Immunization Unit
Infectious Disease Prevention Section
Division for Laboratory and Infectious Disease Services

DSHS Immunization Contractors Guide For Local Health Departments

State Fiscal Year 2018
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DSHS Immunization Contractors Guide
For Local Health Departments

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Acronyms

AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
ACIP	Advisory Committee on Immunization Practices
AFIX	Assessment, Feedback, Incentives, and eXchange
ASN	Adult Safety Net Program
CAP	Corrective Action Plan
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMS	Contract Management Section
CoCASA	Comprehensive Clinic Assessment Software Application
COS	DSHS Contract Oversight and Support Section
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EITC	Education, Information, Training, and Collaborations
EMR	Electronic Medical Record
EPI-VAC	Epidemiology and Prevention of Vaccine-Preventable Diseases
EVI	Electronic Vaccine Inventory
FSR	Financial Status Report
FTE	Full-Time Equivalent
FY	Fiscal Year
HBsAg	Hepatitis B Surface Antigen
HHS	US Department of Health and Human Services
HSR	DSHS Health Service Region
IDCU	Infectious Disease Control Unit
IIS	Immunization Information System
ILA	Inter-Local Agreement
ImmTrac	Texas Immunization Registry (legacy system)
ImmTrac2	Texas Immunization Registry (new system released April 2017)
IPO	ImmTrac Program Outreach
IPOS	ImmTrac Provider Outreach Specialist
IPOM	CDC Immunization Program Operations Manual
LHD	Local Health Department
LOA	Letter of Agreement
MOU	Memorandum of Understanding
NBS	NEDSS Base System
NCVIA	National Childhood Vaccine Injury Act
NEDSS	National Electronic Disease Surveillance System
NHANES	National Health and Nutrition Examination Survey
NIAM	National Immunization Awareness Month
NIAW	National Adult Immunization Week
NIIW	National Infant Immunization Week
NIS	National Immunization Survey
NVICP	National Vaccine Injury Compensation Program
OMB	Office of Management and Budget
PCP	Primary Care Physician
PEAR	Provider Education, Assessment, and Reporting

PHBPP	Perinatal Hepatitis B Prevention Program
PI	Program Income
PIET	Public Information, Education, and Training
PS&A	Program Stewardship and Accountability
PSA	Public Service Announcement
PTA	Parent Teacher Association
QA	Quality Assurance
SAMS	CDC Secure Access Management System
SDO	Standing Delegation Orders
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
TALHO	Texas Association of Local Health Officials
THSteps	Texas Health Steps
TVFC	Texas Vaccines for Children Program
TWICES	Texas-Wide Integrated Client Encounter System
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program (national)
VIS	Vaccine Information Statement
VPD	Vaccine-Preventable Disease
VWA	Vaccination Week in the Americas
WIC	Women, Infants, and Children

Program Background

The Immunization Unit resides within the Division for Laboratory & Infectious Disease Services at the Texas Department of State Health Services (DSHS) and is responsible for ensuring the immunization capacity within the State. The Unit is also responsible for administering the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Programs; ImmTrac/ImmTrac2, the statewide, lifetime immunization registry; school and child-care immunization compliance; media and publications; and contracts for the performance of immunization activities.

The Unit provides funding to local health departments (LHDs) via Inter-Local Agreements (ILA) to implement activities with the primary goal of raising vaccine coverage levels of Texas children, adolescents, and adults, including healthcare workers. Funding for immunization activities is a blend of federal funds and state general revenue funds.

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). The required activities of the contracts are an important part of implementing the Unit's strategic goals and strategies. These goals and strategies are consistent with higher vaccine coverage levels.

The *strategic goals* are:

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

Strategies that are consistent with higher vaccine coverage levels include:

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

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

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

❖ Unit A. Program Stewardship and Accountability

Community Assessment

Standard

Each LHD immunization contractor will conduct a community needs assessment. This assessment should review and address the immunization needs within the LHD jurisdiction. The first step of the assessment process will be a description of the community characteristics.

Background

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

- Geographic boundaries;
- Population characteristics and demographic information;
- Community characteristics such as public transportation, vaccine coverage levels, and number of vaccine-preventable diseases (VPDs); case and incidence rates; and
- Characteristics of the service delivery system and healthcare resources within the community.

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

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

Method of Evaluation

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

Annual Work Plan

Standard

All LHD contractors will comply with the annual *Work Plan* which includes all immunization grant objectives and required activities. Immunization activities will be planned and implemented to address gaps identified by the community assessment. The *Work Plan* is Exhibit A of the ILA and will be attached to the executed contract.

Process

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

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

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

Method of Evaluation

LHDs will report progress toward the work plan objectives four times a year (December 31st, March 31st, June 30th, and September 30th) utilizing the ILA Quarterly Reporting Form which will be available at http://www.dshs.texas.gov/immunize/providers.shtm.

Reports must be submitted electronically via email to DSHSImmunizationcontracts@dshs.texas.gov before the designated deadlines.

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

Administrative Policies

Standard

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

- **Availability of Vaccine**
  1) *Decreasing financial barriers to immunization, including not denying services based on an inability to pay.*
  2) *Immunization services provided at times other than 8 am to 5 pm, Monday through Friday,* at least once per month.

     The intention of these policies is to ensure that vaccination services are readily available. Vaccinations are coordinated with other healthcare services and provided in a medical home when possible. Barriers to vaccinations are identified and minimized. Patient costs are minimized. This policy must state that services will be provided regardless of client's ability to pay. The policy should also address how the public is notified about

the policy; at a minimum, there should be an "inability to pay" poster posted. Also, any post-vaccination billing letters should include "inability to pay" language.

3) *Screening and documentation of eligibility for TVFC vaccines.*
   The policy must be consistent with the TVFC requirements outlined in the current *TVFC and ASN Provider Manual* and *TVFC Operations Manual.*
4) *Adult Safety Net (ASN) vaccines.*
   The policy describes those adults eligible for ASN vaccines as outlined in the *TVFC and ASN Provider Manual* and *TVFC Operations Manual* and references the CDC adult schedule.

- **Assessment of vaccination status**
  5) *Assessing immunization status at every visit.*
  6) *Following only true contraindications to vaccination.*
  7) *Giving all needed vaccinations simultaneously.*
     Healthcare professionals should review the vaccination and health status of patients at every encounter to determine which vaccines are indicated. The policy should address how the review is conducted, including by whom and method of documentation. Healthcare professionals assess for and follow only medically accepted contraindications, and the policy should describe how decisions regarding contraindications are made and documented, referencing the *General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)*, vaccine information statements (VIS), manufacturers' inserts, and the recommendations of the Advisory Committee on Immunization practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Healthcare professionals will simultaneously administer as many indicated vaccine doses as possible and the policy on simultaneous vaccinations also references the above recommendations.

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

- **Proper storage and administration of vaccines and documentation of vaccinations**
  Healthcare professionals should follow appropriate procedures for vaccine storage and handling. Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered. The policies and procedures on storage and handling are reviewed as

part of the TVFC quality assurance site review. More information and direction on appropriate storage and handling is available in the *TVFC and ASN Provider Manual* and *TVFC Operations Manual*.

10) *Staff education requirements.*
    Persons who administer vaccines and staff that manages or supports vaccine administration are knowledgeable and receive ongoing education. The LHD policies on staff education should address staffing and credentialing of professionals, orientation of new staff, and ongoing immunization updates.
11) *Employee immunization.*
    All personnel who have contact with patients are appropriately vaccinated. The policy should address how the LHD ensures that all employees are immunized and what steps are taken to bring employees (both new and current) up-to-date. Immunization declinations should be kept on file for all employees that refuse/decline immunizations. The policy should include timeframes for reviewing employee immunization status.
12) *Reporting adverse events.*
    Healthcare professionals must report adverse events following vaccination promptly and accurately to the Vaccine Adverse Event Reporting System (VAERS) and should be aware of the National Childhood Vaccine Injury Act (NCVIA). The LHD policy should reflect the current *TVFC and ASN Provider Manual* and *TVFC Operations Manual* and describe the requirements for reporting and documenting adverse events and how to report TVFC vaccine and privately-purchased vaccine to VAERS.
13) *Investigating and reporting VPDs.*
    The policy should include requirements and procedures for investigation and reporting of VPDs. The policy should also address how staff are trained and it should reference the *Emerging and Acute Infectious Disease Guidelines*.

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

14) *Effective use of ImmTrac in LHD clinics.*
    The goal is to maintain vaccination records for clients that are accurate, complete, and easily accessible. The policy should address all ImmTrac activities and any activities where ImmTrac data is used to support immunization program activities (i.e., client reminder/recall initiatives, targeting interventions, disaster or emergency situation preparedness, etc.). The policy should be consistent with registry rules and legislation and should reflect timeframes for staff training.
15) *Reminder/Recall.*
    The LHDs should have a policy on conducting reminder/recall, and what systems are used to remind parents/guardians, clients, and healthcare professionals when vaccinations are due and to recall those who are overdue. The policy should clarify how reminder/recall is conducted, what system will be used, and who will be responsible for notifying clients/parents of clients with immunizations due or overdue.
16) *Vaccination coverage assessment.*
    Office- or clinic-based client medical record reviews and vaccination coverage assessments are performed annually. Assessments are most effective in improving vaccination coverage when they combine chart reviews with feedback to healthcare professionals and staff. The policy should address both how chart reviews will be conducted and how the information is shared with staff.

- **Clinic policies**
  17) *Current standing delegation orders (SDOs).*
  SDOs should be reviewed, updated, and signed annually by the authorizing physician. The SDOs should specify which acts require a particular level of training and licensure and under what circumstances they are to be performed. There should also be a method of maintaining a written record of those persons authorized to perform specific SDOs. Decisions regarding contraindications should be documented. Current copies of SDO manuals should be present at all sites and accessible to all staff.
  18) *Infection control including effective hand washing and management of hazardous waste.*
  The LHD policy should promote safe work practices while caring for clients. It should serve as a guide to employees to ensure that proper work practices are used including proper use of protective equipment, and addressing handling, storage, and disposal of hazardous, chemical, and infectious waste (e.g., syringes/needles and medications).
  19) *Clinical records and record retention schedule.*
  The LHD policy should address record security during transport if records are transferred from one location to another. Also, it should indicate that the LHD follows the DSHS Record Retention Schedule for Medical Records available at http://www.dshs.texas.gov/records/medicalrec.shtm.

Method of Evaluation

Required policies will be reviewed during on-site evaluations.

Human Resources and Staffing

Standard

Each LHD contractor will maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all contract funds. Every effort must be made to maintain staff positions partially or fully funded by the immunization contract, and vacant positions will remain vacant no longer than 90 days. The LHD must submit a written justification to the DSHS Immunization 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.

Process

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

- Review of *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices;*
- Review and understanding of the current immunization schedules for persons of all ages;
- Training and observation of skills in the proper storing and handling of vaccines;
- Training and observation of skills in screening immunization clients;
- Observation of staff skills administering vaccinations to infant, children, adolescent, and adult clients;
- Training in emergency procedures;

- Observation of staff providing vaccine-specific information to clients;
- Review of the appropriate use of the VIS;
- Review of true contraindications for vaccines; and
- Observation of appropriate documentation of administered vaccinations.

Staff members who administer vaccinations will view the annual immunization update if offered, in the *Epidemiology and Prevention of Vaccine Preventable Diseases (EPI-VAC)* training provided by the CDC, found at https://www.cdc.gov/vaccines/ed/webinar-epv/.

Clinical staff should be encouraged to obtain continuing education credits in programs related to vaccines and/or VPDs.

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

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

Method of Evaluation

Review of documentation supporting staff orientation and ongoing training will be done during contract on-site evaluations by DSHS HSR Immunization Program staff and/or Central Office Immunization contract staff.

Management of Grant Funds

Standard

LHD contractors will comply with generally accepted accounting principles and must expend grant funds according to the budget request submitted to DSHS in the funding application. The LHD spending plan should be evaluated and necessary adjustments made throughout the contract cycle to avoid lapsing funds. Personnel vacancies should be considered as these salary savings often lead to lapsed funds at the end of a contract year. Contractors **may not lapse more than 5%** of the total amount of Immunization funding each contract year.

Process

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

LHDs will submit monthly detailed vouchers to DSHS. LHDs will submit quarterly Financial Status Reports (FSRs) that fully account for Program Income (PI) generated as a result of required grant activities. LHDs will account for any PI generated and will expend that PI to further the goals and objectives of the immunization program. PI generated with LHD-purchased vaccines belongs to the LHD and should not be reported on the quarterly FSR. If the LHD wishes to use its share of PI on the DSHS funded activity, it should be reported as "Non-DSHS Funding".

An LHD must obtain prior approval from DSHS to move more than 25% of the total contract amount between direct budget categories, with the exception of the equipment category (for which prior approval is usually required regardless of amount - see below). Requests to move more than 25% of the total contract amount between direct budget categories must be made in writing to the DSHS Contract Management Section (CMS) in Austin and approved before monies can be moved.

Once the equipment budget is approved in writing, the contractor is required to initiate the purchase of that equipment in the first quarter of the Contract term. Requests to purchase previously approved equipment after the first quarter of the Program Attachment must be submitted to the contract manager assigned to the Program Attachment. Changes to the approved equipment budget category must be approved by DSHS prior to the purchase of equipment. If a contractor would like to deviate from the approved equipment budget, a written request to amend the budget is required. Transfers to or from the Equipment category require prior approval from DSHS unless the transfers are done in accordance with the guidelines in Section 14.02 of the DSHS Contractors Financial Procedures Manual (https://www.dshs.texas.gov/contracts/cfpm.shtm).

Contract amendments for all fiscal year contracts must be approved and processed by DSHS CMS no later than May 31, 2018.

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

Method of Evaluation

DSHS CMS will review monthly expenditure reports and quarterly FSRs.

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

DSHS CMS will review submitted justifications for staff positions which remain vacant more than three months (90 days). The LHD should continue to update the DSHS CMS and Immunization Unit with the status of vacant positions monthly after the initial notification at 90 days and should include information as to how the salary savings from the vacancy are being used toward grant objectives. Positions funded with contract funds that have long-term vacancies may be removed from the LHD budget by DSHS.

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

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

Program Income

Standard

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

contract activities. PI collected each month must be reflected on the monthly voucher as a reduction against gross expenses to arrive at the net reimbursement for the month.

Background

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

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

It is important for the LHD to talk with its fiscal office to find out how the Immunization Unit cost allocation system is set up. This will allow the LHD to understand what percentage of program income is DSHS's share and must be reinvested on contract objectives and what percentage is the LHD's share. **The PI must be consumed first before a LHD can request reimbursement from DSHS for the award dollars.** In Chapter 8 of the *Contractor's Financial Procedures Manual* (See https://www.dshs.texas.gov/contracts/cfpm.shtm), it says:

> "The contractor's share of the Program Income may be expended at the contractor's discretion; however, the DSHS portion of the Program Income must be expended on activities specified in the Statement of Work and is subject to the terms and conditions of the Immunization Program."

To avoid errors, it is strongly advised that LHDs contracting with DSHS have both a cost allocation plan and PI allocation plan on file with the DSHS Contract and Oversight Support Section (COS) office. If the LHD is not familiar with the analyst assigned to the LHD, please contact COS at (512) 776-7484.

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

Refer to the DSHS *Contractor's Financial Procedures Manual* and federal Office of Management and Budget (OMB) Circulars (https://www.whitehouse.gov/omb/information-for-agencies/circulars) for additional information on PI.

Examples:

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

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

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

Typical Scenario:

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

For the month of January, the LHD incurred $10,000 in immunization contract expenses (salary, fringe, supplies, etc.). The LHD generated $1,250 in program income (DSHS's share is $1,000).

So for the month of January, the LHD will only be reimbursed $9,000 by DSHS for the immunization contract. Moon County will need to expend an additional $1,000 next month so that all program funds and PI can be spent.

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

Method of Evaluation

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

Reporting

Standard

LHD contractors will submit ILA Quarterly Reports according to a schedule established by DSHS. Reports will be complete and reflect activities conducted during the reporting period.

Process

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

The four reporting periods are September through November, December through February, March through May, and June through August. Reports must be submitted electronically via email to DSHSimmunizationcontracts@dshs.texas.gov by close of business on the due date. The first report is due December 31st, the second report is due March 31st, the third report is due June 30th, and the fourth report is due September 30th. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Method of Evaluation

DSHS Immunization Unit subject matter experts (SMEs) will review each ILA Quarterly Report after first being reviewed by DSHS Health Service Region staff and document any unmet performance measures. Any questions about the report or deficiencies in LHD activities will be communicated to the appropriate DSHS HSR Immunization Program Manager. DSHS HSR program staff will provide appropriate technical assistance to LHDs to resolve reporting issues.

Contract Monitoring

Standard

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

Process

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

- Review of submitted ILA Quarterly Reports four times per year;
- Review of TVFC Quality Assurance site visit annually;
- Review of performance data including TVFC reports, ImmTrac resources, surveillance of VPDs, and perinatal hepatitis B prevention activities;
- Fiscal monitoring; and
- On-site evaluation which is a contract site review visit every other year or more frequently if needed.

The on-site evaluation will be a comprehensive review of the LHD immunization program with a focus on the following areas:

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

A copy of the current on-site evaluation tool and detailed instructions can be downloaded at http://www.dshs.texas.gov/immunize/providers.shtm. It is beneficial to keep a current copy of this tool to refer to throughout the contract year so that upon receiving notification of an upcoming on-site evaluation, all necessary documents and requirements can be easily collected.

Method of Evaluation

An on-site evaluation is conducted every other year or more often, if needed. LHDs will submit a Corrective Action Plan (CAP), if indicated, to the DSHS Immunization Unit contract staff and DSHS CMS addressing any deficiencies noted in the site review. The DSHS Immunization Unit contract staff

will approve or ask for additional input from the DSHS HSR Immunization Program Manager for that region and return it via the CMS to the LHD. All letter correspondence to the LHD regarding the announcement letter; CAP review request letter, if indicated; and the final closeout letter will be sent by the DSHS CMS.

Performance Measures

Standard

LHD contractors will comply with the following performance measures:

- Investigate and document at least **90%** of reportable suspected VPD cases **within 30 days of notification** in accordance with the *Emerging and Acute Infectious Disease Guidelines* (located at http://www.dshs.texas.gov/IDCU/investigation/Investigation-Guidance.xls) and *NBS Data Entry Guidelines* (located at https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/NBS_DataEntryGuide2017.pdf).
  - Complete **100%** of the follow-up activities for TVFC provider quality assurance site visits assigned by DSHS and complete them within the established time frames.
  - Ship overstocked vaccines and vaccines approaching expiration to alternative providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.
  - Contact and provide case management to **100%** of hepatitis B surface antigen-positive pregnant women identified.
  - Contact **3% or 250 (whichever is more) per full-time equivalent (FTE) employee** of children who are not up-to-date on their immunizations on the ImmTrac-generated client list provided to the LHD at the beginning of each reporting period.
  - Perform outreach and educational activities targeting adolescents 14 to 18 years of age and their parents via healthcare providers, healthcare clinics, hospitals, and any other healthcare facility providing health care to adolescents 14 to 18 years of age to satisfy Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095 requirements. Outreach and education activities must focus on the immunization registry and the option for an individual who is 18 years of age or older to consent to having their immunization records stored within the immunization registry. Additional outreach and educational activities may focus on high schools, colleges, and universities.
  - Participate in at least one collaborative meeting concerning tribal health issues, concerns, or needs with American Indian tribal members during the contract term if American Indian tribes are in their jurisdiction.
  - Report outreach done, and collaborative efforts made, with the American Indian tribes in the contractor's jurisdiction.
  - Review **100%** of monthly biological reports, vaccine order forms (when applicable), and temperature logs for accuracy to ensure the vaccine supply requested is within established maximum stock levels.
  - When assigned by DSHS, LHDs complete **100%** of child-care facility and Head Start center assessments in accordance with the *Immunization Population Assessment Manual* (contact DSHS Immunization Unit for a copy).

- When assigned by DSHS, LHDs complete **100%** of public and private school assessments, retrospective surveys, and validation surveys in accordance with the *Immunization Population Assessment Manual.*
- Report number of doses administered to underinsured children monthly via the Texas-Wide Integrated Client Encounter System (TWICES) or as directed by DSHS.
- Report the number of unduplicated, underinsured clients served, as directed by DSHS.
- Utilize the Assessment, Feedback, Incentives, and eXchange (AFIX) online tool and methodology, found in the *AFIX Program Policies and Procedures Guide, 2017-18* (located in CDC Secure Access Management Services [SAMS]—contact Immunization Unit for information) to assess immunization practices and coverage rates for all sub-contracted entities and non-local health department clinics. Immunization provider coverage rates will be generated using the Comprehensive Clinic Assessment Software Application (CoCASA), as specified by DSHS.
- Utilize the CDC Provider Education, Assessment, and Reporting (PEAR) system and directly enter data into PEAR to document TVFC quality assurance site visits for all sub-contracted entities and non-LHD clinics. The LHD shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit if direct data entry is not possible.
- Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling visits conducted at TVFC provider offices. The LHD shall submit the final unannounced storage and handling site visit results in the PEAR system within twenty-four (24) hours of conducting the visit if direct data entry is not possible.

Method of Evaluation

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

Documentation of activities will be reviewed at on-site evaluation.

❖ Unit B. Assessing Program Performance

Education, Information, Training, and Collaborations (EITC)

Public Education

Standard

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

Background

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

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

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

Process

Vaccine and immunization information is available from the DSHS Immunization Unit via the www.ImmunizeTexas.com website.

LHD contractors shall:

- Maintain a link to the DSHS Immunization Unit's website. If the LHD does not have a website, make the information available via another method.
- Distribute the ACIP Recommended Immunization Schedules via electronic format and as a hard copy to constituents and customers as it is made available by the DSHS Immunization Unit.
- Implement written procedures to assure that telephone callers who request information about immunizations receive consistent and correct information; and
- Conduct one monthly vaccine/immunization education activity with any of the target audiences.
    - Target audiences
        - Mothers and/or fathers of children three years old and younger
        - Parents of adolescent children
        - Adolescents

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

National Immunization Observances

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

Suggested Activities:

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

- If it is for NIAM, work with other retailers that cater to a broader audience. Also work with recreation centers and other community organizations.
- For additional successful ideas, contact the Public Information, Education, and Training (PIET) Group the DSHS Immunization Unit or at the following link: https://www.dshs.texas.gov/immunize/partners

Method of Evaluation

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

A distribution list will be maintained by the LHD of the constituents and customers who receive the current ACIP Recommended Immunization Schedules every time they are made available by the DSHS Immunization Unit. This distribution list will be reviewed during every contract site review.

The public education efforts will be evaluated by the number of education activities conducted each month, the number of participants, and the number of educational materials distributed. Activities will be reported on the ILA Quarterly Report.

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

Provider Education

Standard

Each LHD will make immunization information available to the immunization providers within their service area on a timely basis. In addition, they will provide and make available training on vaccines, storage and handling procedures, VPDs, and other pertinent subjects as deemed necessary for the fulfillment of the contract.

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

Process

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

- Distribute VISs and CDC's online instructions for their use to ensure proper use of VISs in accordance with the NVICP. The most current VIS can be found at www.immunize.org/vis.
  - Provide clients (or parents/legal representatives) the most current VIS for each vaccine before it is administered.
  - Ensure that clients have the opportunity to read the VIS or read it to them prior to administration of the vaccine.
  - Ask clients if they have questions on the vaccine about to be administered, based on the VIS just read.

- Each contractor will inform providers of the annual *Epidemiology and Prevention of Vaccine-Preventable Diseases* (EPI-VAC) course. Information on EPI-VAC can be found at https://www.cdc.gov/vaccines/ed/webinar-epv/.
- Educate providers on the appropriate reporting of vaccine adverse events:
  - Adverse events from privately purchased vaccines and federally purchased vaccines should be reported to VAERS at: https://vaers.hhs.gov/.

Method of Evaluation

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

Documentation will be reviewed during on-site evaluation.

Community Collaborations

Standard

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

Background

During the 78th Texas Legislature, Regular Session, 2003, it was recommended that DSHS include public and private community partners in promoting effective strategies to raise vaccination coverage levels in Texas. The DSHS Immunization Unit is continually moving towards working with partners to achieve its goals. One organization entity or group cannot single-handedly accomplish this task alone; therefore in an effort to bring everyone to a performance level of excellence, the DSHS Immunization Unit is striving to build sustainable relationships with all of its contractors and subcontractors. The DSHS Immunization Unit recognizes that it takes everyone with ideas, talents, and skills to take an idea from a creative thought to a reality.

Definitions

At the local level, partners can assist in reaching these goals, whether it is an education event for parents or healthcare providers to a community-wide "Back-to-School" event. Partners are everywhere but it takes an effort to build and develop sound collaborative relationships. More than one individual is needed to produce a successful activity that can be repeated in the future. Using the nationally known best practices as tools for success means everyone is potentially a resource to help increase vaccine coverage rates. An immunization coalition capacity building toolkit is available at http://www.immunizeusa.org/media/277739/TIP-Coalitions-Toolkit-2017-1-.pdf.

DSHS defines partners as the following:

a. Informal Partners - These partners have limited commitment of resources and activities. Their contribution could simply be effective communication to assist in spreading positive messages about vaccines. These partners may participate on a voluntary basis for perhaps a single event.

b. Semi-formal Partners - These partners have an active relationship with DSHS or the LHD but may have limited resources for commitments to activities. They may also engage in a Letter of Agreement (LOA) or a Memorandum of Understanding (MOU) (if a larger institution) with agreed upon expected outcomes and defined responsibilities.

c. Formal Partners - These partners have a very active relationship with DSHS or the LHD and share a mutual commitment of resources and ownership of activities. These partners are highly relied upon to collaborate on projects, possibly on a regular basis. These partners may also engage in a LOA or a MOU (if a larger institution) with agreed upon expected outcomes and responsibilities. This template can be used to distinguish key and potential partners.

Process

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

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

Using a little creativity goes a long way. Contact the Immunization Partnerships Coordinator within the PIET Group in the DSHS Immunization Unit to assist with planning and achieving partnership goals.

Method of Evaluation

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

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

Technical Assistance to Private Immunization Providers

Standard

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

Process

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

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

Method of Evaluation

Documentation of technical assistance will be reviewed during the on-site evaluation.

Women, Infants, and Children (WIC)

Standard

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

Process

LHDs should:

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

Method of Evaluation

Educational and training activities with WIC staff will be reported on the ILA Quarterly report.

Population Assessments

Standard

LHD contractors will complete 100% of assigned Child-Care Assessment, Child-Care Audit, School Audits, Validation Surveys, and Retrospective Surveys according to deadlines established by the DSHS Immunization Unit and will follow procedures outlined in the *Population Assessment Manual.*

Background

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

Process

Population assessments are a vital component of a successful immunization program. LHD contractors must comply with the current *Population Assessment Manual.* The most current version will be distributed via DSHS HSRs or may be acquired by contacting the DSHS Immunization Unit. LHD contractors will train staff on conducting population assessments and will conduct assigned assessments.

Method of Evaluation

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

Population assessment activities will be reviewed during the on-site evaluation.

Epidemiology and Surveillance

Standard

LHD contractors will conduct surveillance and report VPDs according to the *Emerging and Acute Infectious Disease Guidelines* and complete data entry according to the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) *Data Entry Guidelines.*

Background

VPD surveillance refers to the ongoing, systematic collection, analysis, and interpretation of morbidity and mortality data for use in program planning and evaluation, detecting outbreaks, and implementing control measures. Required reporting of VPDs must be complete and data entered into NBS according to the *NBS Data Entry Guidelines*. Program activities must be conducted to ensure compliance with the Communicable Disease Prevention and Control Act (Health and Safety Code, Chapter 81), the Texas Administrative Code (Title 25, Part 1, Chapter 97), the *Emerging and Acute Infectious Disease Guidelines* (Stock No. 6-106), and the *NBS Data Entry Guidelines.*

Process

1. LHDs will investigate and document at least 90% of reportable suspected VPD cases within 30 days of notification according to the *Emerging and Acute Infectious Disease Guidelines* found at https://www.dshs.texas.gov/idcu/. Click on "Guidance Manuals" at the bottom and click on "The Emerging & Infectious Disease Guidelines 2017 (pdf)". This link has the full PDF with all the conditions together and also an individual PDF per condition.
2. The 30-day period begins as soon as the report is received, whether through NBS electronic reporting, a fax, or a phone call. Within the 30-day period the investigation should be completed, entered into NBS, and a notification created.
3. LHDs will review all incoming laboratory reports, including electronic lab reports generated through NBS, in a timely fashion and conduct follow-up as appropriate.
4. LHDs will be trained and certified to utilize the NBS system for reporting.
5. All data entry into NBS will adhere to the *NBS Data Entry Guidelines* found on the Texas NEDSS login page (https://txnedss.dshs.state.tx.us:8009/login/login.asp). Before logging in, click "Documentation" at the top right, then "User resources". Close to the bottom there will be a file that says "NBS DataEntryGuide2017.pdf".
6. Complete reporting includes but is not limited to the following data elements: patient's first and last name; date of birth; complete address including street, city, zip code, and county; race; ethnicity; complete vaccination history; date of report; date of onset; symptoms; length of illness; and all laboratory information. The exclusion of these data elements will warrant a rejection of the notification through the NBS system. For condition-specific guidelines, refer to *NBS Data Entry Guidelines* for minimum required data standards.
7. LHDs will adhere to the *Epi Case Criteria Guide.* (The Epi Case Criteria Guide is on the sidebar on the Infectious Disease Control Unit [IDCU] website under the Disease Reporting tab. When you click on "Epi Case Criteria Guide", the link just automatically downloads the PDF. IDCU website: https://www.dshs.texas.gov/idcu/).
8. LHDs will conduct activities to ensure the completeness of VPD data reporting by providers within their jurisdiction.
9. If VPD surveillance activities are performed by LHD staff other than Immunization staff, then quarterly meetings should be coordinated with appropriate staff to facilitate open communication on VPD activity in the LHD area.
10. Submit case and/or death notifications to DSHS via NEDSS.
11. Designate staff to coordinate VAERS and vaccine safety activities.

Method of Evaluation

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

Review of current manuals and interviews with staff conducting surveillance will occur during the on-site evaluation.

Clinical Services

Standard

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

Background

Service delivery refers to clinical activities involved in providing vaccination services. Service delivery activities comply with the *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practice* at https://www.hhs.gov/nvpo/nvac/reports-and-recommendations/index.html.

Process

- Ensure that all ACIP recommended vaccines are available for routine administration of all age groups.
- Immunization services are allowed on a walk-in basis and at times other than Monday – Friday, 8am to 5pm, at least 1 time per month. A "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.
- Uninsured children are provided information on and referred to Medicaid or Children's Health Insurance Program (CHIP) and a list is made available of providers to establish a medical home.
- Vaccinations are not denied based on an inability to pay copays or other clinic fees.
- Vaccinations are not denied due to the client residing outside the LHD's jurisdiction.
- Standing delegation orders are reviewed and signed annually by the medical director.
- Missed opportunities are minimized by assessing immunization status at every visit and providing needed immunizations.
- Simultaneously administer all needed vaccines.
- Only true contraindications to vaccination are followed.
- Comply with federal requirements to ensure that current VISs are provided to patients and parents, and are explained prior to administering any vaccination.
- A reminder/recall system is utilized in each LHD.

- All clinic staff is informed of any changes to immunization recommendations immediately.
- ImmTrac is used to assess immunization status at the time of initial patient contact and any immunizations given to persons under 18 years of age are data entered into TWICES or ImmTrac.
- Advocate for and affirm adult consent in ImmTrac on or after a childhood client's 18th birthday and before the client's 26th birthday.
- Adverse vaccine events will be reported to VAERS in compliance with federal law.

Method of Evaluation

Clinic policies and standing delegation orders will be reviewed during the on-site evaluation.

Medical Home

Standard

LHD contractors will assist clients to identify a medical home.

Background

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

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

Process

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

- Define 'medical home' and discuss the benefits of having a regular source of health care to clients and families;
- Refer uninsured clients to Medicaid or CHIP as appropriate;
- Maintain a list of current providers within the LHDs jurisdiction who accept children on Medicaid or CHIP; and
- Make the list available to clinic clients and families as needed.

Method of Evaluation

Describe quarterly efforts to ensure children obtain a medical home is reported on the ILA Quarterly Report.

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

Client encounters will be observed during contract site reviews.

Interviews will be conducted with staff during the on-site evaluations.

❖ Unit C. Assuring Access to Vaccines

American Indian/Alaska Native Initiatives

Standard

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

Background

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

Process

Engage American Indian tribal governments, tribal organizations representing those governments, 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.*

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

Texas Vaccines for Children (TVFC)

Standard

LHD contractors will comply with the current contract *Work Plan, TVFC and ASN Provider Manual,* and *Texas Vaccines for Children Program (TVFC) Operations Manual* available at http://dshs.texas.gov/immunize/tvfc/publications.aspx#provider-manual and http://www.dshs.texas.gov/immunize/tvfc/tvfc_manual.shtm.

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

LHD contractors will ensure that TVFC provider clinics maintain appropriate stock levels. LHDs will ensure that provider profile data are reviewed quarterly on providers under their jurisdiction and reported each quarter on the ILA Quarterly report. LHDs will ensure that TVFC providers have been trained regarding provider choice and using the appropriate ordering system.

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

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

Background

Vaccine management refers to the ordering, receipt, storage, handling, packing, shipping, and accountability of vaccines purchased with public funds. Each LHD contractor must comply with the contract *Work Plan, TVFC and ASN Provider Manual, TVFC Program Operations Manual, HHS Deputization Guidance*, and any TVFC policy or update provided in official program memoranda.

Process

LHD staff will be familiar with and comply with the current contract *Work Plan, TVFC and ASN Provider Manual, TVFC Program Operations Manual,* and official program memoranda and updates.

Method of Evaluation

A quality assurance review of the LHD monthly reports will be conducted by DSHS HSR immunization program staff and DSHS Immunization Unit Staff, if applicable.

Vaccine losses will be reported on the current Texas Wasted or Expired Vaccine form (vaccine loss report), available in the Electronic Vaccine Inventory (EVI) system.

Adolescent Immunization

Standard

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

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

- Provide adolescent vaccine related literature in LHD clinics;
- Assess vaccination status at each clinic visit;
- Provide all ACIP recommended vaccines to TVFC-eligible patients;
- Provide VISs for all vaccines administered according to the National Childhood Vaccine Injury Act;
- Make adolescent vaccines available to clients at each clinic visit;

- Identify healthcare providers of adolescents and encourage them to enroll in the TVFC program;
- Collaborate with private providers and community groups to educate the public and promote adolescent vaccines; and
- Collaborate with American Indian/Alaska Native tribes to increase awareness in teens and parents.

Additional recommended activities include:

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

Method of Evaluation

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

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

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

Adult Immunization

Standard

LHD contractors will plan and implement activities to educate providers and the public on adult immunizations, and increase adult immunizations, including vaccination of healthcare workers if

uninsured, within the LHD jurisdiction. LHD staff will collaborate with DSHS HSR Adult/Adolescent coordinators to increase awareness about adult vaccinations.

Process

LHD should identify a single point of contact for adult immunization program development and activities. LHD contractors will provide information and education on adult vaccines and VPDs to healthcare providers and the general public:

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

LHDs will promote knowledge of adult vaccination to providers regarding:

- Adult vaccine recommendations including the current vaccination schedule, catch-up vaccines, and vaccination of high-risk groups;
- The positive impact of the physician's recommendation on vaccination;
- Importance of assessing immunization status at each health care encounter;
- Importance of offering immunizations at each clinic visit;
- Importance of educating clients about recommended vaccines;
- General information on VPDs including epidemiology, course of the disease, transmission, and prevention; and
- Reporting adverse events to VAERS at https://vaers.hhs.gov/.

Additional recommended activities:

- Collaborate with community organizations (e.g., homeless shelters and others) to identify, refer, and follow-up on uninsured high-risk adults who need immunizations.
- Collaborate with American Indian/Alaska Native tribes to increase vaccine awareness in adult populations.
- Promote comprehensive vaccine services in colleges and universities.
- Provide educational opportunities to college/university health clinics to increase student knowledge of vaccine recommendations.
- Promote public awareness of recommended vaccines for adults and the importance of vaccinating throughout the lifespan.
- Remind providers to maintain current information on recommendations to decrease missed opportunities and to vaccinate adult clients.
- Collaborate with public health programs to identify opportunities to increase public knowledge to raise adult vaccine coverage levels.

- Promote vaccination of hospitalized patients with influenza, pneumococcal, and Td/Tdap vaccines.
- Collaborate with hospitals and other facilities to promote adult vaccinations.
- Collaborate with employers of healthcare workers to increase influenza vaccination of staff.
- Implement SDOs for adult vaccines in LHD clinics.
- Recommend SDOs for adult vaccines in healthcare facilities.

Method of Evaluation

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

Documentation of adult activities will be reviewed during the on-site evaluation.

LHDs will report the types of educational materials used to promote adult vaccines to the public and providers. Information on venues, where information was distributed, and approximate numbers distributed will be provided during the site reviews along with a copy of the materials.

LHDs will report on the ILA Quarterly Report current adult-focused coalitions and other groups of immunization stakeholders and any efforts to recruit and reach out to new groups. Contact information for groups/individuals to include name, full mailing address, age group focus, and any outcomes will also be provided.

Perinatal Hepatitis B Prevention

Standard

LHD contractors in concert with their assigned DSHS Perinatal Hepatitis B Prevention HSR coordinator, will conduct hospital and healthcare provider education on mandatory screening during the first prenatal visit and at delivery on all pregnant women for hepatitis B infection. In addition, the LHD will provide training to hospitals and healthcare providers on the correct method of providing reports on all pregnant women with positive hepatitis B surface antigen (HBsAg) test results and with women of unknown HBsAg status. The LHD must ensure that these reports from hospitals and healthcare providers are sent to the correct jurisdictional HSR or sent directly to the DSHS. It is recommended that the positive HBsAg serology reports are confirmed through neutralization. Additionally, LHD contractors shall perform surveillance activities and provide case management services to infants born to mothers whose HBsAg status is positive or unknown, including case managing susceptible household contacts up to and including 24 months of age. LHD case management practices should be in accordance with activities outlined in the *Perinatal Hepatitis B Prevention Manual* available at https://www.dshs.texas.gov/immunize/perinatal-hepatitis-B/publications.aspx.

Background

In 1990, Congress recognized the need to foster efforts to prevent perinatal hepatitis B virus transmission and made resources available through the Vaccine and Immunization Amendments to develop programs. Today, the CDC awards funds to support perinatal hepatitis B prevention programs as part of the state immunization funding. In addition, Texas state law requires mandatory screening for hepatitis B infection in pregnant women during each pregnancy and subsequent reporting of

positive results to DSHS. Infants born to HBsAg positive women as well as susceptible household contacts up to and including age 24 months of age, often fail to complete post-exposure prophylaxis and post-vaccine serology testing as required by state law. Unfortunately, significantly fewer women are reported in Texas than the CDC estimate for Texas.

Process

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

In accordance with CDC and the ACIP recommended vaccination schedule, LHD contractors must also administer post-exposure prophylaxis and post-vaccine serology screening to affected infants including susceptible household contacts up to and including 24 months of age to prevent hepatitis B infection. If post-exposure prophylaxis and post-vaccine serology screening are not administered by the LHD, all efforts must be made to obtain this information from providers of all infants and contacts. All screening and post-exposure prophylaxis activities must be done according to guidelines outlined in the *Perinatal Hepatitis B Prevention Manual*. LHD contractors must submit case management reports and hospital reports with all required information within the deadlines set in the *Perinatal Hepatitis B Prevention Manual*.

Method of Evaluation

Case management activities are sent to the correct jurisdictional HSR or sent directly to DSHS and to the Perinatal Hepatitis B Prevention Program (PHBPP). Several sources of data are used to evaluate the progress of the PHBPP and are listed as follows:

- CDC's expected births to women provided by the National Health and Nutrition Examination Survey (NHANES);
- The National Immunization Survey (NIS) on birth dose coverage data;
- Specific PHBPP educational trainings that are provided to hospitals and providers statewide are to be reported via the ILA Quarterly Report. All case management activities are captured via the PHBPP database continuously and no longer are required to be reported on the ILA Quarterly Report to prevent duplication of work; and
- Identification of cohorts and case management activities are reported statewide on a monthly basis by the hepatitis B regional coordinators regarding program performance and sent to the Perinatal Hepatitis B Prevention Program Coordinator with the DSHS Immunization Unit.

Perinatal Hepatitis B Prevention Program activities and training will be reported on the ILA Quarterly Report.

Perinatal Hepatitis B program activities are reviewed during the on-site evaluation.

Provider Recruitment and Education

Standard

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

Process

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

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

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

Method of Evaluation

Documentation of recruitment activities will be reviewed during the on-site evaluations.

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

Documentation of education and technical assistance activities will be reviewed during the on-site evaluations.

Provider Quality Assurance

Standard

LHD immunization contractors are responsible for conducting follow-up quality assurance site visits with all private providers within their jurisdiction and for providing annual on-site quality assurance (QA) visits to LHD contractors and non-LHD WIC immunization clinics. TVFC follow-up and on-site QA visits will be conducted within the appropriate timeframes listed in the contact *Work Plan, TVFC and ASN Provider Manual,* and *TVFC Program Operations Manua*l.

Background

"Quality Assurance" refers to activities involved with evaluating vaccine storage and handling procedures, assessing immunization practices, providing specialized training for healthcare professionals, and promoting the accepted standards of immunization practices in the public and

private sectors. All activities must be conducted according to the contract *Work Plan, TVFC and ASN Provider Manual, TVFC Program Operations Manual*, the *Standards for Child and Adolescent Immunization Practices,* and the *Standards for Adult Immunization Practices*.

Process

DSHS contracts with a third party to conduct TVFC on-site QA visits on private providers enrolled in the TVFC Program. Each site visit is an opportunity to provide technical assistance and staff education on the principles and standards of immunization practices. LHDs must conduct follow-up on all providers that had a deficiency identified during the TVFC on-site QA visit. LHDs must complete all follow-up according to the time frames indicated by the Provider Site Visit Summary.

LHD must utilize PEAR to conduct follow-up activities.

Method of Evaluation

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

Follow-up activities and documentation of activities will be reviewed during the on-site evaluation.

❖ Unit D. Immunization Information Technology Infrastructure

Effective Use in LHD Clinics

Standard

LHD contractors will use the Texas Immunization Registry (ImmTrac/ImmTrac2) effectively in all LHD clinics. The term "ImmTrac" in this contractor's guide and supplemental program materials refers to the existing version and future versions, such as ImmTrac2, of the immunization registry.

Background

ImmTrac refers to all operational aspects of a population-based immunization information system for both children and adults. Program activities must be conducted to ensure compliance with ImmTrac participation consent requirements under Sections 161.007-161.009, Health and Safety Code.

Definition

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

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

Process

LHD contractors must use ImmTrac effectively in LHD clinics.

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

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

LHD contractors must ensure staff members are familiar with the latest version of the system user instruction manual.

Method of Evaluation

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

Participation Increase – Adolescents and Adults 18 Years of Age and Older

Standard

LHD contractors must implement activities to increase the number of clients in ImmTrac, including education and outreach to young adults and older adults, such as healthcare workers, on participating for a lifetime.

Process

LHDs must implement the following procedures:

- Confirm consent or offer consent to clients to participate in ImmTrac at every client encounter;
- Educate adult clients and the parents or legal guardians of child clients on the benefits of participating in ImmTrac; and
- Obtain consent to participate in ImmTrac according to DSHS guidelines.

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

- Provide public education to community groups;
- Promote ImmTrac to Texas adults; children 14 to 18 years of age and their parents, guardians, or managing conservators; and expectant parents;
- Provide outreach to potential or existing ImmTrac users;
- Inform birth registrars of the need to obtain consent when birth certificates are registered; and
- Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation and include the dissemination of DSHS educational materials as appropriate.

Method of Evaluation

Written policies related to ImmTrac will be reviewed during the on-site evaluation.

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

Documentation of education, outreach, and training will be reviewed during the on-site evaluation.

Participation Increase – Registered Provider Sites Actively Reporting Immunizations

Standard

LHD contractors will conduct activities to increase the number of private providers actively reporting immunizations to ImmTrac.

Definition

An active ImmTrac provider site is one whose users enter immunization data daily or that reports immunizations electronically to ImmTrac weekly or biweekly, but at least every 30 days. The number of vaccines administered should determine how often the provider reports immunizations to ImmTrac.

Process

LHD contractors will:

- Actively recruit new users and encourage active reporting into ImmTrac;
- Provide instruction on the online site registration and renewal process;
- Provide information on the capability to report immunizations to ImmTrac through EMR systems; and
- Review the TVFC Quality Assurance Site Visit report of each provider within the LHD jurisdiction and identify ImmTrac users who are not actively reporting to ImmTrac for additional recruitment activities.

Method of Evaluation

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

Documentation of activities will be reviewed during the on-site evaluation.

Effective Use by Registered Providers

Standard

LHD contractors will encourage the effective use of ImmTrac by registered providers through orientation, training, and technical assistance, and will conduct follow-up with users who are not using or reporting to ImmTrac.

Process

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

- Provide orientation, training, and technical assistance to new ImmTrac users;
- Encourage private providers to review ImmTrac for vaccination history at each client visit;
- Encourage updating demographic information at each client encounter;
- Encourage data entry of immunization histories into ImmTrac;
- Encourage immediate data entry of vaccines administered into ImmTrac;

- Follow guidelines for obtaining and affirming ImmTrac consent forms and verifying that a child does not already have a record in ImmTrac before entering information into ImmTrac;
- Provide information and demonstrate the process to print an *Immunization History Report* from ImmTrac*;*
- Encourage providers to offer an updated *Immunization History Report* to a client, parent, guardian, or managing conservator of a client;
- Provide information and demonstrate the reminder/recall feature of ImmTrac;
- Encourage the use of ImmTrac for reminder/recall functions;
- Provide information on data entry and quality standards for ImmTrac;
- Encourage providers to ensure ImmTrac records are complete, accurate, and current; and
- Conduct follow-up with ImmTrac users who are inactive or who are not utilizing ImmTrac effectively.

Method of Evaluation

LHD contractors will report training, education, and outreach activities on the ILA Quarterly Report.

Documentation of activities will be reviewed during the on-site evaluation.

Data Quality Assurance

Standard

LHD contractors will implement procedures to ensure that ImmTrac data is complete, current, and accurate.

Process

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

Method of Evaluation

ImmTrac staff and user trainings will be reported on the ILA Quarterly Report.

Review of ImmTrac procedures during the on-site evaluation.

Targeted Education - First Responders

Standard

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

Background

DSHS is authorized to store the immunization records of first responders and their immediate family members in ImmTrac (see Texas Health and Safety Code 161.007 and 161.00706). This service can increase Texas' preparedness to face emergency events more efficiently and help ensure that first responders and their families are protected against VPDs that they could be exposed to when responding to an emergency event.

Process

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

The DSHS Immunization Unit and the ImmTrac Group will provide additional guidance and resources.

Method of Evaluation

Documentation of efforts to inform first responders will be reviewed during the on-site evaluation.

Targeted Education - Children 14 to 18 Years of Age and Their Parents

Standard

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

Background

The Texas Immunization Registry operates as an opt-in registry provided by DSHS, containing immunization records for children and adults who consented to be included in the registry. For children, the consent is provided by the parent or legal guardian. For adults, the consent is provided for oneself or by a legal guardian. This service allows all Texans the opportunity to participate in ImmTrac throughout their lifetime.

Texas law establishes the mechanism for how childhood immunization records will be maintained after a person "ages out" of childhood consent at 18 years of age. On a person's 18th birthday, her

immunization history is no longer accessible to providers and schools, but remains stored in the Registry until the person's 26th birthday. This allows for multiple opportunities through outreach, targeted education, and patient encounters to advocate to the young adult for lifetime consent.

Process

The educational information should include the opportunity for ImmTrac childhood clients to sign an adult consent form on or after their 18th birthday in order to retain their immunization information in the Registry. At age 26, if the client has not signed an adult consent form, her immunization information must be permanently purged from the system. Contractors should highlight the benefits of retaining the client's immunization information in ImmTrac for a lifetime.

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

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

ImmTrac Outreach

Standard

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

Outreach Activities

1. **ImmTrac Outreach to Parents of Children 19-35 Months of Age (IPO Client Listing)**

   Outreach is defined as documented attempts to contact the child's parent by appropriate means (phone, mail, face-to-face) and documented attempts to contact the child's last physician on record (if listed) by appropriate means (mail, phone, fax, face-to-face/office visit).

   Evaluation Criteria: Each outreach ImmTrac staff member conducts outreach for up to 3% or 250 children on the client outreach list (whichever is greater) per quarterly reporting period or the complete list (if the list includes fewer than 250) provided by the ImmTrac Group.

   To facilitate outreach, the ImmTrac Group provides each contracted LHD with the IPO Client Listing of children 19 through 35 months of age who are not up-to-date on their immunizations. A new list will be provided at the beginning of each quarterly period in September 2017, December 2017, March 2018, and June 2018 of the fiscal year. The ImmTrac

outreach staff must download the list from the ImmTrac application, under the "scheduled report" menu panel option.

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

- Identify and locate clients through various methods that may be available (e.g., WIC, CHIP, Early Childhood Intervention [ECI], Medicaid, and other LHD or community programs);
- Search the ImmTrac online application for the latest client demographic and immunization information available for the client; and
- Each outreach ImmTrac staff member conducts outreach for up to 3% or 250 children on the client outreach list (whichever is greater) per quarterly reporting period or the complete list (if the list includes fewer than 250) provided by the ImmTrac Group.

b.) Conduct Outreach and Follow-up

- Obtain a copy of the immunization record from the provider (call or fax request on LHD letterhead);
- Educate providers who are not reporting immunizations to ImmTrac as required by state law;
- Follow-up with providers to ensure that future immunizations are reported to ImmTrac within 30 days of administering the vaccine;
- Contact families initially by telephone or mail;
- Introduce ImmTrac and its benefits to parents;
- Request the name(s) of healthcare provider(s) who have administered vaccines;
- Obtain a copy of the immunization record from the parent;
- Encourage the parent to take the child in for vaccines that are due or overdue;
- Obtain a copy of the immunization record from identified providers; and
- Follow-up with the parent to ensure that the child is brought up-to-date by providing information on when the next vaccines are due.

c.) Data Entry into ImmTrac

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

2. ImmTrac Outreach to Providers (Public Outreach Provider Listing)

The LHD ImmTrac outreach staff will have the capability to access a Public Outreach Provider Listing through the ImmTrac application, under the "scheduled report" menu panel option.

The provider outreach list is available for download through the ImmTrac application at the beginning of each odd-numbered month (January, March, May, July, September, and November).

This list contains information on providers in the LHD's jurisdiction who are registered ImmTrac users. The information available for each provider on the list includes the provider's Tx IIS ID (formerly PFS) number, facility name, address, city, zip code, county, phone number, fax number, contact name, facility type, number of logins in the past six months, the date of the last login, and the registration date.

This list may be utilized to locate providers who are registered ImmTrac users but do not actively report to ImmTrac. Follow-up should be conducted to encourage active reporting to ImmTrac.

3. ImmTrac Outreach to 17-year-olds about to turn 18 years old (18 Year Old Target Client Report)

The LHD ImmTrac outreach staff will have the capability to access an 18 Year Old Target Client Report through the ImmTrac application, under the "scheduled report" menu panel option. The 18-year-old list, previously known as the 17-year-old list, consists of ImmTrac child clients who are 17 years old and nearing their 18th birthday. The report is available for download through the ImmTrac application at the beginning of each even-numbered month (October, December, February, April, June, and August).

Each client on the list is to be contacted and notified about their need to provide adult consent before their 26th birthday in order for their immunization records to remain in the registry for a lifetime. The notification must inform the individual that their childhood immunization history is stored but not accessible to providers or schools unless they consent to continue participation as an adult.

Section 161.007, Health and Safety Code, requires a reasonable effort to be made to provide notice to participating 18-year-olds about the need to consent as an adult. Accepted contact methods include telephone, email, and regular mail to the individual's last known address, or by general outreach efforts through the individual's health care provider, school district, or institution of higher education. The law also requires a reasonable attempt to be made to obtain current contact information for any returned written or electronic notices that are returned due to incorrect address information.

Identify, Educate, Recruit, and Train New Registry Users

Activities:

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

Promotion to Parents

Activities:

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

Birth Registrar Education and Technical Assistance

Activities:

- Educate birth registrars on the importance of ImmTrac and their role in enrolling newborns into ImmTrac; and
- Provide technical assistance on the ImmTrac newborn consent process.

Outreach Guidelines

Confidentiality

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

Acceptable Immunization Documentation

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

- The child's medical record indicating the immunization history, including a provider's signature and the name and address of the provider;
- A vaccine-specific invoice from a healthcare provider for the immunization;
- Vaccine-specific documentation showing that a claim for the immunization was paid by a payor;
- A validated immunization history from a healthcare provider;
- An immunization record signed by a school official; or
- An immunization history provided by a local or state immunization registry.

Initiating Outreach

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

If the parent cannot be located, outreach should be initiated by contacting the last provider on record to request updated immunization and contact information. If the contact information in ImmTrac is

not complete or current, additional efforts may be required to locate the parent. Other resources may include WIC, CHIP, Early Childhood Intervention, Medicaid, other local community social services or health services programs, and postal forwarding orders.

Outreach Tips and Best Practices

Initiating Outreach to Parents

- Use the parent outreach letter to identify the purpose of contacting the parents;
- Initiate contact with families by calling the parents or mailing a letter;
- Educate and train school and child-care facility staff to promote ImmTrac to parents when conducting visits for audits;
- Utilize Reminder and Recall letters to notify parents – mail out letters on a regular basis such as weekly or monthly;
- The outreach staff member explains how ImmTrac can assist in locating immunization records in emergency situations such as fires, hurricanes, floods, and other disasters;
- Provide parents with clear and accurate information; and
- Work with other programs such as WIC, Supplemental Nutrition Assistance Program (SNAP), and Head Start to educate parents.

Overcoming Resistance and Skepticism from Parents

- Conduct parent education on the importance of vaccine protection and keeping immunizations up-to-date;
- Explain clearly what ImmTrac is and its purpose – some parents think it is insurance or is related to immigration;
- The outreach staff member explains that ImmTrac is a secure, confidential registry containing the vaccination history that is available only to authorized entities such as physician offices, schools, and child-care facilities;
- Follow-up personally with parents and families after making initial contact;
- Partner with WIC clinics for WIC staff to be diligent in reviewing immunization records;
- Be prepared to answer any questions about ImmTrac and immunizations;
- Be aware that some parents are not resistant to ImmTrac but are resistant to the need for immunizations in general; and
- Anticipate objections and concerns voiced by parents and have appropriate responses prepared.

Obtaining Immunization Records from Healthcare Providers

- Introduce yourself to the provider and establish a professional working relationship;
- Maintain a professional working relationship with the provider – find out who is the decision maker or when are the best times to meet;
- Offer to view immunization records at the provider's office to make it more convenient for the provider and his or her staff;
- Offer to help the provider find missing immunizations by researching through ImmTrac, TWICES, and other sources;

- Remind the provider that using ImmTrac can help promote the provider site as the medical home for the client, bringing in more revenue for the provider;
- Provide the *Impact of HIPAA on Reporting to the Texas Immunization Registry* fact sheet to assure providers it is acceptable to share immunization records with ImmTrac; and
- Emphasize how ImmTrac may financially benefit the provider by saving provider staff time.

Encouraging Healthcare Providers to Use ImmTrac

- Promote the benefits and features of ImmTrac such as the Reminder and Recall feature, Smart Search, the ability to reduce missed opportunities to vaccinate, and the ability to prevent unnecessary duplication of vaccinations:
- Use a "resource" approach promoting the benefits to the provider versus a "regulatory" approach promoting state law requirements for reporting to ImmTrac;
- Team up with TVFC staff and educate providers about ImmTrac during TVFC new provider recruitment and orientation;
- Conduct hands-on trainings with providers;
- Inquire if the provider is using EMR software and promote the capability to report to ImmTrac through the EMR system;
- Discuss ImmTrac and the benefits of ImmTrac participation at Texas Health Steps (THSteps) provider forums; and
- Encourage providers to use the ImmTrac client ID number stamp to record the child's ID number on the outside of the chart.

Documentation of Outreach Contacts and Results

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

ImmTrac Outreach Tracking must be kept for the same retention period as the contract (and other documentation pertaining to performance of activities under the contract), which is seven (7) years after the termination of the contract according to its terms for contracts that were executed, extended, or renewed on or after September 1, 2015. (For contracts that were signed prior to September 1, 2015, the retention period is four [4] years after the termination of the contract according to its terms. See Texas HHS Guidance Memorandum GM-16-001.) The duration of an LHD contract is one year – September 1st through August 31st of the following year. Documents, paper or electronic, must be retained at the LHD for one year past the close of the contract, and may be sent to storage for the remainder of the retention period. They must be stored securely at all times and disposed of in a confidential manner. Although the records contain vaccination history information, they are a record of the outreach, not of the history itself, and are not subject to the records retention schedule for medical records.

For example, a tracking form completed during Fiscal Year (FY) 2016 must be retained at the LHD through the end of FY 2017 (August 31, 2017) and then for six years after that, either at the LHD or in secure, off-site storage.

Target Clients

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

1. Children in ImmTrac without a complete immunization history.

   Prior to the start of each quarterly reporting period (September 1, 2017, December 1, 2017, March 1, 2018 and June 1, 2018), IPO Client Listings of children ages 19 through 35 months who are enrolled in ImmTrac and are not up-to-date based on the ImmTrac record will be distributed to each LHD.

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

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

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

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

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

   The NIS is conducted by the CDC throughout the year. Between 1,000 to 1,500 Texas children are included in the survey. Two to three hundred children are surveyed in each of the following areas: Houston, San Antonio, and one to two additionally selected areas of interest. The rest of the state is represented by an additional 300 to 600 children surveyed.

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

   LHDs should educate private providers in their jurisdiction to send NIS surveys to the LHD for research prior to returning the survey to CDC. The ImmTrac outreach specialist should search for additional immunizations in ImmTrac and TWICES, contact the parent to identify other providers, and contact those providers to request immunization data. Once research is complete, the LHD should return the completed survey to the provider to be returned to CDC.

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

Contacting Provider

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

Contacting Parent

- Once the LHD outreach staff member has determined that they are speaking with the child's parent, inform the parent of the purpose of the call (i.e., to update their child's record in ImmTrac), and request their assistance to identify any immunizations that are not in ImmTrac.
- Record the following:
  - Immunization history information from any parent-held records.
  - Any contact information (name, location, telephone number) available for all providers who administered vaccines to the child. Remember to also contact the birth hospital, which may have administered the first hepatitis B dose.
- Compare the parent-held record to the record in ImmTrac:
  - If no additional immunizations are reported, explain that the child is not up-to-date and refer the parent to the medical home or LHD clinic.
  - If additional shots are reported and the child is still not up-to-date, explain the importance of completing all recommended vaccinations and refer the parent to the medical home or LHD clinic.
  - If additional shots are reported and the child's record now appears to be complete, inform the parent when the next scheduled vaccines are due.
- Through questioning the parent, determine if the immunization history provided is from a medically verifiable record. If so, make arrangements to personally review the record or to receive a faxed or mailed copy from the parent. Any copies should be retained with *Outreach Tracking documents*. If a medically verifiable record is not available, contact the provider(s) named by the parent to obtain medical verification.
- Record all attempts to contact the child's parents and providers, even if the attempt is unsuccessful. Include a summary of the results of the contact (the number and type of shots reported or an explanation such as "child record could not be located," "returned to sender," "phone disconnected," etc.).
- Enter all shots from medically validated records into ImmTrac. Once outreach and data entry are complete, save a copy of the updated ImmTrac record and attach it to the outreach tracking documents.
- Immunizations may be entered into a local registry, provided that data are regularly migrated to ImmTrac.

Method of Evaluation

ImmTrac Provider Outreach Specialist (IPOS) activities documenting number of outreach efforts, vaccines identified and entered into ImmTrac, and children brought up to date will be reported on the ILA Quarterly Report.

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

FY 2018 DSHS Immunization Regional Contacts

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