Immunizations

Policy

WIC Policy Memo:

WIC state and local agencies must ensure that WIC infants and children are screened and referred for immunizations using a documented immunization history.

As an adjunct to health services, the WIC program's role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance rather than substitute for on-going immunization program initiatives.

WIC state and local agencies must develop plans to coordinate with providers of immunization screenings so that children participating in WIC are screened and referred for immunizations using a documented immunization history.

The following minimum screening protocol was developed by CDC and the American Academy of Pediatrics specifically for use in WIC programs where children are not screened and referred for immunizations by more comprehensive means.

- By 3 months of age, the infant/child should have at least 1 dose of DTaP.
- By 5 months of age, the infant/child should have at least 2 doses of DTaP.
- By 7 months of age, the infant/child should have at least 3 doses of DTaP.
- By 19 months of age, the infant/child should have at least 4 doses of DTaP.

The purpose of the minimum screening and referral protocol is to identify children under age two who may be at risk for under-immunization. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care. This is the minimum requirement; WIC programs with the capacity to perform more comprehensive screening can continue to do so.

Authority

WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral

Procedures

 When scheduling WIC certification appointments for children under the age of two, advise parents and caretakers of infant and child WIC applicants that immunization records are requested as part of the WIC certification and health screening process.
Explain to the parent/caretaker the importance that WIC places on making sure that

- children are up to date on immunizations, but assure applicants that immunization records are not required to obtain WIC benefits.
- At initial certification and all subsequent certification visits for children under the age of two (or until their series is complete), screen the infant/child's immunization status using a documented record. A documented record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the provider), an immunization registry (E.g. IRIS), a client chart (paper copy) or the MCAH data system (for WIC providers that have access for other business purposes).
- At a minimum, screen the infant/child's immunization status by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age, according to the following table:
 - o By 3 months of age, the infant/child should have at least 1 dose of DTaP.
 - o By 5 months of age, the infant/child should have at least 2 doses of DTaP.
 - o By 7 months of age, the infant/child should have at least 3 doses of DTaP.
 - o By 19 months of age, the infant/child should have at least 4 doses of DTaP.
- Record immunization status, as verified by a documented record, in the infant's or child's electronic record. (Note: Infants <2 months of age are assumed to be up-to-date for purposes of WIC data collection because routine immunizations begin at two months of age. Choose the response "Yes", to the question "Can we look over <name of infant> shot record today?" in the WIC data system.)
- If the infant/child is under-immunized: (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child, and (2) provide a referral for immunization services to the child's usual source of medical care or another community resource for immunizations.
- If a documented immunization record is not provided by the parent/caretaker and cannot be obtained through an electronic registry or data system: (1) provide information on the recommended immunization schedule appropriate to the current age of the infant/child, (2) provide a referral for immunization services (3) encourage the parent/caretaker to bring the immunization record to the next certification visit and (4) document the referral in the participant's record.

A release of information is needed when a WIC agency requests immunization records from another agency such as a private provider. A release is not needed when requesting information from local and state immunization programs (including Child Health programs) affiliated with the Iowa Department of Public Health since an agreement between the programs exists and the participant is made aware of this in the Rights and Responsibilities document they sign.

Best Practices

Some WIC programs conduct more comprehensive immunization screening and referral than the established minimum protocol. For example, some have access to software that automatically

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reviews all vaccinations and identifies which ones are needed. WIC programs with the capacity to perform more comprehensive screening should continue to do so.

When possible, remind the parent/caretaker when the next immunizations are due.

WIC agencies should provide written information to participants about the available immunization providers in the service area. Desirable information includes contact information, time and location of clinics, costs for services and whether an appointment is needed. Potential sources and locations for immunizations include:

- County Public Health Department
- Child Health (Title V)
- Community Health Center
- Physician

WIC agencies can promote immunizations by coordinating with immunization programs and community providers. Coordinating activities include:

- Referring participants to sources of immunizations,
- Co-locating WIC clinics with immunization clinics,
- Advocating for accessible services in the community,
- providing information including posters, pamphlets, immunizations schedules and immunization records for parents to keep