Immunize Utah

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UTAH DEPARTMENT OF HEALTH RECEIVES $1 MILLION FOR CERVICAL CANCER PREVENTION

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Utah Cancer Control Program

Many Utah women will receive life-saving education and vaccines to prevent the Human Papillomavirus (HPV), the leading cause of cervical cancer. Industrialist Jon Huntsman, Sr. donated $1 million to the Utah Department of Health (UDOH) to begin an awareness campaign and provide low-cost vaccines to eligible women 19-26 years of age. HPV is a sexually transmitted disease that causes genital warts and up to 70 percent of all cervical cancers.

In a letter to UDOH Executive Director Dr. David N. Sundwall, Huntsman wrote, "My quest in life and my pledge in death . . . is to assist in the eradication of cancer in all its ugly mannerisms, irrespective of cause."

In June 2006, the Food and Drug Administration (FDA) approved an HPV vaccine that is effective against four strains of the virus for use among females ages 9-26 years. "The vaccine is a huge step forward in eliminating cervical cancer and saving women's lives," said Dr. Sundwall. "Mr. Huntsman's generous donation will allow us to get the word out about this troublesome infection, teach women how to prevent it, and provide vaccines," he added. The low-cost HPV vaccine will be distributed by the Utah Immunization Program and will be available for women ages 19-26 years at participating public health departments, community health centers and other immunization providers by August 1, 2007.

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Huntsman says he was prompted to make the donation after a bill crafted by Representative Karen Morgan that would have provided the funds failed in the 2007 legislative session. "Although Representative Morgan, co-sponsor Representative Sylvia Anderson and others worked tirelessly, the measure was defeated," said Huntsman. "We were proud of Representative Morgan's perseverance as she went back to her fellow lawmakers with a scaled-down proposal for a $25,000 public awareness campaign, which was successful," he said.

> "The vaccine is a huge step forward in eliminating cervical cancer and saving women's lives . . ."

HPV is the most common sexually transmitted infection in the U.S. It is estimated that at least 50% of sexually active people will get HPV at some time in their lives. Although the majority of these infections cause no symptoms, persistent genital HPV infection can cause cervical cancer in women and other types of anal and genital cancers and genital warts in both men and women.

The incidence of invasive cervical cancer in the United States has decreased significantly over the last 40 years because of widespread use of Pap testing, which can detect lesions on the cervix before they become cancer. The HPV vaccine will not eliminate the need for screening because it does not protect women from all types of HPV that cause cancer. On average, 60 Utah women are diagnosed and 17 die each year from cervical cancer.

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Immunization Coalitions Celebrate National Infant Immunization Week

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The Greater Salt Lake Immunization Coalition (GSLIC) and the Northern Utah Immunization Coalition (NUIC) commemorated National Infant Immunization Week on April 17 and 18, 2007 with provider education conferences. The NUIC half-day conference was held at the Ogden Eccles Conference Center and the GSLIC conference was held at The Gathering Place in Salt Lake City. Provider education focused on new vaccine recommendations and the vaccine schedule.

Dr. William Atkinson, National Immunization Program and Respiratory Diseases, Centers for Disease Control and Prevention, (CDC), was the keynote speaker at both conferences. Dr. Atkinson discussed two new vaccines: Rotateq, for rotaviral disease in children and Gardasil, the human papillomavirus vaccine. He also discussed the adult shingles vaccine, Zostavax, and clarified the second dose recommendations for varicella and influenza vaccines. Participants learned of the new storage requirement for FluMist, the live attenuated influenza vaccine manufactured by Med-Immune. FluMist has received FDA approval for use in children one year of age, rather than five years of age.

A question and answer panel discussion followed Dr. Atkinson's presentation at the NUIC conference. Panel members included Dr. David Cope, medical consultant for Davis County Health Department and a member of the Northern Utah Immunization Coalition; Dr. Tamara Lewis, Medical Director of Community Health and Prevention at Intermountain Healthcare and co-chair of the Utah Adult Immunization Coalition; Dr. William Atkinson, CDC; Linda Abel, Manager, Utah Immunization Program; and Linda Crowton, school nurse for Weber County Health Department.

NUIC also recognized vaccine providers throughout northern Utah with immunization rates of 70% to 90% and above. Providers whose rates were above 90% included IHC Bountiful, Dr. Coombs, and Dr. Rose.

Both conferences were well attended with 109 participants at the NUIC conference, and 96 at the GSLIC conference. Participants included vaccine providers, such as school nurses, local health department personnel and private health care providers within northern Utah and Salt Lake County.

The NUIC and GSLIC are comprised of community volunteers, public and private health care providers and vaccine manufacturer representatives. NUIC is co-chaired by Kim Olsen, Community Nursing Services and Vener DeFriez, Davis County Health Department. For more information about NUIC, please contact Kim at 801-233-6214 or Vener at 801-451-3392. GSLIC is chaired by Sally Dawson, Primary Children's Medical Center. Please contact Sally at 801-661-1621 for more information about GSLIC.

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Cervical Cancer Prevention

"We hope that, through increased awareness about HPV and access to the vaccine, potential cases of cervical cancer may be prevented and the lives of sisters and daughters, wives and mothers throughout Utah may be saved," stated Mr. Huntsman.

The Centers for Disease Control and Prevention (CDC) recommends HPV vaccination among females 9 to 26 years of age to prevent cervical cancer caused by HPV, but adds that abstaining from sexual activity is the surest way to prevent HPV infection. For those who choose to be sexually active, a monogamous relationship with an uninfected partner is the most effective method to prevent future genital HPV infection. In addition, the CDC recommends that women and girls receive regular cervical cancer screening (Pap tests) starting within three years of when a woman begins sexual activity or at age 21, whichever comes first.

For more information about cervical cancer, visit www.ucan.cc or call 1-888-222-2542.

Infant Immunization Initiative in Salt Lake County

Audrey Stevenson, MSN, FNP, MPH
Salt Lake Valley Health Department

For many years, Utah has lagged behind the rest of the United States in infant immunization levels. It is a well known fact that immunization rates of 90% are important in providing the herd immunity necessary to protect Utah communities from the spread of vaccine-preventable diseases.

The Salt Lake Valley Health Department (SLVHD) and Salt Lake County recently announced plans for the Infant Immunization Initiative. The funding for this initiative is a collaborative effort between the SLVHD, Salt Lake County and Intermountain Healthcare.

This initiative has two parts. The first part is targeted at the 11,000 children ages two years and under attending one of the SLVHD Women, Infants, and Children (WIC) clinics. Each child's immunization record is reviewed at each WIC appointment to ensure that all children have received all of the recommended vaccines for their age. The child's immunization history is entered into the Utah Statewide Immunization Information System (USIIS) to ensure that the record on file is current. Children who are not current on their vaccinations are referred to their primary care provider or may receive the vaccines at one of the SLVHD Immunization Clinics co-located at each WIC clinic. Additionally, parents receive education during WIC visits about the importance of children receiving all recommended vaccines according to schedule.

The second portion of the initiative is to provide vouchers for free infant immunizations. Providers throughout Salt Lake County will receive vouchers for children who do not qualify for the Vaccines for Children (VFC) Program or do not have insurance to pay for vaccines. The physician's office identifies which vaccines are necessary and will refer the family to one of the six SLVHD Immunization Clinics to receive the vaccines free of charge.

The Infant Immunization Initiative will be beneficial in ensuring that children receiving WIC services are current on their vaccines as well as reducing the financial barrier to children receiving vaccines in Salt Lake County. This initiative is a great example of state, local and community partners working together for a common goal - the goal of improving infant immunization levels in Salt Lake County.

Kudos To Providers!

The Utah Immunization Program is pleased to recognize outstanding efforts among Utah providers in immunizing Utah's children. The following rates are based on immunization assessments from January through April 2007 using the Clinic Assessment Software Application (CASA).

For achieving the goal of immunizing 90% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 1 Chickenpox:

Salt Lake Pedia Center 90%

For achieving the goal of immunizing 80% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 1 Chickenpox:

Lehi Medical Clinic 82%
U of U Stansbury 80%

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 1 Chickenpox:

Centro De Salud Familiar 79%
IHC South Ogden 70%

USIIS USER TIPS

USIIS User Tip #1: Recently, USIIS has made a few changes to the Inventory screen. First, there are now two radio buttons. (A radio button is a circle on an application that requires a choice from the user. When the choice is selected, a dot is placed in the circle. A radio button group is unique from a check box because only one choice needs to be selected.) The top radio button is used to view all of your inventory, including any expired or used inventory items. The bottom radio button or default button, shows your current inventory and excludes the expired or used inventory items.

Next on the inventory screen, moving from left to right, is a drop-down list. This list will limit what is shown in the inventory by vaccine type and will help you quickly find the vaccine lot that you are looking for. If the vaccine is not listed on the active page (page you are currently viewing), use the buttons: First, Prev, Next, and Last. A display field is also available to show how many pages of inventory your current selection produced.

Finally, the Inventory Report has been expanded to allow you to choose which items you would like to see in your report.

USIIS User Tip #2: Were you aware that you can delete any vaccination that you have submitted into USIIS? Here are a few tips to follow when deleting a vaccine record.

First, identify that the vaccination is incorrect in some way, or that it was never given. Second, go to the Immun screen (the pink screen) and select the vaccination that is incorrect from the Vaccination History list. This will populate the entry fields on the left with the information on the incorrect vaccine. Last, pressing the Delete button in the upper periwinkle section of the Immunization screen will do one of the following: 1) It will notify you that the shot was entered in and has not yet been loaded into the Central Database of USIIS. It will be permanently deleted if you choose “Yes.” 2) It will notify you that the selected vaccination has been loaded into the USIIS Central Database, and will take up to 24 hours to be deleted. (This outcome will save a copy of the incorrect immunization information in an archived vaccine deleted table.) 3) It could also send an error message stating that something is wrong and you do not have the rights to delete this immunization.

USIIS User Tip #3: If you are not using the Batch Forecast Report, you could be missing out on a very helpful and time-saving tool. The Batch Forecast accepts a hand entered list of provider patient IDs and returns that amount of patient forecasts, that can be printed and used to serve your patients. The Batch Forecast Report is located in the ADMIN section of the USIIS program under the Report tab. The following are examples how the Batch Forecast Report may be helpful.

Prior to clinic time each day, identify the patients who are scheduled to come in for an immunization or other type of appointment. Enter the patient IDs for that list of patients in the Batch Forecast screen. Click the button labeled “Print or View.” Each time a patient comes in for an appointment, you can use this printed forecast to give the patient necessary immunizations.

Again, this forecast can be used to identify immunizations for all patients – those coming in for immunizations or those coming in for other medical visits. Utilizing the Batch Forecast Report helps reduce missed opportunities to vaccinate and the need to reschedule patients for immunizations.

Once the immunizations are given, simply record the vaccine lot number, person who vaccinated the patient and all other necessary information directly on the forecast report and place them in a stack to be entered into USIIS later in the day when you have more time.

For more information on these and other tips, contact your regional representative at 801-538-9450.

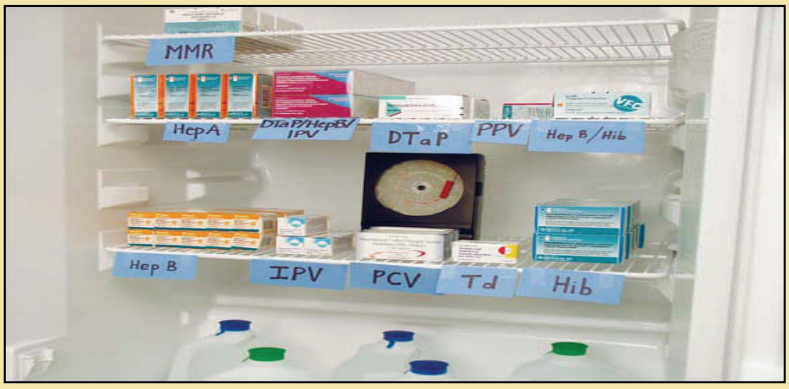
Vaccine Management Tips

Proper Vaccine Storage

Vials should <u>not</u> be removed from original boxes and stored in baggies or bins.

- Vials out of packaging could cause administration of the wrong vaccine, as vials look similar.
- MMR, VARIVAX, ProQuad, RotaTeq, and GARDASIL prescribing information instructions state to "Protect from Light."
- Removing vials from the package increases the risk of inappropriate exposure to light.
- Exposure to light may inactivate the vaccine viruses and/or affect vaccine potency.
- Vaccine manufacturers have no data to ensure the viability of products removed from the original packaging and stored in baggies or bins.

VACCINES PROPERLY STORED AND ORGANIZED



Vaccine Storage Tip: Organize the refrigerator by attaching vaccine name labels directly to the shelves on which each vaccine type is positioned (pictured above), or label trays or open-weave baskets (which allow air flow) according to the vaccines they contain (pictured below).

Source and photos provided by the National Immunization Program (NIP)
For more storage and handling tips and information, visit NIP's Vaccine Storage and Handling Toolkit, http://www2a.cdc.gov/nip/isd/shtoolkit/content.html

Center for Multicultural Health

Janae Duncan, BS
Center for Multicultural Health

In Utah, 83% of White, non-Hispanic women receive early prenatal care, but only 63% of other pregnant Utah women do. Minority women in Utah have a 55% greater chance of having their babies die before their first birthday than White, non-Hispanic Utah women (Utah birth certificate database, 2004). Minority adults in Utah are more likely to suffer from chronic conditions like diabetes and hypertension than White, non-Hispanics (HSS 2001, BRFSS 2001-2005) and twice as likely as White, non-Hispanics to report that they have overall bad health (BRFSS, 2005).

In response to inequalities like these, advocates for Utah's growing ethnic/minority community campaigned for lawmakers to create an office at the Utah Department of Health that would work toward eliminating health disparities in Utah. In 2002, the Center for Multicultural Health (CMH) was created to help the Utah Department of Health (UDOH) better reach the ethnic and minority communities of Utah. CMH is the Utah Office of Minority Health.

The mission of CMH is to help all racial and ethnic minorities in Utah achieve optimal health through accessible and high quality programs and policies.

The Center for Multicultural Health activities are defined by the Utah Legislature and the Federal Office of Minority Health.

Utah Legislative Mandate:

- Reduce health disparities and improve health outcomes of minority populations
- Improve access to health care for minority populations
- Improve cultural competency and translation/ interpretation services at health agencies
- Coordinate research, education, health promotion and screening activities related to minority health issues
- Share information about minority health issues
- Assist public and private organizations and advisory committees in Utah

Federal Office of Minority Health Mandate:

- Collaborate and coordinate with programs in the Utah Department of Health, local health departments, community organizations and community programs to serve ethnic and racial minorities
- Facilitate the statewide Multicultural Health Network (MHN)

Current priority health issues are:

- Access to health insurance
- Cancer
- Cardiovascular health
- Mother and child health
- Oral health
- Children with special health care needs (CSHCN)
- Asthma
- Diabetes
- HIV/AIDS
- Immunizations
- Tobacco Use

Current Priority Multicultural Groups are:

- Asian
- Black/African American
- Hispanic/Latino
- Native American/Alaskan Native
- Pacific Islander/Hawaiian Native

CMH has many projects and initiatives. Some of the highlights include:

Cultural Competency Project
Conducting in-depth training and assistance with committed local and state public health programs for a full year to develop and implement plans to increase cultural and linguistic competence.

Physician Office Quality Improvement
Partnering with HealthInsight to improve cultural competency among providers working with Medicare and Medicaid patients through an organizational assessment, technical assistance and Internet-based Continuing Medical Education.

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Utah Statewide Immunization Information System, A Good Decision

William Cosgrove, MD
Cottonwood Pediatrics

Each morning on my way to work, I watch drivers making decisions. Most of those decisions are good, some awful. The guy with a coffee in one hand and a cell phone in the other - what is he thinking? And what information is he choosing to ignore?

I watch people in two cars changing lanes at the same time, into the same space. Did either turn to look? Did either use their mirrors, or consider any consequences to their actions? Poor decisions can be threatening to health and safety.

It is clear that to make good decisions we need good data: streams of facts and observations that are easily accessible and non-ambiguous. But data, even high-quality data, can't act on its own. We, then, have to actively take on the responsibility to seek out the data, correct it if needed, and then use it to make good decisions.

The Utah Statewide Immunization Information System (USIIS) is a data tool, a repository of facts and observations, that we can use to make decisions for the children in our trust. The data contained in USIIS quickly give us the child's age, which immunizations that child has already received, any known contraindications for this child, and then gives a clear listing of the vaccines the child currently needs. And the data in this registry is continually becoming more accurate, more complete, and more trust-worthy.

But, we need to step up and take the personal responsibility to actively seek out good data, to cross-check and correct the data that is submitted to USIIS. In essence - to commit to making good decisions that will ensure accurate immunization information is available for each and every child.

Just like on the road, we need to sit up and be alert. We need to confirm what is behind us by checking the history, checking the mirrors. We need to actively anticipate what is up ahead, and plan. USIIS provides tools, such as historical information and forecasting, to assist providers in implementing good planning strategies.

We can make a serious commitment to making wise decisions - or, we can set the cruise control and have our coffee. But, like on the road, poor decisions or delayed decisions are threatening to health and safety. Perhaps, we should act like somebody's life is at stake.

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Center for Multicultural Health

2007 Qualitative Minority Health Report
Learning about health barriers and strengths of the five priority racial and ethnic groups through a literature review, key informant interviews, discussion groups and follow-up appointments. The beginning focus for interviews and discussion groups will be access to health services and health marketing. The report will be complete in fall 2007.

Improving translation and interpretation at the Utah Department of Health
Future goals include developing standards and protocols for translation/interpretation services at UDOH, increasing the use of interpretation services and offering training to bi-lingual employees. We have also developed a multilingual library of translated health education materials to assist providers and community members in accessing health education in multiple languages.

Building partnerships
We collaborate with several partners, including the Multicultural Health Network, Ethnic Health Advisory Committee and the Health Disparities Workgroup. We keep everyone connected by producing *The Connection* newsletter published monthly to our web page.

To learn more about CMH, please visit our website at www.health.utah.gov/cmh/. To get regular updates of new resources available at our website, join our listserv by sending an email to janaeduncan@utah.gov.

Vaccine Information Statements

It's federal law!

You must give your patients current Vaccine Information Statements (VISs)

A vaccine complication in Florida highlights the importance of distributing the most recent VIS to your patients. In 1997, a 3-month-old-boy developed vaccine associated paralytic poliomyelitis (VAPP) following a first dose of OPV. The boy's parents reported that their physician furnished them with the 1994 polio VIS at the time of vaccination. The polio VIS had been revised in 1997 to reflect the ACIP preference for sequential use of inactivated polio vaccine (IPV), making the 1994 polio statement that was given to the parent outdated.

Note: *The most current polio VIS carries the date of 1/1/00/.*

To obtain a complete set of current VISs in more than 30 languages, visit IAC's website at www.immunize.org/vis.

This article was originally written by Neal A. Halsey, MD, Director, Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health and was updated by the Immunization Action Coalition in February 2007.

As healthcare professionals understand, the risks of serious consequences following vaccines are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications such as the one in the Florida case are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal guardians of minors) with objective information on vaccine safety and the diseases that the vaccines protect against so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers who should answer questions and address concerns that the recipient or the parent/legal representative may have.

Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae type b* (Hib), varicella (chickenpox), influenza, or pneumococcal conjugate vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

VISs are also available for human papillomavirus (HPV), meningococcal, pneumococcal polysaccharide, and rotavirus, as well as various vaccines used primarily for international travelers. The use of these VISs is recommended but not currently required by federal law. (Editor's note: Use of VIS for HPV, meningococcal, and rotavirus vaccines will become mandatory at a later date.)

State or local health departments or individual providers may place the clinic name on the VISs, but any other changes must be approved by the director of CDC's National Center for Immunization and Respiratory Diseases.

What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VISs available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS. As the Florida case above illustrates, it is imperative that you have the most current VIS.

Most current versions of VISs

As of February 2007, the most recent versions of the VISs are as follows:

DTaP/DT/DTP. . . 7/30/01	PCV 9/30/02
Hepatitis A 3/21/06	PPV 7/29/97
Hepatitis B 7/11/01	Polio 1/1/00
HPV 2/2/07	Rabies 1/12/06
Hib 12/16/98	Rotavirus 4/12/06
Influenza (LAIV) . 6/30/06	Shingles 9/11/06
Influenza (TIV) . . .6/30/06	Td 6/10/94
Japan Enceph. . . .5/11/05	Tdap 7/12/06
Meningococcal . 11/16/06	Typhoid 5/19/04
MMR 1/15/03	Varicella 1/10/07

Yellow Fever. 11/9/04

How to get VISs

VISs are available by calling your state or local health department. They also can be downloaded from the Immunization Action Coalition's website at www.immunize.org/vis or CDC's website at www.cdc.gov/nip/publications/vis.

Foreign language versions of VISs are not officially available from the CDC; however, several state health departments have arranged for their translations. These versions do not require CDC approval. You can find VISs in more than 30 languages on the Immunization Action Coalition's website at www.immunize.org/vis.

"We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that health care providers are required by law to provide prior to the administration of vaccines."

Walter A. Orenstein, MD, Past Director, National Immunization Program, CDC

Upcoming Events 2007

Adolescent Immunization Awareness Week
May 20-26, 2007
Call Nasrin Zandkarimi at 801-538-6570 for more information.

Utah Scientific Vaccine Advisory Committee
July 18, 2007
IHC University Building
5245 S. College Drive, Salt Lake City, 8:00 a.m.
Call 801-538-9450 for more information.

National Immunization Awareness Month
August 2007
Visit http://www.cdc.gov/nip/events/niam/default.htm for more information.

National Adult Immunization Awareness Week
September 23-29, 2007
Visit http://www.cdc.gov/nip/events/naiaw/default.htm for more information.

Coalition Meetings

June 5, 2007
Northern Utah Immunization Coalition
Weber County Health Department
477 23rd Street, Ogden; 2:00 p.m.
Call Vener DeFriez at 801-451-3392 for more information.

July 12, 2007
Every Child By Two Immunization Coalition
Utah Department of Health
Salt Lake City, 10:00 a.m.
Call 801-538-9450 for more information.

Greater Salt Lake Immunization Coalition meets the second Wednesday every month at 2001 South State Street, Suite S3800, Conference Room, Salt Lake City. Call Sally Dawson at 801-662-1621 for more information.

Southwest Immunization Coalition for Children meets the second Tuesday every other month at the Southwest Utah Public Health Department, 168 North 100 East, St. George, 8:00 a.m. Call Pat Thomas at 435-673-3528 for more information.

Utah Adult Immunization Coalition meets the fourth Wednesday every month at Health-Insight. 8:00 a.m. Call 801-538-9450 for more information.

Utah County Immunization Coalition meets the second Tuesday every other month at the Health and Justice Building, Room 2800, 151 South University Avenue, Provo. Call Pauline Hartvigsen at 801-851-7027 for more information.

USIIS User Group Meetings

Bear River
Logan Regional Medical Center
Thursday, June 14, 2007
12:30 - 2:00 p.m.

USIIS Oversight Committee
Utah Department of Health
Friday, June 15, 2007
1:00 - 3:00 p.m.

For more information regarding User Group meetings or to establish a User Group in your area, please contact Janel Jorgenson at 801- 538-9991.

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our websites!

www.immunize-utah.org
www.usiis.org

Welcome New VFC Providers!

Alpine Pediatrics - Lehi
Goshute Tribal Indian Health Clinic
IHC - Rose Park
Planned Parenthood - Park City
Planned Parenthood - Salt Lake City
Planned Parenthood - West Valley
Utah Valley Pediatrics - Payson

Welcome New USIIS Providers!

Academy for Math, Engineering & Science
BYU Student Health Center
Delta Family Medicine
East Hollywood High
IHC Logan Regional Hospital
Layton Family Medicine
Legacy Preparatory Academy
Magic Castle Child Care
Ogden City School District
Park City School District
St. Paul Lutheran School
U of U Centerville
U of U Greenwood
U of U Redwood Center
U of U Westridge
Washington School District
Weber School District
West Jordan Child Care