Immunization Branch
Division of Prevention and Preparedness

DSHS Immunization Contractors Guide For Local Health Departments

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DSHS Immunization Contractors Guide For Local Health Departments

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Acronyms

CDC	Centers for Disease Control and Prevention
CMU	Contract Management Unit
DSHS	Department of State Health Services
FSR	Financial Status Reports
HHSC	Texas Health and Human Services Commission
HSR	DSHS Health Service Regions
ILA	Inter-local Funding Application
LHD	Local health department
NEDDS	National Electronic Disease Surveillance System
NBS	NEDDS based system
OMB	Office of Management and Budget
PI	Program Income
TALHO	Texas Association of Local Health Officials
TVFC	Texas Vaccines for Children Program
VIS	Vaccine Information Statement
VPD	Vaccine-preventable disease
WIC	Women, Infants and Children

I. PROGRAM BACKGROUND

The Immunization Branch resides within the Division of Prevention and Preparedness at the Texas Department of State Health Services (DSHS), and is responsible for ensuring the immunization capacity within the State. The Branch is also responsible for administering the Texas Vaccines for Children Program (TVFC) and adult safety net vaccines, ImmTrac, the statewide immunization registry, school and child care immunization compliance, media and publications, and contracts for the performance of immunization activities.

The Immunization Branch provides funding to DSHS regional health departments and local health departments to implement activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents and adults, including health care workers. Funding for immunization activities is a blend of federal and state general revenue funds.

Immunization contracts with local health departments are based on the Texas DSHS Immunizations contract with the Centers for Disease Control and Prevention (CDC) and activities in the CDC's Immunization Program Operations Manual (IPOM). The required activities of the contracts are an important part of implementing the Immunization Branch's strategic goals and the strategies. These goals and strategies are consistent with higher vaccine coverage levels.

The Immunization Branch *strategic goals* are:

- Expand statewide immunization services and resources.
- Reduce indigenous cases of vaccine preventable diseases.
- Improve adult immunization levels.
- Improve adolescent immunization levels.
- Raise and sustain vaccine coverage levels for infants and children.

Strategies that are consistent with higher vaccine coverage levels include:

- Increase the use of an immunization registry (ImmTrac).
- Promote the use of reminder/recall systems.
- Increase public and provider education.
- Promote collaborations at the community level.
- Promote the medical home concept.

Local health department contract requirements are based on the CDC's IPOM) and will be updated when the IPOM is updated.

This manual is intended as a resource to contracted LHDs in implementing required activities under the immunization contract and will also describe contract monitoring activities that will be conducted during the contract period.

II. PROGRAM PLANNING AND EVALUATION

A. Community Assessment

Standard

Each local health department (LHD) immunization contractor will conduct a community needs assessment as directed by DSHS. This *assessment* should review and address the immunization needs within the LHD jurisdiction. The first step of the assessment process will be a description of the community characteristics.

Background

Program planning and evaluation relates to planning, organizing, budgeting, supervising, directing, and monitoring local immunization activities. Program planning is a series of actions that are developed to address identified needs within a community. The process to identify immunization needs begins with a description of the community and should include the following elements at a minimum:

- Geographic boundaries;
- Population characteristics and demographic information;
- Community characteristics such as public transportation, vaccine coverage levels, and numbers of vaccine preventable diseases; and
- Characteristics of the service delivery system and health care resources with in the community.

Once the community has been described, the next step is to determine the immunization needs of the community. Needs are defined as the gap between what a situation is, and what it should be. A needs assessment can determine how well your health department is meeting the immunization needs of your community. An immunization ‘pocket of need’ is a group or area within the community that needs vaccination services but does not currently receive them.

Some resources that might be used for a community needs assessment include vaccine coverage levels within schools and child care facilities in the community, interviews with community leaders, or surveys of community residents.

Method of Evaluation

The community assessment will be evaluated when requested by DSHS and may be used to help establish funding.

II. PROGRAM PLANNING AND EVALUATION

B. Annual Work Plan

Standard

All local health department (LHD) contractors will comply with the *annual work plan* which includes all immunization grant objectives and required activities. Immunization activities will be planned and implemented to address gaps identified by the community assessment. The *annual work plan* is Exhibit A of the Inter-local Application (ILA) and will be attached to the executed contract.

Process

The annual work plan is developed by DSHS and includes program objectives and required activities. Contracted LHDs will implement activities to address identified community needs and the required activities of the contract.

LHDs take the leadership role within their communities for population-based activities to raise vaccine coverage levels, to inform and educate the public and providers on the importance of vaccines, to promote the use of ImmTrac, to recruit and train new TVFC providers and ImmTrac users, to build and maintain community collaborations, and to assist clients in obtaining a medical home.

DSHS recognizes the role of LHDs as 'safety net' immunization providers; however, DSHS immunization funds are intended to be used primarily for population-based activities that support the Program's strategic goals and those strategies which are associated with higher vaccine coverage levels.

Method of Evaluation

LHDs will report progress toward the work plan objectives three times a year (January 31, May 31, September 30) utilizing the Triannual Reporting Form which will be available by September 1 at http://www.dshs.state.tx.us/immunize/providers.shtm. Reports must be submitted electronically via email to DSHSImmunizationcontracts@dshs.state.tx.us before the designated deadlines.

LHDs may receive one or two site visits each year. The first visit will be the annual TVFC site visit conducted by the DSHS regional staff and will include an assessment of clinic practices and vaccine coverage levels. A contract site review will be conducted every other year and include a review of policies and procedures, staff interviews, review of documentation of education, training, and collaborations and observation of clinic activities. A review of the LHD's quality improvement activities will be conducted if available.

II. PROGRAM PLANNING AND EVALUATION

C. Administrative Policies

Standard

Each immunization local health department (LHD) contractor will have current written policies in effect and available to staff. Policies should be based on the current National Vaccine Advisory Committee *Standards for Child and Adolescent Immunization Practices*. The following numbered, *italicized* topics must be addressed in policy:

- **Availability of Vaccine**

1) Decreasing financial barriers to immunization, including not denying services based on an inability to pay;

2) Immunization services provided at times other than 8 am to 5 pm, Monday through Friday at least once a month;

The intention of these policies is to ensure that vaccination services are readily available. Vaccinations are coordinated with other health care services and provided in a medical home when possible. Barriers to vaccinations are identified and minimized. Patient costs are minimized. This policy must state that services will be provided regardless of client's ability to pay. The policy should also address how the public is notified about policy; at a minimum, there should be an "inability to pay" poster posted. Also, any post-vaccination billing letters should include "inability to pay" language.

3) Screening and documentation of eligibility for TVFC vaccines;

The policy must be consistent with the TVFC requirements outlined in the *TVFC Operations Manual*.

4) Safety net adult vaccines;

The policy describes those adults eligible for safety net vaccines as outlines in the TVFC Operations Manual and references the CDC adult schedule.

- **Assessment of vaccination status**

5) Assessing immunization status at every visit;

6) Following only true contraindications to vaccination;

7) Giving all needed vaccinations simultaneously;

Health care professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated. The policy should address how the review is conducted, including by whom and method of documentation. Health care professionals assess for and follow only medically accepted contraindications, and the policy should describe how decisions regarding contraindications are made and documented, referencing the *CDC Guide to Contraindications to Vaccinations*, Vaccine Information Statements, manufacturers' inserts, and the recommendations of the ACIP, AAP, and AAFP. Health care professionals will simultaneously administer as many indicated vaccine doses as possible, and the policy on simultaneous vaccinations also references the above recommendations.

- **Effective communication about vaccine benefits and risks**

8) Informing clients of the risks and benefits of vaccinations;

9) *Maintaining confidentiality of client information;*
These policies describe how parents/guardians and patients are educated about the benefits and risk of vaccinations in a culturally appropriate manner and in easy to understand language. At a minimum, the policy should indicate that clients receive the VIS before administration of the vaccinations and clients should be advised of what to do if an adverse event occurs. The confidentiality policy explains how the client's privacy will be maintained in the delivery of services.

- **Proper storage and administration of vaccines and documentation of vaccinations**
Health care professionals follow appropriate procedures for vaccine storage and handling. Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered. The policies and procedures on storage and handling are reviewed as part of the TVFC quality assurance site review. More information and direction on appropriate storage and handling is available in the TVFC Operations Manual.

10) *Staff education requirements;*
Persons who administer vaccines and staff that manage or support vaccine administration are knowledgeable and receive on-going education. The LHD policies on staff education should address staffing and credentialing of professionals; orientation of new staff; and ongoing immunization updates.

11) *Employee immunization;*
All personnel who have contact with patients are appropriately vaccinated. The policy should address how the health department ensures that all employees are immunized and what steps are taken to bring employees (both new and current) up-to-date. Immunization declinations should be kept on file for all employees' that refuse/decline immunizations. Policy should include timeframes for reviewing employee immunization status.

12) *Reporting adverse events;*
Health care professionals must report adverse events following vaccination promptly and accurately to Vaccine Adverse Event Reporting System (VEARS) and should be aware of a separate program, the National Vaccine Injury Compensation Program (VICP). Local health department policy should reflect the TVFC Operations Manual and describes the requirements for reporting and documenting adverse events involving TVFC vaccine through the DSHS Immunization Branch using the appropriate forms. The policy should also address how to report adverse events involving privately purchased vaccine to VAERS.

13) *Investigating and reporting vaccine preventable diseases;*
The policy should include requirements and procedures for investigation and reporting of vaccine-preventable diseases. The policy also should address how staff are trained and it should reference the Texas Vaccine Preventable Surveillance Guidelines.

- **Implementation of strategies to improve vaccination coverage**

14) *Effective use of ImmTrac in local health department clinics;*
The goal is to maintain vaccination records for parents that are accurate, complete, and easily accessible. The policy should address all ImmTrac activities and any activities where ImmTrac data is used to support immunization program activities

(i.e., client reminder/recall initiatives, targeting interventions, disaster or emergency situation preparedness, etc.) The policy should be consistent with ImmTrac rules and legislation and should reflect timeframes for staff training,

15) *Reminder/Recall;*

Local health departments should have a policy on conducting reminder/recall; what systems are used to remind parents/guardians, patients and health care professionals when vaccinations are due and to recall those who are overdue. The policy should clarify how reminder/recall is conducted, what system will be used, and who will be responsible for notifying clients/parents of clients of immunizations due or overdue.

16) *Vaccination coverage assessment;*

Office-or clinic based patient records reviews and vaccination coverage assessments are performed annually. Assessments are most effective in improving vaccination coverage when they combine chart reviews with feedback to health care professionals and staff. The policy should address both how chart reviews will be conducted and how the information is shared with staff.

- **Clinic policies**

17) *Current standing delegation orders;*

SDOs should be reviewed, updated, and signed annually by the authorizing physician. The SDOs should specify which acts require a particular level of training and licensure and under what circumstances they are to be performed. There should also be a method of maintaining a written record of those persons authorized to perform specific SDOs. Decisions regarding contraindications should also be documented. Current copies of SDO manuals should be present at all sites and accessible to all staff.

18) *Infection control including effective hand washing and management of hazardous waste;*

The LHD policy should promote safe work practices while caring for clients; it should serve as a guide to employees to ensure that proper work practices are used, including proper use of protective equipment, and it should address handling, storage, and disposing of hazardous, chemical, and infectious waste, e.g., syringes/needles and medications.

19) *Clinical records and record retention schedule.*

The policy addresses record security during transport if records are transferred from one location to another. Also, it should indicate that the LHD follows the DSHS Record Retention Schedule for Medical Records available at *http://www.dshs.state.tx.us/records/medicalrec.shtm*.

Method of Evaluation

Required policies will be reviewed during contract site review.

II. PROGRAM PLANNING AND EVALUATION

D. Human Resources and Staffing

Standard

Each local health department (LHD) contractor will maintain staffing levels adequate to meet the required activities of this contract. Every effort must be made to maintain staff positions partially or fully funded by the immunization grant and vacant positions will remain vacant no longer than 3 (three) months. The LHD must submit a written justification to DSHS Austin for any position that is vacant longer than three months. Contractor must inform DSHS of change in Medical Director or other high level positions responsible for the Immunization program within 30 days of change.

Process

All staff involved in providing immunization services will receive orientation and regular immunization updates. All staff training will be documented. Orientation for new staff must include, at a minimum:

- Review of *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices;*
- Review and understanding of the current immunization schedules for persons of all ages;
- Training and observation of skills in the proper storage and handling of vaccines;
- Training and observation of skills in screening immunization clients;
- Observation of staff skills administering vaccinations to infant, children, adolescent, and adult clients;
- Training in emergency procedures
- Observation of staff providing vaccine specific information to clients;
- Review of the appropriate use of the Vaccine Information Statement (VIS);
- Review of true contraindications for vaccines; and
- Observation of appropriate documentation of administered vaccinations.

Staff members who administer vaccinations will view the annual immunization update, *Epidemiology and Prevention of Vaccine Preventable Diseases (EPI-VAC)*, training provided by the Centers for Disease Control and Prevention (CDC) found at http://www.cdc.gov/vaccines/ed/epivac/default.htm Clinical staff should be encouraged to obtain continuing education credits in programs related to vaccines and/or vaccine preventable diseases.

Each LHD will maintain a record of orientation and ongoing training for each staff person involved in the provision of immunization services.

Staff who are partially funded with immunization grant funds must have a standard method to document all work time spent doing immunization activities.

Method of Evaluation

Review of documentation supporting Staff Orientation and ongoing training during contract site review.

II. PROGRAM PLANNING AND EVALUATION

E. Management of Grant Funds

Standard

Local health department (LHD) contractors will comply with generally accepted accounting principles and must expend grant funds according to the budget request submitted to DSHS in the funding application. Contractors should not lapse more than 5% of the total amount of funding from immunization each contract year.

Process

LHDs will comply with generally accepted accounting principles and as specified in the General Provisions which are incorporated into the immunization contract by reference.

LHDs will submit monthly vouchers to DSHS. LHDs will submit quarterly Financial Status Reports (FSR) that fully account for Program Income (PI) generated as a result of required grant activities.

LHDs will account for any PI generated as a result of grant required activities, and will expend that PI to further the goals and objectives of the immunization program. PI generated with LHD purchased vaccines belongs to the LHD and should not be reported on the quarterly FSR. If the LHD wishes to use its share of PI on the DSHS funded activity, it should be reported as "Non-DSHS Funding".

An LHD must obtain approval from DSHS to move more than 10% of the total contract amount between direct budget categories. Requests must be made in writing to the Contract Management Unit (CMU) in Austin, Texas. Contract amendments for all fiscal year contracts must be approved and processed by DSHS CMU no later than May 31, 2009.

The LHD must notify DSHS immediately if contract funds will not be expended.

Method of Evaluation

Report staff vacancies and percent of grant funds expended on Triannual Report.

DSHS CMU will review monthly expenditure reports and quarterly FSRs.

DSHS Central Office will review submitted justifications for staff positions which remain vacant more than three months.

DSHS Central Office will review all LHD contracts for lapsed funds annually.

II. PROGRAM PLANNING AND EVALUATION

F. Program Income

Standard

Program income (PI) generated as a result of the DSHS immunization grant activities with vaccines provided by DSHS or by the third party distributor of the Centers for Disease Control and Prevention (CDC) must be reported on the quarterly Financial Status Report (FSR) to DSHS and expended on grant activities. PI collected each month must be reflected on the monthly voucher as a reduction against gross expenses to arrive at the net reimbursement for the month.

Background

PI is the income resulting from fees or charges made by a LHD contractor in connection with activities supported in whole or in part by a federal/state contract.

PI generated from administering childhood, adolescent, or adult vaccines supplied by DSHS directly or through the CDC third party distributor must be reported on the quarterly FSR for immunization services, and must be expended on grant activities.

It is important to talk with your fiscal office to find out how your Immunization Program cost allocation system is set up. This will allow you to understand what percentage of program income is the DSHS share and must be reinvested on grant objectives and what percentage is your LHD's share. **Program income must be consumed first before an LHD can request for reimbursement from DSHS for the award dollars.** In Chapter 8 of the *Contractor's Financial Procedures Manual* (See http://www.dshs.state.tx.us/contracts/docs/cfpm08withedits.doc), it says that the contractor's share of the Program Income may be expended at the contractor's discretion; however, the DSHS portion of the Program Income must be expended on activities specified in the Statement of Work and is subject to the terms and conditions of the Immunization Program. To avoid errors, it is strongly advised that LHDs contracting with DSHS have both a cost allocation plan and program income allocation plan on file with the DSHS Contract and Oversight Support (COS) office. If your LHD is not familiar with the analyst assigned to your LHD, please contact COS at (512) 458-7484.

PI generated from vaccines purchased by the LHD should not be reported on the immunization FSR to DSHS, and is not required to be spent on grant activities.

Refer to the DSHS Financial Procedures Manual and Office of Management and Budget (OMB) Circulars for additional information on PI.

Examples

1. Administrative fees collected from third parties such as Medicaid, copays, or private pay for DSHS supplied vaccines must be reported on the DSHS immunization FSR.

2. Fees collected from the administration of vaccines purchased by the LHD should **not** be reported on the DSHS immunization FSR.

3. The immunization program is funded 80% by DSHS immunization grant and 20% by local funds. This would mean that when calculating program income, 80% would be DSHS share and must be used to support the Immunization contract activities. The other 20% can be used by the local.

Moon county LHD has a $120,000 Immunization contract with DSHS. Total cost to run Moon County Immunization program is $144,000. DSHS funds 80% of Moon County's immunization program. Moon County needs to expend $10,000 each month to spend all of the Immunization grant funds.

For the Month of January LHD incurred $10,000 in immunization grant expenses (salary, fringe, supplies, etc.). LHD generated $1,250 in program income (DSHS share is $1,000).
So for the month of January the LHD will only be reimbursed $9,000 by DSHS for the immunization grant.
Moon County will need to expend an additional $1000 next month so that all program funds and program income can be spent.

All LHDs should be in contact with their fiscal or budget areas to ensure that all grant funds are used appropriately.

Method of Evaluation

LHD monthly vouchers and quarterly FSRs will be reviewed by the CMU.

II. PROGRAM PLANNING AND EVALUATION

G. Reporting

Standard

Local health department (LHD) contractors will submit Triannual Reports according to a schedule established by DSHS. Reports will be complete and reflect activities conducted during the reporting period.

Process

LHD activities will be reported on the *Local Health Department Immunization Triannual Reporting Form.* A copy of the current tri-annual report can be downloaded at: http://www.dshs.state.tx.us/immunize/providers.shtm.
The three reporting periods are September 1 thru December 31, January 1 through April 30, and May 1 through August 31. Reports must be submitted electronically via email to DSHSimmunizationcontracts@dshs.state.tx.us by close of business on the due date. The first report is due January 31, the second report is due May 31, and the third report is due September 30.

Method of Evaluation

DSHS program subject matter experts will review each Triannual Report and document any concerns. Any questions about the report or deficiencies in LHD activities will be communicated to the appropriate DSHS regional program manager. DSHS regional program staff will provide appropriate technical assistance to LHDs to resolve reporting issues.

II. PROGRAM PLANNING AND EVALUATION

H. Contract Monitoring

Standard

Local health department (LHD) contractors will be monitored for compliance with contract requirements and adherence to standards of immunization practices for children, adolescents, and adult.

Process

LHD contracts will be monitored for contract compliance using several resources:

- Review of submitted Triannual Reports three times per year;
- Review of TVFC Quality Assurance site visit annually;
- Review of performance data including TVFC reports, ImmTrac resources, surveillance of vaccine preventable diseases and perinatal hepatitis B prevention activities;
- Fiscal monitoring; and
- Contract site review visit every two years or more frequently if needed.

The contract site review will be a comprehensive review of the LHDs immunization program with a focus on the 5 following areas:

- Administrative, including policy review and review of documentation related to immunization education, training, and collaborations
- Clinical observations
- Observation of health department interaction with private providers
- Interview(s) with the coordinator or administrator of the overall immunization program regarding vaccine services, immunization registry, surveillance, population assessment, and perinatal hepatitis B activities. Other staff interviews may be conducted as needed during on-site evaluation.

A copy of the contract site review tool and the tool with instruction can be downloaded at http://www.dshs.state.tx.us/immunize/providers.shtm.

Method of Evaluation

A contract site review every other year or more often if needed.

II. PROGRAM PLANNING AND EVALUATION

I. Performance Measures

Standard

Local health department contractors will comply with the following performance measures:

- LHDs investigate and document at least 90% of reportable suspected vaccine-preventable disease cases within 30 days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines* and *NBS Data Entry Guidelines*.
- LHDs complete 100% of the follow-up activities for TVFC provider quality assurance site visits assigned by DSHS and are completed with in the established time frames.
- LHDs contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified.
- LHDs contact 100% or 400 per FTE (whichever is fewer) families of children who are not up-to-date on their immunizations on the ImmTrac-generated list provided to the LHD
- LHDs review 100% of monthly biological reports, vaccine order forms (when applicable), and temperature logs for accuracy to ensure the vaccine supply requested is within established maximum stock levels.
- When assigned by DSHS, LHDs complete 100% of child-care facility and Head Start center assessments in accordance with the *Immunization Population Assessment Manual*.
- When assigned by DSHS, LHDs complete 100% of public and private school assessments, retrospective surveys, and validation surveys in accordance with the *Immunization Population Assessment Manual*.

Method of Evaluation

Performance measure data will be reported on the Triannual Report.

Documentation of activities will be reviewed at contract site review.

II. PROGRAM PLANNING AND EVALUATION

J. Quality Improvement (Recommended)

Standard

It is ***recommended***, but not required, that each local health department (LHD) immunization contractor implement a system to assess and continually improve the quality of their immunization program. Assessment of immunization services may be added to an existing quality improvement committee. Quality Improvement may include, but is not limited to, the following elements:

- Maintain and track all complaints received related to immunization services;
- Conduct a Client Satisfaction Survey annually. The Survey must request suggestions for program improvement. Annual survey results will be reviewed during the contract site review;
- Conduct a systematic review of client records to ensure:
    - Documentation of eligibility screening;
    - Record of all immunizations administered;
    - Verify reporting of immunization to ImmTrac or TWICES;
    - Record of any payment received for immunization services;
    - Documentation of the rationale for postponing any immunizations due or overdue during clinic visits;
    - Recording of all required information as defined in the Vaccine Injury Compensation Act.
- Establish a quality improvement (QI) committee to regularly review all aspects of the immunization program. A QI committee should, at a minimum:
    - Meet quarterly;
    - Review all policies at least annually;
    - Maintain minutes of all meetings;
    - Make meeting minutes available to DSHS upon request.

Method of Evaluation

If available, review of documentation during the contract site review of committee meetings, complaints related to immunization services, results of a customer satisfaction survey, or other quality improvement activities.

III. VACCINE ACCOUNTABILITY AND MANAGEMENT

A. Texas Vaccines for Children (TVFC)

Standard

Local health department (LHD) contractors will comply with current Texas Vaccines for Children Program (TVFC) Operations Manual available at http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm.

LHD contractors will implement activities to ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in LHD clinics and in TVFC provider clinics within the LHDs jurisdiction.

LHD contractors will ensure that TVFC provider clinics maintain appropriate stock levels utilizing the *Calculating Maximum Stock Levels* document in the *Texas Vaccines for Children Operations Manual. LHDs will ensure that TVFC providers are training on provider choice and using appropriate ordering system.*

Background

Vaccine management refers to the ordering, receipt, storage, handling, packing, shipping, and accountability of vaccines purchased with public funds. Each LHD contractor must comply with the TVFC Operations Manual and any TVFC policy or update provided in official program memoranda.

Process

LHD staff will be familiar with and comply with the current *TVFC Program Operations Manual* and official program memoranda and updates.

Method of Evaluation

A quality assurance review of the LHD monthly reports will be conducted by DSHS regional staff and DSHS Central Office Staff, if applicable

Vaccine losses will be reported on the current Vaccine Loss Report Form (C69).

III. VACCINE ACCOUNTABILITY AND MANAGEMENT

B. Provider Recruitment and Education

Standard

Local health department (LHD) contractors will utilize a variety of methods to encourage providers to enroll in the TVFC program. LHD will educate, inform and train providers on TVFC vaccine storage and handling policy and procedures and TVFC program requirements.

Process

DSHS Regional Staff will provide a list of recruitable providers within a local's jurisdiction annually. LHD must conduct recruitment activities as defined in the TVFC Operations Manual on all providers on the recruitable list and report as indicated on triannual report in DSHS approved format.

LHDs will education all new TVFC providers on TVFC storage and handling, rules and requirement and TVFC ordering process as outlines in the TVFC Operations Manual.

LHD will offer technical assistance, training and education annually on TVFC requirements and updates to providers and others in the medical community.

Method of Evaluation

LHD contractors will submit the recruitable list as directed on the Triannual Report.

Documentation of recruitment activities will be reviewed at contract site review.

LHD contractors will document education, training and technical assistance offered to providers on Triannual report.

Documentation of education and technical assistance activities will be reviewed at contract site review.

IV. PROVIDER QUALITY ASSURANCE

Standard

Local health department (LHD) immunization contractors are responsible for conducting follow-up quality assurance with all private providers within their jurisdiction, and for providing annual On-Site Quality Assurance (QA) visits to LHD contractors and non-LHD WIC immunization clinics. Follow-up and On-Site QA visits will be conducted within the appropriate timeframes listed in the *TVFC Operations Manual*.

Background

Quality assurance refers to activities involved with evaluating vaccine handling procedures, assessing immunization practices, providing specialized training for health care professionals, and promoting the accepted standards of immunization practices in the public and private sectors. All activities must be conducted according to the *TVFC Operations Manual* and the *Standards for Pediatric and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices*.

Process

DSHS contracts with a third party to conduct TVFC On-Site Quality Assurance visits on private providers enrolled in the Texas Vaccines for Children (TVFC) program. Each site visit is an opportunity to provide technical assistance and staff education on the principles and standards of immunization practices. LHD must conduct follow-up on all providers that had a deficiency identified during the TVFC On-Site Quality Assurance visit. The LHD must complete the follow-up according to the timeframes described in the TVFC Operations Manual.

LHD must utilize the *TVFC Quality Assurance Web Site* to conduct follow-up activities.

Method of Evaluation

LHDs will report on follow-up activities on the Triannual Report.

Follow- up activities and documentation of activities will be reviewed during the contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

A. Utilize ImmTrac Effectively in LHD Clinics

Standard

Local health department (LHD) contractors will utilize ImmTrac effectively in all LHD clinics.

Background

Immunization registry (known in Texas as ImmTrac) refers to all operational aspects of a population-based registry with emphasis on children under six years of age. Program activities must be conducted to ensure compliance with Health & Safety Code §§161.007-161.009 regarding ImmTrac consent requirements.

Definition

The effective use of ImmTrac includes all of the following activities:

- Search ImmTrac for immunization history at every client encounter;
- If client is not in ImmTrac, follow required guidelines for obtaining and affirming consent forms;
- Update client demographic information as needed;
- Review validated client or parent-held vaccine histories, TWICES, and the client's medical chart to determine if vaccines are due or overdue;
- Report by data entering all immunizations administered to clients younger than 18 years of age into ImmTrac or TWICES;
- Offer an updated immunization history record from TWICES or ImmTrac to the client or parent, guardian or managing conservator at each Immunization visit.

Process

LHD contractors must utilize ImmTrac effectively in LHD clinics.

LHD contractors must utilize a *reminder/recall* system to notify clients who are due or overdue for vaccination. It is recommended that LHDs utilize ImmTrac; however, if the LHD is currently using a reminder/recall system that works for them they should continue to use it.

It is recommended that LHDs utilize ImmTrac data to identify, define and prioritize program activities.

LHD contractors must ensure staff members are familiar with the *ImmTrac Instruction Manual.*

Method of Evaluation

Administrative policies related to the utilization of ImmTrac and employee training documentation will be reviewed during contract site review. Observation of client encounters during the contract site review will be conducted.

V. IMMUNIZATION INFORMATION SYSTEMS

B. Increase Number of Children Younger than 6 Years of Age Participating in ImmTrac

Standard

Local health department (LHD) contractors must implement activities to increase the number of children less than six years of age participating in ImmTrac.

Process

LHDs must implement the following procedures:

- Confirm consent or offer consent to participate in ImmTrac at every client encounter;
- Educate parent(s) on the benefits of participating in ImmTrac; and
- Obtain consent to participate in ImmTrac according to DSHS guidelines.

LHDs will conduct community activities (best practices) to increase participation in ImmTrac. Activities include, but are not limited to:

- Provide public education to community groups;
- Promote ImmTrac to Texas adults, students ages 14 -18 years of age, parents, guardians, and expectant parents;
- Provide outreach to potential ImmTrac users;
- Inform birth registrars of the need to obtain consent when birth certificates are registered;
- Collaborate with immunization partners including providers, prenatal healthcare hospitals, birth registrars, schools, universities, child care facilities and facilities serving adults and others; and
- Provide ImmTrac literature to the general public, expectant parents and providers.

Method of Evaluation

Written policies related to ImmTrac will be reviewed during the contract site review.

LHDs will report education and outreach activities on the Triannual Report.

Documentation of education and training will be reviewed at contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

C. Increase Number of Registered Provider Sites Actively Reporting to ImmTrac

Standard

Local health department (LHD) contractors will conduct activities to increase the number of private providers actively reporting to ImmTrac.

Definition

An active ImmTrac provider site is one that reports immunizations into ImmTrac at least every 30 days.

Process

LHD contractors will:

- Actively recruit new users and encourage active reporting into ImmTrac.
- Provide instruction on the site registration and enrollment process;
- Provide information on the capability to report immunizations to ImmTrac through electronic medical record (EMR) systems;
- Review the TVFC Quality Assurance Site visit report of each provider within the LHD jurisdiction, and identify ImmTrac users who are not actively reporting to ImmTrac for additional recruitment activities.
- Utilize provider recruitment list(s) provided by the ImmTrac Group to focus provider recruitment activities.
    - The LHD ImmTrac outreach staff will have the capability to access a provider outreach list through the ImmTrac application. This list contains information on providers in the LHD's jurisdiction who are registered ImmTrac users. The information available for each provider on the list includes the provider's PFS number, facility name, address, city, zip code, county, phone number, fax number, contact name, facility type, number of logins in the past six months, the date of the last login, and the registration date.
    - This list may be utilized to locate providers who are registered ImmTrac users but do not actively report to ImmTrac. Follow-up should be conducted to encourage active reporting to ImmTrac.
    - To access the list:
        1. Log into the ImmTrac application.
        2. From the blue menu bar, select "Options" and then "Import Options." You are now on the ImmTrac Import home page.
        3. Select the provider files and click "Download" in the blue box next to the file you wish to download.
        4. Save the Excel document to your computer.
    - The provider outreach list is updated and available for download through the ImmTrac application on the first of every odd-numbered month.
    - New ImmTrac User list is sent monthly from DSHS Regional ImmTrac staff.

1. LHD staff should contact provider to ensure that provider has logged onto registry and changed temporary password.
2. Ensure that provider staff is properly trained or that training is not needed. If needed/requested LHD ImmTrac staff will provide training.
3. Completed report should be sent to Austin ImmTrac and regional ImmTrac staff.

- Conduct follow-up on any contacts made for recruitment purposes. Activities include, but are not limited to:
  - Contact by phone or in person after sending any written correspondence.
  - Send written materials and literature to interested providers after initial contact by phone or in person.
  - Contact any providers that have started the site registration and enrollment process to ensure accurate completion and registration.
- Conduct education, promotion, and technical assistance to ImmTrac users to encourage active reporting to ImmTrac.

Method of Evaluation

LHDs will report education and promotion activities on the Triannual Report.

LHDs will report the number of new ImmTrac users on the Triannual Report.

Documentation of activities will be reviewed during the contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

D. Encourage the Effective use of ImmTrac by Registered Providers

Standard

Local health department (LHD) contractors will encourage the effective use of ImmTrac by registered providers through orientation, training and technical assistance, and conducting follow-up with users who are not utilizing or reporting to ImmTrac.

Process

LHD contractors will utilize the following activities to promote the effective use of ImmTrac:

- Provide orientation, training, and technical assistance to new ImmTrac users;
- Encourage private providers to review ImmTrac for vaccination history at each client visit;
- Encourage updating demographic information at each client encounter;
- Encourage data entry of immunization histories into ImmTrac;
- Encourage immediate data entry of vaccines administered into ImmTrac;
- Follow guidelines for obtaining and affirming ImmTrac Consent forms, and verifying that a child does not already have a record in ImmTrac before enter into ImmTrac;
- Provide information and demonstrate the process to print an Immunization History from ImmTrac;
- Encourage providers to offer an updated *Immunization History Report* to a client, parent, guardian, or managing conservator of a client;
- Provide information and demonstrate the reminder/recall feature of ImmTrac;
- Encourage the use of ImmTrac for reminder and recall functions;
- Provide information on data entry and quality standards for ImmTrac;
- Encourage providers to ensure ImmTrac records are complete, accurate, and current;
- Conduct follow-up with ImmTrac users who are inactive or who are not utilizing ImmTrac effectively.

Method of Evaluation

LHD contractors will report training, outreach, and promotional activities on the Triannual Report.

Documentation of activities will be reviewed at contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

E. Ensure Data Quality

Standard

Local health department (LHD) contractors will implement procedures to ensure that ImmTrac data is complete, current, and accurate.

Process

- Ensure that all staff and users are trained on Registry data entry and quality standards.
- Compare immunization histories at every client encounter.
- Include immunizations recorded in ImmTrac, TWICES, validated parent-held records, and the clinic record.
- Enter any immunizations which are not in ImmTrac.
- Update demographic information including address and telephone number at every client encounter.

Method of Evaluation

ImmTrac staff trainings will be reported on the Triannual Report.

Review of ImmTrac procedures during contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

F. Educate and Inform First Responders

Standard

At the direction of DSHS, local health department (LHD) contractors will educate and inform first responders about ImmTrac, the benefits of ImmTrac participation and the opportunity to include their current and historical immunizations in the Registry, as well as those of their immediate family members.

Background

DSHS is authorized to store the immunization records of first responders and their immediate family members in the Texas immunization registry, ImmTrac. (See *Texas Administrative Code, Title 25 Health Services, Part 1, Chapter 100, §100.7.)* This service can increase Texas' preparedness to face emergency events more efficiently and help ensure that first responders and their families are protected against vaccine-preventable diseases that they could be exposed to when responding to an emergency event.

Process

LHD contractors will identify and collaborate with first responder organizations, associations, and other groups to ensure that first responders are educated and informed about ImmTrac and the benefits of ImmTrac participation.

DSHS and the ImmTrac Group will provide additional guidance and resources.

Method of Evaluation

Documentation of efforts to inform first responders will be reviewed at contract site review.

V. IMMUNIZATION INFORMATION SYSTEMS

G. Educate and Inform Children 14 – 18 years of age and Their Parents

Standard

LHD contractors will educate and inform children 14 -18 years of age and their parents about ImmTrac becoming a lifetime registry, including the opportunity for ImmTrac clients to sign an adult consent form at 18 years of age in order to retain their immunization information in the Registry.

Background

DSHS is authorized to store the immunization records of adults (age 18 years and older). This service allows all adults the opportunity to participate in ImmTrac throughout their lifetime.

Process

LHD contractors will identify and collaborate with schools, organizations, associations, and other groups that service students age 14 -18, to educate and inform them and their parents about ImmTrac and the benefits of ImmTrac participation.

The educational information should include the opportunity for ImmTrac clients to sign an adult consent form at 18 years of age in order to retain their immunization information in the Registry. At age 19, if the client does not sign an adult consent form, their immunization information must be permanently purged from the system. Contractors should highlight the benefits of retaining the client's immunization information in ImmTrac for a lifetime.

LHD contractors will collaborate with parent – teacher associations (PTA), student body organizations, associations, and other groups where students age 14 -18, can be educated and informed about ImmTrac and the benefits of retaining their immunizations in ImmTrac by signing an adult consent form at age 18.

DSHS and the ImmTrac Group will provide additional guidance and resources.

Method of Evaluation

Documentation of efforts to inform children 14 – 18 years of age and their parents will be reported in the Triannual Report and reviewed at contract site review.

H. ImmTrac Outreach

Standard

Local health department contractors will conduct public education activities, identify and locate clients with incomplete immunization histories in ImmTrac, bring client records up-to-date, and educate first responders about inclusion in ImmTrac according to the following guidance.

Guidance for ImmTrac Outreach to Parents of Children 19 to 35 months

To facilitate outreach, the ImmTrac Group provides each contracted LHD with the Client Outreach List of children ages 19 through 35 months who are not up-to-date on their immunizations. A new list will be provided at the beginning of each Triannual reporting period, which is September 1, January 1, and May 1 of each year. The ImmTrac outreach staff must download the list from the ImmTrac application using a special user ID provided by the ImmTrac Group.

Outreach Activities

Outreach is defined as documented attempts to contact the child's parent by appropriate means (phone, mail, face-to-face) and documented attempts to contact the child's last physician on record (if listed) by appropriate means (mail, phone, fax, face-to-face/office visit). Evaluation criteria: each outreach position working on ImmTrac conducts outreach to 400 or 4% of children on the client outreach list (whichever is greater) per reporting period or the complete list (if the list includes fewer than 400) provided by the ImmTrac Group.

Identify and locate children 19-35 months of age with incomplete immunization histories in ImmTrac

Activities:

- Obtain the list of target clients from the ImmTrac Group;
- Identify and locate clients through various methods that may be available [e.g. Women, Infants and Children (WIC), Children's Health Insurance Program (CHIP), Early Childhood Intervention (ECI), Medicaid, and other LHD or community programs];
- Search the ImmTrac online application for the latest client demographic and immunization information available for the client;
- Each outreach staff member conducts outreach to a minimum of 400 children or 4 per cent of children on the client outreach list (which ever is greater) per Triannual reporting period or the complete list provided by the ImmTrac Group.

Conduct outreach and follow-up

Activities Targeting Providers:

- If the "Most Recent Provider" is listed in ImmTrac, start by contacting that provider;

- Obtain a copy of the immunization record from the provider (call or fax request on LHD letterhead);
- Educate providers who are not reporting immunizations to ImmTrac as required by state law;
- Follow-up with providers to ensure that future immunizations are reported to ImmTrac within 30 days of administering the vaccine.

Activities Targeting Parents:

- Contact families initially by telephone or mail;
- Introduce ImmTrac and its benefits to parents;
- Request the name(s) of health care provider(s) who have administered vaccines;
- Obtain a copy of the immunization record from the parent;
- Encourage the parent to take the child in for vaccines that are due or overdue;
- Obtain a copy of the immunization record from identified providers;
- Follow-up with the parent to ensure that the child is brought up-to-date by providing information on when the next vaccines are due.

Data entry into ImmTrac

Activities:

- Ensure that information received from a parent is medically verified or validated;
- Perform complete and accurate data entry into ImmTrac;
- Ensure that all immunizations are entered into ImmTrac;
- Verify and update client demographic information, if necessary;
- Resolve questionable matches, if necessary.
- Provide Parent with updated record.

Identify, educate, recruit and train new Registry users

Activities:

- Contact hospitals, pediatricians, other providers, office managers, nurses, schools, child-care facilities, etc. and promote the benefits of ImmTrac;
- Educate these potential users about the Registry;
- Train users on all aspects of effectively using ImmTrac (e.g. client search, reporting, data quality, *Reminder/Recall*).

Promotion to parents

Activities:

- Educate parents about the Registry and how they may access their child's information;
- Educate expectant parents about the Registry and the importance of granting consent during birth registration;
- Educate and assure parents about confidentiality requirements of the Registry.

Birth registrar education and technical assistance

Activities:

- Contact hospitals and birthing centers as assigned by the ImmTrac Group;
- Educate birth registrars on the importance of ImmTrac and their role in enrolling newborns into the Registry;
- Provide technical assistance on the *ImmTrac newborn consent process.*

Outreach Tips and Best Practices

Initiating Outreach to Parents

- Use the parent outreach letter to identify the purpose of contacting the parents;
- Initiate contact with families by calling the parents or mailing a letter;
- Educate and train school and child-care facility staff to promote ImmTrac to parents when conducting visits for audits;
- Parents may relay important information by “word of mouth” to other parents and families;
- Utilize *Reminder* and *Recall* letters to notify parents – mail out letters on a regular basis such as weekly or monthly;
- Believe in what you are selling – you must be confident and knowledgeable
- Make references to Hurricane Katrina and how ImmTrac can help locate lost immunization records during a natural disaster;
- Providing parents with correct information is very important – provide clear and accurate information;
- Work with other programs such as WIC, Food Stamps and Head Start to educate parents.

Overcoming Resistance and Skepticism from Parents

- Conduct parent education on the importance of vaccine protection and keeping immunizations up-to-date;
- Clearly explain what ImmTrac is and its purpose – some parents think it is insurance or is related to immigration;
- Assure parents you are contacting them to ensure the health of their child;
- Assure parents that ImmTrac is a confidential registry and ImmTrac data are secure and only available to authorized entities;
- Follow-up personally with parents and families after making initial contact;
- Partner with WIC clinics for WIC staff to be diligent in reviewing immunization records;
- Be prepared to answer any questions about ImmTrac and immunizations;
- Be aware that some parents are not resistant to ImmTrac but are resistant to the need for immunizations in general;
- Be confident and knowledgeable in what you do – believe in what you are selling;
- Anticipate objections and concerns voiced by parents and have appropriate responses prepared.

Obtaining Immunization Records from Health Care Providers

- Introduce yourself to the provider and establish a personal relationship;
- Maintain the person relationship with the provider – find out who is the decision maker or when are the best times to meet;

- Offer to view immunization records at the provider's office to make it more convenient for the provider and his or her staff;
- Offer to help the provider find missing immunizations by researching through ImmTrac, TWICES and other sources;
- Remind the provider that using ImmTrac can help promote the provider site as the medical home for the client, bringing in more revenue for the provider;
- Provide the *ImmTrac of HIPAA on Reporting to the Texas Immunization Registry* fact sheet to assure providers it is acceptable to share immunization records with ImmTrac;
- Emphasize how ImmTrac may financially benefit the provider by saving provider staff time.

Encouraging Health Care Providers to Use ImmTrac

- Promote the benefits and features of ImmTrac such as the *Reminder* and *Recall* feature, *Smart Search*, ImmTrac is free, it can help prevent over-vaccinating children, etc.
- Use a "resource" approach promoting the benefits to the provider versus a "regulatory" approach promoting State law requirements for reporting to ImmTrac;
- Team up with Texas Vaccines for Children (TVFC) staff and educate providers about ImmTrac during TVFC new provider recruitment and orientation;
- Conduct hands-on trainings with providers;
- Inquire if the provider is using electronic medical record (EMR) software and promote the capability to report to ImmTrac through the EMR system;
- Discuss ImmTrac and the benefits of ImmTrac participation at Texas Health Steps (THSteps) provider forums;
- Encourage providers to use the ImmTrac client ID number stamp to record the child's ID number on the outside of the chart.

Outreach Guidelines

Confidentiality

Registry information is secure and confidential. State law allows information about a child's ImmTrac immunization record to be provided to the child's parent, legal guardian, or managing conservator. Appropriate authorization to release information should be obtained prior to releasing information about the child.

Acceptable Immunization Documentation

ImmTrac outreach staff should not rely exclusively on the parent's interpretation of a written immunization history for data entry into ImmTrac. State regulations define acceptable documents to ensure that immunization information received from a parent is medically verified before entry into ImmTrac. One of the following documents must be visually reviewed or verified by a provider:

- The child's medical record indicating the immunization history and including a provider's signature and the name and address of the provider;
- A vaccine-specific invoice from a health care provider for the immunization;

- Vaccine-specific documentation showing that a claim for the immunization was paid by a payor;
- A validated immunization history from a health care provider;
- An immunization record signed by a school official;
- An immunization history provided by a local or state immunization registry.

Downloading the Client Outreach List

ImmTrac outreach specialists will be able to access the client outreach list through the ImmTrac online application. To access the list:

- Log into the ImmTrac web application.
- From the blue menu bar, select "Options" and then "Import Options." You are now on the ImmTrac Import home page.
- Select "Retrieve Client Consent Status Files."
- Click "Download" in the blue box next to the file name.
- Save the Excel document to your computer.

Initiating Outreach

Outreach should begin with an attempt to contact the child's parent (or legal guardian or managing conservator) using the contact information in ImmTrac. Contact should be attempted by telephone, mail, and/or physically visiting the home.

If the parent cannot be located, outreach should be initiated by contacting the last provider on record to request updated immunization and contact information. If the contact information in ImmTrac is not complete or current, additional effort may be required to locate the parent. Other resources may include WIC, CHIP, Early Childhood Intervention, Medicaid, other local community social services or health services programs, and postal forwarding orders.

Documentation of Outreach Contacts and Results

The child's ImmTrac *Official Immunization Record* should be printed and maintained as part of the outreach documentation. Maintain documentation of all client contacts and immunization information obtained on the *ImmTrac Outreach Tracking Form*. The outreach documentation file should also include the updated ImmTrac immunization record after entry of additional immunizations.

The *ImmTrac Outreach Tracking Form* must be kept for the same retention period as the contract (and other documentation pertaining to performance of activities under the contract), which is four years past the close of the contract. The duration of LHD contracts is one year – September 1st through August 31st of the following year. Documents must be retained at the LHD for one year past the close of the contract, and may be sent to storage for the remainder of the retention period. They must be stored securely at all times and disposed of in a confidential manner. Although the records contain vaccination history information, they are a record of the outreach, not of the history itself, and are not subject to the records retention schedule for medical records. For example, a tracking form completed during Fiscal Year (FY) 2007 must be retained at the LHD through the end of

FY 2008 (August, 31, 2008) and then for three years after that, either at the LHD or in secure, off-site storage.

Target Clients

Two groups of children will be contacted for outreach and follow-up. LHDs are encouraged to conduct outreach to other children as time and resources permit.

1. Children in ImmTrac without a complete immunization history.

   Prior to the start of each Triannual reporting period (Sept. 1, Jan. 1, and May 1), Client Outreach Lists of children ages 19 through 35 months who are enrolled in ImmTrac and are not up-to-date based on the ImmTrac record will be distributed to each LHD.

   Inclusion on the list means either the child has missed immunizations or has received immunizations that have not been reported to ImmTrac.

   The client list will contain the following information: ImmTrac client ID number, date of birth, partial address (city, county, and zip code only), if a current phone number is available, and the most recent provider. Additional client information, including complete name, latest address and phone number, and latest immunization records can be obtained by viewing the client record in ImmTrac.

   For data security and client privacy protection, the client lists will not contain client names and demographic information. The lists should not be modified to include client identifiable information or saved on a portable computing device (e.g. laptop, PDA, handheld device) or removable media (e.g. diskette, CD, memory card/stick, USB flash drive).

   All client-specific information retrieved from ImmTrac should be maintained in a secure area with appropriate safeguards to ensure that data is not inadvertently released, lost or stolen.

2. Children selected for inclusion in the National Immunization Survey (NIS).

   The NIS is conducted by the Centers for Disease Control and Prevention (CDC) throughout the year. Approximately 300 children are surveyed in each of the following areas: Houston, San Antonio, Dallas, and El Paso. An additional 300 children are surveyed throughout the rest of the state.

   When a child is identified for inclusion in the NIS, their parents are contacted by CDC. CDC collects the child's history and sends the survey to a single provider by mail to request the child's immunization history. If this provider does not have the child's complete history, the resulting rates for Texas may be lower.

   LHDs should educate private providers in their jurisdiction to send NIS surveys to the LHD for research prior to returning the survey to CDC. The ImmTrac outreach specialist should search for additional immunizations in ImmTrac and TWICES,

contact the parent to identify other providers, and contact those providers to request immunization data. Once research is complete, the LHD should return the completed survey to the provider to be returned to CDC.

LHDs should track the number of NIS surveys that are sent to them for research, the number of additional immunizations identified, and the number of children whose records are brought up-to-date.

Instructions for Completing the *ImmTrac Outreach Tracking Form*

- The *ImmTrac Outreach Tracking Form* must be used and retained to document the activities of the Immunization Program Outreach Specialist. It should only be used for outreach relating to children younger than 36 months of age.
- Using the list downloaded from ImmTrac, print the child's immunization history prior to outreach and attach it to the form. Using the contact information on the ImmTrac list, attempt to contact the child's parent (or legal guardian or managing conservator) and the last provider on record.

Contacting Provider

- Call or fax request for immunization information on LHD letterhead.
- If the provider has records of immunizations that are not in ImmTrac, educate the provider on reporting requirements and processes.
- If the child is still not up-to-date, contact the parent.

Contacting Parent

- Once you have determined that you are speaking with the child's parent, inform them of the purpose of your call (to update their child's record in ImmTrac), and request their assistance to identify any immunizations that are not in the Registry.
- Use the *ImmTrac Outreach Tracking Form* to record:
    - Immunization history information from any parent-held records.
    - Any contact information (name, location, telephone number) available for all providers who administered vaccines to the child. Remember to also contact the birth hospital, which may have administered the first Hepatitis B dose.
- Compare the parent-held record to the record in ImmTrac:
    - If no additional immunizations are reported, explain that the child is not up-to-date and refer the parent to the medical home or LHD clinic.
    - If additional shots are reported and the child is still not up-to-date, explain the importance of completing all recommended vaccinations and refer the parent to the medical home or LHD clinic.
    - If additional shots are reported and the child's record now appears to be complete, inform the parent when the next scheduled vaccines are due.
- Through questioning the parent, determine if the immunization history provided is from a medically verifiable record. If so, make arrangements to personally review the record or to receive a faxed or mailed copy from the parent. Any copies should be retained with the *ImmTrac Outreach Tracking Form*. If a medically verifiable

record is not available, contact the provider(s) named by the parent to obtain medical verification.

- Record all attempts to contact the child's parents and providers, even if the attempt is unsuccessful. Include a summary of the results of the contact (the number and type of shots reported or an explanation such as: "child record could not be located," "returned to sender," "phone disconnected," etc.)
- Enter all shots from medically validated records into ImmTrac. Once outreach and data entry are complete, print out the updated ImmTrac record and attach it to the completed outreach tracking form.
- Immunizations may be entered into a local registry, provided that data are regularly migrated to ImmTrac.
- Complete the section titled "Summarize Results of Outreach" at the bottom of the outreach tracking form. LHDs should track this information on the *ImmTrac Outreach Reporting Template* on an on-going basis in order to facilitate Triannual reporting to Austin Central Office.

Instructions for Completing the *ImmTrac Outreach Reporting Template*

- Use the form to track the number of outreach contacts made to children on the list distributed by the ImmTrac Group.
- Copy the number of contacts of each type from the bottom of each *ImmTrac Outreach Tracking Form*.
- At the end of each Triannual reporting period, total each column and report those totals in the Triannual Report.
- A separate count should be kept for each Triannual reporting period.
- Retain a copy of the form or other documentation used to calculate the totals reported in the Triannual Report.

Method of Evaluation

ImmTrac Outreach Specialist activities documenting number of outreach efforts, vaccines identified and entered into ImmTrac, and children brought up to date will be reported on the Triannual Report.

Required documentation of outreach activities will be reviewed during the contract site review.

VI. ADOLESCENT IMMUNIZATION

Standard

Local health department (LHD) immunization contractors will plan and implement activities to educate providers and the public on adolescent immunizations, and increase adolescent immunizations within the LHDs jurisdiction. LHD staff will collaborate with DSHS health service regional (HSR) Adult/Adolescent coordinators to increase awareness about adolescent vaccinations.

Process

The LHD should designate a point of contact for adolescent immunization program development and activities. LHD contractors will implement best practices for adolescent immunizations in LHD clinics and include information on adolescent immunizations to health care providers and the public.

- Provide adolescent vaccine related literature in LHD clinics;
- Assess vaccination status at each clinic visit;
- Provide all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to TVFC eligible patients;
- Provide Vaccine Information Statements (VIS) for all vaccines administered according to the National Childhood Vaccine Injury Act.
- Make adolescent vaccines available to clients at each clinic visit;
- Identify healthcare providers of adolescents and encourage them to enroll in the Texas Vaccines for Children (TVFC) program; and
- Collaborate with private providers and community groups to educate the public and promote adolescent vaccines.

Additional recommended activities include:

- Promote knowledge and awareness among health care providers regarding: recommended adolescent vaccines, catch-up immunizations, and delivery to high risk groups; the importance of the physician’s recommendations on parent and client acceptance; offering vaccines at each clinic visit; education of parents and adolescents on recommended vaccines; information on vaccine-preventable diseases; and mandatory reporting of vaccine adverse events.
- Educate community immunization stakeholders (schools, colleges and others) on updating immunization recommendations to decrease missed opportunities for vaccination;
- Collaborate with other health programs, such as maternal-child health and refugee health, to identify opportunities to increase public knowledge on adolescent immunizations and to help raise vaccine coverage levels;
- Identify juvenile correctional facilities and social service agencies that serve adolescents to foster collaborate relationships and to promote adolescent vaccinations;
- Respond to questions about school immunization requirements.

Method of Evaluation

LHDs will report the number of adolescent providers recruited on the Triannual Report.

LHDs will report on current adolescent focused coalitions and other groups of immunization stakeholders and any efforts to recruit and reach out to new groups on the triannual report. Provide contact information for groups/individuals to include name, full mailing address, age group focus, and any outcomes.

LHDs will report on all activities related to adolescent immunizations on the triannual report. Information should include purpose of activity, location, point of contact, number participated, and outcomes. Outcomes include summaries of course/class evaluations or for health fair type events antidotal information is appropriate.

Maintain documentation of the types of educational materials used to promote adolescent vaccines to the public and providers, venues where distributed and approximate numbers distributed. Maintain samples of materials used/distributed. Documentation and samples of materials will be reviewed during site reviews.

VII. ADULT IMMUNIZATION

Standard

Local health department (LHD) immunization contractors will plan and implement activities to educate providers and the public on adult immunizations, and increase adult immunizations, including vaccination of healthcare workers, within the LHD jurisdiction. LHD staff will collaborate with DSHS health service regional (HSR) Adult/Adolescent coordinators to increase awareness about adult vaccinations.

Process

The LHD should identify a single point of contact for adult immunization program development and activities. LHD contractors will provide information and education on adult vaccines and vaccine preventable diseases to health care providers and the general public:

- Display/provide adult vaccine literature in LHD clinics;
- Provide adult vaccine information on the LHD website (if applicable);
- Provide vaccines to eligible adult clients (uninsured/underinsured) utilizing the DSHS Adult Safety Net Vaccine Program;
- Provide Vaccine Information Statements (VIS) for all vaccines administered according to the National Childhood Vaccine Injury Act;
- Implement practices that focus on vaccinating adult clients at every clinic visit;
- Collaborate with providers and community groups to educate and promote adult vaccines; and
- Develop, implement and annually recertify standing delegation orders for adult vaccines.

LHDs will promote knowledge of adult vaccination to providers regarding:

- Adult vaccine recommendations including the current vaccination schedule, catch-up vaccines, and vaccination of high-risk groups;
- The positive impact of the physician's recommendation on vaccination;
- Importance of assessing immunization status at each health care encounter;
- Importance of offering immunizations at each clinic visit;
- Importance of educating clients about recommended vaccines;
- General information on vaccine-preventable diseases including epidemiology, course of the disease, transmission and prevention; and
- Reporting adverse events to the Vaccine Adverse Event Reporting System (VAERS) by telephone at 1-800-822-7967 or at http://www.vaers.hhs.gov.

Additional recommended activities:

- Collaborate with community organizations (e.g., homeless shelters and others) to identify, refer, and follow-up on high-risk adults who need immunizations;
- Promote comprehensive vaccine services in colleges and universities;

- Provide education opportunities to college/university health clinics to increase student knowledge of vaccine recommendations;
- Promote public awareness of recommended vaccines for adults and the importance of vaccinating through the lifespan;
- Remind providers to maintain current information on recommendations to decrease missed opportunities to vaccinate adult clients;
- Collaborate with public health programs to identify opportunities to increase public knowledge to raise adult vaccine coverage levels;
- Promote vaccination of hospitalized patients with influenza, pneumococcal and Td/Tdap vaccines;
- Collaborate with hospitals and other facilities to promote adult vaccination;
- Collaborate with employers of health workers to increase influenza vaccination of staff. It is recommended that vaccine be provided free of charge by the facility;
- Implement standing delegation orders for adult vaccines in LHD clinics;
- Recommend standing delegation orders for adult vaccines in health care facilities.

Method of Evaluation

LHDs will report information on adult activities on the Triannual Report.

Documentation of adult activities will be reviewed at contract site visit.

LHDs will report the types of educational materials used to promote adult vaccines to the public and providers. Provide information on venues where distributed, approximate numbers distributed, and provide copy of materials during site reviews.

LHDs will report on current adult focused coalitions and other groups of immunization stakeholders and any efforts to recruit and reach out to new groups on the Triannual Report. Provide contact information for groups/individuals to include name, full mailing address, age group focus, and any outcomes.

Provide contact information for participants (if small group all names – if large group list event coordinator).

Fiscal Year 2012 (Sept 1, 2011 – August 31, 2012)

VIII. EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS

A. Public Education

Standard

The local health department (LHD) contractor will provide vaccine and immunization education to target audiences and to the general public.

Background

Vaccines and immunization are complex fields. The increase in the number of vaccines to be given throughout a lifetime, changes in immunization schedules, as well as new immunization recommendations and requirements add to the complexity.

All of these make it very difficult for anyone to stay up to date on all matters dealing with vaccines and immunization. In view of this, timely immunization information, education and training become important elements of an immunization program to ensure both providers and the public are well-informed.

It is important to educate the public, especially those persons who are responsible for making decisions to vaccinate others (infants, children, adolescents, and adults) or themselves. Immunization education is the sharing of information about vaccines, the diseases they prevent, their importance and safety for the purpose of imparting knowledge to a recipient to help them to make an informed decision.

Process

Vaccine and immunization information is available from the Department of State Health Services Immunization Branch via the www.ImmunizeTexas.com website.

- Maintain a link to the Immunization Branch's website. If the LHD does not have a website, make the information available via another method.
- Distribute the *ACIP Advisory* via electronic format to constituents and customers as it is published by the Immunization Branch.
- Implement written procedures to assure that telephone callers who request information about immunizations receive consistent and correct information.
- Conduct one monthly immunization/vaccination education activity with any of the target audiences.
  - Target audiences
    - Mothers and/or fathers of children 3 years old and younger
    - Parents of adolescent children
    - Adolescents
    - Adults (men and women)
    - Grandparents
    - Older citizens
  - Suggested Activities

- Presentation to pregnant women at a prepared childbirth class (e.g. Lamaze class). The key messages should be the importance of childhood immunizations; the recommended immunization schedule; beginning vaccinations of each child on time and staying on time all the time; getting a copy of the immunization schedule, posting it and following it. Distribute the immunization schedule to the participants.
- Hold regular information presentations in WIC clinics, neighborhood and recreation centers, religious organizations, social clubs, PTA meetings, etc.
- Participate in a health fair in collaboration with other organizations; evaluate vaccination records, distribute vaccine information and the immunization schedule.
- Collaborate with the local access television station(s) and make arrangements to air the PSAs available through the Immunization Branch.
- Collaborate with the local public library to make an immunization information presentation on a quarterly, bi-annual, or annual basis to the parents of the children who come for "story time" At the end of the presentation leave the librarian with information brochures and the latest available immunization schedule available for pick up by library patrons. Regularly replenish the materials.

National Immunization Observances

Local health department (LHD) will plan and implement activities in conjunction with national immunization observances including National Infant Immunization Week/ Vaccination Week in the Americas (NIIW/VWA), National Adult Immunization Week (NAIW), National Immunization Awareness Month (NIAM), and National Influenza Immunization Week (NIIW).

Suggested Activities:

- When planning activities to celebrate national immunization observances the LHD should keep in mind the theme or focus set by the Immunization Branch of DSHS for that specific observance.
- Invite and engage a recognized member of the community who has credibility with the target audience to be reached to be a spokesperson for that observance.
    - The spokesperson can be a local celebrity or a well-known member of the community who is well known and respected. It can be the retired high-school teacher whom everyone in the community recognizes as a leader.
    - It can be a person who is the survivor of a vaccine-preventable disease. The person can offer a testimonial on the effects of the disease and why it is important to be fully vaccinated.
- Engage members of the community outside the public health arena in the celebration of the observance. These may be businesses that cater to parents of infant children, children, adolescents and/or adults.
- If it is for National Infant Immunization Week, work with retailers such as Babies R Us, WalMart, Target, Dairy Queen, McDonalds, and others that are specific to your community.

- If it is for National Immunization Awareness Month, work with other retailers that cater to a broader audience. Also work with recreation centers and other community organizations.
- For additional ideas that have been done successfully, contact the Public Information, Education, and Training Group at the Immunization Branch http://www.dshs.state.tx.us/immunize/campaign3.shtm

Method of Evaluation

The dissemination of information will be evaluated by the presence and maintenance of a link to the Immunization Branch website.

A distribution list of the constituents and customers who receive the *ACIP Advisory* every time it is published will be maintained by the LHD and reviewed during a contract site review.

The public education efforts will be evaluated by the number of education activities conducted each month, the number of participants, and the number of educational materials distributed. Activities will be reported on the Triannual Report. Documentation will be reviewed at contract site review.

VIII. EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS

B. Provider Education

Standard

Each local health department (LHD) will make immunization information available to the immunization providers within their service area on a timely basis. In addition they will provide and make available training on vaccines, and vaccine-preventable diseases, and other pertinent subjects as deemed necessary for the fulfillment of the contract.

Each local health department will ensure providers understand their responsibility under the National Vaccine Injury Compensation Program (NVICP). Information can be found at: http://www.cdc.gov/od/science/iso/vaers/.

Process

Education for vaccine and immunization providers is an important piece of the immunization program.

- Distribute VIS and CDC's online instructions for their use to ensure proper use of VIS in accordance with the NVICP.
    - Provide clients (or parents/legal representatives) the most current VIS for each vaccine before it is administered.
    - Ensure that clients have the opportunity to read the VIS or have it read to them prior to administration of the vaccine.
    - Ask clients if they have question about what they read of the vaccine about to be administered.
- Each contractor will inform providers of the annual *Epidemiology and Prevention of Vaccine-Preventable Diseases* (EPI-VAC). Information on EPI-VAC can be found at http://www.cdc.gov/vaccines/ed/epivac/default.htm.
- Educate providers on the appropriate reporting of vaccine adverse events:
    - Adverse events from federally purchased vaccines must be reported to DSHS according to the TVFC Operations manual;
    - Adverse events from privately purchased vaccines should be reported to: http://vaers.hhs.gov/

Method of Evaluation

Provider education and training activities will be reported on the Triannual Report.

Documentation will be reviewed at contract site visit.

VIII. EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS

C. Community Collaborations

Standard

The local health department practices community-based approaches as evidenced by the its involvement with community collaborations or partners.

Background

Based on the recommendations of the 78th legislation to include public and private community partners in promoting effective strategies to raise vaccination coverage levels in Texas, we are continually moving towards working with partners to achieve our goals. We have discovered that one organization entity or group could not single handedly accomplished this task alone, therefore in an effort to bring everyone to a performance level of excellence, we are striving to build sustainable relationships with all of our contractors and subcontractors. We recognized that it takes everyone, many with ideas, talent and skills to take an idea from a creative thought to a reality.

Definitions

At the local level partners are in our midst and can assist us in reaching our goals whether it is an education event for parents or health care providers to a community-wide "Back to School" event. Partners are everywhere but it takes a little more effort to build and develop sound partner relationships. It takes more than you to make a relationship effective and sustainable so that you may easily repeat the activity or event in the future. If you can grasp the concept of the Texas Immunization System, everyone potentially is a resource to help us to increase vaccine coverage rates and utilizing the nationally know Best Practices will help us succeed. For this reason the Partnership Technical Assistance Toolkit (available at http://www.dshs.state.tx.us/immunize/partners/default.shtm) will be useful in pin pointing the steps and tools that will make the process easier.

DSHS defines partners as the following:
a. Informal Partners - These partners have limited commitment of resources and activities. Their contribution could simply be effective communication to assist you in spreading the positive message about vaccines. These partners may participate on a voluntary base for perhaps one event.
b. Semi-formal Partners - These partners have an active relationship with DSHS (LHD) but may have limited resources of commitment and activities. They may also engage in a responsibility Letter of Agreement or a Memorandum of Understanding if a larger institution with agreed upon expected outcomes.

c. Formal Partners - These partners have a very active relationship with DSHS (LHD) and share a mutual commitment of resources and ownership of activities. These partners are highly relied upon to collaborate on projects possibly on an ongoing base. These partners may also engage in a responsibility Letter of Agreement or a Memorandum of Understanding (if a larger institution) with agreed upon expected outcomes. This template can be utilized to distinguish your partners.

Process

Keep in mind your partners will be instrumental in promoting the "best practices" nationally known to raise vaccine coverage levels. Those best practices consist of:

a. Parent and Public Education
b. Provider Education
c. Use of Reminder Recall Systems
d. Use of an immunization registry
e. Referring to or establishing a medical home
f. Use of available and willing partners

Using a little creativity goes a long way. Contact the Immunization Partnerships Coordinator at DSHS to assist you with planning and achieving your partnership goals.

Method of Evaluation

The number of new relationships will be reported in the Triannual Report.

The LHD's list of partners and evidence of activities (such as meeting minutes, flyers, announcements, etc.) will be reviewed at contract site review. Also, interview with LHD managers on partnership activities will be conducted at contract site review.

VIII. EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS

D. Technical Assistance to Private Immunization Providers

Standard

Local health department (LHD) contractors will provide technical assistance, training, education and information to TVFC providers and ImmTrac users within their jurisdiction.

Process

LHDs must maintain documentation of all technical assistance to private providers. Documentation may be kept in provider-specific files, a notebook, or other format.

Technical assistance includes, but is not limited to, assistance by telephone or in-person, resolving program problems, responding to questions, and providing training and updates.

Method of Evaluation

Documentation of technical assistance will be reviewed during the contract site review.

VIII. EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS

E. Women, Infants, and Children (WIC)

Standard

Local health department (LHD) contractors will provide training and periodic updates on assessing the immunization status of WIC participants and their siblings, and the referral process to WIC staff to ensure that WIC participants receive appropriate referrals for immunizations. Ensure WIC works with participants to locate and establish a medical home.

Process

- LHDs should identify WIC clinics within their jurisdiction;
- Establish a contact person with each WIC agency;
- Provide vaccine updates annually and as needed; and
- Offer training to WIC staff on vaccines and how to read an immunization record.

Method of Evaluation

Educational and training activities with WIC staff will be reported on the Triannual Report.

IX. PERINATAL HEPATITIS B PREVENTION

Standard

Local health department (LHD) immunization contractors in concert with their assigned DSHS perinatal hepatitis B prevention coordinator conduct hospital and health care provider education on mandatory screening of pregnant women for hepatitis B, both prenatally and at delivery and report hepatitis B surface antigen positive (HBsAg) and unknown results to the local health department. Additionally, LHD immunization contractors shall perform surveillance activities and provide case management services to infants born to mothers whose HBsAg status may be positive or unknown including case managing susceptible household contacts and sexual partners. LHD case management practices should be in accordance with activities outlined in the *Perinatal Hepatitis B Prevention Manual* available at
http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/

Background

In 1990, Congress recognized the need to foster efforts to prevent perinatal HBV transmission and made resources available through the Vaccine and Immunization Amendments to develop programs. Today, the CDC awards funds to support perinatal hepatitis B prevention programs as part of the state immunization funding. In addition, Texas state law requires mandatory screening of pregnant women for each pregnancy and reporting hepatitis B surface antigen positive results to DSHS. Unfortunately, significantly fewer women are reported than the (CDC) estimated number of cases in Texas. Infants born to HBsAg positive women as well as susceptible household and sexual contacts often fail to complete post exposure prophylaxis and post vaccine-serology testing as required by state law.

Process

LHD contractors must participate in activities with DSHS to conduct hospital and health care provider trainings to increase mandatory serology screening and reporting of pregnant women who are hepatitis B surface antigen positive or whose results indicate an unknown HBsAg status. Additionally, surveillance activities by LHD contractors must include identifying HBsAg positive mothers to ensure all HBV infected pregnant women are reported.

In accordance with CDC and DSHS-approved vaccination schedule, LHD contractors must also administer post exposure prophylaxis and post vaccine serology screening to affected infants including susceptible household and sexual contacts to prevent hepatitis B virus infection. If post exposure prophylaxis and post vaccine serology screening are not administered by the local health department, all efforts must be made to obtain this information from the infant's and contact's provider. All screening and post exposure prophylaxis activities must be done according to guidelines outlined in the *Perinatal Hepatitis B Prevention Manual*. LHD contractors must submit case management reports

and hospital reports with all required information within the deadlines set in the *Perinatal Hepatitis B Prevention Manual.*

Method of Evaluation

Case management activities are reported on the DSHS Immunization Branch Triannual Report and compared to the Perinatal Hepatitis B Prevention Program database maintained at DSHS Austin.

Perinatal Hepatitis B program activities are reviewed at each contract site visit.

X. EPIDEMIOLOGY AND SURVEILLANCE

Standard

Local health department (LHD) contractors will conduct surveillance and report vaccine preventable diseases according to the *Texas Vaccine-Preventable Disease Surveillance Guidelines* and complete data entry according to the NBS Data Entry Guidelines.

Background

Surveillance: Vaccine-preventable disease (VPD) surveillance refers to the ongoing, systematic collection, analysis, and interpretation of morbidity and mortality data for use in the program planning and evaluation, detecting outbreaks, and implementing control measures. Required reporting of vaccine-preventable diseases must be complete and data entered into NBS according to the NBS Data Entry Guidelines of the National Electronic Disease Surveillance System (NEDSS). Program activities must be conducted to ensure compliance with the Communicable Disease Prevention and Control Act (Health and Safety Code, Chapter 81), the Texas Administrative code (Title 25, Part 1, Chapter 97), the DSHS *VPD Surveillance Guidelines* (Stock No. 6-106), and the NBS data entry guidelines.

Process

- LHDs will investigate and document reportable suspected vaccine-preventable disease cases within 30 days of notification according to the Texas *Vaccine Preventable Disease Surveillance Guidelines* found at: http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf
  - The 30 day period begins as soon as the report is received, whether through NBS electronic reporting, a fax, or a phone call. The 30 day period ends when the investigation is completed, entered into NBS, and a notification is created.
- LHDs will review all incoming laboratory reports, including electronic lab reports generated through NBS, in a timely fashion and conduct follow-up as appropriate.
- LHDs will be trained and certified to utilize the NBS system for reporting.
- All data entry into NBS will adhere to the *NBS Data Entry Guidelines* found at https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Data_Entry_Guidelines_2007.pdf
  - Complete reporting includes but is not limited to the following data elements: patient's first and last name, date of birth, complete address including street, city, zip code, county, race, ethnicity, complete vaccination history, date of report, date of onset, symptoms, length of illness, and all laboratory information. The exclusion of these data elements will warrant a rejection of the notification through the NBS system. For condition-specific guidelines, refer to NBS data entry guidelines for minimum required data standards.
- LHDs will adhere to the Epi-Case Criteria Guidelines found at:http://www.dshs.state.tx.us/idcu/investigation/forms/EpiCaseGuide.pdf

- LHDs will conduct activities to ensure the completeness of VPD data reporting by providers within their jurisdiction.
- If VPD surveillance activities are performed by LHD staff other than Immunizations staff, then quarterly meetings will be coordinated with appropriate staff to facilitate open communication on VPD activity in LHD area.

Method of Evaluation

LHD contractors will report the number VPDs investigated and the timeliness of completed investigations on cases of VPDs on the Triannual Report.

Review of current Manuals and interview with staff conducting surveillance will occur at contract site review.

XI. POPULATION ASSESSMENT

Standard

Local health department (LHD) contractors will complete assigned Child-Care Assessment, Child-Care Audit, School Audits, Validation Surveys, and Retrospective Surveys according to deadlines established by the DSHS and will follow procedures outlined in the *Population Assessment Manual.*

Background

Population assessment activities are conducted for two main reasons: to measure vaccination coverage levels and to monitor compliance with the Texas vaccination laws in public and private schools and child care facilities.

Process

Population assessments are a vital component of a successful immunization program. The LHD contractors must comply with the current *Population Assessment Manual.* The most current version of the Population Assessment Manual is available at http://www.dshs.state.tx.us/immunize/school/default.shtm under the "Resource of HSR and LHD" heading. LHD contractors will train staff on conducting population assessments and will conduct assigned assessments.

Method of Evaluation

Number of assigned assessments and number of completed assessments will be reported on the Triannual Report.

Population assessment activities will be reviewed at the contract site visit.

XII. SERVICE DELIVERY

A. Clinical Services

Standard

Local health department (LHD) immunization contractors provide clinical immunization services according to national standards for immunization practices for infants, children, adolescent, adults, and healthcare workers. Contractors will comply with the National Childhood Vaccine Injury Act of 1986.

Background

Service delivery refers to clinical activities involved in providing vaccination services. Service delivery activities comply with the *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices*.

Process

- Ensure that all ACIP recommended vaccines are available for routine administration of all age groups.
- Immunization services are allowed on a walk-in basis and at times other than Monday –Friday 8am to 5pm.
- Uninsured clinic children are referred to Medicaid or the Children's Health Insurance Program (CHIP), and given a list of available providers to establish a medical home.
- Vaccinations are not denied based on an inability to pay a copay or other clinic fee.
- Vaccinations are not denied based on a client's residency.
- Standing Delegation Orders are reviewed and signed annually by the medical director.
- Missed opportunities are minimized by assessing immunization status at every visit and providing needed immunizations.
- Simultaneously administer all needed vaccines.
- Only true contraindications to vaccination are followed.
- Comply with federal requirements to ensure that current Vaccine Information Statements (VIS) are provided to patients and parents, and are explained prior to administering any vaccination.
- A Reminder/Recall system is utilized in each LHD.
- All clinic staff are informed of any changes to immunization recommendations immediately.
- ImmTrac is utilized to assess immunization status at the time of initial patient contact, and any immunizations given to persons under 18 years of age are data entered into ImmTrac or TWICES immediately.
- Adverse vaccine events will be reported to the Vaccine Adverse Event Reporting System (VAERS) in compliance with federal law.

Method of Evaluation

Clinic policies and standing delegation orders will be reviewed during the contract site review.

XII. SERVICE DELIVERY

B. Medical Home

Standard

Local health department (LHD) contractors will assist clients to identify a medical home.

Background

Prior to 1993, children were usually referred to public health clinics to obtain vaccination services. In 1993, the Vaccines for Children (VFC) program was implemented and private providers could receive free vaccines for eligible groups of children in their practice. Since that time, more children receive vaccines in their provider's office and fewer children are being referred to public health clinics.

Encouraging families to find a primary care physician is an important first step to improving the numbers of children with up-to-date immunizations. "Medical home" is a concept that has gained a lot of support among those interested in improving the healthcare system in the U.S. A medical home is more than simply a primary care physician; it is a respectful partnership between a health care provider and a child and family to provide a comprehensive array of health related services including preventive care, acute, and chronic health care services. Children who have a medical home are more likely to receive recommended vaccines and to be up-to-date with immunizations.

Process

LHDs should provide recommended immunizations during each clinic visit, but should also encourage clients to identify a regular source of healthcare for subsequent health care. LHDs that are eligible to be a medical home should take steps toward being more than a PCP by providing the coordination of care provided by a medical home.

- Define 'medical home' and discuss the benefits of having a regular source of health care to clients and families;
- Refer uninsured clients to Medicaid or the Children's Health Insurance Program (CHIP) as appropriate;
- Maintain a list of current providers within the LHDs jurisdiction who accept children on Medicaid or CHIP; and
- Provide the list to clinic clients and families.

Method of Evaluation

Number of referrals to medical home will be reported on Triannual Report.

Number of uninsured clients referred to CHIP or Medicaid for enrollment will be reported on Triannual Report.

Client encounters will be observed during contract site reviews.

Interviews with staff during contract site review.

XIII. DSHS Immunization Regional Contacts

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