

❖ UNIT A

Program Stewardship and Accountability

Contractor General Requirement Unit A-1:

Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the Department of State Health Services (DSHS) Immunization Contractors Guide for Local Health Departments (<https://www.dshs.texas.gov/immunize/Responsible-Entities/Contract-Management/>).

Activities:

- Adhere to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* found at <http://pediatrics.aappublications.org/content/112/4/958.full> and [http://www.ajpmonline.org/article/S0749-3797\(03\)00120-X/pdf](http://www.ajpmonline.org/article/S0749-3797(03)00120-X/pdf).
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them available to Contractor's staff.
- Lapse no more than 5 percent of total funded amount of the contract.
 - Maintain and adjust spending plan throughout the contract term to avoid lapsing funds.
 - Account for and use Program Income appropriately throughout the contract term.
 - Maintain staffing levels to meet required activities of the contract and to ensure that all funds in the personnel category are expended. The Contractor must submit a written justification to the DSHS Immunization Unit for any position that is vacant longer than 90 days. The Contractor must inform DSHS of changes in the Medical Director or other high-level positions responsible for the immunization program within 30 days of the change.
 - The funded amount of the contract may be reduced if more than 5 percent of the funded amount of contract is lapsed in the previous fiscal year.
- Complete and submit required Quarterly Local Health Department (LHD) Inter-Local Agreement (ILA) Reports via SurveyGizmo on the Information for Local Health Departments webpage at <https://www.dshs.texas.gov/immunize/Responsible-Entities/Contract-Management/>, or by other method as directed by DSHS. Reports must be submitted by Close of Business (COB) Central Standard Time (C.S.T.) on December 31, 2018; on March 31, 2019; June 30, 2019; and September 30, 2019 or the next business day if the date falls on a weekend or state approved holiday.
- Submit Corrective Action Plan (CAP) letter to Health Service Region Program Manager and DSHS Contract Management Section (CMS) within 30 days after the date of the written notification from DSHS CMS of the on-site evaluation

findings and request for response.

Contractor General Requirement Unit A-2:

Complete Texas Vaccines for Children (TVFC) site visits, TVFC unannounced visits, and follow-up visits assigned by DSHS Immunization Unit or DSHS Health Service Region (HSR) Immunization Program staff within prescribed timeframes and as outlined in the current version of the *Texas Vaccines for Children (TVFC) & Adult Safety Net (ASN) Program Operations Manual for Responsible Entities* (<https://www.dshs.texas.gov/immunize/Responsible-Entities/TVFC-and-ASN-Operations-Manual-for-REs/>). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Conduct TVFC site visit follow-up and submit results following the process described and within deadlines established in the current versions of the *TVFC & ASN Program Operations Manual for Responsible Entities*, the contract Statement of Work, and the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Conduct TVFC site visits in 100 percent of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct TVFC unannounced storage and handling visits at 10 percent of TVFC enrolled provider offices within the jurisdiction following the process described and within deadlines established in the *TVFC & ASN Program Operations Manual for Responsible Entities*, the contract Statement of Work, and the *DSHS Immunization Contractors Guide for Local Health Departments*.

Contractor General Requirement Unit A-3:

Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5 percent in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC & ASN Program Operations Manual for Responsible Entities*.

Activities:

- Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5 percent in Contractor's clinics.
- Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5 percent in TVFC provider clinics within the Contractor's jurisdiction. Report the information in the Quarterly Report.
- Ensure that all expired and spoiled/wasted vaccines are appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system for the Contractor's clinics.

- Maintain storage and handling policies and procedures in Contractor's clinics according to the *Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Provider Manual* and the *TVFC & ASN Program Operations Manual for Responsible Entities*.
- Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each of the Contractor clinic locations and in the clinics under the jurisdiction of the Contractor.
- Pack, transfer, and ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. If vaccines are needed in other areas of the state, Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.

Contractor General Requirement A-4:

Implement a plan to ensure that vaccines provided in Contractor's clinic sites through the TVFC program are not given inadvertently to fully privately insured individuals, including children covered by the State Children's Health Insurance Program (CHIP) (unless the provider is capable of billing the CHIP program).

Establish and maintain protocols in Contractor's clinic sites for screening individuals for eligibility and insurance coverage before administering vaccines provided through the TVFC Program. Contractors may use the TVFC Program Patient Eligibility Screening Record (C-10) and the Adult Safety Net (ASN) Program Adult Eligibility Screening Record (F11-12842) or electronically store this information.

Any child who, upon screening, meets one of the eligibility criteria listed below and is 18 years of age or younger qualifies for state or federal vaccine through the TVFC program:

- a. Eligible for Vaccines for Children (VFC) Vaccine:
 - Medicaid-enrolled (or Medicaid-eligible),
 - Uninsured,
 - American Indian or Alaska Native, or
 - Underinsured* served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a deputized provider.
- b. Eligible for TVFC Vaccine:
 - Enrolled in CHIP**, or
 - Other Underinsured***.

* *Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a FQHC or RHC or a deputized provider. The deputized provider must have a written agreement with*

- an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.*
- ** *Children enrolled in separate state CHIP. These children are considered insured and are eligible for vaccines through the TVFC Program as long as the provider bills CHIP for the administration of the vaccine.*
 - *** *Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC Program because the provider or facility is not a FQHC/RHC or a deputized provider. These children are eligible to receive TVFC vaccines through state funding.*

Contractor must participate as a deputized provider by signing and submitting an addendum form annually.

❖ **Unit B**

Assessing Program Performance

Contractor General Requirement Unit B-1:

Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule(s), and the importance of not missing any vaccine doses.
- Inform and educate parents of infants, children, adolescents, adults, grandparents, seniors, healthcare providers, and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location of community vaccination clinics.
- Conduct at least one monthly immunization education activity specifically directed to one of the target groups as directed by the DSHS Immunization Unit.
- Conduct at least twelve (12) outreach and educational activities during the contract period in accordance with Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095, to each of the following audiences: healthcare providers, healthcare clinics, hospitals, and any other healthcare facility providing healthcare to adolescents 14 to 18 years of age. Outreach and education activities

must focus on the immunization registry and the option for an individual who is 18 years of age or older to consent as an adult and have their childhood immunization records stored within the immunization registry for a lifetime. Additional outreach and educational activities may focus on high schools, colleges, and universities. Report results of outreach and education activities on the Quarterly Report.

- Document the outreach and educational activities with the number and type of participants and evaluate activities by obtaining feedback from participants.
- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Awareness Month (NIAM), and National Influenza Immunization Week (NIIW).
- Develop and implement a written communications and customer service plan for Contractor's staff to ensure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by the DSHS Immunization Unit, such as the Dairy Queen Coupon project.
- Participate, when directed, in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.
- Promote www.ImmunizeTexas.com, the Immunization Unit's website; the Vaccine Advisory, a vaccine newsletter; and any other Immunization Unit newsletters to providers in the Contractor's jurisdiction.
- Promote and distribute immunization literature for the public to TVFC providers and in Contractor's clinics.
- Provide information to clients, families, healthcare providers, and the general public on the purpose of the Texas immunization registry, ImmTrac2; the benefits of ImmTrac2 participation; and the importance of maintaining a complete immunization history in ImmTrac2.
- Inform the general public about the TVFC and ASN Programs and the eligibility criteria for qualifying for the programs.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Distribute ASN information and educational materials at venues and clinics that serve eligible adults.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (<https://www.cdc.gov/vaccines/ed/webinar-epv/index.html>). The most current "Pink Book", titled *Epidemiology and Prevention of Vaccine-Preventable Diseases*, can be found on the CDC website at <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>.

Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Identify providers, hospitals, schools, child-care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations.
- Document communications, group meetings, and planning of activities that promote the best practices identified in contract agreement. Documents are to be accessible during site visits.
- Report new partners on the Quarterly Report.

Contractor General Requirement Unit B-2:

As directed by the DSHS Immunization Unit, complete 100 percent of assigned child-care facility and Head Start center audits and assessments. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

As directed by the DSHS Immunization Unit, complete 100 percent of assigned public and private school audits, assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

Activities:

- Complete and report 100 percent of required audits/assessments as assigned by the DSHS Immunization Unit. These could include:
 - Texas Child-Care Immunization Assessment
 - Child-Care Audit
 - Annual Report of Immunization Status (school self-assessments)
 - School Audit
 - Texas School Immunization Validation Survey
 - Texas County Retrospective Immunization School Survey (TCRISS)
- Assigned surveys/assessments must be completed utilizing the instructions in *DSHS Immunization Contractors Guide for Local Health Departments* and the *Population Assessment Manual*.

- Monitor vaccination and exemptions in schools and childcare facilities.
- Analyze, provide feedback, and monitor vaccination trends for public school districts, private schools, licensed child-care facilities, and registered family homes to increase vaccination coverage using audit/assessment data.
- Identify trends and areas of low compliance in LHD jurisdictions and coordinate interventions.
- Collaborate with schools, licensed child-care centers, and registered child-care homes to identify needed improvements. Report these results/findings to the DSHS Immunization Unit.

Contractor General Requirement Unit B-3:

Work with TVFC providers to develop quality improvement processes to increase coverage levels and decrease missed opportunities using the CDC Provider Education, Assessment, and Reporting (PEAR) system and Assessment, Feedback, Incentives, and eXchange (AFIX) components, as appropriate, and use the Immunization Information System (IIS) as a source of data for provider coverage level assessment. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* (<http://www.dshs.texas.gov/immunize/Responsible-Entities/Contract-Management/>) and the *TVFC & ASN Program Operations Manual for Responsible Entities* (<http://www.dshs.texas.gov/immunize/Responsible-Entities/TVFC-and-ASN-Operations-Manual-for-REs/>).

Activities:

- Conduct immunization coverage level assessments utilizing the AFIX online tool and CoCASA tool in 100 percent of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct TVFC compliance site visits in 100 percent of subcontracted entities as listed in the ILA and non-LHD immunization clinics (if applicable), and directly enter data into PEAR. If not entered directly into PEAR at the time of the visit, the Contractor shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit.
- Conduct follow-up activities for all TVFC assessment site-visits for private providers in Contractor's jurisdiction, utilizing AFIX.
- Conduct follow-up activities for all TVFC compliance and unannounced storage and handling visits for private providers in their jurisdiction, utilizing PEAR and directly enter data into PEAR to document follow-up activities for TVFC compliance site visits for all sub-contracted entities and non-local health department clinics. If not entered directly into PEAR at the time of the visit, the Contractor shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit.
- Conduct TVFC unannounced storage and handling visits at 10 percent of TVFC

provider offices utilizing the CDC PEAR system and directly enter the data into PEAR to document TVFC Unannounced storage and handling visit results. If not entered directly into PEAR at the time of the visit, the Contractor shall submit the final unannounced storage and handling visit results in the PEAR system within twenty-four (24) hours of conducting the visit.

Contractor General Requirement Unit B-4:

Investigate and document at least 90 percent of reportable confirmed or probable vaccine-preventable disease (VPD) cases within thirty (30) days of initial report to public health in accordance with DSHS *Emerging and Acute Infectious Disease Guidelines* at: <http://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance/>. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Adhere to the DSHS *Emerging and Acute Infectious Disease Guidelines* and current *Epi Case Criteria Guide* (both found at <http://www.dshs.texas.gov/idcu/>) in conducting this General Requirement and the associated activities.
- Complete all data entry into the Texas National Electronic Disease Surveillance System (NEDSS) Base System (NBS) following the *NBS Data Entry Guidelines* at <https://txnedss.dshs.state.tx.us:8009/login/login.asp>. Click on the “Documentation” link and then select the “User Resources” link.
- Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history should be assessed through ImmTrac2, provider offices, school records, and/or patient records.
- Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) generated through DSHS, in a timely fashion.
- Provide feedback on any unmet performance measures during each Quarterly Report review.
- All new VPD surveillance staff will attend Introduction to NBS training and complete the certification process in order to gain access to the NBS system.

Contractor General Requirement Unit B-5:

Educate, inform, and train the medical community and local providers within Contractor’s jurisdiction on immunization activities listed below. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Provide training on TVFC requirements and updates (as described in the *TVFC & ASN Program Operations Manual for Responsible Entities*) to TVFC providers annually at a minimum.
- Document annual training in PEAR for each Provider Identification Number (PIN) in jurisdiction that attended.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.
- Provide training, information, and technical assistance to promote the effective use of ImmTrac2 by providers (which includes education regarding the benefits of ImmTrac2 participation).
- Educate providers about the ImmTrac2 enrollment process and the statutory requirement to report immunizations.
- Educate providers on the inclusion in ImmTrac2 of first responders and first responder family members and the immunization recommendations for first responders as part of disaster preparedness activities.
- Conduct educational training for hospital and healthcare providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of hepatitis B surface antigen (HBsAg)-positive women.
- Provide training on the prevention of perinatal hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.
- Educate and update providers on the most current ACIP recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* to all immunization providers within Contractor's jurisdiction.
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) (available at <http://www.cdc.gov/vaccines/hcp/vis/index.html>) must be distributed to patients prior to patient vaccination.
- Promote a healthcare workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, VPDs, and the delivery of immunization services.
- Educate healthcare workers on the importance of keeping themselves up-to-date with the vaccine schedule.
- Provide information to community healthcare employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of healthcare workers.
- Educate private providers to send National Immunization Surveys (NIS) to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local Women, Infants, and Children (WIC) programs to ensure that children participating in WIC are screened and referred to their "medical home" for vaccination using a

documented immunization history in accordance with the *Standards for Child and Adolescent Immunization Practices*.

- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at <https://www.cdc.gov/vaccines/ed/index.html>.
- Report on B-5 activities and outcomes with the medical community and local providers on the Quarterly Report.

❖ Unit C

Assuring Access to Vaccines

Contractor General Requirement Unit C-1:

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

Activities:

- Perform education, training, and outreach activities and provide technical assistance for American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaska Native Villages and Corporations.
- Report on C-1 activities, collaborative efforts, and outcomes on the Quarterly Report.

Contractor General Requirement Unit C-2:

Provide immunization services and ACIP-recommended vaccines in Contractor's clinics to children, adolescents, and adults to maximize vaccine coverage levels within Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Ensure that all ACIP recommended vaccines are routinely available to TVFC patients.
- Ensure that all vaccines listed on the ASN vaccine formulary are available to eligible adult patients.

- Ensure that every uninsured adult identified as at-risk for any VPD be offered vaccinations on-site and on-demand or be provided contact information and be referred to the nearest ASN provider. A list of ASN providers can be found at <http://www.dshs.texas.gov/asn/>.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable, as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visits at each client encounter.
- Explain the benefits of a “medical home” and assist the parent/guardian in obtaining or identifying the child’s medical home.
- Use a Reminder/Recall manual system, Texas Wide Integrated Client Encounter System (TWICES), ImmTrac2, or other system.
- Establish “standing orders” for vaccination in Contractor’s clinics, consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act).
- Implement an employee immunization policy for Contractor’s staff according to CDC recommendations.

Enroll and sustain a network of TVFC providers to administer federally funded vaccines to program-eligible populations according to CDC/ACIP and National Vaccine Advisory Committee (NVAC) standards.

Conduct recruitment to increase the number of ImmTrac2 users and TVFC providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Conduct recruitment activities as defined in the *TVFC & ASN Program Operations Manual for Responsible Entities*.
- Target adolescent healthcare providers for recruitment and emphasize adolescent vaccine requirements and recommendations.

Contractor General Requirement Unit C-3:

Ensure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Annually sign Deputization Addendum Form, and provide immunization services to underinsured children.
- Report monthly the number of vaccine doses administered to underinsured clients by age categories 0 to ≤ 1 year, >1 to 2 years, 3-6 years, and 7-18 years of age as directed by the DSHS Immunization Unit.
- Report monthly the number of unduplicated underinsured clients served by age categories 0 to ≤ 1 year, >1 to 2 years, 3-6 years, and 7-18 years of age as directed by the DSHS Immunization Unit.

Contractor General Requirement Unit C-4:

Work with partners, as appropriate, to ensure coordination of the following activities in order to prevent perinatal hepatitis B transmission.

- a. Identification of HBsAg-positive pregnant women.
- b. Timely newborn post-exposure prophylaxis (PEP) with hepatitis B vaccine and hepatitis B immune globulin (HBIG).
- c. Timely completion of doses two and three of hepatitis B vaccine.
- d. Timely completion of post-vaccination serology testing (PVST).

Ensure all pregnant women are screened for HBsAg and that all HBsAg-positive pregnant women are reported to the DSHS Immunization Unit. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual* (located at <https://www.dshs.texas.gov/immunize/perinatal-hepatitis-B/publications.aspx>).

Activities:

- Develop a surveillance system that includes prenatal care providers, obstetrical and gynecological care providers, family practitioners, and labor and delivery facilities to ensure all HBsAg-positive pregnant women are reported to the DSHS Immunization Unit within one week of diagnosis.
- Educate prenatal care providers to ensure they are screening pregnant women for HBsAg status during each pregnancy, implement procedures for documenting HBsAg screening results in prenatal care records, and forward original laboratory results to the delivery facility.
- Educate delivery hospitals to ensure they verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery, regardless of prenatal test results as required by law.
- Provide trainings to delivery hospitals on reporting HBsAg-positive test results for women who have delivered at their facilities.
- Report on the ILA Quarterly Report all perinatal hepatitis B educational training conducted each quarter.

Ensure that all infants born to HBsAg-positive women and women whose HBsAg status is unknown will receive the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activities:

- Ensure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at-risk infants within 12 hours of birth.
- Identify labor and delivery facilities that do not have standing orders and/or policies and educate providers to establish standing orders and policies to administer to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth.
- Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and HBIG within 12 hours of birth.
- Report to the DSHS Immunization Unit all infants born to HBsAg-positive women within fifteen (15) calendar days of the event.

Ensure that 100 percent of the number of identified infants born to HBsAg-positive women will complete the hepatitis B vaccine series and PVST. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activities:

- Administer or obtain from the provider or ImmTrac2 the complete hepatitis B vaccine series. Infants shall complete the hepatitis B vaccine series by 6 to 8 months of age if the infant receives a single antigen or Pediarix[®] vaccine.
- Perform PVST or obtain from the provider the PVST results to determine immunity against hepatitis B. PVST shall be done by 9 months of age if the infant received a single antigen or Pediarix[®] vaccine.
- For all cases documented as a lost-to-follow-up on the Perinatal Hepatitis B case management form, report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Unit on the Perinatal Hepatitis B case management form.

Contractor General Requirement Unit C-5:

All household contacts over 24 months of age and sexual partners of reported HBsAg-positive women shall be referred for serologic testing to determine susceptibility status in

accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Household contacts over the age of 24 months and sexual contacts are not eligible for the program. They should be referred to healthcare providers for screening and vaccination if susceptible. The number of contacts over age 24 months identified and referred to a healthcare provider must be documented on the woman's case management form.

Ensure all household contacts below or equal to 24 months of age are case managed as appropriate to ensure the infant completes the hepatitis B vaccine series and receives post-vaccination serologic testing as needed. A contact case management form should be completed for all contacts under or equal to 24 months of age and case management activities performed.

❖ **Unit D**

Immunization Information Technology Infrastructure - Ensure that the immunization information technology infrastructure supports program goals and objectives.

Contractor General Requirement Unit D-1:

Promote provider site participation and ensure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives.

Effectively utilize ImmTrac2, the statewide immunization registry, in Contractor's clinics.

Work in good faith, and as specified herein, to increase overall enrollment into ImmTrac2 for all age groups including adults.

Work in good faith and as specified herein, to ensure ImmTrac2 registered private providers use ImmTrac2 effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities under the requirements above shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities:

- Recruit new private provider sites for ImmTrac2.
- Search for the client's immunization history at every client encounter.

- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at: <https://www.cdc.gov/vaccines/schedules/index.html>.
- Report to ImmTrac2 all immunizations administered to children (younger than 18 years of age) and consented adults in Contractor's clinics, either by entering data directly into ImmTrac2 or through electronic data exchange via TWICES or an electronic medical record (EMR) system.
- Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms according to the instructions found at <http://www.dshs.texas.gov/immunize/immtrac/forms.shtm>.
- Offer updated *Immunization History Report* to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac2, TWICES or EMR system, validated patient-held records, clinic medical record) and enter into ImmTrac2 any historical immunizations not in ImmTrac2.
- Verbally and with DSHS-produced literature, inform parents at Contractor's clinics about ImmTrac2 and the benefits of inclusion in ImmTrac2.
- Provide orientation to all ImmTrac2 providers at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).
- Explain and demonstrate the effective use of ImmTrac2 according to the instructions located in the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Conduct follow-up with registered ImmTrac2 providers who are inactive or not using ImmTrac2 effectively.
- Train ImmTrac2 providers' staff on ImmTrac2 data entry and quality standards.
- Update all demographic information, including address, email, and telephone number, at every client encounter.
- Conduct outreach (including, but not limited to, the specific outreach described in the *DSHS Immunization Contractors Guide for Local Health Departments*) to families of children 19 to 35 months of age who are not up-to-date on their immunizations according to ImmTrac2, locate additional immunization histories, and enter history data into ImmTrac2.
- Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac2 and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.
- Identify and contact families of children for whom ImmTrac2 consent has been granted but who do not have complete immunization records in ImmTrac2.
- Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers.
- Collaborate with partners and develop a provider recruitment strategy to include complementary vaccinators, such as pharmacists and school-located vaccination clinics.
- Encourage ImmTrac2 participation among providers.

Contractors General Requirement Unit D-2:

Ensure provider participation in vaccine ordering and inventory management using the Electronic Vaccine Inventory (EVI) system.

- Educate providers regarding vaccine ordering policies.
- Train providers to use the EVI system for inventory and order entry.

Assist all other TVFC providers in local jurisdiction with maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and the current *TVFC & ASN Program Operations Manual for Responsible Entities*.

Activities:

- Assess providers' inventories when visiting clinics to ensure the amount of vaccine on hand matches their population profile.
- Review 100% of monthly biological reports, vaccine orders (when applicable), and temperature recording forms for accuracy and to ensure that the vaccine supply is appropriately maintained and within established maximum stock levels. Review and approval for vaccine orders (when applicable) must be documented in EVI.
- Pack, transfer, and ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. If vaccines are needed in other areas of the state, Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.
- Educate and assist all TVFC providers on a quarterly basis with TVFC Provider Choice, as necessary.
- Offer provider updates, training, and information as changes to TVFC and ASN programs occur.
- Ensure New Provider Checklist (11-15016) is completed for all clinics that join the TVFC/ASN Program.
- Ensure Contractor's staff are aware of and follow the *TVFC & ASN Program Operations Manual for Responsible Entities*.
- Ensure staff in Contractor's clinics are aware of and follow the *TVFC and ASN Provider Manual*.