

Agenda

## Health Care Integration Workgroup

### Wednesday May 23, 2018

1:00 PM – 3:00 PM

#### Location: Western Title Building, Room 207, Newport, Lincoln County, Call In: (800) 832-0736 meeting room \*3268478#

1. Welcome and Introductions
2. Strategies to Improve Immunization Rates:
   * Define our target audience
   * Explore conducting a survey to discover people’s concerns re: Immunization
   * Define partners to provide immunization education
   * Magnet for Immunizations?
3. ASQ questions from Pollywog
4. Compare and Contrast the new Oregon Pediatric Improvement Partnership (OPIP) Medical Decision Tree with EL Hub’s Tree
   * Physician’s Comments
   * Formulate questions for Colleen
   * 2:30 PM – Call with Colleen Reuland, OPIP Director
5. Plan next Meeting: June 27,, 2018, 1:00 – 3:00 PM, Benton County Sunset Building, Corvallis

Inform and facilitate the alignment of EL Hub outcomes with health care sector initiatives.

# Infant Immunizations FAQs

**It’s natural you have questions about your child’s vaccines. Read answers to common questions to learn more about vaccine safety, the recommended schedule, how vaccines protect your child from 14 diseases by age two, and more.** CDC regularly updates this document to ensure frequently asked questions from parents are answered with the most current information.

#### **Q: Are vaccines safe?**

**A: Yes. Vaccines are very safe.** The United States’ long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are typically very mild, such as pain or swelling at the injection site.

#### **Q: What are the side effects of the vaccines? How do I treat them?**

**A:** Vaccines, like any medication, may cause some side effects. **Most of these side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever.** These side effects typically only last a couple of days and are treatable. For example, you can apply a cool, wet washcloth on the sore area to ease discomfort.

Serious reactions are very rare. However, if your child experiences any reactions that concern you, call the doctor’s office.

#### **Q: What are the risks and benefits of vaccines?**

**A:** Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. **The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children.**

#### **Q: Is there a link between vaccines and autism?**

##### A: No. Scientific studies and reviews continue to show no relationship between vaccines and autism.

Some people have suggested that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might be a cause of autism. Others have suggested that the

MMR (measles- mumps-rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and reach the same conclusion: there is no link between MMR vaccine or thimerosal and autism.

#### **Q: Can vaccines overload my baby’s immune system?**

**A:** Vaccines do not overload the immune system. Every day, a healthy baby’s immune system successfully fights off thousands of germs. Antigens are parts of germs that cause the body’s immune system to go to work to build antibodies, which fight off diseases.

The antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot cause serious

***CDC recommends all children receive vaccines according to the recommended immunization schedule to protect them from 14 diseases by age two. Read below to get answers***

***to 16 common questions about how vaccines benefit your child, the vaccine schedule, and more.***

illness. **Even if babies receive several vaccinations in one day, vaccines contain only a tiny fraction of the antigens they encounter every day in their environment.** Vaccines give your child the antibodies they need to fight off serious vaccine-preventable diseases.

#### **Q: Why are so many doses needed for each vaccine?**

**A: Getting every recommended dose of each vaccine provides your child with the best protection possible.** Depending on the vaccine, your child will need more than one dose to build high enough immunity to prevent disease or to boost immunity that fades over time. You child may also receive more than one dose to make sure they are protected if they who did not get immunity from a first dose, or to protect them against germs that change over time, like flu. Every dose is important because each protects against infectious diseases that can be especially serious for infants and very young children.

#### **Q: Why do vaccines start so early?**

##### A: The recommended schedule protects infants and children by providing immunity early in life, before they come

**into contact with life-threatening diseases.** Children receive immunization early because they are susceptible to diseases at a young age. The consequences of these diseases can be very serious, even life-threatening, for infants and young children.

#### **Q: What do you think of delaying some vaccines or following a non-standard schedule?**

**A: Children do not receive any known benefits from following schedules that delay vaccines.** Infants and young children who follow immunization schedules that spread out or leave out shots are at risk of developing diseases during the time you delay their shots. Some vaccine-preventable diseases remain common in the United States and children may be exposed to these diseases during the time they are not protected by vaccines, placing them at risk for a serious case of the disease that might cause hospitalization or death.



CS HCVG15-CHD-XXX

Department of Health and Human Services Centers for Disease Control and Prevention

# Infant Immunizations FAQs

#### **Q: Haven’t we gotten rid of most of these diseases in this country?**

**A:** Some vaccine-preventable diseases, like pertussis (whooping cough) and chickenpox, remain common in the United States. On the other hand, other diseases vaccines prevent are no longer common in this country because of vaccines. **However, if we**

##### stopped vaccinating, the few cases we have in the United States could very quickly become tens or hundreds

**of thousands of cases.** Even though many serious vaccine- preventable diseases are uncommon in the United States, some are common in other parts of the world. Even if your family does not travel internationally, you could come into contact with international travelers anywhere in your community. Children who don’t receive all vaccinations and are exposed to a disease can become seriously sick and spread it through a community.

#### **Q: What are combination vaccines? Why are they used?**

**A: Combination vaccines protect your child against more than one disease with a single shot.** They reduce the number of shots and office visits your child would need, which not only saves you time and money, but also is easier on your child.

Some common combination vaccines are Pediarix® which combines DTap, Hep B, and IPV (polio) and ProQuad® which combines MMR and varicella (chickenpox).

#### **Q: Can’t I just wait until my child goes to school to catch up on immunizations?**

**A:** Before entering school, young children can be exposed to vaccine-preventable diseases from parents and other adults, brothers and sisters, on a plane, at child care, or even at the grocery store. Children under age 5 are especially susceptible to diseases because their immune systems have not built up the necessary defenses to fight infection. **Don’t wait to protect your baby and risk getting these diseases when he or she needs protection now.**

#### **Q: Why does my child need a chickenpox shot? Isn’t it a mild disease?**

**A: Your child needs a chickenpox vaccine because chickenpox can actually be a serious disease.** In many cases, children experience a mild case of chickenpox, but other children may have blisters that become infected. Others may develop pneumonia. There is no way to tell in advance how severe your child’s symptoms will be.

Before vaccine was available, about 50 children died every year from chickenpox, and about 1 in 500 children who got chickenpox was hospitalized.

#### **Q: My child is sick right now. Is it okay for her to still get shots?**

**A: Talk with your child’s doctor, but children can usually get vaccinated even if they have a mild illness** like a cold, earache, mild fever, or diarrhea. If the doctor says it is okay, your child can still get vaccinated..

#### **Q: What are the ingredients in vaccines and what do they do?**

**A:** Vaccines contain ingredients that cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients. **All ingredients play necessary roles either in making the vaccine, or in ensuring that the final product is safe and effective.**

#### **Q: Don’t infants have natural immunity? Isn’t natural immunity better than the kind from vaccines?**

**A:** Babies may get some temporary immunity (protection) from mom during the last few weeks of pregnancy, but only for diseases to which mom is immune. Breastfeeding may also protect your baby temporarily from minor infections, like colds. **These antibodies do not last long, leaving your baby vulnerable to disease.**

Natural immunity occurs when your child is exposed to a disease and becomes infected. It is true that natural immunity usually results in better immunity than vaccination, but the risks are much greater. A natural chickenpox infection may result in pneumonia, whereas the vaccine might only cause a sore arm for a couple of days.

#### **Q: Can’t I just wait to vaccinate my baby, since he isn’t in child care, where he could be exposed to diseases?**

##### A: No, even young children who are cared for at home can be exposed to vaccine preventable diseases, so it’s important for them to get all their vaccines at the

**recommended ages.** Children can catch these illnesses from any number of people or places, including from parents, brothers or sisters, visitors to their home, on playgrounds or even at the grocery store. Regardless of whether or not your baby is cared for outside the home, she comes in contact with people throughout the day, some of whom may be sick but not know it yet.

If someone has a vaccine preventable disease, they may not have symptoms or the symptoms may be mild, and they can end up spreading disease to babies or young children. Remember, many of these diseases can be especially dangerous to young children so it is safest to vaccinate your child at the recommended ages to protect her, whether or not she is in child care.

#### **Q: Do I have to vaccinate my baby on schedule if I’m breastfeeding him?**

**A: Yes, even breastfed babies need to be protected with vaccines at the recommended ages.** The immune system is not fully developed at birth, which puts newborns at greater risk for infections.

Breast milk provides important protection from some infections as your baby’s immune system is developing. For example, babies who are breastfed have a lower risk of ear infections, respiratory

tract infections, and diarrhea. However, breast milk does not protect children against all diseases. Even in breastfed infants, vaccines are the most effective way to prevent many diseases. Your baby needs the long-term protection that can only come from making sure

he receives all his vaccines according to the CDC’s recommended schedule.

#### **Q: What’s wrong with delaying some of my baby’s vaccines if I’m planning to get them all eventually?**

**A: Young children have the highest risk of having a serious case of disease that could cause hospitalization or death. Delaying or spreading out vaccine doses leaves your child unprotected during the time when they need vaccine protection the most.** For example, diseases such as Hib or pneumococcus almost always occur in the first 2 years of a

baby’s life. And some diseases, like Hepatitis B and whooping cough (pertussis), are more serious when babies get them at a younger age. Vaccinating your child according to the CDC’s recommended immunization schedule means you can help protect him at a young age.

**800-CDC-INFO (800-232-4636) •** [**www.cdc.gov/**](http://www.cdc.gov/espanol/vacunas)**vaccines**

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**MEDICAL DECISION TREE FOR FOLLOW-UP TO DEVELOPMENTAL**

**SCREENINGS (0-3 YEAR OLDS IN LINN & BENTON COUNTIES)**

**PRIORITY REFERRAL**

**2 or More in the Black**

**AT-RISK**

1. **in the Black OR 2 or More in Grey**

**MONITORING**

1. **or More in the Grey**

**STEP 1: Developmental Promotion -**

* **ASQ Learning Activities for specific domains identified at- risk**
* **Information on Vroom**

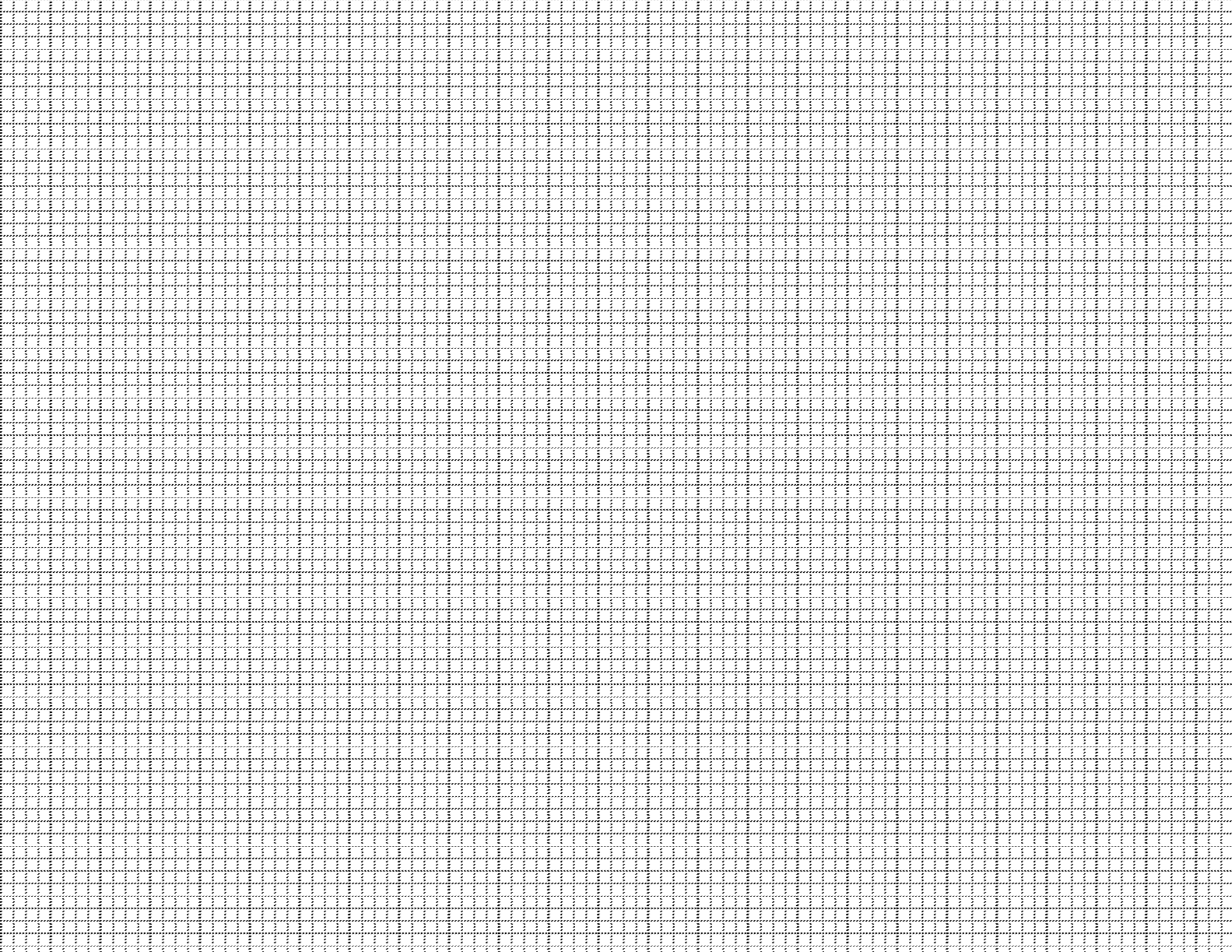
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**STEP 2: Refer to -**



* **Early Intervention for an eval- uation (Universal Referral Form)**

**STEP 3: Consider -**

* **Referral to Pediatric Specialist**
* **Referral to supports available through 211 and/or Pollywog**
* **Supplementing Medical and Therapy Services**

**STEP 2: Consider -**

* **Referral to Early Intervention for an evaluation (use Universal Referral Form to determine eligibility, get FERPA signed, indicate “Summary Evaluation Form” to receive Summary of Services)**
* **Referral to supports available through 211 and/or Pollywog**
* **Supplementing Medical and Therapy Services**

**STEP 2: Re-screen in 3-6 months -**

* + **Set up a follow-up if child does not have a visit**

**STEP 3: Consider -**

* + **Referral to supports available through 211 and/or Pollywog**

Additional Resources on reverse side

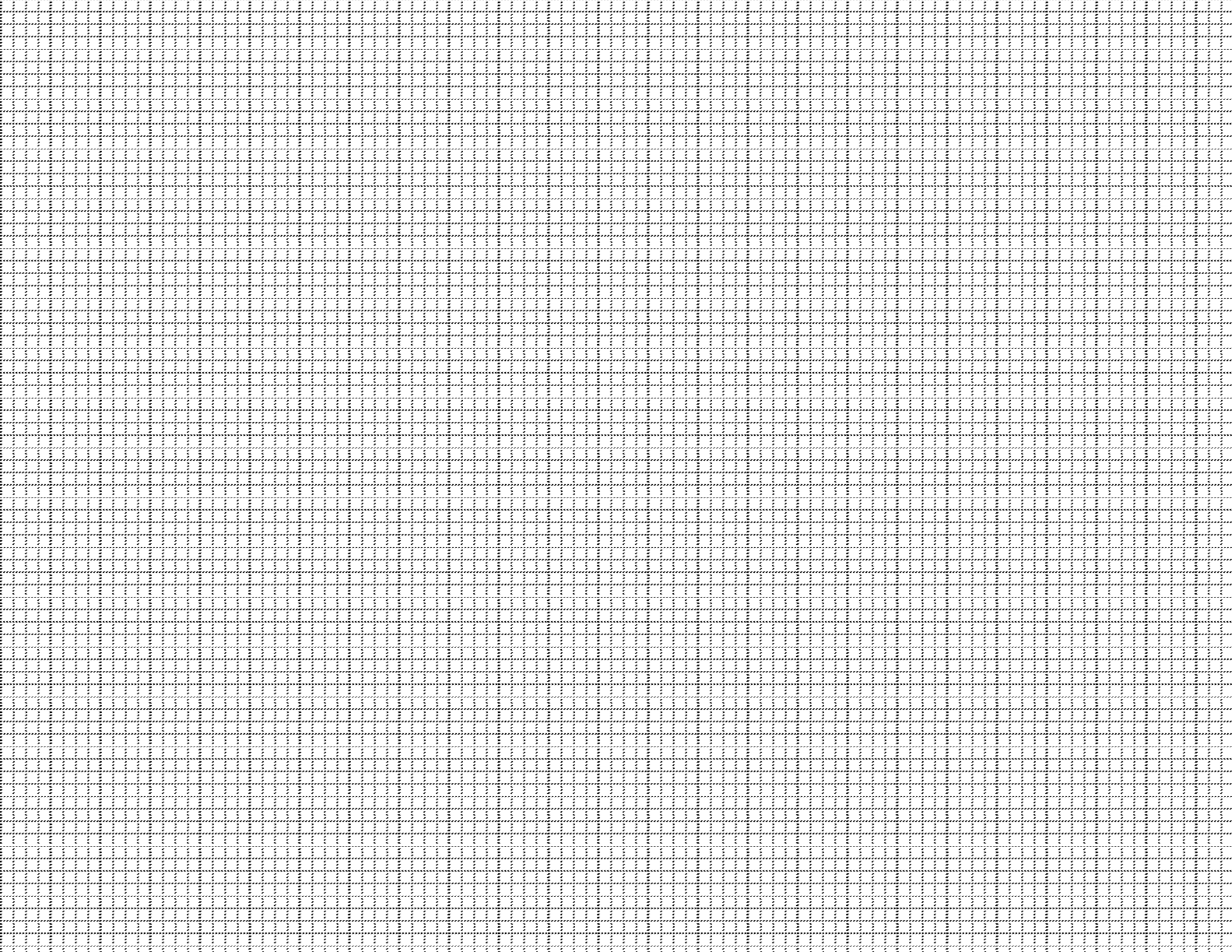
**Additional Resources to Consider for Groups A-C:**

**Immediate Basic Needs:**

* **2-1-1 (www.211info.org):**
  + **Employment, food, housing, clothing, poverty**
* **DHS Self-Sufficiency:**
  + **Linn County – (541) 967-2078**
  + **Benton County – (541) 757-4201**

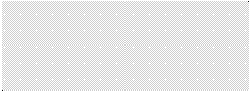
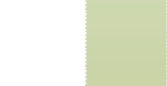
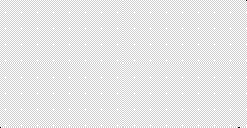
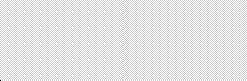
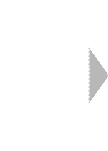
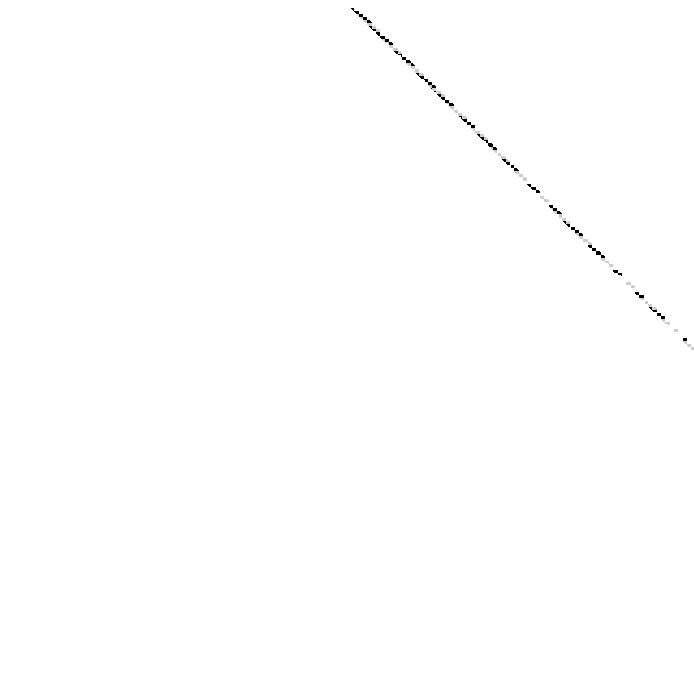
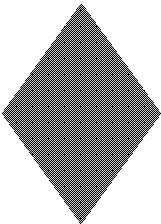
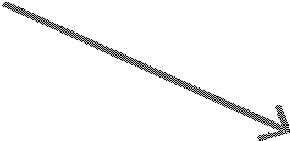
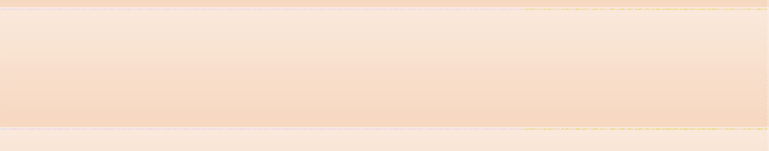
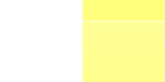
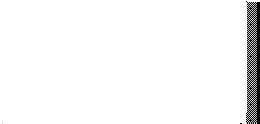
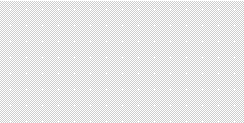
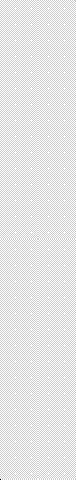
**Pollywog (www.pollywogfamily.org) can assist with referrals for any of the following:**

* **Trauma and Grief:**



* + **ABC House**
  + **Old Mill Center for Children and Families - Family Counseling, Relief Nursery (Benton County)**
  + **Family Tree Relief Nursery (Linn County)**
  + **Dougy Center (Grief Support)**
* **Medical and Health Care:**
  + **CaCoon/Babies First (use CaCoon Program Referral Form)**
  + **Family Connects**
  + **Maternal Case Management/Maternal Child Health**
  + **WIC**
  + **Old Mill Center for Children and Families – Pediatric Therapy (Benton County)**
  + **Linn County Alcohol and Other Drugs**
  + **Linn County Mental Health**
  + **Benton County Health Services – Adult Mental Health, Adult Substance Abuse**
  + **Hope for Mothers**
* **Early Childhood Education and Development:**
  + **LBCC Family Connections - Parent/Child classes or parenting classes**
  + **Old Mill Center for Children and Families – Healthy Families**
  + **Old Mill Center for Children and Families – Relief Nursery (Benton County)**
  + **Family Tree Relief Nursery (Linn County)**
  + **Kidco Early Head Start – Pregnancy and infants and toddlers to age 3 years)**
  + **Kidco Head Start – ages 3-5 years**
* **Homeless Education:**
  + **Contact local school district / Homeless Liaison**

***Figure 2.0: Medical Decision Tree for Follow-Up to Developmental Screening Conducted in the first Three Years of Life and Referral Opportunities Addressing Risk in Columbia, Tillamook and Clatsop Counties***



YES

**AND**

**Parental**

**or Provider** YES

**Concern**

**Consider Supplemental Medical and Therapy Services**

**If Communication Domain -> Speech Therapy and Audiology Evaluation**

**If Fine Motor/ Gross Motor -> OT/PT**

**(See One-Page Summary of CPCCO Providers and Coverage)**

**Refer to Early Intervention For An Evaluation**

**Use Universal Referral Form and families sign FERPA**

**3+ domains in the Black**

**Re-Screen within 3 Months:**

**Set up a Follow-Up if Child Does Not Have A Visit**

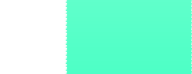
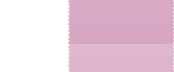
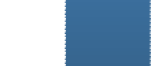
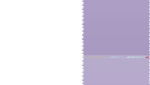
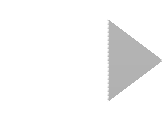
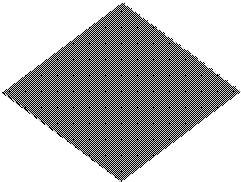
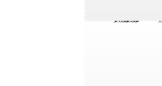
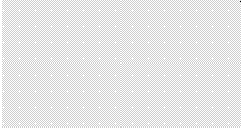
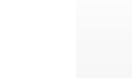
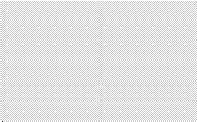
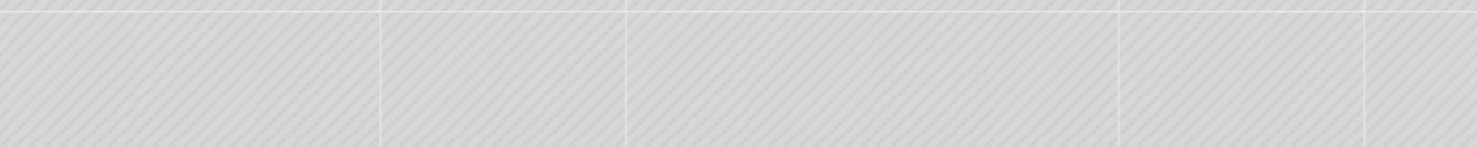
**Ages 12 months to 36 months**

**Ages 0-11 months**

**ASQ Learning Activities for Specific Domains Identified At-Risk**

**Identified At-Risk**

**Parent Ed eet**



**Referrals**

**Parent Ed Sheet**

**Parental**

**or Provider Concern**

**KEY:**

**Age of Child**

**Social and Family Risk Factors**

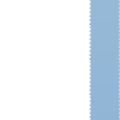
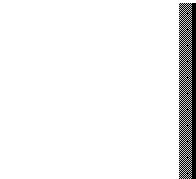
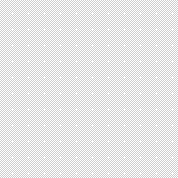
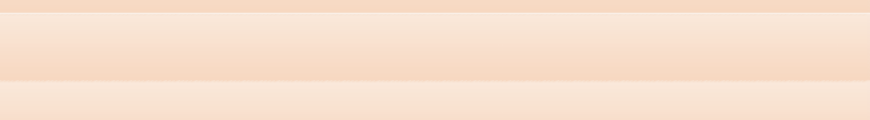
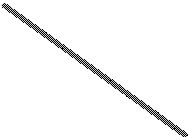
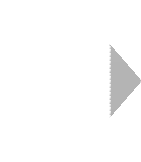
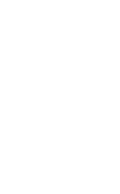
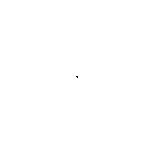
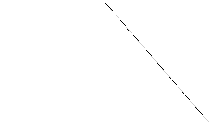
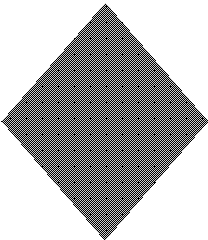
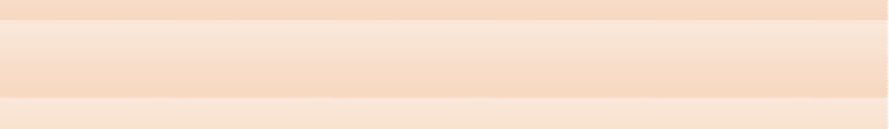
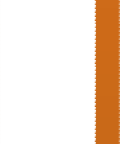
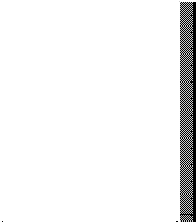
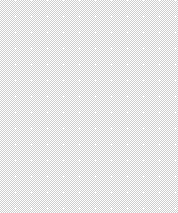
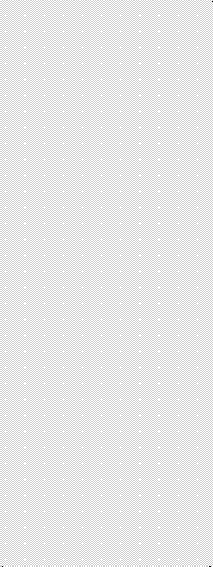
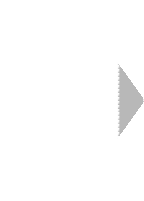
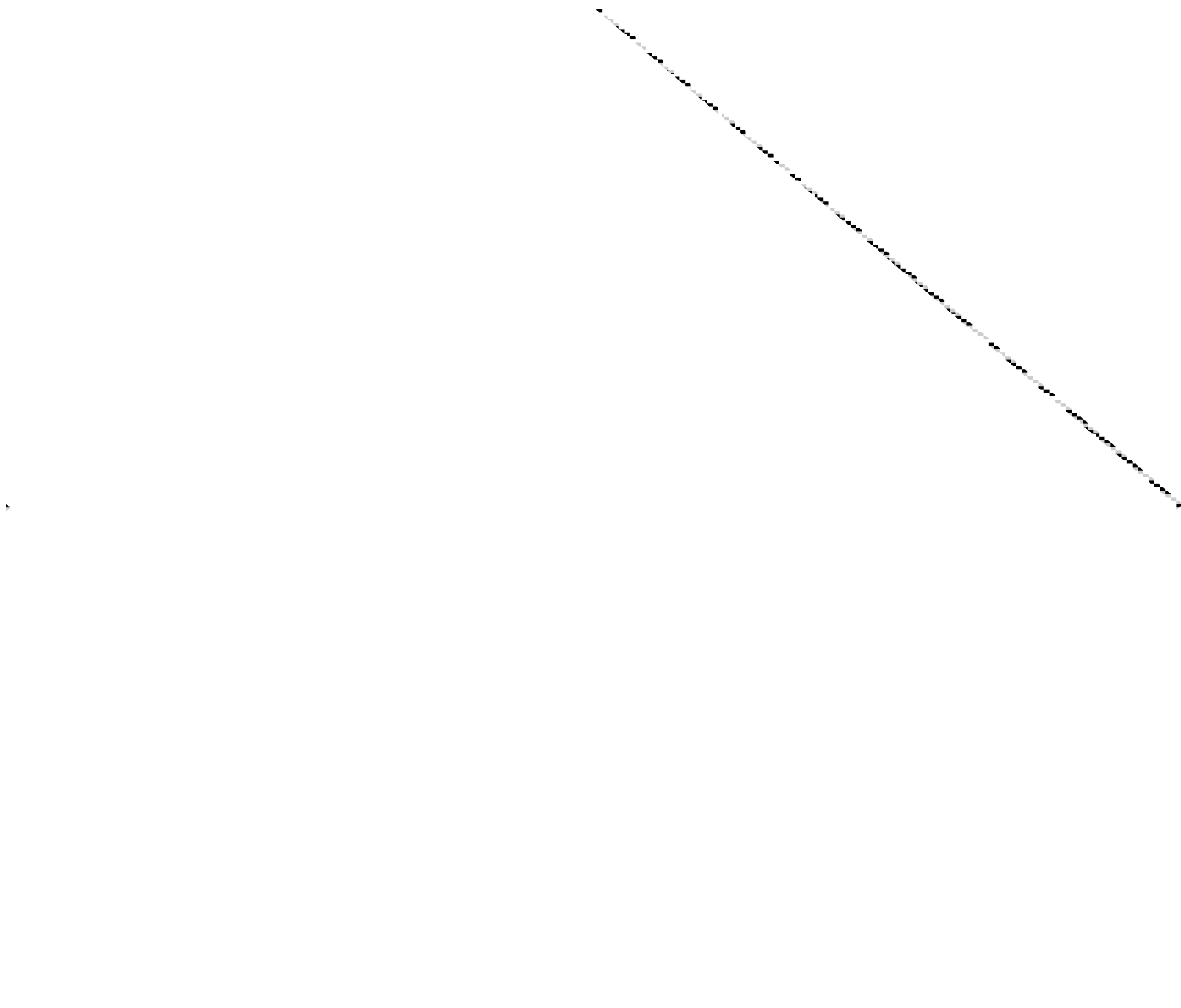
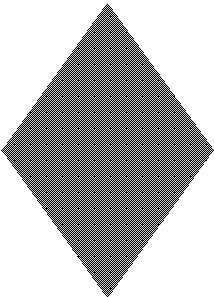
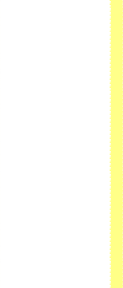
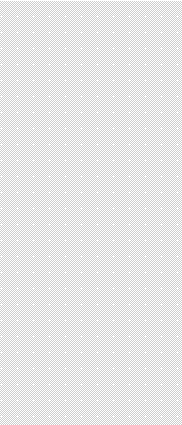
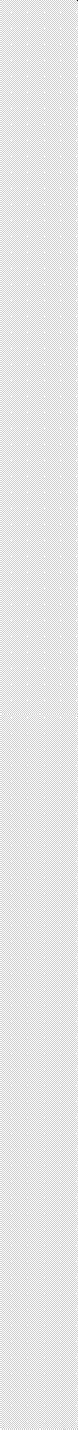
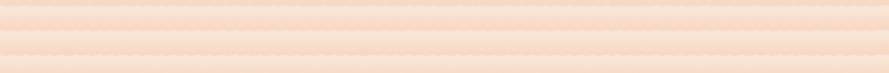
**Child Factors**

**ASQ Domain Scores**

**Developmental Promotion**

|  |  |
| --- | --- |
| **2 domains in the Black** |  |
| **1 domain in the Black** | |
| **2 or more in**  **the grey** |  |

###### AND



YES

**Parental**

**AND or Provider**

**Concern**

**1 domain**

**in the Black**

YES

**Parental**

**AND**

**or Provider**

**Concern**

**Re-Screen within 3 Months:**

**Set up a Follow-Up if Child Does Not Have A Visit**

**2 or more domains in the grey**

**Consider Supplemental Medical and Therapy Services**

**If Communication Domain -> Speech Therapy and Audiology Evaluation If Fine Motor/ Gross Motor -> OT/PT**

**(See One-Page Summary of CPCCO Providers and Coverage)**

**Refer to Early Intervention For An Evaluation**

**Use Universal Referral Form and families sign FERPA**

**2 domains in Black**

**3+**

**domains in the Black**

**Consider Supplemental Medical and Therapy Services**

**If Communication Domain -> Speech Therapy and Audiology Evaluation If Fine Motor/ Gross Motor -> OT/PT**

**(See One-Page Summary of CPCCO Providers and Coverage)**

**Consider Referral to Developmental/Behavioral Pediatrician**

**Especially if Child is At-Risk on the Communication Domain AND Problem Solving or Personal Social**

**(See DB Peds Referral Cheat Sheet)**

**Refer to Early Intervention For An Evaluation**

**Use Universal Referral Form and families sign FERPA**

**Consider Supplemental Medical and Therapy Services**

**If Communication Domain -> Speech Therapy and Audiology Evaluation If Fine Motor/ Gross Motor -> OT/PT**

**(See One-Page Summary of CPCCO Providers and Coverage)**

**Referral to Developmental/Behavioral Pediatrician**

**- See DB Peds Referral Cheat Sheet**

**Refer to Early Intervention For An Evaluation**

**Use Universal Referral Form and families sign FERPA**

**Re-Screen within 3 Months:**

**Set up a Follow-Up if Child Does Not Have A Visit**

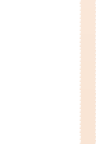
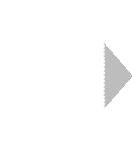
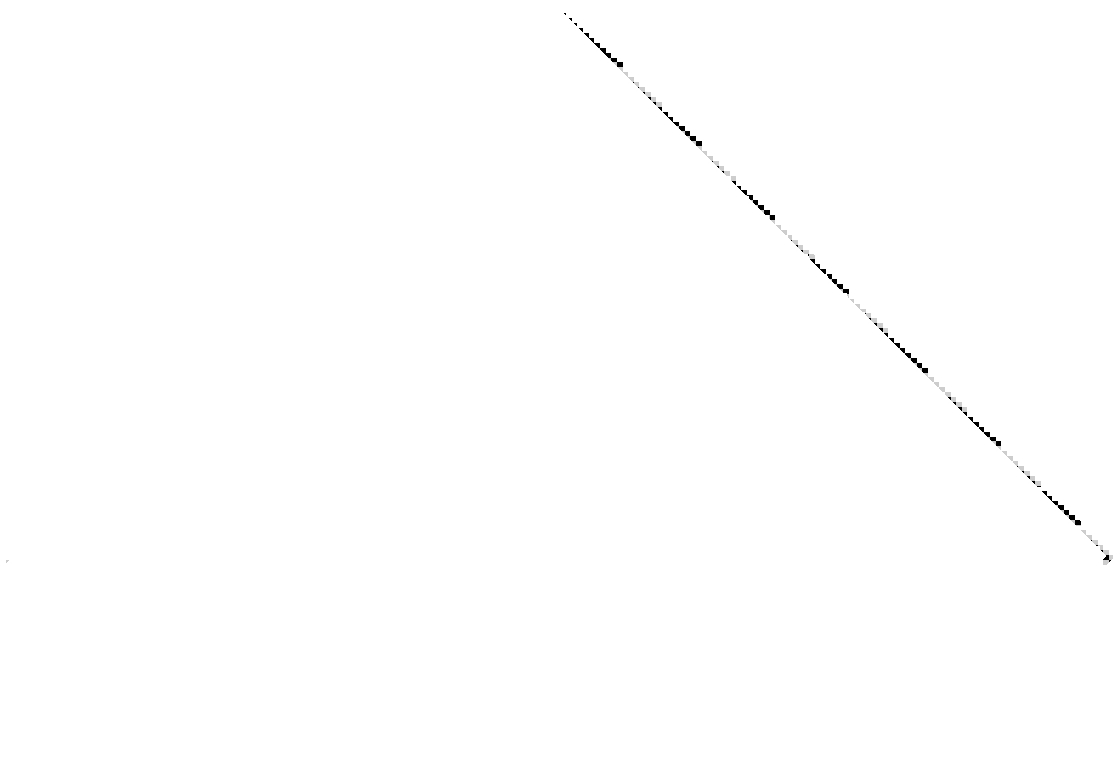
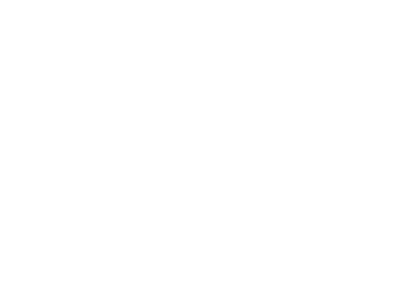
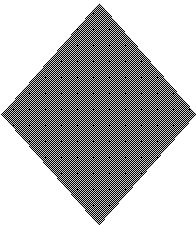
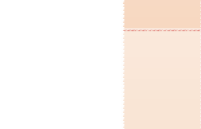
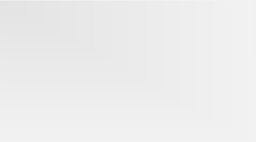
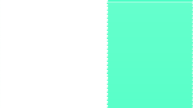
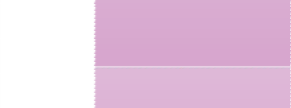
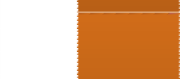
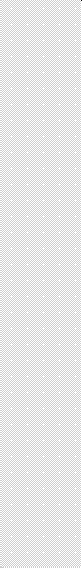


**Refer to CaCoon/Babies First**

**Use Program Referral Form**

**Social Risk Factors**

(Ex: parent with inadequate knowledge/supports, alcohol/substance abuse, or mental illness; teen parent)



**AND**

**Provider**

**Concern or Parental Frustration**

**If Child**

**has:**

**And/**

**Or**

Consider Use of Early Childhood Mental Health Dx Codes

**Consider External Referral to Mental Health**

**Exposure to Adverse Childhood Events (ACES) in Family Environment**

**Concerns such as oppositional, aggressive, overactive or shy/anxious behaviors, significant sleep, feeding, self- soothing, adjusting to new situations, or irritability concerns**

**Consider internal Behavioral Health referral and additional screening**

**Use County Level HUB Case Coordination Platform**

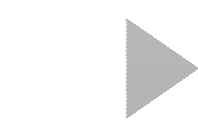
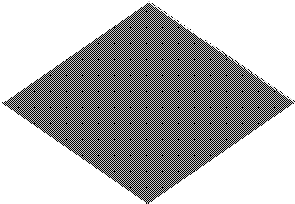
**Social Risk Factors**

(Ex: teen parent, challenging child behaviors, limited income/resources, lack of adequate parenting skills, domestic violence, substance abuse)

**ASQ Learning Activities for Specific Domains**

**Parent Ed Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **All Ages and Risks** | **ASQ Learning Activities for Specific**  **Domains Identified At-Risk** | **Child has a Medical Dx or Medical Risk Factors** | |
| **Mild Delays Causing Provider Concern** | |
| **At-Risk on Personal Social**  **Domain** | **AN** |
|  | |



**D**

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OREGON PUBLIC HEALTH DIVISION



Office of Family Health Immunization Program

What parents need to know about vaccines

Immunization is a preventive measure that can protect people against serious diseases. Parents naturally have many questions about vaccines, so we’ve collected the most common questions and provided up-to-date answers. For more information on immunizations and vaccine safety, please visit [**www.healthoregon.org/imm**.](http://www.healthoregon.org/imm)

**How do vaccines prevent disease?**

Vaccines protect people from disease by strengthening a body’s immune response. A vaccine’s antigens help a body make infection-fighting antibodies to combat disease invaders. Vaccines will make people immune to a disease without having to suffer through that disease.

**Are these diseases really dangerous?**

Yes. Many vaccine-preventable diseases, such as smallpox, are no longer around so we have forgotten how horrible they are. But up until the 1960s, parents were terrorized by polio, a devastating disease that struck healthy children and still exists in many parts of the world. With the development of vaccines, children are

now protected from diseases that caused thousands of children to die. For example, since 1991 when children started receiving the Hib vaccine that prevents a serious bacterial infection, the rate of Hib-related diseases declined 99 percent, from 20,000 cases per year to approximately 35 cases.

**Isn’t it better for children to gain immunity naturally by getting the disease instead of the immunization?**

Natural infection can come at a high price: Chicken pox or pneumococcus can lead to pneumonia; rubella can cause birth defects; Hib can cause brain damage; and children can die from any vaccine-preventable disease. A child may have a mild case or even no symptoms at all, but he or she could pass on the disease to

a child who can’t be immunized because of age or a medical condition.

**Aren’t infants too young to get shots?**

No. Many of the diseases that vaccines prevent occur in very young infants. Fortunately, most babies are born with sturdy immune systems that are very capable of making a protective immune response to vaccines. Vaccines don’t weaken the immune system — they boost it.

**Are so many shots safe for my baby?**

Several studies have determined that simultaneous vaccination with multiple vaccines have no adverse effect on a normal child’s immune system. Another advantage of multiple immunizations is that children have fewer shots, fewer office visits and less discomfort. Spreading out vaccines may leave children unnecessarily vulnerable to disease. Plus, vaccines are more efficient than ever. The original smallpox vaccine had 200 antigens in just one shot; today, there are only about 130 antigens in **all**

of the routinely recommended immunizations combined.

**Why do children get so many more shots now?**

As science progresses, children and adults are protected against more and more vaccine-preventable diseases. In the 1920s, there was just one vaccine: smallpox.

At that time, hundreds of thousands of children got diphtheria — many of them died from it. Today we have vaccines for diseases that used to affect children every day.

**Do vaccines cause autism?**

No. Many studies that included hundreds of thousands of children across the globe have compared kids who got vaccines with kids who didn’t— there is no difference in the autism rate. Vaccines do not cause diseases, they prevent them.

**Is mercury in vaccines harmful?**

There is no mercury in routine childhood vaccines. In 2001, the Food and Drug Administration (FDA) required vaccine manufacturers to stop using mercury preservatives in childhood vaccinations. Manufacturers previously used thimerosal and other types of ethyl mercury that are rapidly eliminated from the body.

The only vaccine that still contains a mercury preservative is the flu vaccine that comes in a multi-dose vial. But the amount of mercury in a flu vaccine is five times less than in a tuna sandwich.

**Is aluminum in vaccines harmful?**

There is aluminum all around us in water, food and air; it is the most common metal found in nature. Some vaccines include a small amount of aluminum to boost immunity, but aluminum is present in breast milk and baby formula. Babies quickly eliminate aluminum from their bodies with no danger to their health.

**References:**

The Children’s Hospital of Philadelphia:

[**www.chop.edu/service/vaccine-education-center/vaccine-safety**](http://www.chop.edu/service/vaccine-education-center/vaccine-safety)

Centers for Disease Control and Prevention:

[**www.cdc.gov/vaccinesafety;**](http://www.cdc.gov/vaccinesafety%3B)

[**www.cdc.gov/vaccines/spec-grps/infants/parent-questions.htm**](http://www.cdc.gov/vaccines/spec-grps/infants/parent-questions.htm)

Immunization Action Coalition: [**www.immunize.org**](http://www.immunize.org/)

### 5/2011