2008-2012 IPOM At-A-Glance

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Introduction	• Title Page • Foreword • 2008-2012 IPOM At-A-Glance
Chapter 0: **The Basics**	• Acronyms • Financing Childhood Immunizations • Funding Categories and Redirection Guidance • Allowable Expenses with 317 and VFC FA Operations Funds • Allocation Process for Section 317 Immunization Grant Program Funds • Section 317: Operational Funding Principles • Guidelines for Writing Grant Objectives and Differentiating Between Objectives, Activities, and Evaluation Measures • Role of the Project Officer/Program Consultant in the Program Operations Branch • CDC/NCIRD Expectations and Responsibilities for Field Assignees and Host Agencies • The ABCs of the Federal Vaccine Program • Immunization Services Division Organizational Chart • Immunization Program "Seasons" • How to Interpret the Subject Heading of Immunization Grantee Mailbox Email Messages • Key Immunization Websites
Chapter 1: **Program Planning and Evaluation**	1.1 Document the process used by grantees to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in immunization activities. Grantees must coordinate immunization program planning and implementation with tribal/638 health clinics, the Indian Health Service (IHS), and other entities that provide medical services to American Indian/Alaska Native (AI/AN) populations. This may include the sharing of resources awarded under this grant.

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	1.2 All grantees will actively engage in self-evaluation to ensure that their findings guide the program in making necessary changes to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. 1.3 Additional Activities
Chapter 2: **Vaccine Accountability and Management**	2.1 Maintain, implement and submit to CDC written vaccine accountability policies, procedures and protocols that include formal policies on fraud and abuse and assuring that VFC vaccine is administered only to VFC-eligible children. Policies, procedures and protocols should be reviewed regularly, updated as needed and updated policies should be submitted to CDC. 2.2 Conduct site visits in public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level. 2.3 Collect data sufficient to accurately account for all publicly purchased vaccine; monitor this information using standardized protocols to assure that provider vaccine orders are appropriate, to determine the amount of vaccine lost or wasted, to provide technical assistance to providers when problems are identified, and to implement corrective action plans as needed. 2.4 Assure appropriate apportionment of VFC vaccine purchases based on VFC-eligible population. 2.5 Adhere to VFC requirements for vaccine storage and handling and vaccine incident and wastage reporting. 2.6 Return wasted vaccine for a refund of the federal excise tax. 2.7 Additional Activities
Chapter 3: **Immunization Information Systems (IIS)**	3.1 Strive to achieve the program goal of enrolling at least 95 percent of children under six years of age in a fully operational IIS. 3.2 Produce an annual detailed report that documents how each immunization program component demonstrates IIS data use to support immunization program activities. At a minimum, the report should describe the use of IIS data to identify areas where immunization coverage is low, assess

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	immunization practices and coverage status, document IIS vaccination histories used to assist with the investigation of vaccine-preventable disease, describe IIS data caveats such as participation rate limitations, document number of children one dose away from being up to date, use of vaccine inventory and control data, and number of AFIX assessments done with IIS data. 3.3 Conduct an evaluation of the IIS operations and subject data to an independent objective analysis (e.g., review of IIS operations and data by third party assessments to certify readiness, evaluate selected measures of data quality, or use of the data in a regional or national analysis). 3.4 Update and implement a business plan for the IIS. 3.5 Implement and maintain IIS in accordance with the National Vaccine Advisory Committee functional recommendation/standards of operation. 3.6 Additional Activities
Chapter 4: **Provider Quality Assurance**	4.1 Demonstrate achievement of the Level I AFIX Standards by December 31, 2008. 4.2 Develop a methodology to use the IIS to assess immunization coverage levels. 4.3 Additional Activities
Chapter 5: **Perinatal Hepatitis B Prevention**	5.1 Establish a mechanism to identify all HBsAg-positive pregnant women. 5.2 Conduct case management of all identified infants at risk of acquiring perinatal hepatitis B infection. 5.3 Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC. 5.4 Develop and examine feasibility to implement a state plan to put into practice a universal reporting mechanism with documentation of maternal HBsAg test results for all births. 5.5 Work with hospitals to achieve universal birth dose coverage and documentation of the birth dose in an IIS.

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	5.6 Additional Activities
Chapter 6: **Adolescent Immunization**	6.1 Work with partners to support the establishment of the adolescent platform for adolescent immunizations. 6.2 Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents. 6.3 Identify juvenile correctional facilities and/or social services agencies serving adolescent populations and foster partnerships to promote increased coverage for recommended vaccines. 6.4 Additional Activities
Chapter 7: **Adult Immunization**	7.1 Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of IIS for client and provider reminder/recall; standing orders; and assessment/feedback in settings including hospitals, long term care facilities, and outpatient clinical settings. 7.2 Work with partners to increase influenza vaccination of healthcare workers. 7.3 As 317 funds permit, increase access to vaccines for high risk adults. 7.4 Additional Activities
Chapter 8: **Education, Information, Training, and Partnerships**	8.1 Provide orientation for grantee immunization staff that includes the role of CDC and how it relates to grantee activities. 8.2 Distribute VIS and CDC's online instructions for their use to ensure proper use of VIS in accordance with the National Childhood Vaccine Injury Act. 8.3 Additional Activities

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Chapter 9: **Epidemiology and Surveillance**	9.1 Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases (VPDs), in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." 9.2 For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE). 9.3 Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." 9.4 Coordinate reporting and monitor the Vaccine Adverse Event Reporting System (VAERS) mandated by the National Childhood Vaccine Injury Act of 1986. 9.5 Follow up on all reports of serious adverse events received by the state agency (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization. 9.6 Additional Activities
Chapter 10: **Population Assessment**	10.1 Identify and monitor groups of under-immunized children, adolescents, and adults at higher risk for VPDs using immunization coverage estimates (e.g., NIS data, retrospective analysis of school immunization surveys, provider coverage assessments, IIS data, Medicare billing data, BRFSS, and cluster surveys). 10.2 Use a CDC-approved survey methodology to annually estimate program-wide immunization coverage and exemption rates among children entering kindergarten; report data and assessment methods to CDC annually by April 30. 10.3 Monitor changes to state immunization requirements for child care centers and schools. Include updated information on state immunization requirements as part of the annual report to CDC on school data and assessment methods. 10.4 Additional Activities

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Chapter 11: **WIC-Immunization Linkage**	No program requirements. Contains recommended activities and description of two grantees' WIC-Immunization linkage programs.