Program
Bureau of Communicable Diseases and Emergency Response
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<http://dhs.wisconsin.gov/immunization>

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Communicable Diseases Update

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Respiratory Epidemiologist

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Questions?



**Next State Health Officer
Bimonthly Webcast:**

- June 6, 2014

Thank you for participating!