Rhode Island Integrates Public Health and Primary Care Through Immunization Programs

Rhode Island’s multiple immunization and follow-up programs have ensured the state’s high vaccination rates for vaccine-preventable diseases and influenza.

Because of Rhode Island’s small size, there are no local health departments, and state public health officials collaborate closely with healthcare providers. A primary care advisory council and a vaccine advisory committee were established to facilitate communication between primary care providers and the Rhode Island Department of Health. The collaboration work with the advisory council and the advisory committee supports a strong partnership for vaccines, which are purchased and distributed to providers for free through the state health department’s universal vaccine policy.

The Rhode Island Department of Health’s Immunize for Life initiative supports several programs targeting vaccination across the life course in primary care and community settings, including pharmacies. Rhode Island has also maintained a statewide school-located catch-up vaccination program for adolescents through the Vaccinate Before You Graduate (VBYG) Program for more than 10 years, and more recently has expanded to include school-located influenza vaccination clinics for students in kindergarten through grade 12. In addition, an integrated perinatal disease prevention initiative supports home visits.

Steps Taken:

- A primary care advisory council and a vaccine advisory committee were formed to work on communication between the state health department and primary care providers.
- Rhode Island’s school-located vaccination programs are used to manage vaccine-preventable disease outbreaks in communities. Vaccine is offered to students, faculty, and families.
- An integrated perinatal disease prevention initiative targeting women infected with hepatitis and HIV supports home visiting for pregnant women and families with young children. The home visit program includes vaccine education and referral as part of case management.
- The school-based vaccination program and the home visiting program feed information into KIDSNET, Rhode Island’s child preventive health and immunization information system, which was launched in 1997.

Results:

- In 2012, Rhode Island had 90 percent immunization coverage rates to protect against vaccine-preventable diseases in children under 2 years of age and children entering kindergarten.
- One hundred percent of Rhode Island pediatric providers are reporting vaccine usage to KIDSNET.
- Rhode Island is ranked highest (74%) in the United States for influenza vaccination of pregnant women, which prevents flu-related complications in newborns.
- The percentage of adolescent females 13-17 years of age who received three doses of the HPV vaccine increased from 73 to 76 percent in 2012.

Rhode Island achieved the highest influenza vaccination coverage rates in the United States among children 6 months through 17 years of age with 74 percent.

The state health department has conducted 421 school-located flu vaccination clinics to date, vaccinating 21,494 students.
Lessons Learned:

- When school outbreaks occur, the state health department reaches out to the primary care provider community to coordinate disseminating information and recommendations to parents and organize school-based community vaccination clinics.
- Some primary care providers have expressed concerns that the VBYG program removes an opportunity for doctors to meet with their patients before graduating. Thus, the state health department stresses that this program is a vaccination safety net for students and should not replace the adolescent well visit. VBYG does promote having a medical home with a primary care provider.
- Because the program doesn’t push information directly to the primary care provider but instead reports directly to the registry, the provider has to look for the data outside of their electronic health record, which is currently one challenge that the health department is looking into.
- Primary care access to KIDSNET is still a challenge. The exchange of health information is not yet bidirectional and Rhode Island continues to work on integrating the immunization record registry, an issue that many states and territories are seeking to overcome.

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