Texas Immunization Registry
Immunization Section
Division for Laboratory and Infectious Disease Services

Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR)

State Fiscal Year 2025
September 1, 2024 – August 31, 2025

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Acronyms

ACIP	Advisory Committee on Immunization Practices	**IPOS**	ImmTrac Program Outreach Specialist
ASN	Adult Safety Net Program	**IQIP**	Immunization Quality Improvement for Providers
BiDX	Bidirectional Data Exchange		
CARE	Consent Accepted Rate Evaluation	**ISR**	ImmTrac2 Support Review (Formerly QIA)
CDC	Centers for Disease Control and Prevention	**LHD**	Local Health Department
		NIS	National Immunization Survey
CHIP	Children's Health Insurance Program	**O&E**	Outreach & Education Team
CO	Central Office	**PAIS**	Patient Active/Inactive Status
DSHS	Department of State Health Services	**PAR**	Provider Activity Report
		PCP	Primary Care Physician
DX	Data Exchange	**PHE**	Public Health Emergency
EHR	Electronic Health Record	**PHR**	Public Health Region
EMR	Electronic Medical Record	**POC**	Point of Contact
FTE	Full Time Equivalent (Employee)	**PRC**	Primary Registry Contact
		PVC	Primary Vaccine Coordinator.
FTP	File Transfer Protocol (also sFTP for Secure FTP)	**RE**	Responsible Entity
		SME	Subject Matter Expert
FY	Fiscal Year	**SSO**	Single Sign-On
GIUTIR	Guidelines for Increasing the Use of the Texas Immunization Registry	**SVC**	Secondary Vaccine Coordinator
		TIR	Texas Immunization Registry
HHS	US Department of Health and Human Services	**TIPS**	Texas Immunization Provider Summary
IC	ImmTrac Coordinator	**TVFC**	Texas Vaccines for Children Program
IDCU	Infectious Disease Control Unit		
		UI	User Interface
IIS	Immunization Information System	**VAERS**	Vaccine Adverse Event Reporting System
ILA	Inter-Local Agreement	**VAOS**	Vaccine Allocation and Ordering System
ImmTrac	Texas Immunization Registry (legacy system)	**VFC**	Vaccines for Children Program (National)
ImmTrac2	Texas Immunization Registry (new system released April 2017)	**VIS**	Vaccine Information Statement
		VPD	Vaccine-Preventable Disease

FY25 Local Health Department Quarterly Report

Local Health Departments (LHD) receive state general revenue and federal funding from the Immunization Section via Interlocal Agreements (ILA) to implement activities with the primary goal of raising vaccine coverage levels in Texas. Immunization contracts with LHDs are based on the Texas DSHS Immunization cooperative agreement with the Centers for Disease Control and Prevention (CDC) and activities in the CDC's Immunization Program Operations Manual (IPOM). LHD contract requirements are based on the CDC's current IPOM and are updated annually.

Contract Management Website

https://www.dshs.texas.gov/immunize/Responsible-Entities/Contract-Management/

Tools

Quarterly Report Survey
Local Health Department and Public Health Region staff, please contact the Immunization Section Contracts team at DSHSImmunizationcontracts@dshs.texas.gov to receive the survey link to report quarterly activities per the Contractor's Guide.

*Due Dates**

Quarter	LHD Due Date	PHR Review Due Date	CO Review Due Date
First	December 31, 2024	January 15, 2025	January 31, 2025
Second	March 31, 2025	April 15, 2025	April 30, 2025
Third	June 30, 2025	July 15, 2025	July 31, 2025
Fourth	September 30, 2025	October 15, 2025	October 31, 2025

*For questions relating to due dates for quarterly reports please contact DSHS Immunizations Contacts Management at DSHSImmunizationcontracts@dshs.texas.gov

6. Increased Use of the Texas Immunization Registry

General Guidance

Downloading the PAR and CARE

ICs and IPOS must download their CARE and PAR reports from ImmTrac2 each month. These reports must be saved locally and should be available for review throughout the fiscal year. It is best practice to save these reports in a location and manner that would continue to be accessible to the LHD/PHR if there is a change in IC/IPOS personnel.

Replacing missing PAR/CARE

Past months' PAR and CARE reports can be downloaded from ImmTrac2. If a PAR or CARE report is missing from ImmTrac2, backup copies of all PAR and CARE reports can be found on the IC SharePoint.

Who to contact for assistance

For general questions about the GIUTIR and associated activities, follow your chain of command. IPOS should contact their regional IC. ICs should contact your assigned IIS Regional Outreach & Education Specialist at the Central Office.

For assistance with organization registration or renewals and ImmTrac2 user access concerns, email Central Office at ImmTrac2@dshs.texas.gov. For registration and renewal assistance include "Attn Reg/Ren" in the email title.

For assistance with data exchange related concerns, email Central Office at ImmTracMU@dshs.texas.gov.

For any other questions, contact your assigned IIS Regional Outreach & Education Specialist at Central Office.

How to identify and address closed organizations

These are the steps used by the Texas Immunization Registry to investigate potential organization closures. To accelerate closure requests, please conduct the steps below and document your findings in the body of your org closure request email. *Only submit a closure request if your investigation confirms that the provider organization is no longer in business. If the provider is still in business but has outdated information in ImmTrac2 then contact the provider and assist them with submitting a site renewal.*
1. Check for data exchange activity on the CARE/PAR.
2. Call all contacts:
   a. Call POC Phone Number
   b. Call PRC Phone Number
   c. Call Org Phone Number

d. Any other number that can be found such as via a Google search.
3. Email Searches:
   a. Email the POC
   b. Email the PRC
   c. Email the RMP
   d. Anyone other email address that can be found such as via a Google search.
4. Google Search using the organization's name, address, parent organization, provider's name etc.:
   a. For an updated address
   b. For Updated phone numbers
   c. For Updated Contacts
   d. You can also use;
      i. Yelp.com,
      ii. Yellowpages.com,
      iii. Whitepages.com,
      iv. Better business bureau for that area,
      v. Google Maps,
      vi. mapquest.com,
      vii. citysearch.com,
      viii. Addresses.com,
      ix. any related sites to the afore-mentioned sites.
5. Tax Search:
   a. Local County Tax Assessor for that Site
   b. State Tax Assessor Level Site
6. Texas Business License Lookup https://texas.licenselookup.org/business/
7. Physical investigation of the site.

After investigating and determining that an organization in your jurisdiction should be closed in ImmTrac2, contact the Texas Immunization Registry central office. Send an email to ImmTrac2@dshs.texas.gov with "**Attn Reg/Ren - Closed Organization: [ORG CODE]**" in the title. Clearly identify yourself as an IC or IPOS and state that you have investigated the status of the organization and believe it should be closed.

Be sure to include the details of your investigation, the Org Code, and any other identifying information. *Expand*

The organization will typically continue to appear on your reports until after the first **full month** the organization was closed in ImmTrac2. For example, if an organization was closed on September 10th, it will not appear closed on your PAR until the report generates on November 1st.

6.1. Texas Immunization Registry Outreach for Immunization Records

6.1.01 Outreach for Missing Immunizations *(Suggested Activity)*

Conduct Texas Immunization Registry (the Registry) outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records.

Detailed Description

Conduct Texas Immunization Registry outreach to organizations in the LHD Contractor's jurisdiction regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records.

Procedure

Reduce the number of children and adults who do not have complete immunization records.

Reference Document(s)

- ImmTrac2 - Scheduled Report – IPO Client Listing
- ImmTrac2 - Generate Report – Client Benchmark Report
- ImmTrac2 - Generate Report – Reminder/Recall Report

Metric

Conduct outreach activities to 250 clients or 3% of the clients on the IPO Client Listing Report (whichever is greater) or the complete list (if your list is 250 or less) each quarter.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Record the number of IPO positions at the RE, the total number of clients on the outreach list, the number of clients for whom outreach was attempted, the number of shots validated and entered into ImmTrac2, and the number of clients brought up to date based on the ACIP schedule.

Activity Instructions

The IPO Client Listing report includes children 19 to 35 months (about 3 years) of age who are not current on their immunizations according to ACIP recommendations (excluding influenza). Inclusion on this list indicates the child missed immunizations or received immunizations not reported to ImmTrac2. A new report is generated at the beginning of each quarterly period in September, December, March, and June of the fiscal year and made available in ImmTrac2 under scheduled reports. This report is overwritten each quarter.

Each responsible entity is provided the flexibility to target/focus on age cohorts and/or vaccine groups specific to each jurisdiction's goals.

This activity contributes to vaccine accountability requirements for TVFC-enrolled sites by ensuring vaccine loss and waste are minimized & documented and that TVFC vaccine inventory is accurately reported.

Outreach is defined as up to three (3) documented attempts to update a client's immunization history. Appropriate means of communication may include phone, email, fax, face-to-face, or office visit. In instances where all three attempts are unsuccessful, they should be counted as one completed outreach and documented in the quarterly report.

Local Health Departments

Each IPOS will be responsible for downloading and retaining the IPOS Client listing report for their jurisdiction up to one year from the published date or final approval by the Regional Health Department and Central office (whichever comes first).

Regional Health Departments

Each ImmTrac2 Coordinator will be responsible for downloading and retaining the IPOS Client listing report for their jurisdiction up to one year from the published date or the final approval by Central Office (whichever comes first). These historical report versions must be used to validate LHD reporting in the ILA Quarterly Reports.

Identify and Locate Clients with Incomplete Immunization Histories in ImmTrac2:

1. 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),
2. Search the ImmTrac2 online application for the latest client demographic and immunization information available for the client,
3. Review client's immunizations due. If the client is up to date on all immunizations except for flu, no action is required. (This review does not count toward required outreach count),
4. If client is not up to date on immunizations, contact the last known provider, and
5. Update client demographic information (client address, telephone, email), if needed.

6.2. Texas Immunization Registry Outreach for Patient Consents

6.2.01 Outreach to Increase Consent Rate for All Ages (*Suggested Activity*)

Conduct activities aimed at increasing the consent rate for all age groups, including (but not limited to) adults and individuals identified as recently moved in-state.

Detailed Description

Conduct activities aimed at increasing the consent rate for all age groups within the LHD Contractor's jurisdiction.

Procedure

Perform outreach activities at various public community events to educate the general public about the requirements and benefits of being consented in the Texas Immunization Registry.

Reference Document(s)

- ImmTrac2 - Scheduled Report – 18-Year-Old Target Client Report
- ImmTrac2 - Scheduled Report - Provider Activity Report (PAR)
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Metric

Perform twelve (12) public outreach activities.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Report each activity conducted at various public community events in the *IIS Outreach Reporting* tool.

Activity Instructions

Activities may include, but are not exclusive to outreach for the following:

- Refugee clinics,
- First Responders organizations,
- Birthing hospitals,
- Long-term care facilities,
- Health fairs and clinics,
- Other community events.

Education to the general public may include, but is not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for children and adults.
- Educate expectant parents about ImmTrac2 and the importance of granting consent during birth registration.

- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry.
- How immunization records are updated in ImmTrac2.
- How to obtain their Official Immunization History.
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

Detailed Reporting

Instructions: Report each conducted activity aimed at increasing the consent rate for all age groups in the *IIS Outreach Reporting* tool.

Enter the corresponding information below:
- o Date of Activity
- o Organization/Location Name
- o ImmTrac2 Org Code (if applicable)
- o Description of the event attended.
- o Resources Provided (type of consent, brochures, etc.)
- o Approximate number of signed adult and minor consents collected.

6.2.02 Outreach to Increase Consents for 18-Year-Olds (Required Activity)

Conduct at least twelve (12) outreach and educational activities focused on 18-year-olds in high schools, colleges/universities, and other institutes of higher learning in LHD Contractor's jurisdiction.

Detailed Description

Conduct at least twelve (12) outreach and educational activities focused on 18-year-olds in high schools, colleges/universities, and other institutes of higher learning in the LHD contractor's jurisdiction.

Procedure

Exhibit, present, train, and/or provide education to staff and adult students in high schools, colleges/universities, and other institutes of higher learning to increase consent among 18-year-olds.

Reference Document(s)

- ImmTrac2 - Scheduled Report – 18-Year-Old Target Client Report
- Guidelines to Increase the Use of the Texas Immunization Registry (GIUTIR)
- School Outreach Letter – See the following:
  - Appendix A: School Outreach Letter (English)
  - Appendix B: School Outreach Letter (Spanish)
- *A Lifetime Registry for Everyone* brochure (Form 11-13708 on the publications catalog)

Metric

Complete twelve (12) outreach and educational activities.

Reporting

This metric will be included for reporting in the Inter-Local Agreement (ILA) Quarterly Reports. Report each activity conducted at high schools and colleges/universities, and other institutes of higher learning in the *IIS Outreach Reporting* tool. Report the number of activities conducted in the ILA Quarterly Reports.

Activity Instructions

Each Responsible Entity must conduct 12 visits to high school campuses and/or places of higher learning.
- If your jurisdiction does not have a total of 12 high schools and/or places of higher learning, you must visit 100% of the campuses in your jurisdiction.
  - Conduct activity 6.2.01 (community outreach events) to makeup the remaining activities.

- o Contact your O&E Specialist prior to an event to ensure that it will qualify for this activity.
- If an RE's jurisdiction has more than 12 high schools and/or places of higher learning, target campuses with the highest volume of adults ranging from 18 through 25 years of age.
  - o The 18-Year-Old Target Client Report includes 17-year-old clients that are 2 through 4 months away from turning 18 years of age from when the report is generated and is available in ImmTrac2 under scheduled reports.
  - o RE's should use this report to identify campuses for outreach.
- Each school campus may be visited once per quarter.
  - o If you visit the same campus more than once in a quarter, pick one visit to report for this activity.

Identify at least one immunization champion at each campus and provide the following education:
(Note: An Immunization Champion is an individual who is well versed in the use of ImmTrac2, Texas Immunization Registry statutory requirements, and is able to advocate for participation in the registry. School nurses and main office staff are good candidates for immunization champion.)
- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for adults.
- Provide electronic and/or physical copies of the ImmTrac2 Adult Consent Form.
How to advise students that recently moved in-state and ensure their records are included in ImmTrac2.

Activity Strategies

- Encourage the immunization champion to distribute the Adult Consent Form and Disaster Consent Form to students, such as by adding it to their enrollment or graduation information paperwork.
- Provide a copy of the School Outreach letter to the Immunization Champion. Educate them on how to use the letter for outreach to their students about the Texas Immunization Registry. See the following:
  - o Appendix A: School Outreach Letter (English), and
  - o Appendix B: School Outreach Letter (Spanish)
- Set up a time and date to return to collect signed consent forms before leaving if consents weren't collected on the day of the visit.
- Use the brochure *A Lifetime Registry for Everyone* (Form 11-13708 on the publications catalog)
- Use the 18-Year-Old Client Target Report to determine potential areas to focus outreach activities.
- Create School Lists to determine who the exiting seniors are and who the new incoming seniors will be for the next school year.
- When interacting with students:
  - o Check that the student is 18 or will be turning 18 soon

- Explain the benefits of having a secure copy of the immunization records for college entry, military enrollment, and future employment
- Inform students that their parents/guardians cannot sign the Adult Consent for them
- Explain the risk of losing their childhood records when turning 18

Detailed Reporting

Instructions: Report each activity conducted at high schools and colleges/universities, and other institutes of higher learning in the *IIS Outreach Reporting* tool.

Enter the corresponding information below:
- Date of Activity
- Organization Name
- ImmTrac2 Org Code (if applicable)
- Resources Provided (type of consent, brochures, etc.)
- Training Provided
- Follow-up Plans
- Approximate number of signed consents collected

ILA Quarterly Report: Report the *number* of activities conducted at high school and colleges/universities, and other institutes of higher learning. Include alternative outreach activities conducted under activity 6.2.01 if approved. The number should correspond to the number of activities reported in the *IIS Outreach Reporting* tool.

Question (6.2.02):

(Q1-Q4) How many outreach and educational activities focused on 18-year-olds in high schools, colleges/universities and institutions of higher learning did your RE conduct this **quarter**?

(Q2-Q4) How many outreach and educational activities focused on 18-year-olds in high schools, colleges/universities and institutions of higher learning did your RE conduct this **contract year** to date?

(Q4) Did your RE conduct at least twelve (12) or 100% of possible outreach and educational activities focused on 18-year-olds in high schools, colleges/universities and institutions of higher learning in your area by the end of the fourth quarter?

(YES): Answer 'Yes'
(NO): Please explain why below:

6.3. Texas Immunization Registry Outreach to Users

6.3.01 Outreach to Inactive Users (*Suggested Activity*)

Conduct outreach to existing Registry users who have not logged into the Registry in the last 90 days (about 3 months).

Detailed Description

Conduct outreach to existing Registry users within the LHD Contractor's jurisdiction who have not logged into the Registry in the last 90 days (about 3 months).

Procedure

Identify the number of users not active within the reporting period by using the Provider Activity Report (PAR). Contact the organizations with the highest volume of users who are not active and identify the reason(s) for inactivity. Assist the organization(s) to renew their site agreement(s) if necessary and to remove users who no longer need access to the Texas Immunization Registry.

Contact organizations with zero (0) total users and identify the reason(s) for inactivity. Assist the organization identify a new Point of Contact (POC) and assist the new POC to renew their site agreement.

Reference Document(s) (If Applicable)

- ImmTrac2 - Scheduled Report - Provider Activity Report (PAR)
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- ImmTrac2 Reminder for Providers
- Provider Activity Report Guide
- 11-15252 ImmTrac Site Renewal Guide

Metric

The total active user percentage should be 90% or greater. When the total percentage of active users is less than 90%, increase the total by 5% the following quarter.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Record the percent active users based on the most recent PAR.

Activity Instructions

The PAR is generated at the beginning of each month in ImmTrac2 under scheduled reports. This report is overwritten in ImmTrac2 each month.

1. Calculate the average percentage of user activity for your jurisdiction by:
    a. Sum of '# of Active Users' divided by the sum of '# of All Users'

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b. Multiply the answer by 100 to get the actual percentage and round to the nearest whole number

2. In the event the average percentage of total active users within a jurisdiction is **90% or greater**, no outreach activities are required.

3. In the event the average percentage of total active users within a jurisdiction is **less than 90%**, utilize the following activities to increase the percentage of active users:
    a. Identify the organizations with the lowest percentage of active users.
    b. Investigate why users are not routinely logging in.
    c. Determine if the organization needs the number of users currently assigned to the organization.
    d. Educate the organization on procedures to disassociate users that are not utilizing ImmTrac2 or no longer employed at the organization:
        i. If five or less users need to be disassociated, request one of the following ImmTrac2 Points of Contact submit a request to disassociate users by emailing ImmTrac2@dshs.texas.gov:
            ▪ Organization Point of Contact,
            ▪ Primary Registry Point of Contact,
            ▪ Primary Vaccine Coordinator (listed in ImmTrac2), or
            ▪ Secondary Vaccine Coordinator (listed in ImmTrac2)
        ii. If more than five users need to be disassociated, assist the organization complete a site renewal.
    • Educate users on the benefits of utilizing ImmTrac2. Refer to the flyer Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers and the flyer ImmTrac2 Reminder for Providers.

Local Health Departments

Each IPOS will be responsible for downloading and retaining the Provider Activity Report (PAR) for their jurisdiction for the entire contract period.

Regional Health Departments

Each ImmTrac2 Coordinator will be responsible for downloading and retaining the Provider Activity Report for their jurisdiction for the entire contract period. These reports will be used to validate reporting in the ILA Quarterly Reports.

ILA Quarterly Report

Instructions: This metric will not be included for reporting in the Immunization Program Contract Review Tool. Use the Provider Activity Reports (PAR) from the previous three months to calculate and report the average percentage of active users. Please refer to the table below for which PAR reports to reference.

Quarter	PAR Report Date	Report Data From
First	October 1, 2024	September 2024
	November 1, 2024	October 2024
	December 1, 2024	November 2024
Second	January 1, 2025	December 2024
	February 1, 2025	January 2025
	March 1, 2025	February 2025
Third	April 1, 2025	March 2025
	May 1, 2025	April 2025
	June 1, 2025	May 2025
Fourth	July 1, 2025	June 2025
	August 1, 2025	July 2025
	September 1, 2025	August 2025

6.3.02 Outreach to Newly Registered Organizations (Required Activity)

Provide orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction within three months of their registration.

Detailed Description

Provide orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction within three months of their registration and maintain documentation of all technical assistance provided (e.g., telephone logs).

Identify and assist newly registered providers and new users reporting to the Texas Immunization Registry. Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR).

Procedure

Identify new organization by reviewing the Provider Activity Report (PAR) and prioritize by largest number of new users.

Conduct outreach and education to 100% of newly registered organizations by reviewing the Provider Activity Report (PAR). Validate the Responsible Entity for each new organization and provide education and training on the effective use of the Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR).

Reference Document(s)

- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- ImmTrac2 – Generate Report – Texas Immunization Provider Summary (TIPS)
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange
- Provider Activity Report Guide
- 11-15230 ImmTrac TIPS Guide
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone
- HHS Learning Portal – ImmTrac2 Overview

Metric

Provide education, training, and technical assistance each quarter to 100% of newly registered organizations.

Reporting

This metric will be included for reporting in the Inter-Local Agreement (ILA) Quarterly Reports. Report each outreach to newly registered organization in the IIS Outreach Reporting tool. Report the number of activities conducted in the ILA Quarterly Reports.

Activity Instructions

Outreach is defined as up to three (3) documented attempts using at least two (2) different methods to offer training and/or technical assistance to newly registered organizations.

Newly registered organizations are any organization with a registration date less than three (3) months old. Appropriate means of communication may include phone, email, fax, video call or office visit.

1. Using the Provider Activity Report (PAR), validate the correct Responsible Entity by reviewing the Facility Name and demographic information for each newly registered organization. If the organization belongs to a different jurisdiction, perform the following:
   - Report your findings to ImmTrac2@dshs.texas.gov and the correct Responsible Entity.
   - The email subject line should be entered as "Responsible Entity Update".
   - The correct Responsible Entity is required to complete all training and technical assistance for these organizations.
   - These reports do not need to be included in the ILA Quarterly Reports. Please note that in these instances, the total number of trainings may exceed the number of new registered organizations reported in the ILA Quarterly Reports.

2. After identifying new organizations, conduct outreach to those new users to ensure that they understand how to:
   - Log into ImmTrac2,
   - Search for clients,
   - Update client demographic information,
   - Entering consent and adding new clients,
   - Review immunization history,
   - Add or edit immunizations,
   - Run and/or view reports,
   - Review the TIPS report,
   - Manage users,
   - Submit a site renewal, and
   - Discuss Texas Health and Safety Code Sec. 161.007 requirements for reporting all administered vaccines to children 17 years of age and younger within 30 days of administration of the vaccine.

3. After conducting outreach, show new users how to access the HHS Learning Portal and sign up for the ImmTrac2 Overview courses. Encourage the new users to complete the courses and send you copies of their completion certificates.

Activity Strategies

Responsible Entities with a high number of new provider organizations should consider hosting group trainings. Group training may be conducted to train multiple new providers at once. Group training can be conducted in person or remotely using group meeting software. Be sure

to take attendance and identify each provider organization represented at the training. Multiple individuals from a single provider org only count as a single provider.

Detailed Reporting
Instructions: Report each outreach to newly registered organization in the *IIS Outreach Reporting* tool.
Enter the corresponding information below:
- o Date of Activity
- o Organization Name
- o ImmTrac2 Org Code
- o Date and method of outreach attempts (if unsuccessful)
- o Training topics covered.

ILA Quarterly Report: Report the *number* of outreach and educational activities conducted. Include organizations that were not successfully contacted after three attempts or who refused in this count. The number should correspond to the number of activities reported in the *IIS Outreach Reporting* tool.

Question (6.2.02):
(Q1-Q4) How many outreach and educational activities to newly registered organization did your RE conduct this *quarter*?

(Q2-Q4) How many outreach and educational activities to newly registered organization did your RE conduct this *contract year* to date?

(Q4) Did your RE conduct 100% of possible outreach activities to newly registered organization in your area by the end of the fourth quarter?
(YES): Answer 'Yes'
(NO): Please explain why below:

6.3.03 Outreach to Orgs with Expired Site Agreements (Required Activity)

Conduct outreach to all Texas Immunization Registry organizations with an expired site agreement within the LHD Contractor's jurisdiction. Provide education and training on the importance of maintaining an active ImmTrac2 site agreement. Assist with completing site renewals.

Detailed Description

Conduct outreach to all Texas Immunization Registry organizations that have an expired site agreement within the LHD Contractor's jurisdiction within six months of their site agreement expiring and maintain documentation of all education and assistance provided (e.g., telephone logs).

Provide education and training on the importance of maintaining an active ImmTrac2 site agreement. Provide assistance with completing site renewals.

Procedure

Identify organizations that have an expired site agreement by reviewing the Provider Activity Report (PAR) and prioritize providers that have the oldest site agreement date.

Conduct outreach and education to 100% of organizations that have an expired site agreement by reviewing the Provider Activity Report (PAR). Assist provider organizations with completing site renewals when appropriate.

Reference Document(s)

- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- 11-15252 ImmTrac2 Site Renewal Guide
- 11-16804 Immtrac2 Site Renewal Through Syntropi
- Provider Activity Report Guide

Metric

Provide education, training, and technical assistance each quarter to 100% of organizations with expired site agreements.

Reporting

This metric will be included for reporting in the Inter-Local Agreement (ILA) Quarterly Reports. Report each outreach to organizations that have an expired site agreement in the *IIS Outreach Reporting* tool. Report the number of activities conducted in the ILA Quarterly Reports.

Activity Instructions

Outreach is defined as up to three (3) documented attempts using at least two (2) different methods to offer education, training, and/or technical assistance to organizations that have an expired site agreement.

Organizations that have an expired site agreement are any organization with a site agreement expiration date that has passed. Appropriate means of communication may include phone, email, fax, video call or office visit.

1. Using the Provider Activity Report (PAR), validate the correct Responsible Entity by reviewing Facility Name and demographic information. If the organization belongs to a different jurisdiction, perform the following:

   - Report your findings to ImmTrac2@dshs.texas.gov and the correct Responsible Entity.

   - The email subject line should be entered as "Attn Reg/Ren: Responsible Entity Update."

   - The correct Responsible Entity is required to complete all training and technical assistance for these organizations.

   - These organizations do not need to be included in the ILA Quarterly Reports.

2. Conduct outreach to organizations that have an expired site agreement to ensure that they understand:

   - All non-TVFC orgs must complete a site renewal every two years,

   - All TVFC/ASN orgs must complete a site renewal annually,

   - An active site agreement is a condition for their organization's access to ImmTrac2,

   - A site renewal should be completed any time there is a change in:
     - Point of Contact (POC),
     - Five or more users added and/or removed,
     - Organizational information such as address, name, contact information, etc.

3. For suspected closed organizations, follow the guidelines for investigating and reporting closed organizations in the General Guidance section.

Detailed Reporting
Instructions: Report each outreach to organizations with expired site agreements in the *IIS Outreach Reporting* tool.
Enter the corresponding information below:
   - Date of Activity
   - Organization Name
   - ImmTrac2 Org Code
   - Date and method of outreach attempts (if unsuccessful)
   - Outcome of outreach.

ILA Quarterly Report: Report on the number of outreach and educational activities conducted to organizations with expired site agreements. Include organizations that were not successfully contacted after three attempts or who refused in this count. The number should correspond to the number of activities reported in the *IIS Outreach Reporting* tool.

Question (6.3.03):

(Q1-Q4) How many outreach and educational activities did your RE (Responsible Entities) conduct this *quarter for organization that have an expired site agreement*?

(Q2-Q4) How many outreach and educational activities to organizations with expired site agreements did your RE conduct this *contract year* to date?

(Q4) Did your RE conduct 100% of possible outreach activities to organizations with expired site agreements in your area by the end of the fourth quarter?
    (YES): Answer 'Yes'
    (NO): Please explain why below:

6.4. Texas Immunization Registry User Education (RETIRED)

6.5. Texas Immunization Registry Promotion

6.5.01 Outreach to Register New Orgs in TIR (*Suggested Activity*)

Promote the use of the Texas Immunization Registry to organizations within the LHD Contractor's jurisdiction not currently enrolled in the Registry. Identify all providers who administer vaccines in awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process.

Detailed Description

Promote the use of the Texas Immunization Registry to organizations within the LHD Contractor's jurisdiction not currently enrolled in the Registry. Identify all providers who administer vaccines in the awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on the statutory requirement to report immunizations for Vaccine Accountability and on the enrollment process.

Procedure

Identify and recruit pediatric and adult immunization providers to register their organization in ImmTrac2 and report immunization data to the Texas Immunization Registry.

Reference Document(s)

- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- Provider Activity Report Guide
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- 11-15175 ImmTrac2 Site Registration Guide
- 11-14955 ImmTrac2: Texas Immunization Registry User Manual

Metric

Increase the total number of registered organizations in awardee's jurisdiction.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Report the total number of registered organizations open at the beginning of the contract period and the total number of currently registered organizations open according to the most current Provider Activity Report (PAR).

Activity Instructions

Review the PAR to identify organizations within the LHD Contractor's jurisdiction that are currently registered. Compare the list to other providers identified with the LHD Contractor's jurisdiction not currently registered in ImmTrac2.

- Contact the provider to educate them on their statutory requirement to report immunizations.
- Guide them through the ImmTrac2 enrollment process.
- Give the provider information about how to contact the LHD Contractor (IPOS) for additional assistance and guidance.
- All organizations that administer immunizations to individuals under 18 years of age should be informed of the statutory requirement to report immunizations as outlined in Texas Health and Safety Code Sec. 161.007(d).
- All organizations enrolled in the TVFC program are required to be registered with the Texas Immunization Registry according to the *Texas Vaccines for Children and Adult Safety Net Provider Manual 2023, Chapter 7: Documentation Requirements*.

If the organization belongs to a different jurisdiction, perform the following:
- Report your findings to ImmTrac2@dshs.texas.gov and the correct Responsible Entity.
- The email subject line should be entered as "Responsible Entity Update".

Baseline and goals are in the table below:

Responsible Entity	FY24 Baseline # of Registered Orgs
Abilene-Taylor CO Health Dept	118
Amarillo (City of) Dept of Health	168
Andrews City-CO Health Dept	9
Angelina CO & Cities Health Dist.	73
Austin HHS Division (City of)	823
Beaumont Public Health Dept	168
Bell CO Public Health Dist.	135
Brazoria CO Health Department	297
Brazos CO Health Dist.	133
Brownwood-Brown CO Health Dept	31
Cameron CO Health Dept	330
Cherokee CO Health Dept	29
Collin CO Health Care Service	849
Comal County Health Dept	115
Corpus Christi-Nueces CO PH Dist.	287
Corsicana-Navarro Public Health Dist.	23
Dallas CO Health & Human Service	2024
Denton CO Health Dept	395

Responsible Entity	FY24 Baseline # of Registered Orgs
DSHS Region 1	209
DSHS Region 2/3	1121
DSHS Region 4/5N	545
DSHS Region 6/5S	965
DSHS Region 7	422
DSHS Region 8	472
DSHS Region 9/10	195
DSHS Region 11	181
Ector CO Health Dept	134
El Paso City-CO Hlth & Envirn Dist.	574
Fort Bend CO Health Dept (HHS)	592
Galveston CO Health Dist.	258
Gregg County Health Department	123
Hardin CO Health Dept	42
Harris CO Public Health	
Hays CO Health Dept	136
Hidalgo CO Health Dept	691
Houston Dept of HHS	3230
Hunt Health Dept (Greenville)	41
Jasper-Newton CO Public Health Dist.	35
Laredo (City of) Health Dept	176
Lubbock City Health Dept	223
Marshall-Harrison CO Health Dist.	27
Medina CO Health Dept	24
Midland Health Dept	102
Milam CO Health Dept	8
Northeast Texas Public Health	107
Paris-Lamar CO Health Dept	50
Plainview-Hale Health Dist.	23
Port Arthur City Health Dept	96
San Antonio Metro HD	1836
San Patricio CO Dept of Health	49
South Plains Pub Health Dist.	34
Sweetwater-Nolan CO Health Dept	17
Tarrant CO Public Health Dept	1247
Texarkana-Bowie CO Fam Hlth Cntr	128
Victoria City-CO Health Dept	154
Waco-McLennan CO Public Health Dist.	162

Responsible Entity	FY24 Baseline # of Registered Orgs
Wichita Falls-Wichita CO PH Dist.	77
Williamson CO & Cities PH Dist.	328

Activity Strategies

- Prioritize recruitment strategies for organizations that administer vaccines to children and adults. Secondary recruitment strategies may include:
  - first responder organizations
  - schools/colleges/universities
  - licensed childcare facilities (daycare)
  - pharmacies
- Use the flyer Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers.

ILA Quarterly Report

Instructions: This metric will not be included for reporting in the Immunization Program Contract Review Tool. Count the number of organizations listed on the most recent PAR in 'Open' status. Refer to the table below for guidance on which PAR to review.

- Review and count the number of organizations displayed in 'Open' status. Only report the number of organizations in an 'Open' status.

Quarter	PAR Report Date	Report Data From
First	December 1, 2024	November 2024
Second	March 1, 2025	February 2025
Third	June 1, 2025	May 2025
Fourth	September 1, 2025	August 2025

6.5.02 Train Birth Registrars on Using the TIR (Suggested Activity)

Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.

Detailed Description

Provide education and technical assistance to birth registrars within the LHD Contractor's jurisdiction on the effective use of the Texas Immunization Registry.

Procedure

Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.

Reference Document(s)

- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone

Metric

Provide education and technical assistance to 10% of birth registrars in the awardee's jurisdiction. (For jurisdictions with less than 10 organizations, a minimum of one (1) birthing organization must be provided education and technical assistance.)

Reporting

This metric will not be included for reporting in the Immunization Program Contract Review Tool. Record the number of birth registrars receiving education or technical assistance and the number of birth registrars in jurisdiction from the previous quarter or year. If education or technical assistance was provided to less than 10% of birth registrars, record a justification for providing education or technical assistance to less than 10%.

Activity Instructions

Activities may include but are not exclusive to providing educational and technical assistance for the following:

- Birthing hospitals
- Birthing facilities
- Other birthing entities

Education to birth registrars and other facilities may include, but not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for children and adults.
- Educate expectant parents about ImmTrac2 and the importance of granting consent during birth registration.
- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry.

- How immunization records are updated in ImmTrac2.
- How to obtain their Official Immunization History.
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

6.5.03 Educate Parents and Providers on Benefits of TIR (*Suggested Activity*)

Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about the Texas Immunization Registry and benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.

Detailed Description

Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers within the LHD Contractor's jurisdiction about the Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.

Procedure

Collaborate with twelve (12) entities in awardee's jurisdiction.

Reference Document(s)

- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone
- 11-15064P - "A lifetime of Vaccines" TIR Parent Poster

Metric

Collaborate with twelve (12) entities in awardee jurisdiction.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Record the date of each activity, organization name, event attendance/volume, ImmTrac2 Org Code (if applicable), description of content, educational materials provided, and outcome of collaboration.

Activity Instructions

Activities may include but are not exclusive to the following entities:

- Ob-Gyn clinics
- Birthing hospitals
- Birthing facilities
- Community health and wellness fairs

Education activities may include, but not exclusive to the following:

- Texas Health and Safety Code Section 161.007 regarding Texas Immunization Registry, ImmTrac2, consent requirements for children and adults.
- Educate expectant parents about ImmTrac2 and the importance of granting consent during birth registration.
- Educate and reassure parents about the security standards and confidentiality of the Texas Immunization Registry.

- Educate parents about the benefits of the Texas Vaccines for Children (TVFC) program.
- How immunization records are updated in ImmTrac2.
- How to obtain their Official Immunization History.
- Use the flyer Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone.

6.6. Texas Immunization Registry Program Quality Improvement

> **6.6.01 Outreach to Under-reporting Organizations to Increase Consent Rates (*Required Activity*)**
>
> Review the monthly Provider Activity Report (PAR) to identify organizations with low consent rates or who are not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities.

Detailed Description

Review the monthly Provider Activity Report (PAR) to identify organizations within the LHD Contractor's jurisdiction who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities to improve consent rates and Vaccine Accountability.

Procedure

Increase the number of clients consented and prioritize organizations by the lowest client consent added according to the Provider Activity Report (PAR) report.

Reference Document(s)

- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- Training Video: Adding Client and Affirming Consent (video and script) at https://www.dshs.texas.gov/immunize/immtrac/User-Training/
- 11-15232 Data Quality Guide – Common Issues of Inaccurate Report Data
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange

Metric

Increase the number of clients consented by end of 4th quarter.

Reference the table below for baseline and target client consent counts

Reporting

This metric will be included for reporting in the ILA Quarterly Reports. This metric is included in the ILA Quarterly Reports. Report the total number of consented clients according to the last three Provider Activity Reports (PAR) (the quarter). At the end of the fourth quarter, indicate if the total number of consented clients increased over the previous contract period.

Activity Instruction

1. Using the PAR, identify organizations who are not routinely **adding consented clients** by targeting providers who have zero (0) in both of the following columns:
   - 'Total # Consented Online' and
   - 'Total # of DX Clients Consented'.

2. Using the PAR, identify organizations who are not routinely **submitting immunization data** by targeting providers who have zero (0) in the following columns:
    - '# of Current Imms Added Online,
    - '# of Historical Imms Added Online', and
    - '# of DX Imms Added'.
3. Identify the potential root cause of why clients and/or immunizations are not being added by the organization, such as:
    - Provider's site agreement has expired by verifying the date in the column – 'Site Agreement Expiration Date'.
    - No active users or no users by reviewing columns – '# of Active Users' and '# of All Users'.
        - o Providers that use data exchange may have a lower number of active users but should not have zero. Educate providers about the importance of maintaining access for site renewals and routinely monitoring reports such as the TIPS and other canned reports.
4. If the site agreement is not expired and the organization has active users, refer to the Data Quality Guide to assist in identifying other root causes.
5. Assist the organization to renew their site agreement and disassociate any users that are not utilizing ImmTrac2 or are no longer employed at the organization.
    - ImmTrac2 is a highly secure system containing Protected Health Information. Unneeded user accounts in ImmTrac2 can be a security risk. Ensure all users are current employees to mitigate security risks. Remind providers that as part of their site agreement (Section 3C) they agree to keep all user accounts up to date.
6. If the organization participates in TVFC, remind the provider that keeping their ImmTrac2 site agreement up to date is a requirement of the TVFC program.

Activity Strategies

- Educate providers about the benefits of using ImmTrac2 and keeping their account active.
- Be responsive to questions and requests for support from providers in your jurisdiction
- Contact providers in your jurisdiction to maintain a productive relationship. Encourage providers to contact you whenever they have questions.
    - o Provide multiple lines of communication such as email and phone numbers
- Educate providers on how to access and monitor their TIPS report
    - o Educate providers on how to identify different areas of concern such as active users, active clients, and data exchange acceptance rates.
    - o Educate providers on how to contact central office for data exchange assistance.

ILA Quarterly Report

Instructions:

Step 1: Enter the baseline figure as seen below for your Responsible Entity (RE).

Responsible Entity	FY24 Baseline # of Consented Clients
Abilene-Taylor CO Health Dept	18,621
Amarillo (City of) Dept of Health	23,015
Andrews City-CO Health Dept	2,848
Angelina CO & Cities Health Dist.	12,385
Austin HHS Division (City of)	330,681
Beaumont Public Health Dept	16,059
Bell CO Public Health Dist.	167,001
Brazoria CO Health Department	39,013
Brazos CO Health Dist.	37,355
Brownwood-Brown CO Health Dept	2,584
Cameron CO Health Dept	59,917
Cherokee CO Health Dept	4,810
Collin CO Health Care Service	115,086
Comal County Health Dept	16,291
Corpus Christi-Nueces CO PH Dist.	38,480
Corsicana-Navarro Public Health Dist.	11,431
Dallas CO Health & Human Servcs	551,590
Denton CO Health Dept	48,398
DSHS Region 1	23,409
DSHS Region 2/3	275,352
DSHS Region 4/5N	118,569
DSHS Region 6/5S	158,204
DSHS Region 7	83,821
DSHS Region 8	106,380
DSHS Region 9/10	45,608
DSHS Region 11	69,438
Ector CO Health Dept	15,726
El Paso City-CO Hlth & Envirn Dist.	135,314
Fort Bend CO Health Dept (HHS)	83,672
Galveston CO Health Dist.	59,509
Gregg County Health Department	33,543
Hardin CO Health Dept	786
Harris CO Public Health	
Hays CO Health Dept	28,425
Hidalgo CO Health Dept	86,539
Houston Dept of HHS	1,051,616
Hunt Health Dept (Greenville)	22,238
Jasper-Newton CO Public Health Dist.	1,361

Responsible Entity	FY24 Baseline # of Consented Clients
Laredo (City of) Health Dept	29,960
Lubbock City Health Dept	46,284
Marshall-Harrison CO Health Dist.	5,712
Medina CO Health Dept	3,494
Midland Health Dept	17,047
Milam CO Health Dept	1,075
Northeast Texas Public Health	78,956
Paris-Lamar CO Health Dept	3,544
Plainview-Hale Health Dist.	6,442
Port Arthur City Health Dept	7,985
San Antonio Metro HD	333,111
San Patricio CO Dept of Health	4,386
South Plains Pub Health Dist.	3,114
Sweetwater-Nolan CO Health Dept	1,267
Tarrant CO Public Health Dept	362,857
Texarkana-Bowie CO Fam Hlth Cntr	10,157
Victoria City-CO Health Dept	18,247
Waco-McLennan CO Public Health Dist.	52,176
Wichita Falls-Wichita CO PH Dist.	32,046
Williamson CO & Cities PH Dist.	101,474

Step 2: Use the PAR Summary tab to calculate the total number of consented clients each month. Add the totals from the previous three PAR reports to calculate the total number of consented clients for that quarter. The table below displays which PAR reports to review.

Quarter	PAR Report Date	Report Data From
First	October 1, 2024	September 2024
	November 1, 2024	October 2024
	December 1, 2024	November 2024
Second	January 1, 2025	December 2024
	February 1, 2025	January 2025
	March 1, 2025	February 2025
Third	April 1, 2025	March 2025
	May 1, 2025	April 2025
	June 1, 2025	May 2025
Fourth	July 1, 2025	June 2025
	August 1, 2025	July 2025
	September 1, 2025	August 2025

Question (6.6.01):

(Q1-Q4) How many clients were consented within your RE jurisdiction this *quarter*?

(Q2-Q4) How many clients were consented within your RE jurisdiction this ***contract year*** to date?

(Q4) Did the number of clients consented within your RE jurisdiction exceed the baseline printed in the current GIUTIR by the end of the 4th quarter?

(YES): Answer 'Yes'

(NO): Please explain why below:

6.6.02 Prioritize Large Volume/Low Consent Orgs (Suggested)

Review the monthly Consent Accepted Rate Evaluation (CARE) report to target organizations with the largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities.

Detailed Description

Review the monthly Consent Accepted Rate Evaluation (CARE) report to target organizations within the LHD Contractor's jurisdiction with the largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities to improve consent rates and Vaccine Accountability. For jurisdictions with less than 75 organizations, contact 100 percent of the organizations displayed on the CARE report.

Procedure

Conduct outreach to 75 organizations within the contractor's jurisdiction by the end of the fourth quarter in accordance with the guidance in the Activity Instructions. For jurisdictions with less than 75 organizations, contact 100 percent of the organizations displayed on the CARE report.

Reference Document(s)

- ImmTrac2 – Scheduled Report - Consent Accepted Rate Evaluation (CARE) report
- ImmTrac2 – Generate Report – Texas Immunization Provider Summary (TIPS) report
- CARE Report Results Email (See Appendix C – CARE Report Results Email).
- 11-15703 Texas Immunization Registry HL7 2.5.1 Error Guide
- E11-13415 Electronic Standards for Affirmation of Registry Consent
- 11-15773 Affirmation of Registry Consent via Health Level Seven

Metric

Conduct outreach to 75 organizations within the contractor's jurisdiction by the end of the fourth quarter.

Reporting

This metric will be included for reporting in the Immunization Program Contract Review Tool. Report the number of organizations contacted within the reporting period.

Activity Instruction

Contact a minimum of 75 organizations each fiscal year who have the lowest percent acceptance rate and highest client submitted count. (For jurisdictions with less than 75 organizations on the monthly CARE report, contact 100% of the organizations that are below 90% acceptance rate. See additional details below.)

The CARE report should be downloaded from ImmTrac2 at the beginning of each month. The CARE report can be downloaded from the "Scheduled Reports" link in the left-hand menu on the homepage of ImmTrac2. Use the table below to identify which CARE report(s) to review.

Quarter	CARE Report Date	Report Data From
First	October 1, 2024	September 2024
	November 1, 2024	October 2024
	December 1, 2024	November 2024
Second	January 1, 2025	December 2024
	February 1, 2025	January 2025
	March 1, 2025	February 2025
Third	April 1, 2025	March 2025
	May 1, 2025	April 2025
	June 1, 2025	May 2025
Fourth	July 1, 2025	June 2025
	August 1, 2025	July 2025
	September 1, 2025	August 2025

Using the CARE report:

1. Filter column 'ImmTrac2 Status' and remove all organizations that are closed.
2. Add a 'Custom Sort': Sort column '% of DX Clients Accepted' from smallest to largest (ascending) **AND** Sort column '# of DX Clients Submitted' from largest to smallest (descending) to identify those providers with the lowest client accepted rate.
3. Prioritize organizations with a percent acceptance rate of zero (0) in column – 'Percent Accepted'.
4. If the percentage acceptance rate is **greater than 90%**, no communication is required for those organizations.

Please allow organizations three months to incorporate changes to their EHR before sending another CARE Report Results email. See Appendix C – CARE Report Results Email.

Do not perform outreach to the following large chain pharmacies listed below:

- Walgreens Health Services
- Walmart Pharmacy
- CVS Pharmacy
- HEB Pharmacy
- Kroger's Pharmacy

- Safeway-Randalls-Tom Thumb-Albertsons Pharmacy
- Target Corporation
- CVS Minute Clinic
- Brookshire Grocery Company
- Brookshire Brothers Inc
- United Supermarkets LLC
- Costco Wholesale Pharmacy
- Genoa Healthcare LLC
- K Mart Corporation

Activity Strategies

The Texas Immunization Provider Summary (TIPS) report is another resource which shows client and immunization acceptance rates. If the CARE report is not available, historical monthly TIPS reports are available in ImmTrac2. Educate providers on how to monitor and review data exchange activity in the TIPS report.

Backup copies of the CARE report can be accessed in the IC SharePoint.

6.6.03 Conduct TIR ImmTrac2 Support Reviews (*Required Activity*)

Conduct Texas Immunization Registry organization ImmTrac2 Support Reviews each year as described in the Guidelines for Increasing the Use of the Texas Immunization Registry.

Detailed Description

Conduct Texas Immunization Registry organization ImmTrac2 Support Reviews each year within the LHD Contractor's jurisdiction as described in the Guidelines for Increasing the Use of the Texas Immunization Registry (GIUTIR).

Procedure

All initial ImmTrac2 Support Review visits shall be completed by the end of the third quarter. All follow-up assessments shall be completed by the end of the fourth quarter. Follow-up assessments shall not occur within the same quarter as the initial ImmTrac2 Support Review.

Reference Document(s) (If Applicable)

- ImmTrac2 – Scheduled Report - Provider Activity Report (PAR)
- ImmTrac2 – Generate Report – Texas Immunization Provider Summary (TIPS)
- ImmTrac2 – Scheduled Report - Consent Accepted Rate Evaluation (CARE) report
- 11-15230 ImmTrac TIPS Guide
- Benefits for Utilizing the Texas Immunization Registry (ImmTrac2) for Providers
- Benefits of Participating in the Texas Immunization Registry (ImmTrac2) for Everyone
- ImmTrac2 Reminder for Providers
- 11-15231 Data Exchange Resource Guide
- 11-15957 Informational Guide on Bidirectional Data Exchange
- 11-15226 Creating List Active Clients Ad Hoc List Report
- 11-15232 Data Quality Guide – Common Issues of Inaccurate Report Data
- 11-15951 ImmTrac2 Manage Client Status Criteria
- (Initial Visit) ImmTrac2 Support Review Survey.
  See Appendix E – FY25 ImmTrac2 Support Review (Answer Guide)
  See Appendix F – FY25 ImmTrac2 Support Review (Response Doc)
- (Follow-up Feedback) ImmTrac2 Support Review Survey.
- HHS Learning Portal – ImmTrac2 Overview

Metric

Conduct ImmTrac2 Support Reviews (ISRs) with 25% of eligible providers within the LHD contractor's jurisdiction. ISRs will be capped at 90 for LHDs with over 400 eligible provider organizations and at 45 for LHDs with more than 180 eligible providers but fewer than 400. Evaluate and improve Immunization Registry practices and procedures for targeted organizations within jurisdiction.

Reporting

This metric will be included for reporting in the ILA Quarterly Reports. Record the results of each ImmTrac2 Support Review in the organization ImmTrac2 Support Review Survey Tool within 2 weeks of conducting the activity. Document the number of quality improvement initial visits and follow-up feedback conducted each quarter in the ILA Quarterly Reports.

In the event an organization refuses to receive a follow-up ImmTrac2 Support Review visit, submit a Waiver Request via the Survey Tool for Central Office review and approval.

Activity Instruction

ImmTrac2 Support Review (ISR) activities are a structured form of outreach Responsible Entities perform with providers to assess and improve their overall knowledge of the Texas Immunization Registry. ISRs should not be treated as hostile visits and should be treated as an opportunity to build relationships between an RE and their providers.

Providers may be prioritized based on a variety of reasons including, but not limited to, under reporting client consent or immunizations, lack of user account management, or simply on a routine basis. Suggestions for how to prioritize providers can be found in the *Activity Strategies* section below. The Central Office and/or the Public Health Region may select organizations for IPOS to visit.

Identifying Eligible Providers for ISRs

ISRs should only be conducted with eligible providers. Eligible providers:

- Have been registered in ImmTrac2 for more than three months. *****
- Administer immunizations.
- Include full medical service providers such as private practices, clinics, hospitals, school-based clinics, and private pharmacies.
- Exclude schools, large chain pharmacies, daycares, and LHD/PHR/Federal organizations.
  *See activity 6.3.02 for an alternative activity for new organizations.

A single visit may count for multiple sites within a parent/child hierarchy so long as they share the same Point of Contact (POC). In these circumstances the TIPS report or PAR results for each organization must be reviewed during the visit. To receive credit for each site a separate survey must be submitted for each child organization. If each site does not share the same POC then a separate ISR visit must be performed for each site.

Do not perform outreach to the following large chain pharmacies listed below:

- Walgreens Health Services
- Walmart Pharmacy
- CVS Pharmacy
- HEB Pharmacy
- Kroger's Pharmacy

- Safeway-Randalls-Tom Thumb-Albertsons Pharmacy
- Target Corporation
- CVS Minute Clinic
- Brookshire Grocery Company
- Brookshire Brothers Inc
- United Supermarkets LLC
- Costco Wholesale Pharmacy
- Genoa Healthcare LLC
- K Mart Corporation

ISR Workflow

A complete ImmTrac2 Support Review includes the following:
- Initial data analysis
- Initial ImmTrac2 Support Review
- Follow-up data analysis (performed **3 months** [1 quarter] post-initial)
- Follow-up ImmTrac2 Support Review (performed **3 months** [1 quarter] post-initial)

See Appendix E – FY25 ImmTrac2 Support Review (Answer Guide) and Appendix F – FY25

ImmTrac2 Support Review (Response Doc)

Initial Data Analysis

Review TIPS, PAR and CARE reports to identify providers that are underperforming to select for ISR visits. See the Activity Strategies sections below for guidance.

Initial data analyses should be conducted within the same month as the visit. If an initial ISR visit is scheduled for a later month, then initial data analysis should be repeated in the same month as the visit.

Initial ImmTrac2 Support Review Activity

Initial ImmTrac2 Support Review activities may be conducted by phone, video call/remote meeting, or office visit and must be prioritized by data driven information. Initial ISRs cannot be conducted with the same provider more than once every two years. All initial quality improvement visits must be completed by the end of the 3rd quarter and entered in the online survey no later than two weeks after the date of the assessment.

Follow-up Data Analysis

Review TIPS, PAR and CARE reports to identify how the provider has improved since the initial activity and areas for additional improvement. Follow instructions in the TIPS and PAR analysis sections below for guidance.

All follow-up data analyses, and feedback should be conducted within the same month.

Follow-up ImmTrac2 Support Review Activity

Quality improvement follow-up activity may be conducted by phone, video call/remote meeting, or office visit no sooner than 3 full calendar months following the initial activity. For example, if your Initial ISR activity was on January 10th, your Follow-up ISR Activity should be conducted no sooner than April 10th. All follow-up feedback must be completed by the end of the 4th quarter and entered in the online survey no later than two weeks after the assessment date. Focus on areas of the survey where the organization provided incorrect answers during the initial ISR.

Waiver Requests – Follow-up ImmTrac2 Support Review

If you cannot complete a follow-up ImmTrac2 Support Review due to circumstances outside your control, you must submit a Waiver Request for Central Office review and approval. If an organization is non-responsive, please attempt a minimum of three separate outreach attempts using at least two different outreach methods (phone, email, in-person visit, etc.) before submitting a waiver request. Please get in touch with your Outreach contact your Outreach Specialist for a link to the waiver form.

Each quarter is based on the Fiscal Year as seen below:

1st Quarter	September, October, November
2nd Quarter	December, January, February
3rd Quarter	March, April, May
4th Quarter	June, July, August

Survey Tools

Central Office has developed a survey to capture the results of the Initial ImmTrac2 Support Review and the Follow-up ImmTrac2 Support Review. Central Office will distribute the Survey Tool each year to all Responsible Entities. Please contact your Outreach Specialist to request a copy of the Survey Tool.

The results of each ImmTrac2 Support Review must be recorded in the Survey Tool and completed by an IC/IPOS no later than two weeks after the date of the assessment to receive credit for the initial visit and follow-up feedback.

Below is the last question of the Survey Tool and captures the status of each assessment.

What is the status of the ImmTrac2 Support Review?

o **Complete** – The results recorded are accurate and the visit was successfully completed
o **Survey was entered in error** – Central Office staff will delete the results of this survey

Note: Surveys entered in error and organizations that refuse to receive a ImmTrac2 Support Review do not count toward the 45 ImmTrac2 Support Reviews per FTE. The number of refusals will need to be recorded in the ILA Quarterly Reports.

Number of ImmTrac2 Support Review Activities per Responsible Entity

The number of ISRs each RE must complete is based on the size of their eligible provider population as of 8/31/2024. Each RE is categorized according to the table below to determine their ISR goal.

Category	Eligible Provider Population	ISR Goal
Small	<180	25% of eligible providers
Medium	180 - 400	45
Large	>400	90

Each RE, as an agency, will complete the number of ImmTrac2 Support Reviews listed in the table below. It is at the discretion of the program manager for each RE to distribute these activities to meet their goal.

Responsible Entity	Category	# of ISR
Abilene-Taylor CO Health Dept	Small	9
Amarillo (City of) Dept of Health	Small	13
Andrews City-CO Health Dept	Small	1
Angelina CO & Cities Health Dist.	Small	7
Austin HHS Division (City of)	Medium	45
Beaumont PH Dept	Small	11
Bell CO PH Dist.	Small	11
Brazoria CO Health Dept	Small	18
Brazos CO Health Dist.	Small	11
Brownwood-Brown CO Health Dept	Small	1
Cameron CO Health Dept	Small	25
Cherokee CO Health Dept	Small	2
Collin CO Health Care Service	Medium	45
Comal County Health Dept	Small	9
Corpus Christi-Nueces CO PH Dist.	Small	25
Corsicana-Navarro PH Dist.	Small	2
Dallas CO Health & Human Services	Large	90
Denton CO Health Dept	Small	32
DSHS Region 1	Small	13
DSHS Region 2/3	Medium	45
DSHS Region 4/5N	Medium	45
DSHS Region 6/5S	Medium	45

Responsible Entity	Category	# of ISR
DSHS Region 7	Small	32
DSHS Region 8	Small	40
DSHS Region 9/10	Small	11
DSHS Region 11	Small	7
Ector CO Health Dept	Small	13
El Paso City-CO Health & Environ Dist.	Medium	45
Fort Bend CO Health Dept (HHS)	Small	35
Galveston CO Health Dist.	Small	10
Greenville-Hunt CO Health Dept	Small	3
Gregg CO Health Dept	Small	13
Hardin CO Health Dept	Small	3
Harris CO Public Health	Medium	45
Hays CO Health Dept	Small	13
Hidalgo CO Health Dept	Medium	45
Houston Dept of HHS	Large	90
Jasper-Newton CO PH Dist.	Small	3
Laredo (City of) Health Dept	Small	17
Lubbock City Health Dept	Small	18
Marshall-Harrison CO Health Dist.	Small	3
Medina CO Health Dept	Small	1
Midland Health Dept	Small	10
Milam CO Health Dept	Small	1
Northeast Texas Public Health	Small	10
Paris-Lamar CO Health Dept	Small	5
Plainview-Hale CO Health Dist.	Small	2
Port Arthur City Health Dept	Small	9
San Antonio Metro HD	Large	90
San Patricio CO Dept of Health	Small	4
South Plains Public Health Dist.	Small	3
Sweetwater-Nolan CO Health Dept	Small	2
Tarrant CO PH Dept	Large	90
Texarkana-Bowie CO Fam Health Cntr	Small	7
Victoria City-CO Health Dept	Small	14
Waco-McLennan CO PH Dist.	Small	12
Wichita Falls-Wichita CO PH Dist.	Small	6
Williamson CO & Cities PH Dist.	Small	27

Activity Strategies

Prioritizing Organizations to Visit

Many factors may be considered when prioritizing which organizations to perform ImmTrac2 Support Review Activities with. The list below offers basic guidelines for choosing providers, but REs have the flexibility to choose providers using criteria beyond those listed.

Providers should be prioritized for a ISR if the answer to any of the questions below is 'No':

- ☐ Has the provider participated in a ISR in the past two years?
- ☐ Are the provider's recent (last three) TIPS ratings above 'Not Rated'?
- ☐ Has the provider submitted any immunization records in the last three months?
- ☐ Has the provider added any clients in the last three months?
- ☐ Does the provider have any active users in ImmTrac2?
- ☐ Is the provider's CARE report rating above 90%?

Other factors to include:

- Seasonal variations (i.e., flu only providers, schools, etc.)
- Type of organization being reviewed
- Age cohort of clients served

Explanation of criteria:
- *Has the provider had a ISR in the past two years?*
    - o Providers shouldn't receive a ISR more than once every two years. If it's been more than two years, then they may receive a ISR.

- *Are the provider's recent (last three) TIPS ratings above 'Not Rated'?*
    - o 'Not Rated' is the lowest rating a provider can receive on their TIPS report. Consistently low TIPS ratings are a sign that the provider may need assistance that can be identified and addressed with a ISR.

- *Has the provider submitted any immunization records in the last three months? /Has the provider added any clients in the last three months?*
    - o If a provider hasn't submitted immunizations or clients to the registry in over three months this could be a sign that the provider is having trouble using ImmTrac2 or has a knowledge gap that can be identified and address with a ISR.

- *Does the provider have any active users in ImmTrac2?*
    - o All providers should maintain access to ImmTrac2. A provider with no active users is a sign that the provider may have a knowledge gap about their responsibilities in ImmTrac2 that can be identified and address with a ISR.

- *Is the provider's CARE report rating above 90%?*
  - A CARE report rating below 90% is a sign that the provider is having trouble with data exchange that they may not be aware of. The provider may need assistance that can be addressed with a ISR.

- *ImmTrac2 assistance requested*
  - Any time a provider requests assistance with ImmTrac2 is an opportunity to consider offering a ISR for a more comprehensive knowledge review and training.

Outreach Strategies

In-Person
- If the provider is within a 50-mile radius of your Public Health Region (PHR) or LHD location, an in-person visit should be attempted.

Phone
- When setting up a ISR by phone, ask to speak with the Point of Contact (POC), Primary Registry Contact (PRC), the Office Manager, or anyone listed on the ImmTrac2 Registration for that location.
- Phone ISRs should be conducted with POC, PRC, or Office Manager.

Talking Points
- Use the below checklist/FAQ to help structure your interaction with the provider/POC
  - **What is ISR?**
    - ISR an assessment that will evaluate and improve Texas Immunization Registry (TIR) and ImmTrac2 practices and procedures with providers.

  - **How does it benefit the provider?**
    - Better understanding of how to use TIR and ImmTrac2 by reviewing:
      - How to effectively review and update patient records in ImmTrac2
      - The types of registry consent and their impact on accurate vaccine tracking and administration for the public;
      - How to manage your team's access to ImmTrac2; and
      - How to contact your local registry support for additional training or assistance.

  - **What should you expect during your assessment?**
    - 1-on-1 hands-on training to better understand how to utilize the TIR and ImmTrac2
    - Review basic registry-related questions and TIPS report.

Teaching Providers to use the TIPS for self-monitoring:

Educate the provider on how they can use the TIPS as a self-monitoring tool using the ImmTrac TIPS Guide (11-15230) as a reference tool. Point out how some of the provider's current opportunities for improvement can been seen using the TIPS.

Using TIPS to monitor Inactive Users:

a. Compare the '# of User Logins' to the '# of Active Users' to estimate how active their users are. The goal is to have every active user log in at least two times a month.
b. If the organization has less than 75% of active users, review the current list of users associated to the organization on the 'Manage Renewals' section of ImmTrac2.
   i. If users are no longer employed at the organization, educate the provider on procedures to disassociate users that are not utilizing ImmTrac2:
      1. If five or less users need to be disassociated, the provider may email ImmTrac2@dshs.texas.gov to request users be removed. The email must come from one of the following personnel:
         - Organization Point of Contact,
         - Primary Registry Point of Contact,
         - Primary Vaccine Coordinator (listed in ImmTrac2), or
         - Secondary Vaccine Coordinator (listed in ImmTrac2).
      2. If more than five users need to be disassociated, assist the organization to complete a site renewal.
   ii. If the users are still associated with the organization but not activity utilizing ImmTrac2, inquire why access is needed and educate the provider of the security considerations below and how the % of inactivity impacts their overall TIPS rating.
      1. Access requests should only be for individuals on a need-to-know and a need-to-have basis.
      2. Sharing login credentials is strictly prohibited. Repeated violations may result in loss of access privileges for the individual and/or the organization.
      3. The Central Office reviews and analyzes user audit records on a periodic basis for indications of inappropriate or unusual activity and unnecessary user account creation.
      4. The Central Office ensures that the concept of least privilege is employed, allowing only authorized access for users necessary to accomplish assigned tasks.

Using TIPS to monitor PAIS:

a. In the User Activity section, review the '# of Active Clients Served' total with the provider.

b. If the number is accurate according to the provider, no further action is needed.
c. If the number is more than the actual client population according to the provider, educate the provider on how to manage their clients' statuses by reviewing the *11-15951 ImmTrac2 Manage Client Status Criteria*

Using TIPS to monitor Data Exchange:

a. In the Data Exchange Activity section, review the 'Client Accept Rate' and "Immunizations Accept Rate'
b. If either number is low, advise the provider to contact the Interoperability Team by email at ImmTracMU@dshs.texas.gov or phone 800-348-9158, option 3 for specialized assistance.

Question (6.6.03):

Please provide the following based on the ImmTrac2 Support Reviews conducted:
Reminder: A completed ISR includes BOTH an initial and follow-up visit.

For each question below report the number of ISRs (initial or follow-up) that were entered into Alchemer. Your response should match the ISR Progress report on the IC SharePoint.

(Q1-Q4) Total number of initial ISR visits conducted this ***quarter***

(Q2-Q4) Total number of follow-up ISRs conducted this ***quarter***

(Q2-Q4) Total number of initial ISR visits conducted this ***contract year*** to date

(Q2-Q4) Total number of follow-up ISRs conducted this ***contract year*** to date

(Q2-Q4) Total number of completed ImmTrac2 Support Reviews this ***contract year***

(Q4) How many follow-up ImmTrac2 Support Review waivers were approved for your RE? (Reminder: A ISR waiver must be submitted for each follow-up refusal):

(Q4) Did your RE complete ISRs (both initial and follow-up) for 25% (or your REs adjusted cap printed in the GIUTIR) of eligible providers within your jurisdiction by the end of the 4th quarter?

(YES): Answer 'Yes'

(NO): Please explain why below:

6.7. Collaboration With DSHS Central Office

6.7.01 IIS Monthly Meetings (Required Activity)

Attend monthly meetings with the IIS Unit.

Detailed Description

Attend monthly meetings with the IIS Unit.

Procedure

A representative from each Responsible Entity (RE) will attend monthly virtual meetings with the IIS Outreach & Education Team. Meetings will act as a forum to discuss updates, share best practices, submit requests, address concerns, and provide training. Meeting invitations will be shared through Outlook and hosted on Microsoft Teams.

Reference Document(s)

- SharePoint – IC SharePoint Site – Jurisdiction Assignments
- SharePoint – IC SharePoint Site – IC-IPOS Contact List
- SharePoint – IC SharePoint Site – Monthly Meeting Participation Document
- SharePoint – IC SharePoint Site – IC-IPOS Meetings Recordings

Metric

 Attend a minimum of 12 IIS Monthly Regional Training Meetings each fiscal year.

Reporting

This metric will be included for reporting in the Inter-Local Agreement (ILA) Quarterly Reports. Indicate if all IIS Monthly Regional Training Meetings were attended for the reporting period.

Activity Instructions

IIS Monthly Regional Training Meetings will be opportunities to request training on topics regarding the Texas Immunization Registry and its related programs.

Identify the training needs and concerns of the staff of your RE and share them with Central Office in advance of the scheduled monthly meetings. In preparation for monthly meetings, the meeting host from the central office will gather resources, invite subject matter experts, and/or plan demonstrations for requested training topics. One representative for each RE must attend the scheduled month meeting each month. Each RE's representative must be an IC, IPOS, or RE

manager. Each RE representative must have access to a device with internet access and a microphone to attend and participate in the monthly meeting.

Activity Strategies

Identify scheduling conflicts in advance. Coordinate with other RE personnel to determine who will represent the RE each month. Contact your O&E Specialist if your RE will not be able to attend or missed a meeting.

ILA Quarterly Report

Question (6.7.01):

(Q1-Q4) Did your RE have representation on all IIS Monthly Regional Training Meetings this quarter?

(YES): Answer 'Yes'

(NO): Please explain why below:

(Q4) Did your RE have representation at all IIS monthly regional training on all IIS Monthly Regional Training Meetings this contract year?

(YES): Answer 'Yes'

(NO): Please explain why below:

Appendices

Appendix A – School Outreach Letter (English)

Appendix B – School Outreach Letter (Spanish)

Appendix C – CARE Report Results Email

Appendix D – FY25 ImmTrac2 Support Review Outreach Letter

Appendix E – FY25 ImmTrac2 Support Review (Answer Guide)

Appendix F – FY25 ImmTrac2 Support Review (Response Doc)

Appendix G – State of Texas Retention Schedule

Appendix A – School Outreach Letter (English)

Referenced in 6.2.02 Outreach to Increase Consents for 18-Year-Olds (Required Activity)

Insert Your Letterhead Here

School Outreach Letter

Date:

Client's Name:

What is the Texas Immunization Registry (ImmTrac2)?
The Texas Immunization Registry (ImmTrac2) consolidates and stores immunization records from numerous sources in one centralized system. This secure, confidential, free service is provided by the Texas Department of State Health Services (DSHS) and is available to all Texans.

Why should I consent to the Registry after I turn 18-years-old?
As a child, your parent or legal guardian consented to let you into the Registry. The Texas Immunization Registry will retain your childhood immunization records until you turn 26 years old. Now that you're an adult, we recommend that you sign the adult consent form and consent yourself to the Registry. If you do not submit an Adult Consent Form by your 26th birthday, your childhood immunization records will be deleted.

What are some of the benefits of consenting to ImmTrac2 as an adult?
Your records are accessible on a secure statewide registry and are available if:
- ❖ Required for college entrance,
- ❖ Needed for military enlistment,
- ❖ You are traveling abroad or moving,
- ❖ You are seeking employment in the health and safety fields,
- ❖ Your physician's office closes, or
- ❖ A natural disaster displaces you

How do I consent to the Texas Immunization Registry (ImmTrac2)?
To maintain your immunization records in the Registry, we recommend you complete an **Adult Consent Form (EF11-13366)**. Visit www.ImmTrac.com to download the ImmTrac2 Adult Consent Form (EF11-13366). Please return to the address provided below:

Attn: Immunization Unit
Enter your address here

Appendix B – School Outreach Letter (Spanish)

Referenced in 6.2.02 Outreach to Increase Consents for 18-Year-Olds (Required Activity)

Inserte su membrete aquí

Plantilla de Carta de Alcance Escolar

Fecha:

Nombre del cliente:

¿Qué es el Registro de Inmunizaciones de Texas (ImmTrac2)?
El Registro de Inmunizaciones de Texas (ImmTrac2) consolida y almacena registros de inmunización de numerosas fuentes en un sistema centralizado. Este servicio seguro, confidencial y gratuito es proporcionado por el Departamento de Servicios de Salud del Estado de Texas (DSHS) y está disponible para todos los tejanos.

¿Por qué debería dar su consentimiento para el registro después de tener 18 años?
Cuando era niño, su padre o tutor legal lo consintió en el registro. El Registro de Inmunizaciones de Texas conservará sus registros de inmunización infantil hasta que usted tenga 26 años de edad. Ahora que eres un adulto, te recomendamos que firmes el formulario de consentimiento de un adulto y te consientas en el registro. Si no envía un Formulario de Consentimiento para Adultos antes de su 26 cumpleaños, sus registros de inmunización infantil serán eliminados.

¿Cuáles son algunos de los beneficios de dar su consentimiento a ImmTrac2 como adulto?
Sus registros son accesibles en un registro estatal seguro y están disponibles si:
- ❖ Requerido para la entrada a la universidad,
- ❖ Necesario para el alistamiento militar,
- ❖ Estás viajando al extranjero o moviéndote,
- ❖ Usted está buscando empleo en los campos de la salud y la seguridad,
- ❖ El consultorio de su médico cierra, o
- ❖ Un desastre natural te desplaza

¿Cómo doy mi consentimiento para el Registro de Inmunizaciones de Texas (ImmTrac2)?
Para mantener sus registros de inmunización en el registro, le recomendamos que complete un **Formulario de Consentimiento para Adultos (EF11-13366).** Visite www.ImmTrac.com para descargar el Formulario de Consentimiento para Adultos ImmTrac2 (EF11-13366).

Attn: Unidad de Inmunización
Ingrese su dirección aquí

Appendix C – CARE Report Results Email

Referenced in 6.6.02 Prioritize Large Volume/Low Consent Orgs (Required Activity)

Month & Year dates to insert into the email:

Report Date	[Month & Year]
April 1, 2025	March 2025
May 1, 2025	April 2025
June 1, 2025	May 2025
July 1, 2025	June 2025
August 1, 2025	July 2025

The Email template provided below may be used by replacing the column names in bold brackets below with the actual data values included in the CARE report.

Subject Line: ImmTrac2 CARE Report Results - **[Month & Year]**

Dear **[Organization Name]**,
TX IIS ID: **[TX IIS ID]**
Org Code: [Org Code]

The Consent Acceptance Rate Evaluation (CARE) Report is produced by the Texas Immunization Registry to inform providers of their data acceptance rates and potential data quality issues they may be experiencing.

CARE Report Results

Your submission(s) of immunization data to the Texas Immunization Registry for **[Month & Year]** resulted in **[Percent Accepted]** % of data accepted in ImmTrac2. Below is a detailed description of the results from your recent data submissions:

- Your organization submitted **[Files Submitted]** immunization file(s).
- The number of records submitted for all files was **[Clients Submitted]** of which **[Clients Accepted]** were accepted.

Acceptance rates below 90% may be an indication of data quality issues or errors that need to be addressed for immunization data to be successfully added in ImmTrac2.

How does the CARE Report impact you?

The report impacts your:
- Patients if your data has errors, and the patient is in the Registry then their immunization records are not being updated.
- Providers and other providers in effectively providing patient care... If the patient's records in ImmTrac2 are not being updated a provider is not able to see the whole immunization picture for patients.
- Organization's reputation as it relates to its ability to maintain data quality.
- Providers who participate in the Texas Vaccine for Children (TVFC) Program... The new immunization quality improvement program (IQIP) requires providers to report to the Registry and address all data quality issues in a timely manner.

Resources

If your organization is a sub-office of a parent organization, please communicate this email to your parent organization as they are responsible for sending data to the Registry for your site.

To learn how to identify data quality issues or errors your organization is experiencing, we strongly recommend you review the Electronic Data Exchange Resource Guide that is available on the DSHS Registry website https://www.dshs.texas.gov/immunize/immtrac/forms.shtm.

Questions?

Contact the Texas Immunization Registry's Interoperability Team at 800-348-9158, Option 3 or ImmTracMU@dshs.texas.gov.

Thank you.

Date: **[Date]**

Dear **[Provider/POC Name]**,

My name is **[name]** from **[LHD/PHR name],** and I am contacting you as your **[ImmTrac2 Coordinator (IC)/ImmTrac Program Outreach Specialist (IPOs)]**. Your organization has been selected to participate in a ImmTrac2 Support Review (ISR) visit. This assessment aims to increase your knowledge and accuracy of the Texas Immunization Registry (TIR) and ImmTrac2.

This month, we have highlighted a few performance deficiencies that will be beneficial to you and your patients to make improvements/corrections on:

- **(List a concern from the data analysis)**
- **(List a concern from the data analysis)**

These are examples of issues your organization is experiencing that I can assist you with. Please tell me when you want to proceed with scheduling an in-office visit or video call to complete this assessment.

[IC's/IPOS Contact Information]
[IC/IPOS Signature]

Appendix E – FY25 ImmTrac2 Support Review (Answer Guide)

Referenced in 6.6.03 Conduct TIR ImmTrac2 Support Reviews (Required Activity)

ANSWER GUIDE – DO NOT DISTRIBUTE

ImmTrac2 Org Code: _____   TVFC PIN (if applicable): _____

Organization/Facility Name: _____

Organization Physical Address

      Address Line 1: _____

      Address Line 2: _____

      City: _____   Zip: _____

Organization Point of Contact: _____

Name of ISR Participant (if not POC): _____

Title of ISR Participant (if not POC): _____

Date of Initial Visit: _____ / _____ / _____

Date of Follow-up Feedback: _____ / _____ / _____

How was the ISR conducted?

Initial Visit   **Follow-up Feedback**

   A. Office Visit   **A.** Office Visit
   B. Video Call   **B.** Video Call
   C. Phone   **C.** Phone

Pre-Assessment Findings

Which Provider Activity Report (PAR) was reviewed for the **Initial Visit**?

☐ Q4: August   ☐ Q1: September   ☐ Q2: December   ☐ Q3: March
                 ☐ Q1: October   ☐ Q2: January   ☐ Q3: April
                 ☐ Q1: November   ☐ Q2: February   ☐ Q3: May

Pre-Assessment Findings

Which Provider Activity Report (PAR) was reviewed for the **Follow-up Feedback**?

☐ Q1: November   ☐ Q2: December   ☐ Q3: March   ☐ Q4: June
                 ☐ Q2: January   ☐ Q3: April   ☐ Q4: July
                 ☐ Q2: February   ☐ Q3: May   ☐ Q4: August

Texas Immunization Registry

Pre-Visit: Data Analysis
ANSWER GUIDE – DO NOT DISTRIBUTE

	PAR Report Category	Initial Visit	Follow-up Feedback
	Site Agreement Expiration Date		
User Information	# of All Users		
	# of Active Users		
	% of Active Users		
	# of Active Clients Served		
	# of Online Client Searches		
Online Activity	Total # Consented Online		
	# of Current Imms Added Online		
	# of Historical Imms Added Online		
	Online Latency		
Data Exchange Activity	Total # of DX Client Records Submitted		
	Number of DX Client Records Accepted		
	Number of DX Client Records Rejected		
	Total Number of DX Clients Consented		
	Number of DX Imms Added		
	DX Latency		
	TIPS Rating		

ImmTrac2 Support Review Survey

ANSWER GUIDE – DO NOT DISTRIBUTE

Organization Details: Operational Information

1. Which clients are served? *Check all that apply*
   ☐ Children (0-18 years)
       *If not selected, skip question **8***
   ☐ Adults (18+)
       *If not selected, skip question **9, 10,** and **11***

2. Does your organization administer immunizations?   **YES**   or   **NO**

Organization Details: Changes to Key Staff

3. Is the Organization Point of Contact the same individual listed on the current ImmTrac2 site agreement?

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

   ***If NO was selected, assist the organization to identify a new Organization POC and assist them complete a site renewal.**
   **Refer to publication 11-15252 "ImmTrac2 Site Renewal Guide"*

Eligibility: Texas Immunization Registry Participation

4. Who is eligible to participate in the Texas Immunization Registry?

Initial Visit	Follow-up Feedback
A. Children 0-18 years old	A. Children 0-18 years old
B. Adults 18+ years old	B. Adults 18+ years old
C. **All Ages**	C. **All Ages**

   Refer to publication 11-15325 "Benefits for Participating in ImmTrac2"

Documentation: ImmTrac2 Consent

5. Is ImmTrac2 consent required to store immunization records in the registry?

Initial Visit	Follow-up Feedback
YES or NO	**YES** or NO

6. What are some of the benefits to clients and/or their parents/guardians of consenting to store their immunization records in ImmTrac2?
    Do not read the answers aloud. Mark the answers closest to the reasons offered by the provider.

Initial Visit

Minors
☐ Child-care attendance

Adults
☐ Military Enlistment
☐ First Responder
☐ Employment in health professions

Both
☐ Proof of COVID immunizations
☐ School/College attendance
☐ Electronically stored
☐ Free and secure
☐ Most providers have access
☐ Consolidates records in one place
☐ Lifetime Registry
☐ Travel
☐ Other: _____
☐ Other: _____

Follow-up Feedback

Minors
☐ Child-care attendance

Adults
☐ Military Enlistment
☐ First Responder
☐ Employment in health professions

Both
☐ Proof of COVID immunizations
☐ School/College attendance
☐ Electronically stored
☐ Free and secure
☐ Most providers have access
☐ Consolidates records in one place
☐ Lifetime Registry
☐ Travel
☐ Other: _____
☐ Other: _____

7. Do you use any official educational resources (brochures, posters, etc.) for ImmTrac2?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

If YES was selected, ask which resources they use and document below.
If NO was selected, share copies of ImmTrac2 educational resources with the provider and show them how to request more at no cost.
Mark materials the provider currently uses below:

☐ A Lifetime Registry for Everyone poster
☐ A Lifetime Registry for Everyone brochure
☐ A Lifetime of Vaccines poster
☐ A Lifetime of Vaccines brochure
☐ ImmTrac2 for First Responders poster
☐ ImmTrac2 for First Responders brochure
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

☐ A Lifetime Registry for Everyone poster
☐ A Lifetime Registry for Everyone brochure
☐ A Lifetime of Vaccines poster
☐ A Lifetime of Vaccines brochure
☐ ImmTrac2 for First Responders poster
☐ ImmTrac2 for First Responders brochure
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

8. Who is authorized to sign the ImmTrac2 **Minor** Consent Form?

Initial Visit
☐ **Birth Parents**
☐ Registered Nurse
☐ **Legal Custodian of Minor**
☐ **Adoptive Parents**
☐ Licensed Medical Professional
☐ The Child

Follow-up Feedback
☐ **Birth Parents**
☐ Registered Nurse
☐ **Legal Custodian of Minor**
☐ **Adoptive Parents**
☐ Licensed Medical Professional
☐ The Child

9. Who is authorized to sign the ImmTrac2 **Adult** Consent Form?

Initial Visit
☐ Birth Parents
☐ Registered Nurse
☐ **Legal Custodian of the Adult**
☐ Adoptive Parents
☐ Licensed Medical Professional
☐ **The Adult**
☐ Spouse

Follow-up Feedback
☐ Birth Parents
☐ Registered Nurse
☐ **Legal Custodian of the Adult**
☐ Adoptive Parents
☐ Licensed Medical Professional
☐ **The Adult**
☐ Spouse

10. What is the youngest age a client can sign the ImmTrac2 Adult Consent Form?

Initial Visit	Follow-up Feedback
o **Client's 18th Birthday**	o **Client's 18th Birthday**
o Other Incorrect Response:	o Other Incorrect Response:

11. For Adult clients, when are Pediatric immunization records purged from ImmTrac2 if they do not sign an adult consent?

Initial Visit	Follow-up Feedback
o **Client's 26th Birthday**	o **Client's 26th Birthday**
o Other Incorrect Response:	o Other Incorrect Response:

12. Do you regularly check for updated versions of the ImmTrac2 consent forms?

Does the organization have a process in place to provide the most current version of the ImmTrac2 consent forms?

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, show the contact where to download the most current versions from ImmTrac Forms and Documents (texas.gov)

13. What is your retention policy for ImmTrac2 Consent Forms?
    Answer: One year after the Minor consent expires or until the client's 19th birthday.
    Does the organization have a process to retain Minor and Adult Consent forms in accordance to the State of Texas Retention Schedule? Electronic storage is acceptable if the form can be reproduced with proof of signature.   `

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, assist the contact to develop a business process that store these records electronically or in the client's paper records.

Review: Clinical Decision Support

14. Prior to a client's visit, do you search ImmTrac2/EHR to see if they have **previously consented**?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

15. Prior to a client's visit, do you search ImmTrac2/EHR to review which **immunizations the client previously received, are coming due or past due**?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

Reporting: Declared Disasters

These questions should be asked at all ISRs, even outside a declared disaster. Providers should offer disaster consent to all patients who previously received a disaster immunization.

16. Are you familiar with ImmTrac2 Disaster Consent?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

Texas Health and Safety Code Sec. 161.0075(a):
The department shall maintain a registry of persons who receive any antiviral, immunization, and other medication administered to prepare for a potential disaster, public health emergency, … or in response to a declared disaster, public health emergency. A health care provider who administers an antiviral, immunization, or other medication shall provide the data elements to the department.

*Refer to publication F11-12956 "Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form"

SKIP QUESTIONS 17 - 20 IF THE RESPONSE TO QUESTION 16 WAS NO

17. Are the rules for who may sign a disaster consent for a client different from standard consent?

Initial Visit	Follow-up Feedback
YES or **NO**	YES or **NO**

Answer = NO. Disaster consent may only be signed for a client by the same individuals as are allowed to sign standard consent.

18. Is your retention policy for signed ImmTrac2 **Disaster** Consent Forms the same?

Answer: Same as a standard Registry consent; until the Minor's 19th birthday or the lifetime of the Adult

Does the organization have a process to retain Disaster Consent forms in accordance to the State of Texas Retention Schedule? Electronic storage is acceptable if the form can be reproduced with proof of signature.

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, assist the contact to develop a business process that store these records electronically or in the client's paper records.

19. Can the ImmTrac2 Disaster Consent form be signed outside of a declared disaster?

Initial Visit	Follow-up Feedback
YES or NO	**YES** or NO

Answer = YES. The ImmTrac2 Disaster Consent form can be signed at any time, even if there is no currently declared disaster or other event defined by state law.

Texas Health and Safety Code Sec. 161.0075(a):
The department shall maintain a registry of persons who receive any antiviral, immunization, and other medication administered to prepare for a potential disaster, public health emergency, … or in response to a declared disaster, public health emergency. A health care provider who administers an, antiviral, immunization, or other medication shall provide the data elements to the department.

20. Does Standard Consent apply to disaster immunizations?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

Answer = NO. Standard ImmTrac2 consent does not apply to disaster AIMs. To retain disaster AIM records for longer than 5 years the client must sign a Disaster Consent.

21. How does your organization report immunization data to ImmTrac2?

☐ Data Exchange
☐ Online in ImmTrac2 (Manual Entry)
☐ Does not report immunization data to ImmTrac2
☐ Other: _____

*If the their response does not match the immunization reporting sources on the TIPS/PAR investigate and clarify with the provider.

Texas Immunization Provider Summary (TIPS) Review
Review the following information with the contact:
☐ How to download the TIPS report in ImmTrac2
☐ Go through the results of each section
☐ Use the TIPS Guide to discuss strategies on how to improve TIPS rating

Notes about this visit:

Appendix F – FY25 ImmTrac2 Support Review (Response Doc)

Referenced in 6.6.03 Conduct TIR ImmTrac2 Support Reviews (Required Activity)

Organization Details

ImmTrac2 Org Code: _____   TVFC PIN (if applicable): _____

Organization/Facility Name: _____

Organization Physical Address

      Address Line 1: _____

      Address Line 2: _____

      City: _____   Zip: _____

Organization Point of Contact: _____

Name of ISR Participant (if not POC): _____

Title of ISR Participant (if not POC): _____

Date of Initial Visit: _____ / _____ / _____

Date of Follow-up Feedback: _____ / _____ / _____

How was the ISR conducted?

Initial Visit	**Follow-up Feedback**
A. Office Visit	**A.** Office Visit
B. Video Call	**B.** Video Call
C. Phone	**C.** Phone

Pre-Assessment Findings

Which Provider Activity Report (PAR) was reviewed for the **Initial Visit**?

☐ Q4: August

☐ Q1: September	☐ Q2: December	☐ Q3: March
☐ Q1: October	☐ Q2: January	☐ Q3: April
☐ Q1: November	☐ Q2: February	☐ Q3: May

Pre-Assessment Findings

Which Provider Activity Report (PAR) was reviewed for the **Follow-up Feedback**?

☐ Q1: November

☐ Q2: December	☐ Q3: March	☐ Q4: June
☐ Q2: January	☐ Q3: April	☐ Q4: July
☐ Q2: February	☐ Q3: May	☐ Q4: August

Pre-Visit: Data Analysis

	PAR Report Category	Initial Visit	Follow-up Feedback
	Site Agreement Expiration Date		
User Information	# of All Users		
	# of Active Users		
	% of Active Users		
	# of Active Clients Served		
	# of Online Client Searches		
Online Activity	Total # Consented Online		
	# of Current Imms Added Online		
	# of Historical Imms Added Online		
	Online Latency		
Data Exchange Activity	Total # of DX Client Records Submitted		
	Number of DX Client Records Accepted		
	Number of DX Client Records Rejected		
	Total Number of DX Clients Consented		
	Number of DX Imms Added		
	DX Latency		
	TIPS Rating		

ImmTrac2 Support Review Survey

Organization Details: Operational Information

1. Which clients are served? *Check all that apply*
    ☐ Children (0-18 years)
        If not selected, skip question **8*
    ☐ Adults (18+)
        If not selected, skip question **9, 10, and **11***

2. Does your organization administer immunizations?   **YES**   or   **NO**

Organization Details: Changes to Key Staff

3. Is the Organization Point of Contact the same individual listed on the current ImmTrac2 site agreement?

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

> **If NO was selected, assist the organization to identify a new Organization POC and assist them complete a site renewal.*
> **Refer to publication 11-15252 "ImmTrac2 Site Renewal Guide"*

Eligibility: Texas Immunization Registry Participation

4. Who is eligible to participate in the Texas Immunization Registry?

Initial Visit	**Follow-up Feedback**
D. Children 0-18 years old	D. Children 0-18 years old
E. Adults 18+ years old	E. Adults 18+ years old
F. All Ages	F. All Ages

*Refer to publication 11-15325 "Benefits for Participating in ImmTrac2"

Documentation: ImmTrac2 Consent

5. Is ImmTrac2 consent required to store immunization records in the registry?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

6. What are some of the benefits to clients and/or their parents/guardians of consenting to store their immunization records in ImmTrac2?

Initial Visit	Follow-up Feedback
☐ Child-care attendance	☐ Child-care attendance
☐ Military Enlistment	☐ Military Enlistment
☐ First Responder	☐ First Responder
☐ Employment in health professions	☐ Employment in health professions
☐ Proof of COVID immunizations	☐ Proof of COVID immunizations
☐ School/College attendance	☐ School/College attendance
☐ Electronically stored	☐ Electronically stored
☐ Free and secure	☐ Free and secure
☐ Most providers have access	☐ Most providers have access
☐ Consolidates records in one place	☐ Consolidates records in one place
☐ Lifetime Registry	☐ Lifetime Registry
☐ Travel	☐ Travel
☐ Other: _____	☐ Other: _____
☐ Other: _____	☐ Other: _____

7. Do you use any official educational resources (brochures, posters, etc.) for ImmTrac2?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

If YES was selected, ask which resources they use and document below.
If NO was selected, share copies of ImmTrac2 educational resources with the provider and show them how to request more at no cost.
Mark materials the provider currently uses below:

Initial Visit	Follow-up Feedback
☐ A Lifetime Registry for Everyone poster	☐ A Lifetime Registry for Everyone poster
☐ A Lifetime Registry for Everyone brochure	☐ A Lifetime Registry for Everyone brochure
☐ A Lifetime of Vaccines poster	☐ A Lifetime of Vaccines poster
☐ A Lifetime of Vaccines brochure	☐ A Lifetime of Vaccines brochure
☐ ImmTrac2 for First Responders poster	☐ ImmTrac2 for First Responders poster
☐ ImmTrac2 for First Responders brochure	☐ ImmTrac2 for First Responders brochure
☐ Other: _____	☐ Other: _____
☐ Other: _____	☐ Other: _____
☐ Other: _____	☐ Other: _____
☐ Other: _____	☐ Other: _____

8. Who is authorized to sign the ImmTrac2 **Minor** Consent Form?

Initial Visit	Follow-up Feedback
☐ Birth Parents	☐ Birth Parents
☐ Registered Nurse	☐ Registered Nurse
☐ Legal Custodian of Minor	☐ Legal Custodian of Minor
☐ Adoptive Parents	☐ Adoptive Parents
☐ Licensed Medical Professional	☐ Licensed Medical Professional
☐ The Child	☐ The Child

9. Who is authorized to sign the ImmTrac2 **Adult** Consent Form?

Initial Visit	Follow-up Feedback
☐ Birth Parents	☐ Birth Parents
☐ Registered Nurse	☐ Registered Nurse
☐ Legal Custodian of the Adult	☐ Legal Custodian of the Adult
☐ Adoptive Parents	☐ Adoptive Parents
☐ Licensed Medical Professional	☐ Licensed Medical Professional
☐ The Adult	☐ The Adult
☐ Spouse	☐ Spouse

10. What is the youngest age a client can sign the ImmTrac2 Adult Consent Form?

Initial Visit	Follow-up Feedback
o Client's 18th Birthday o Other Incorrect Response:	o Client's 18th Birthday o Other Incorrect Response:

11. For Adult clients, when are Pediatric immunization records purged from ImmTrac2 if they do not sign an adult consent?

Initial Visit	Follow-up Feedback
o Client's 26th Birthday o Other Incorrect Response:	o Client's 26th Birthday o Other Incorrect Response:

12. Do you regularly check for updated versions of the ImmTrac2 consent forms?

Does the organization have a process in place to provide the most current version of the ImmTrac2 consent forms?

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, show the contact where to download the most current versions from [ImmTrac Forms and Documents (texas.gov)](texas.gov)

13. What is your retention policy for ImmTrac2 Consent Forms?

Does the organization have a process to retain Minor and Adult Consent forms in accordance to the State of Texas Retention Schedule? Electronic storage is acceptable if the form can be reproduced with proof of signature. `

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, assist the contract to develop a business process that store these records electronically or in the client's paper records.

Review: Clinical Decision Support

14. Prior to a client's visit, do you search ImmTrac2/EHR to see if they have **previously consented**?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

15. Prior to a client's visit, do you search ImmTrac2/EHR to review which **immunizations the client previously received, are coming due or past due**?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

Reporting: Declared Disasters

These questions should be asked at all ISRs, even outside a declared disaster. Providers should offer disaster consent to all patients who previously received a disaster immunization.

16. Are you familiar with ImmTrac2 Disaster Consent?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

> ***Texas Health and Safety Code Sec. 161.0075(a):***
> *The department shall maintain a registry of persons who receive any antiviral, immunization, and other medication administered to prepare for a potential disaster, public health emergency, … or in response to a declared disaster, public health emergency. A health care provider who administers an, antiviral, immunization, or other medication shall provide the data elements to the department.*
>
> ***Refer to publication [F11-12956 "Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form"](#)*

SKIP QUESTIONS 17 - 20 IF THE RESPONSE TO QUESTION 16 WAS NO

17. Are the rules for who may sign a disaster consent for a client different from standard consent?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

18. Is your retention policy for signed ImmTrac2 **Disaster** Consent Forms the same?

Does the organization have a process to retain Disaster Consent forms in accordance to the State of Texas Retention Schedule? Electronic storage is acceptable if the form can be reproduced with proof of signature.

Initial Visit	Follow-up Feedback
YES or NO*	YES or NO*

*If NO was selected, assist the contract to develop a business process that store these records electronically or in the client's paper records.

19. Can the ImmTrac2 Disaster Consent form be signed outside of a declared disaster?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

Texas Health and Safety Code Sec. 161.0075(a):
The department shall maintain a registry of persons who receive any antiviral, immunization, and other medication administered to prepare for a potential disaster, public health emergency, … or in response to a declared disaster, public health emergency. A health care provider who administers an antiviral, immunization, or other medication shall provide the data elements to the department.

20. Does Standard Consent apply to disaster immunizations?

Initial Visit	Follow-up Feedback
YES or NO	YES or NO

21. How does your organization report immunization data to ImmTrac2?

- ☐ Data Exchange
- ☐ Online in ImmTrac2 (Manual Entry)
- ☐ Does not report immunization data to ImmTrac2
- ☐ Other: _____

   If their response does not match the immunization reporting sources on the TIPS/PAR investigate and clarify with the provider.

Texas Immunization Provider Summary (TIPS) Review
Review the following information with the contact:
- ☐ How to download the TIPS report in ImmTrac2
- ☐ Go through the results of each section
- ☐ Use the TIPS Guide to discuss strategies on how to improve TIPS rating

Notes about this visit:

Appendix G – State of Texas Retention Schedule

Referenced in 6.6.03 Conduct TIR ImmTrac2 Support Reviews (Required Activity)

HHS Records Management – Home Page
https://hhsconnection.hhs.texas.gov/rights-responsibilities/records-management

Minor Consent Forms and Immunization Records
>**Agency Item Number**: 10833
>**Description**: If client withdraws consent to be in registry, record will be removed and destroyed within 10 days of withdrawal of consent, even if client has not reached 18 years of age (see #10837). Records may be held up to 1 year after 18th birthday to allow time for client to submit consent for continued participation in registry. Records held for this 1 year will be barred from access by individuals outside of DSHS.
>**Retention Periods**: AC + 18; Client's date of birth plus 18 years.

Adult Consent Forms and Immunization Records
>**Agency Item Number**: 10634
>**Description**: Upon client's death, record is reclassified as #10633 ImmTrac – Immunization Records (Adult – Deceased).
>**Retention Period**: AC; Upon withdrawal of consent to be in registry.

Adult Consent Forms and Immunization Records (Adult – Deceased)
>**Agency Item Number**: 10633
>**Description**: Upon client's death, record will be barred from access by individuals outside of DSHS. Record is maintained while it has continuing value to program.
>**Retention Periods**: AV; Administrative value

Disaster Consent and Immunization Records - Official Declared Disaster
>**Agency Item Number**: 10834
>**Retention Periods**: AC; 5 years from end date of declared disaster if no disaster consent is on file for the registry. If consent is on file, record is maintained until consent is withdrawn.

Withdrawal of ImmTrac2 Consent
>**Agency Item Number**: 10837
>**Retention Periods**: AC; Date on which immunization record is removed from registry. Must be completed within 10 days of receipt of withdrawal.

Authorization to Release Official Immunization History
>**Agency Item Number**: 10836
>**Description**: Retention period aligns with standard retention of HIPAA-covered disclosure requests.
>**Retention Periods**: 6; six years from the date of its creation or the date when it last was in effect, whichever is later.