



**Immunization Branch  
Infectious Disease Control Unit  
Infectious Disease Prevention Section  
Division for Disease Control and Prevention Services**

# **DSHS Immunization Contractors Guide For Local Health Departments**

**State Fiscal Year 2016  
September 1, 2015 – August 31, 2016**



## **Unit Titles for Fiscal Year 2016**

### **Unit A: Program Stewardship and Accountability**

- Community Assessment
- Annual Work Plan
- Administrative Policies
- Human Resources and Staffing
- Management of Grant Funds
- Program Income
- Reporting
- Contract Monitoring

### **Unit B: Assessing Program Performance**

- Education, Information, Training, and Collaboration
- Public Education
- Provider Education
- Community Collaborations
- Technical Assistance to Private Immunization Providers
- Women, Infants, and Children (WIC)
- Population Assessments
- Epidemiology and Surveillance
- Clinical Services
- Medical Home

### **Unit C: Assuring Access to Vaccines**

- American Indian and Alaskan Natives Initiatives
- Texas Vaccines for Children (TVFC)
- Deputization of Local Health Departments
- Provider Quality Assurance
- Adolescent Immunization
- Adult Immunization
- Perinatal Hepatitis B Prevention
- Provider Recruitment

### **Unit D: Immunization Information Technology Infrastructure**

- Utilize ImmTrac Effectively in LHD Clinics
- Increase Number of Children Younger Than 6 Years of Age Participating in ImmTrac
- Increase Number of Registered Provider Sites Actively Reporting to ImmTrac
- Encourage the Effective Use of ImmTrac by Registered Providers
- Ensure Data Quality
- Educate and Inform First Responders
- Educate and Inform Children 14 - 18 and Their Parents
- ImmTrac Outreach

## **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 Agreement
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
ACIP	Advisory Committee on Immunization Practices
AAP	American Academy of Pediatrics
AAFP	American Academy of Family Physicians
EMR	Electronic Medical Record
PCP	Primary Care Physician

## PROGRAM BACKGROUND

The Immunization Branch resides within the Division of Disease Control and Prevention Services 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 (ASN) programs; 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 health service regions (HSRs) and local health departments (LHDs) via an Inter-Local Agreement (ILA) 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 LHDs are based on the Texas DSHS Immunizations cooperative agreement 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:

- Raise and sustain vaccine coverage levels for infants and children.
- Improve adolescent immunization levels.
- Improve adult vaccine coverage levels.
- Prevent and reduce cases of vaccine-preventable diseases.
- Maintain and improve public health preparedness.
- Promote and practice the safe handling and storage of vaccines and ensure the accountability of all program components.
- Expand statewide immunization services and resources.

*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.

LHD contract requirements are based on the CDC's current IPOM and are updated annually.

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.

## ❖ **Unit A. Program Stewardship and Accountability**

### ***Community Assessment***

#### **Standard**

Each 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 Stewardship and Accountability (PS&A) relates to planning, organizing, budgeting, supervising, directing, and monitoring local immunization activities. Program stewardship 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 number of vaccine-preventable diseases (VPDs); case and incidence rates; and
- Characteristics of the service delivery system and health-care resources within 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.

## ***Annual Work Plan***

### Standard

All 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 Agreement (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 four times a year (December 31<sup>st</sup>, March 31<sup>st</sup>, June 30<sup>th</sup>, and September 30<sup>th</sup> ) utilizing the ILA Quarterly 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](mailto:DSHSImmunizationcontracts@dshs.state.tx.us) before the designated deadlines.

LHDs may receive one or two On-Site Evaluation 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.

## ***Administrative Policies***

### **Standard**

Each LHD immunization 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 per 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 the 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 current *TVFC Operations Manual*.

- 4) *Adult Safety-Net (ASN) vaccines;*

The policy describes those adults eligible for ASN vaccines as outlined 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 (VIS's), manufacturers' inserts, and the recommendations of the Advisory Committee on Immunization practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (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 manages or supports 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 (VAERS) and should be aware of the National Vaccine Injury Compensation Program (NVICP). The LHD policy should reflect the current TVFC Operations Manual and describe 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 VPD's;*

The policy should include requirements and procedures for investigation and reporting of VPD's. The policy should also address how staff is trained and it should reference the Emerging and Acute Infectious Disease Guidelines.

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

- 14) *Effective use of ImmTrac in LHD clinics;*

- The goal is to maintain vaccination records for clients 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;*

- The LHDs should have a policy on conducting reminder/recall; what systems are used to remind parents/guardians, clients 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 client medical record 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);*

- 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 addressing handling, storage, and disposing of hazardous, chemical, and infectious waste (e.g., syringes/needles and medications).

- 19) *Clinical records and record retention schedule.*

- The LHD 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 On-Site Evaluations.

## ***Human Resources and Staffing***

### Standard

Each LHD contractor will maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all grant funds. Every effort must be made to maintain staff positions partially or fully funded by the immunization contract and vacant positions will remain vacant no longer than 90 days. The LHD must submit a written justification to the DSHS Immunization Branch for any position that is vacant longer than 90 days. Contractor must inform DSHS of changes in the 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 storing 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 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 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 VPDs.

Each LHD will maintain a record of orientation and ongoing training for each staff person involved in the provision of immunization services. These records will be made available during On-Site Evaluations.

Staff who are partially funded with immunization contract 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 will be done during contract On-Site Evaluations by DSHS HSR Immunization Program staff and/or Central Office Immunization Contract staff.

## ***Management of Grant Funds***

### Standard

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. The LHD spending plan should be evaluated and necessary adjustments made throughout the contract cycle to avoid lapsing funds. Personnel vacancies should be considered as these salary savings often lead to lapsed funds at the end of a contract year. Contractors **may not lapse more than 5%** of the total amount of funding from immunizations 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 detailed vouchers to DSHS. LHDs will submit quarterly Financial Status Reports (FSRs) that fully account for Program Income (PI) generated as a result of required grant activities. LHDs will account for any PI generated 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”.

A LHD must obtain prior approval from DSHS to move more than 25% of the total contract amount between direct budget categories. Requests to move over 25% must be made in writing to the Contract Management Unit (CMU) in Austin, Texas and approved before monies can be moved. *Contract amendments for all fiscal year contracts must be approved and processed by DSHS CMU no later than May 31, 2016.*

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

### Method of Evaluation

DSHS CMU will review monthly expenditure reports and quarterly FSRs.

Report staff vacancies and percent of contract funds expended on each ILA Quarterly Report.

DSHS Central Office will review submitted justifications for staff positions which remain vacant more than three months (90 days). The LHD should continue to update the DSHS CMU and Immunization Branch with the status of vacant positions monthly after the initial

notification at 90 days and should include information as to how the salary savings from the vacancy is being used toward grant objectives. Positions funded with contract funds that have long term vacancies may be removed from the LHD budget by the DSHS.

LHDs will review and adjust spending plans throughout the course of the contract term to insure that funds are spent on contract objectives and are not lapsed as per contractual agreement.

DSHS Central Office will contact LHDs that are not on target to expend all funds between March and April of the contract year to discuss LHD plans to adjust spending for the remainder of the contract.

## ***Program Income***

### Standard

PI generated as a result of the DSHS immunization contract activities with vaccines provided by DSHS or by a CDC third party distributor of the CDC and must be reported on the quarterly FSR to DSHS and expended on contract 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 only on contract activities.**

It is important for the LHD to talk with its fiscal office to find out how the Immunization Program cost allocation system is set up. This will allow the LHD to understand what percentage of program income is the DSHS share and must be reinvested on contract objectives and what percentage is the LHD's share. **The PI must be consumed first before a LHD can request 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:

“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 PI allocation plan on file with the DSHS Contract and Oversight Support (COS) office. If the LHD is not familiar with the analyst assigned to the LHD, please contact COS at (512) 776-7484.

**PI generated from the vaccines purchased by the LHD should not be reported on the immunization FSR to DSHS and is not required to be spent on contract 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 by 80% DSHS immunization grant and by 20% 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 LHD.

Typical Scenario:

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 contract funds.

For the month of January, LHD incurred \$10,000 in immunization contract 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 contract. Moon County will need to expend an additional \$1,000 next month so that all program funds and PI can be spent.

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

Method of Evaluation

LHD monthly vouchers and quarterly FSRs will be reviewed by the DSHS CMU. Immunization Branch Contract staff will create monthly expenditure reports to track spent and lapsing funds. These reports will be sent to the DSHS HSR Immunization Program Managers and DSHS Immunization Branch management.

## **Reporting**

### Standard

LHD contractors will submit ILA Quarterly 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 current year's *Local Health Department Immunization Inter-Local Agreement Quarterly Report Form*. A copy of the current quarterly report can be downloaded at <http://www.dshs.state.tx.us/immunize/providers.shtm>. The most current version of the report form should be downloaded each quarter to avoid using outdated forms. ILA Quarterly Reports submitted on outdated forms will be returned to the LHD for correction. It is important that the most current form be used each period.

The four reporting periods are: September through November, December through February, March through May, and June through August. Reports must be submitted electronically via email to [DSHSimmunizationcontracts@dshs.state.tx.us](mailto:DSHSimmunizationcontracts@dshs.state.tx.us) by close of business on the due date. The first report is due December 31<sup>st</sup>, the second report is due March 31<sup>st</sup>, the third report on June 30<sup>th</sup>, and the fourth report is due September 30<sup>th</sup>.

### Method of Evaluation

DSHS Immunization Branch subject matter experts (SMEs) will review each ILA Quarterly Report and document any unmet performance measures. Any questions about the report or deficiencies in LHD activities will be communicated to the appropriate DSHS regional immunization program manager. DSHS regional program staff will provide appropriate technical assistance to LHDs to resolve reporting immunization issues.

## **Contract Monitoring**

### Standard

LHD contractors will be monitored for compliance with contract requirements and adherence to standards of immunization practices for infants, children, adolescents, and adults.

### Process

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

- Review of submitted ILA Quarterly Reports four times per year;
- Review of TVFC Quality Assurance site visit annually;
- Review of performance data including TVFC reports, ImmTrac resources, surveillance of VPDs, and perinatal hepatitis B prevention activities;

- Fiscal monitoring; and
- On-Site Evaluation which is a contract site review visit every other year or more frequently if needed.

The On-Site Evaluation will be a comprehensive review of the LHDs immunization program with a focus on the five (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; and
- Interview(s) with the coordinator or administrator of the overall immunization program regarding vaccine services, immunization registry, VPDs, population assessment, and perinatal hepatitis B activities. Other staff interviews may be conducted as needed during the on-site evaluation.

A copy of the current On-Site Evaluation tool and detailed instructions can be downloaded at <http://www.dshs.state.tx.us/immunize/providers.shtm>. It is beneficial to keep a current copy of this tool to refer to throughout the contract year so that upon receiving notification of an upcoming On-Site Evaluation, all necessary documents and requirements can be easily collected.

### Method of Evaluation

An On-Site Evaluation is conducted every other year or more often, if needed. LHDs will submit a Corrective Action Plan (CAP), if indicated, to the DSHS Immunization Branch contract staff and DSHS CMU addressing any deficiencies noted in the site review. The DSHS Immunization Branch contract staff will approve or ask for additional input from the DSHS HSR Immunization Program Manager for that region and return it via CMU to the LHD. All letter correspondence to the LHD regarding the announcement letter, CAP review request letter, if indicated, and the final closeout letter will be sent by the DSHS CMU.

## ***Performance Measures***

### Standard

LHD contractors will comply with the following performance measures:

- Investigate and document at least **90%** of reportable suspected VPD cases **within 30 days of notification** in accordance with The *Emerging and Acute Infectious Disease Guidelines* (located at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/Investigation-Guidance/](http://www.dshs.state.tx.us/idcu/health/infection_control/Investigation-Guidance/)) and *NBS Data Entry Guidelines*;
- Complete **100%** of the follow-up activities for TVFC provider quality assurance site visits assigned by DSHS and are completed within the established time frames;
- Will ship overstocked vaccines and vaccines approaching expiration to alternative providers for immediate use when instructed to do so by the DSHS HSR Immunization program manager to avoid vaccine waste. Contractor is responsible

for covering the cost to ship overstocked vaccines and vaccines approaching expiration;

- Contact and provide case management to **100%** of the number of hepatitis B surface antigen-positive pregnant women identified;
- Contact **3% or 250 (whichever is more) per FTE** of children who are not up-to-date on their immunizations on the ImmTrac-generated client list provided to the LHD at the beginning of each reporting period;
- Perform outreach and education activities targeting adolescents 14 to 18 years of age and their parents via health-care providers, health-care clinics, hospitals, and any other health-care facility providing health care to adolescents 14 to 18 years of age to satisfy Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095 requirements. Outreach and education activities must focus on the immunization registry and the option for an individual who is 18 years of age or older to consent to having their immunization records stored within the immunization registry. Additional outreach and educational activities may focus on high schools, colleges, and universities;
- Participate in at least one collaborative meeting concerning tribal health issues, concerns, or needs with American Indian tribal members during the contract term if American Indian tribes are in their jurisdiction;
- Report outreach done, and collaborative efforts made, with the American Indian tribes in the contractor's jurisdiction;
- 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*;
- Report number of doses administered to underinsured children monthly, as directed by DSHS;
- Report the number of unduplicated, underinsured clients served, as directed by DSHS;
- Utilize the Assessment, Feedback, Incentives, and eXchange (AFIX) online tool and methodology, found in the *Immunization Quality Assurance Tool Resource Manual*, (located at [http://www.dshs.state.tx.us/immunize/docs/QA\\_site\\_visit.pdf](http://www.dshs.state.tx.us/immunize/docs/QA_site_visit.pdf)) to assess immunization practices and coverage rates for all sub-contracted entities and non-local health department clinics. Immunization provider coverage rates will be generated using the Comprehensive Clinic Assessment Software Application (CoCASA), as specified by DSHS;
- Utilize the CDC Provider Education, Assessment, and Reporting (PEAR) system and directly enter data into PEAR to document TVFC quality assurance site-visits for all sub-contracted entities and non-local health department clinics. The LHD shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit;

- Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling visits conducted at TVFC provider offices. The LHD shall submit the final unannounced storage and handling site visit results in the PEAR system within twenty-four (24) hours of conducting the visit.

### Method of Evaluation

Performance measure data will be reported on the ILA Quarterly Report.

Documentation of activities will be reviewed at On-Site Evaluation.

## ❖ **UNIT B: Assessing Program Performance**

### **Education, Information, Training, and Collaborations (EITC)**

#### ***Public Education***

##### Standard

The LHD contractor will provide vaccine and immunization education to target audiences and the general public.

##### Background

Vaccines and immunizations 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 immunizations. In view of this, timely immunization information and 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 in order to help them to make an informed decision.

##### Process

Vaccine and immunization information is available from the DSHS Immunization Branch via the [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com) website.

LHD contractors shall:

- Maintain a link to the DSHS Immunization Branch's website. If the LHD does not have a website, make the information available via another method;

- Distribute the *ACIP Recommended Immunization Schedule* via electronic format and as a hard copy to constituents and customers as it is made available by the DSHS Immunization Branch;
- Implement written procedures to assure that telephone callers who request information about immunizations receive consistent and correct information; and
- Conduct one monthly vaccine/immunization education activity with any of the target audiences.
  - Target audiences
    - Mothers and/or fathers of children three 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 for each child on time and staying on the recommended schedule all of the time; and getting a copy of the immunization schedule, posting it, and following it. Distributing 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, and distribute vaccine information and the immunization schedule.
    - Collaborate with the local access television station(s) and make arrangements to air the Public Service Announcements (PSAs) available through the DSHS 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 informational brochures and the latest available immunization schedule that can be picked up by library patrons. Regularly replenish the materials.

### National Immunization Observances

LHDs 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 DSHS Immunization Branch for that specific observance.

- Invite and engage a recognized member of the community who has credibility with the target audience to be a spokesperson for that observance.
  - The spokesperson can be a local celebrity or a 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 a survivor of a VPD. 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 infants, children, adolescents, and/or adults.
- If it is for NIIW, work with retailers such as Babies-R-U's, Wal-Mart, Target, Dairy Queen, McDonald's, 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 successful ideas, contact the Public Information, Education, and Training Group (PIET) at the DSHS Immunization Branch or at the following link: <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 DSHS Immunization Branch website.

A distribution list will be maintained by the LHD and reviewed during every contract site review of the constituents and customers who receive the current *ACIP Recommended Immunization Schedule* every time it is made available by the DSHS Immunization Branch.

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 ILA Quarterly Report.

Documentation will be reviewed at contract site review. To receive the proper credit from reviewers, it is important to include documentation for all education activities on the EITC tab of the ILA Quarterly Report as well as information on successes, best practices discovered or developed, trends developing within the area, and/or barriers encountered.

### ***Provider Education***

#### Standard

Each 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; storage and handling procedures; VPDs; and other pertinent subjects as deemed necessary for the fulfillment of the contract.

Each LHD will ensure that providers understand their responsibility under the National Vaccine Injury Compensation Program (NVICP). Information can be found at <http://www.hrsa.gov/vaccinecompensation/index.html>.

## Process

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

- Distribute VISs and CDC's online instructions for their use to ensure proper use of VISs in accordance with the NVICP. The most current VIS can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
  - 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 read it to them prior to administration of the vaccine.
  - Ask clients if they have questions on the vaccine about to be administered, based on the VIS just read.
- Each contractor will inform providers of the annual *Epidemiology and Prevention of Vaccine-Preventable Diseases* (EPI-VAC) course. 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 Immunization Branch according to the TVFC Operations manual; and
  - 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 ILA Quarterly Report.

Documentation will be reviewed during On-Site Evaluation.

## ***Community Collaborations***

### Standard

The LHD practices community-based approaches as evidenced by its involvement with community collaborations or partners.

### Background

During the 78<sup>th</sup> legislature, regular session, 2003 it was recommended that DSHS include public and private community partners in promoting effective strategies to raise vaccination coverage levels in Texas, The DSHS Immunization Branch is continually moving towards working with partners to achieve its goals. One organization entity or group cannot single handedly accomplish this task alone, therefore in an effort to bring everyone to a performance level of excellence, the DSHS Immunization Branch is striving to build sustainable relationships with all of its contractors and subcontractors. The DSHS

Immunization Branch recognizes that it takes everyone with ideas, talents, and skills to take an idea from a creative thought to a reality.

### Definitions

At the local level, partners can assist in reaching these 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 an effort to build and develop sound collaborative relationships. More than one individual is needed to produce a successful activity that can be repeated in the future. Using the nationally known Best Practices as tools for success means everyone is potentially a resource to help increase vaccine coverage rates. The Partnership Technical Assistance Tool Kit contains steps and tools to make the process easier and is available at <http://www.dshs.state.tx.us/immunize/partners/default.shtm>.

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 in spreading positive messages about vaccines. These partners may participate on a voluntary basis for perhaps a single event.
- b. Semi-formal Partners - These partners have an active relationship with DSHS or the (LHD) but may have limited resources for commitments to activities. They may also engage in a Letter of Agreement (LOA) or a Memorandum of Understanding (MOU) (if a larger institution) with agreed upon expected outcomes and defined responsibilities.
- c. Formal Partners - These partners have a very active relationship with DSHS or the LHD and share a mutual commitment of resources and ownership of activities. These partners are highly relied upon to collaborate on projects, possibly on a regular basis. These partners may also engage in a LOA or a MOU (if a larger institution) with agreed upon expected outcomes and responsibilities. This template can be used to distinguish key and potential partners.

### Process

Keep in mind 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 within the PIET Group in the DSHS Immunization Branch to assist with planning and achieving partnership goals.

### Method of Evaluation

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

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

## ***Technical Assistance to Private Immunization Providers***

### Standard

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 On-Site Evaluation.

## ***Women, Infants, and Children (WIC)***

### Standard

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 ILA Quarterly Report.

## ***Population Assessments***

### Standard

LHD contractors will complete 100% 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. 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>. Click on health-care providers, scroll down to “Forms & Documents”, and click on “population assessment manual”. 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 ILA Quarterly Report.

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

## ***Epidemiology and Surveillance***

### Standard

LHD contractors will conduct surveillance and report VPDs according to the *Texas Vaccine-Preventable Disease Surveillance Guidelines* and complete data entry according to the NEDDS based system (*NBS Data Entry Guidelines*).

### Background

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 VPDs 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 Emerging and Acute Infectious Disease Guidelines* (Stock No. 6-106), and the *NBS Data Entry Guidelines*.

### Process

1. LHDs will investigate and document at least 90% of reportable suspected VPD cases within 30 days of notification according to the Emerging and Acute Infectious Disease Guidelines found at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/Investigation-Guidance/](http://www.dshs.state.tx.us/idcu/health/infection_control/Investigation-Guidance/).
2. 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.
3. LHDs will review all incoming laboratory reports, including electronic lab reports generated through NBS, in a timely fashion and conduct follow-up as appropriate.
4. LHDs will be trained and certified to utilize the NBS system for reporting.
5. All data entry into NBS will adhere to the *NBS Data Entry Guidelines* found at <https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/NBS%20Data%20Entry%20Guide%202015.pdf>.
6. 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, and 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.
7. LHDs will adhere to the *Epi-Case Criteria Guide, 2015* found at <https://www.dshs.state.tx.us/topicrelatedcontent.aspx?itemsid=622>.
8. LHDs will conduct activities to ensure the completeness of VPD data reporting by providers within their jurisdiction.
9. If VPD surveillance activities are performed by LHD staff other than Immunization staff, then quarterly meetings should be coordinated with appropriate staff to facilitate open communication on VPD activity in the LHD area.
10. Submit case and/or death notifications to CDC.
11. Designate staff to coordinate VAERS and vaccine safety activities.

### Method of Evaluation

DSHS Immunization Branch Staff will provide each LHD and HSR with a report that details the timeliness of investigations for each condition reported by the LHD. The LHD will use this report to complete the Quarterly Report Form. The LHD will need to identify any conditions that did not meet the CDC target of 90% and explain why the target was not met and provide an improvement plan.

Review of current Manuals and interview with staff conducting surveillance will occur at the On-Site Evaluation.

## ***Clinical Services***

### Standard

LHD immunization contractors provide clinical immunization services according to national standards for immunization practices for infants, children, adolescent, adults, and health-care 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 Pediatric and Adolescent Immunization Practices* and *Standards* at <http://www.hhs.gov/nvpo/nvac/standar.html>.

### 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 children are provided information on and referred to Medicaid or the Children’s Health Insurance program (CHIP) and a list is made available of providers to establish a medical home.
- Vaccinations are not denied based on an inability to pay copays or other clinic fees.
- Vaccinations are not denied due to the client residing outside the LHDs jurisdiction.
- 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 VISs 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 is 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.
- Reauthorize consent in ImmTrac at age 18 and before the client’s 26th birthday.
- Adverse vaccine events will be reported to the VAERS in compliance with federal law.

## Method of Evaluation

Clinic policies and standing delegation orders will be reviewed during the On-Site Evaluation.

## ***Medical Home***

### Standard

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 then, 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 number 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 health-care 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 to eligible populations during each clinic visit, but should also encourage clients to identify a regular source of health-care for subsequent health-care. LHDs that are eligible to be a medical home should take steps toward being more than a Primary Care Physician (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 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 ILA Quarterly Report.

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

Client encounters will be observed during contract site reviews.

Interviews will be conducted with staff during On-Site Evaluations.

## ❖ **UNIT C. Assuring Access to Vaccines**

### ***American Indian/Alaskan Native Initiatives***

#### **Standard**

LHD contractors will conduct outreach and collaborative activities with American Indian tribes within the boundaries of their jurisdiction.

#### **Background**

American Indians and Alaskan Natives residing in Texas are eligible to receive immunization services through federal mandate.

#### **Process**

Engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers of Alaskan Native Villages and Corporations located within contracted LHD boundaries in immunization activities. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

- Perform education, training, and outreach activities for American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers of Alaskan Native Villages, and Corporations.
- Provide technical assistance and resources to tribes as needed.
- Maintain updated point-of-contact information for all tribes in LHD jurisdiction.
- Convene, at a minimum, one meeting with tribal stakeholders during the contract term.
- Report on education, training, outreach activities or collaborative efforts, and outcomes of those activities on each Quarterly Report.

### ***Texas Vaccines for Children (TVFC)***

#### **Standard**

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](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 have been trained regarding provider choice and using the appropriate ordering system.

LHD contractors will ensure that only eligible patients receive vaccines under the TVFC Program by maintaining and updating eligibility screening protocols.

LHD contractors will assure compliance with HHS Deputization Guidance by making sure all TVFC Provider Enrollment forms (E6-102) are signed annually. The number of doses administered to underinsured children and the doses administered to unduplicated, underinsured clients must be reported monthly. Signed Deputization addendums must be available for review at the time of on-site evaluations.

### 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 Program Operations Manual*, *HHSC Deputization Guidance*, 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 immunization program staff and DSHS Immunization Branch Staff, if applicable.

Vaccine losses will be reported on the current Vaccine Loss Report Form (EC-69).

## ***Adolescent Immunization***

### Standard

LHD contractors will plan and implement activities to educate providers and the public on adolescent immunizations and increase adolescent immunizations coverage rates within the LHD jurisdiction. LHD staff will collaborate with DSHS HSR Adult/Adolescent coordinators to increase awareness about adolescent vaccinations.

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 ACIP recommended vaccines to TVFC eligible patients;
- Provide VISs for all vaccines administered according to the National Childhood Vaccine Injury Act;
- Make adolescent vaccines available to clients at each clinic visit;
- Identify health-care providers of adolescents and encourage them to enroll in the TVFC program;
- Collaborate with private providers and community groups to educate the public and promote adolescent vaccines; and
- Collaborate with American Indian/Alaska Native tribes to increase awareness in teens and parents.

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 vaccine VPDs, and mandatory reporting of vaccine adverse events.
- Educate community immunization stakeholders (schools, colleges, and others) on current 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; and
- Respond to questions about school immunization requirements.

### Method of Evaluation

LHDs will report the number of adolescent providers recruited on the ILA Quarterly 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 ILA Quarterly 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 ILA Quarterly 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 the approximate numbers distributed. Maintain samples of materials used/distributed. Documentation and samples of materials will be reviewed during site reviews.

## ***Adult Immunization***

### **Standard**

LHD contractors will plan and implement activities to educate providers and the public on adult immunizations, and increase adult immunizations, including vaccination of health-care workers, within the LHD jurisdiction. LHD staff will collaborate with DSHS HSR Adult/Adolescent coordinators to increase awareness about adult vaccinations.

### **Process**

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 VPDs 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 utilizing the DSHS ASN Program;
- Provide 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 (SDOs) 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 VPDs including epidemiology, course of the disease, transmission and prevention; and
- Reporting adverse events to the VAERS by telephone at (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.
- Collaborate with American Indian/Alaska Native tribes to increase vaccine awareness in adult populations.
- Promote comprehensive vaccine services in colleges and universities.
- Provide educational 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-care workers to increase influenza vaccination of staff. Implement Standing Delegation Orders (SDOs) for adult vaccines in LHD clinics.
- Recommend SDOs for adult vaccines in health-care facilities.

#### Method of Evaluation

LHDs will report information on adult activities on the ILA Quarterly Report.

Documentation of adult activities will be reviewed at On-Site Evaluation.

LHDs will report the types of educational materials used to promote adult vaccines to the public and providers. Provide information on venues where information was distributed, approximate numbers distributed, and provide copy of the 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 ILA Quarterly Report. Provide contact information for groups/individuals to include name, full mailing address, age group focus, and any outcomes.

## ***Perinatal Hepatitis B Prevention***

### Standard

LHD contractors in concert with their assigned Department of State Health Services (DSHS) Perinatal Hepatitis B Prevention Health Service Region (HSR) coordinator, will conduct hospital and health-care provider education on mandatory screening during the first prenatal visit and at delivery on all pregnant women for positive hepatitis B surface antigen (HBsAG). In addition, the LHD will provide training to hospitals and health-care providers on the correct method of providing reports on all pregnant women with positive

HBsAg test results and with women of unknown status. The LHD must ensure that these reports from hospitals and health-care providers are sent to the correct jurisdictional LHD or sent directly to the Texas Department of State Health Services. It is recommended that the positive HBsAg serology reports are confirmed through neutralization. Additionally, LHD 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 up to and including 24 months of age. 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/](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 Hepatitis B Virus 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 for Hepatitis B infection in pregnant women during each pregnancy and subsequent reporting of positive results to DSHS. Infants born to HBsAg positive women as well as susceptible household contacts up to and including age 24 months of age, often fail to complete post exposure prophylaxis and post vaccine-serology testing as required by state law. Unfortunately, significantly fewer women are reported in Texas than the CDC estimated number of cases in Texas.

## 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 HBsAg positive or whose results indicate an unknown HBsAg status. Additionally, surveillance activities by LHD contractors must include identifying HBsAg positive mothers to ensure all Hepatitis B Virus infected pregnant women are reported.

In accordance with CDC and the Advisory Committee on Immunization Practices (ACIP) recommended vaccination schedule, LHD contractors must also administer post-exposure prophylaxis and post-vaccine serology screening to affected infants including susceptible household contacts up to and including 24 months of age to prevent hepatitis B virus infection. If post exposure prophylaxis and post vaccine-serology screening are not administered by the LHD, all efforts must be made to obtain this information from providers of all infant's and contact's. 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 sent to the correct jurisdictional LHD or sent directly to DSHS and to the Perinatal Hepatitis B Prevention Program (PHBPP) database. Several sources of data are used to evaluate the progress of the PHBPP and are listed as follows:

- CDC's expected births to women provided by the National Health and Nutrition Examination Survey (NHANES);
- The National Immunization Survey (NIS) on birth dose coverage data;
- Specific PHBPP case management activities are provided statewide by the ILA Quarterly Report; and
- Identification of cohorts and case management activities are reported statewide on a monthly basis by the hepatitis B regional coordinators regarding program performance and sent to the State Perinatal Hepatitis B Prevention Program Coordinator at DSHS.

Perinatal Hepatitis B program activities are reviewed at each On-Site Evaluation.

## ***Provider Recruitment and Education***

### Standard

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

### Process

DSHS HSR immunization program staff will provide a list of providers to be recruited within the LHDs jurisdiction annually. LHDs must conduct recruitment activities as defined in the *TVFC Program Operations Manual* on all providers on the recruitment list and report as indicated on ILA Quarterly Report in DSHS approved format.

LHDs will provide education to all new TVFC providers on TVFC vaccine storage and handling, policies, rules and requirements; and TVFC ordering processes as outlined in the *TVFC Program Operations Manual*.

LHDs 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 recruitment list as directed on the ILA Quarterly Report.

Documentation of recruitment activities will be reviewed at On-Site Evaluations.

LHD contractors will document all education, training, and technical assistance offered to providers on the ILA Quarterly Report.

Documentation of education and technical assistance activities will be reviewed at On-Site Evaluations.

## ***Provider Quality Assurance***

### **Standard**

LHD immunization contractors are responsible for conducting follow-up quality assurance site visits 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. TVFC Follow-up and On-Site QA visits will be conducted within the appropriate timeframes listed in the *TVFC Program Operations Manual*.

### **Background**

“Quality Assurance” refers to activities involved with evaluating vaccine storage and 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 Program Operations Manual*, 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 TVFC Program. Each site visit is an opportunity to provide technical assistance and staff education on the principles and standards of immunization practices. LHDs must conduct follow-up on all providers that had a deficiency identified during the TVFC On-Site QA visit. LHDs must complete all follow-up according to the time frames indicated by the Provider Site Visit Summary.

LHD must utilize the *Provider Education, Assessment, and Reporting (PEAR)* system to conduct follow-up activities.

### **Method of Evaluation**

LHDs will report on follow-up activities on the ILA Quarterly Report.

Follow-up activities and documentation of activities will be reviewed during the On-Site Evaluation.

## ❖ **Unit D. Immunization Information Technology Infrastructure**

### ***Utilize ImmTrac Effectively in LHD Clinics***

#### **Standard**

LHD contractors will utilize the Texas Immunization Registry (ImmTrac and all future versions of ImmTrac, including ImmTrac2), effectively in all LHD clinics. For all remaining references to ImmTrac, all future versions of ImmTrac, including ImmTrac2, are included.

#### **Background**

ImmTrac refers to all operational aspects of a population-based registry with emphasis on children younger than 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; and
- 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 is effective 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 on-site evaluation. Observation of client encounters during the contract site review will be conducted.

### ***Increase Number of Clients Participating in ImmTrac***

#### Standard

LHD contractors must implement activities to increase the number of clients in ImmTrac and especially children younger than six years of age.

#### Process

LHDs must implement the following procedures:

- Confirm consent or offer consent to clients to participate in ImmTrac at every client encounter;
- Educate clients and/or the clients parent(s) or the clients legal guardian(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, children 14-18 years of age and their parents, guardians, or managing conservator, and expectant parents;
- Provide outreach to potential ImmTrac users;
- Inform birth registrars of the need to obtain consent when birth certificates are registered; and
- Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation and includes the dissemination of DSHS educational materials as appropriate.

### Method of Evaluation

Written policies related to ImmTrac will be reviewed during the On-Site Evaluation.

LHDs will report education and outreach activities on the ILA Quarterly Report.

Documentation of education and training will be reviewed at On-Site Evaluation.

## ***Increase Number of Registered Provider Sites Actively Reporting to ImmTrac***

### Standard

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 to ImmTrac at least every 30 days.

### Process

LHD contractors will:

- Actively recruit new users and encourage active reporting into ImmTrac;
- Provide instruction on the online 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; and
- Utilize provider recruitment list(s) provided by the ImmTrac Group (outlined in the **ImmTrac Outreach** section) to focus on provider recruitment activities.

### Method of Evaluation

LHDs will report education and promotion activities on the ILA Quarterly Report.

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

Documentation of activities will be reviewed during the On-Site Evaluation.

## ***Encourage the Effective use of ImmTrac by Registered Providers***

### Standard

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 entering information 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/recall functions;
- Provide information on data entry and quality standards for ImmTrac;
- Encourage providers to ensure ImmTrac records are complete, accurate, and current; and
- 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 ILA Quarterly Report.

Documentation of activities will be reviewed at On-Site Evaluation.

### ***Ensure Data Quality***

#### Standard

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 ImmTrac 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 ILA Quarterly Report.

Review of ImmTrac procedures during On-Site Evaluation.

## ***Educate and Inform First Responders***

### Standard

At the direction of DSHS, 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 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 VPDs 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 On-Site Evaluation.

## ***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, legal guardians, or managing conservators 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

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 26, if the client has not signed 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.

The LHD will conduct at least twelve (12) outreach and educational activities during the contract period in accordance with Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095, to each of the following audiences: health-care providers, health care clinics, hospitals, and any other health-care facility providing health care to adolescents 14 to 18 years of age and their parents, legal guardians, or managing conservators. Additional outreach and educational activities may focus on high school, colleges, and universities.

The LHD will document these activities on the Quarterly report with the number and type of participants and an evaluation of each activity will be completed by obtaining feedback from participants.

## ***ImmTrac Outreach***

### Standard

LHD contractors will conduct public education activities, identify and locate clients with incomplete immunization histories in ImmTrac, bring client records up-to-date, educate individuals who have recently turned 18, and first responders about inclusion in ImmTrac according to the following guidance.

### **Outreach Activities**

#### **1. ImmTrac Outreach to parents of Children 19-35 months of age (Client Outreach List)**

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 ImmTrac staff member conducts outreach to 3% or 250 children on the client outreach list (whichever is greater) per quarterly

reporting period or the complete list (if the list includes fewer than 250) provided by the ImmTrac Group

To facilitate outreach, the ImmTrac Group provides each contracted LHD with the Client Outreach List of children ages 19 through 35 months of age who are not up-to-date on their immunizations. A new list will be provided at the beginning of each quarterly period which is September, 2015, December 1, 2015, March 1, 2016, and June 1, 2016 of the fiscal year. The ImmTrac outreach staff must download the list from the ImmTrac application.

a.) Identify and Locate Children 19-35 Months of Age with Incomplete Immunization Histories in ImmTrac

Download the list of target clients from the ImmTrac application by following the steps below:

Downloading the Client Outreach 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.

Once you have downloaded and saved the list:

- Identify and locate clients through various methods that may be available [e.g., WIC,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 ImmTrac staff member conducts outreach to 3% or 250 children on the client outreach list (whichever is greater) per quarterly reporting period or the complete list (if the list includes fewer than 250) provided by the ImmTrac Group.

b.) Conduct Outreach and Follow-up

- 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; and
- Follow-up with providers to ensure that future immunizations are reported to ImmTrac within 30 days of administering the vaccine.

- 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; and
- 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.

c.) Data Entry into ImmTrac

- 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; and
- Provide parent with updated record.

## 2. ImmTrac Outreach to Providers (Provider Outreach List)

The LHD ImmTrac outreach staff will have the capability to access a Provider outreach list through the ImmTrac application. The provider outreach list is updated and available for download through the ImmTrac application on the first of every odd-numbered month (January, March, May, July, September and November).

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:

- Log into the ImmTrac application;
- From the blue menu bar, select "Options", and then click on "Import Options." You are now on the ImmTrac Import home page;
- Select "Retrieve Client Consent Status Files":
- Select the provider files and click "Download" in the blue box next to the file you wish to download: and.
- Save the MS Excel document to your computer.

### **3. ImmTrac Outreach to 17-year-olds about to turn 18 years old (18-year-old List)**

The LHD ImmTrac outreach staff will have the capability to access an 18-year-old list through the ImmTrac application. The 18-year old list, previously known as the 17-year old list, consists of ImmTrac clients who are 17 years old about to turn 18 years old. It is available for download through the ImmTrac application the first week of every even numbered month (October, December, February, April, June, and August).

Each client on the list is to be contacted and notified that they must sign an Adult Consent form before their 26<sup>th</sup> birthday in order for their immunization records to remain in the registry. Accepted methods of contacting individuals include telephone, email, regular mail to the individual's last known address, or by general outreach efforts through the individual's health care provider, school district, or institution of higher education. House Bill 2171 requires a reasonable effort to be made to provide notice to an individual whose immunization information is included in the registry with consent that was provided by a parent, managing conservator, or guardian. The accepted methods of contact provided herein are outlined in the new House Bill 2171 legislation. The bill also requires a reasonable attempt to be made to obtain current contact information for any returned written or electronic notices that are returned due to incorrect address information.

#### Downloading the 18-year-old 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.

### **4. ImmTrac Outreach to New ImmTrac Users (New User List)**

New ImmTrac User list is sent monthly from DSHS Regional ImmTrac staff.

- LHD staff should contact provider to ensure that provider has logged onto registry and changed temporary password.
- Additionally, the LHD ImmTrac outreach staff should ensure the new ImmTrac user is properly trained. If training is needed/requested, the LHD ImmTrac outreach staff should provide training to the new ImmTrac user.
- The completed New ImmTrac User report should be sent to DSHS ImmTrac Group and regional ImmTrac staff.
- The LHD ImmTrac outreach staff will 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.
- The LHD ImmTrac outreach staff will educate, promote and provide technical assistance to ImmTrac users to encourage active reporting in ImmTrac.

## **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 ImmTrac; and
- 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 ImmTrac and how they may obtain their child's immunization history;
- Educate expectant parents about ImmTrac and the importance of granting consent during birth registration; and
- Educate and assure parents about confidentiality requirements of ImmTrac

## **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 ImmTrac; and
- Provide technical assistance on the ImmTrac newborn consent process.

## **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, 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; or
- An immunization history provided by a local or state immunization registry.

### 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.

## **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;
- Utilize Reminder and Recall letters to notify parents – mail out letters on a regular basis such as weekly or monthly;
- The outreach staff member explains how ImmTrac can assist in locating immunization records in emergency situations such as fires, hurricanes, floods, and other disasters;
- Providing parents with correct information is very important – provide clear and accurate information; and
- 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;
- The outreach staff member explains that ImmTrac is a secure, confidential registry containing the vaccination history that is available only to authorized entities such as physician's offices, schools, and child care facilities;
- 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; and
- 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 professional working relationship;
- Maintain a professional working 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 *Impact of HIPAA on Reporting to the Texas Immunization Registry* fact sheet to assure providers it is acceptable to share immunization records with ImmTrac; and
- 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 cost free, and can reduce missed opportunities to vaccinate and prevents unnecessary duplication of vaccinations;
- 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 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; and
- Encourage providers to use the ImmTrac client ID number stamp to record the child's ID number on the outside of the chart.

## Documentation of Outreach Contacts and Results

Maintain electronic or paper documentation of all client contacts and immunization information obtained. The outreach documentation file should also include the updated ImmTrac immunization record after entry of additional immunizations.

*ImmTrac Outreach Tracking* 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 (4) years past the close of the contract. The duration of LHD contracts is one year – September 1<sup>st</sup> through August 31<sup>st</sup> of the following year. Documents, paper or electronic, 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) 2012 must be retained at the LHD through the end of FY 2013 (August, 31, 2013) 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 quarterly reporting period (September 1, 2015, December 1, 2015, March 1, 2016 and June 1, 2016) 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, 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 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.

### 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 the LHD outreach staff member has determined that they are speaking with the child's parent, inform the parent 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 ImmTrac.
- Record the following:
  - 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 *Outreach Tracking documents*. 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, save a copy of the updated ImmTrac record and attach it to the outreach tracking documents.
- Immunizations may be entered into a local registry, provided that data are regularly migrated to ImmTrac.

### 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 ILA Quarterly Report.

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

## FY 2016 DSHS Immunization Regional Contacts

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