

Oregon Immunization Program

Survey Results from the 2006 Survey of Public and Private Immunization Providers



Our mission is to provide leadership to prevent and mitigate vaccine preventable disease for all people by reaching and maintaining high lifetime immunization rates.

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I. Survey Overview

In 2006, the Oregon Immunization Program surveyed public and private providers to elicit feedback on Oregon Immunization Program operations and services, and to learn about immunization practices within providers' offices. The Centers for Disease Control and Prevention (CDC) requires state Vaccines for Children (VFC) Programs to conduct provider surveys biannually, as one approach toward improving vaccine accountability and increasing immunization coverage. Results from these surveys will be used to strengthen Oregon Immunization Program operations and services, identify areas of need in providers' offices, and guide future program activities.

The purpose of this report is to share results from the 2006 private and the 2006 public surveys, to highlight Oregon Immunization Program successes, and to identify areas for potential improvement and change.

Surveys were mailed to private providers in July 2006. Self-addressed, postage-paid envelopes were provided. Electronic surveys were e-mailed to public providers in September 2006. Surveys were completed online. 247 private providers and 54 public providers completed and returned the survey. Response rates cannot be calculated, because in some cases multiple people from one site completed and returned the survey. Since the surveys were anonymous, it is not possible to know how many of the sites that originally received the survey completed and returned it.

Some general comparisons can be made between the survey responses of public and private providers. The surveys were similar in many ways, although the public provider survey was more in-depth and covered topics not included in the private provider survey. However, it is important to note that there are differences in the relationships and the obligations between the Oregon Immunization Program and public and private providers. Other limitations to making direct comparisons are that the surveys were sent out at different times of the year, and in different versions.

Private providers were surveyed once before, in 2003-04. Comparisons between the 2003-04 and the 2006 private provider survey will be identified in this report. This is the first time that public providers have been surveyed.

II. Executive Summary of Survey Results

Overall Satisfaction with the Oregon Immunization Program

In 2006, 100% of public and private providers reported that they are satisfied to very satisfied with the Oregon Immunization Program. The majority of providers (88% private and 96% public) have had contact with Immunization Program staff within the past year.

Among public providers, over 90% have had an in-person visit with Oregon Immunization Program staff within the past year, and almost all reported that the visit was helpful to very helpful. Public providers were asked to offer their suggestions for improving Oregon Immunization Program services. Some of these suggestions were to hold more trainings in rural areas or provide video conferencing for trainings, and to improve the Immunization Program website and make more resources available.

Vaccines for Children

Fifty-three percent of private providers and 83% of public providers have had a visit from their Health Educator within the past 12 months. Of these, 99% of private providers and 84% of public providers reported that the visit was helpful to very helpful. Seventy-six percent of private providers and 60% of public providers made at least one change after having a visit with their Health Educator. Most of the changes involved improving vaccine storage and handling, highlighting the VFC Program's efforts in the past years to promote storage and handling best practices.

Most providers (99% private and 93% public) are satisfied to very satisfied with VFC Program services. In general, however, private providers appear to feel that they benefit more from their interactions with their Health educators. Suggestions for improvements to the VFC Program include offering more trainings, educational opportunities, updates, and resources; and improving vaccine ordering and delivery systems.

ALERT

Ninety-one percent of private providers report data to the ALERT registry, consistent with survey findings from 2003-04. More providers are submitting data electronically (20%, compared with 14% in 2003-04); this may explain, in part, why more providers (95%, compared with 86% in 2003-04) report that submitting data to ALERT is easy to very easy. However, the percentage of private providers who report data on all patients, regardless of age, has declined from 84% to 75%.

Reasons for not submitting data to ALERT are that it is too difficult and time-consuming, parent refusal, or the clinic needs training on how to submit data.

Seventy-two percent of private providers review and correct ALERT's 26-month recall reports each month. Many providers rely on these reports as their sole method for recalling patients who are past due for shots. Sixty-five percent of private providers would also like ALERT to send reminder postcards to patients, before they are past due for immunizations.

Seventy-five percent of private providers and 95% of public providers use the ALERT website to look up shot histories. Among providers who use the ALERT website, the majority (67% private, 57% public) also use the shots due now/shots past due forecaster. Providers rate their satisfaction with both the ALERT website and the ALERT 800 customer service line to be nearly 100%. Some barriers to using the ALERT website include time limitations, technological limitations, and the need for training. Public providers also list the fact that it only provides records for 0-18 year olds as a barrier.

IRIS

Ninety percent of public providers use IRIS to forecast for shots. Of this ninety percent, the majority of providers (93%) rate IRIS as easy to very easy to use, illustrating that overall, public providers are very satisfied with the capabilities of IRIS. Providers also made several suggestions about how to improve IRIS. Suggestions included changes in forecasting abilities, increased blending of the IRIS and ALERT databases, linking IRIS to billing systems or other systems to avoid double data entry, and making IRIS available to delegates.

Bulletin and ORShots Listserv

The majority of public and private immunization providers report reading the Bulletin. In addition, most providers distribute it among their staff, indicating that providers find the information in the Bulletin useful and relevant. Several suggestions were made for material providers would like to see in new issues of the Bulletin, and the Immunization Program anticipates the ability to incorporate these suggestions in upcoming issues. Ninety-two percent of public providers report subscribing to the ORShots Listserv, suggesting that providers find this listserv a valuable tool for communicating with the Oregon Immunization Program and with other immunization providers.

III. Full Report of Survey Results

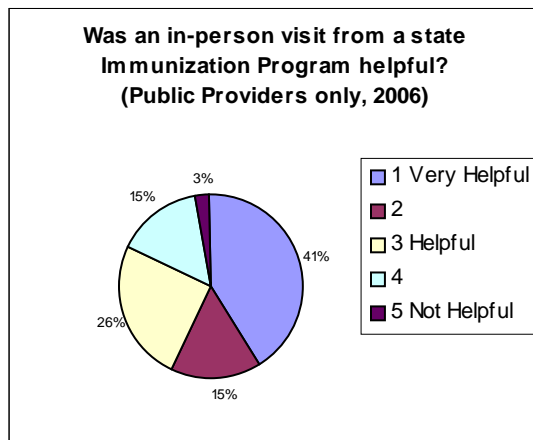
Overall Satisfaction with the Oregon Immunization Program

The Oregon Immunization Program is committed to working in partnership with immunization providers to support immunization practices and to increase vaccination coverage throughout Oregon. Eighty-eight percent of private providers and 96% of public providers reported that they have had contact with Immunization Program staff within the past 12 months (in person or by phone). When asked about overall satisfaction with the Immunization Program in Oregon, all respondents rated the program as good to excellent.



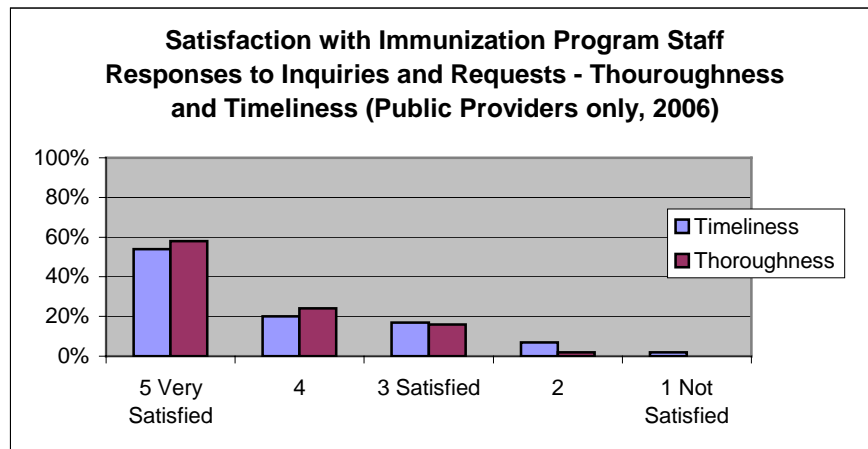
Public Providers Only

Additional questions about satisfaction with the Immunization Program were asked of public providers. Ninety-four percent of public providers reported that they had an in-person visit from an Immunization Program staff person, and most replied that the visit was helpful to very helpful. Fifty percent reported that they made at least one change in their immunization practices as a result of this visit.



- Some changes made after a visit with an Immunization Program staff:
- Improved storage and handling practices
 - Implemented ideas and recommendations after an AFIX site visit.
 - Began offering HepA, second dose of varicella, HPV, and shingles vaccine
 - Improved communication with schools, day cares, and private providers

Public providers were asked about their satisfaction with Immunization Program staff responses to inquiries and requests. In general, public providers are satisfied to very satisfied with the thoroughness and timeliness of responses to their requests and inquiries. Public providers rate their satisfaction of thoroughness to be slightly higher than timeliness.



The Oregon Immunization Program is committed to providing services to immunization providers that are both high quality and useful. Public providers were asked to rate their satisfaction in general with Immunization Program services, such as agency reviews, school law inquiries, and technical training. Ninety-one percent of public providers reported that they are satisfied to very satisfied with Immunization Program Services.

Public Providers listed the following as possible ways the Immunization Program can improve its services:

- ❑ Improve flu distribution, and ensure that public health agencies get their flu vaccine earlier in the season
- ❑ Improve Immunization Program website and increase the amount of resources that are available
- ❑ Provide more trainings in rural areas, or provide video conferencing
- ❑ Decrease the number of surveys and conference calls to public providers
- ❑ Make improvements to the school exclusion module in Family Net

Some of the suggestions for improvements to the Oregon Immunization Program reflect the frustration public providers feel with the challenges of flu season. It should be noted that surveys to public providers were sent out just as the 2006-07 flu season was beginning, which may explain the number of comments that relate

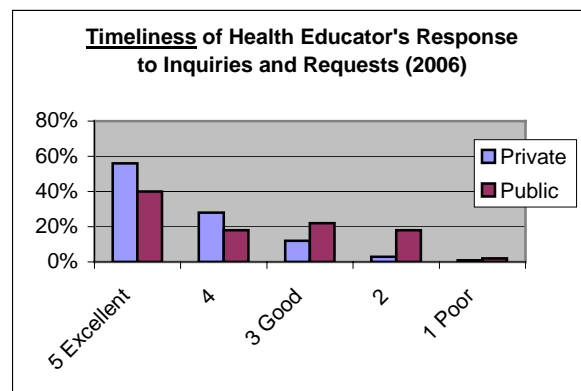
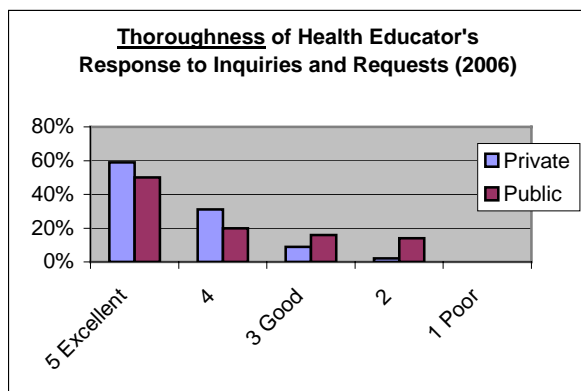
to flu season throughout the survey responses. The Oregon Immunization Program is in the process of convening a group of immunization providers to attempt to address some of the issues and challenges that arise each flu season.

Vaccines for Children

The Role of the VFC Health Educator

VFC Health Educators serve as liaisons between immunization providers and the Oregon Immunization Program. Health Educators work closely with the people who are responsible for overseeing day-to-day operations around immunizations. This is often an MA, RN, or Office Manager. It is the Health Educator's role to provide education, training, and resources, and to support a clinic's immunization practices as needed. It is also the Health Educator's responsibility to 1) make sure that providers comply with VFC policies and procedures and 2) to conduct formal site visits as required by CDC at least once every four years. Health Educators spend up to 25% of their hours in providers' offices and have frequent phone contact with their immunization contacts.

In 2006, most public and private providers reported being satisfied to very satisfied with their Health Educator's responses to inquiries and questions. Private providers are more satisfied with the thoroughness and timeliness of responses than public providers, and both private and public providers are more satisfied with the thoroughness than with the timeliness of responses. This is consistent with how public providers rated the responses of all Immunization Program staff. Further exploration of why public providers are less satisfied with the responses of their Health Educators is warranted. The differing nature of the relationship between public providers and the Oregon Immunization Program may lead to differing expectations. One possible area for improvement to VFC program services is for Health Educators to focus on replying to requests and inquiries as promptly as possible.

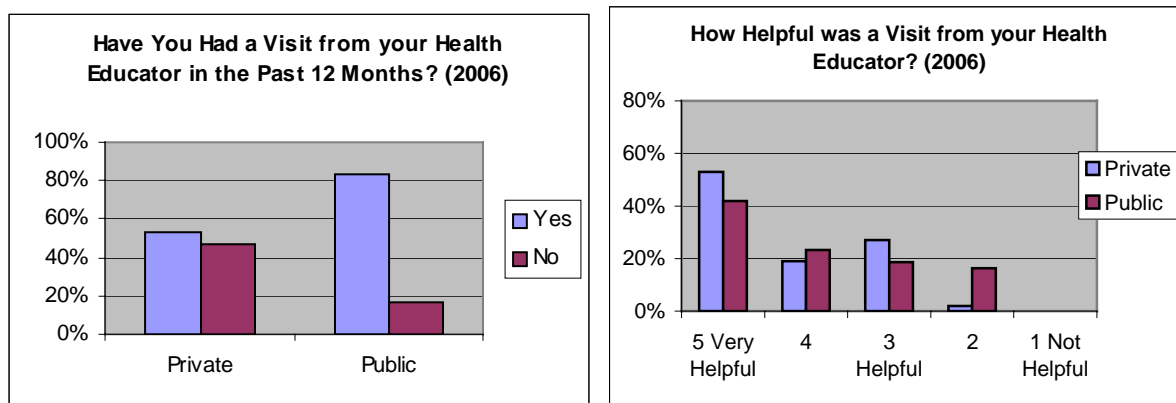


Purpose and Frequency of Visits

In 2006, VFC Health Educators made 478 visits to public and private immunization providers. Of these, 248 were formal VFC site visits. Formal VFC site visits are conducted at least once every four years to ensure that providers are complying with VFC program requirements, to provide education and support, and to promote immunization best practices. Health Educators also make visits to providers who are involved with AFIX, a continuous quality improvement program that furnishes providers with their immunization rates and helps them identify specific ways to improve their rates using proven methods. 153 AFIX visits were conducted in 2006. Other reasons for visits to clinics include to provide training, answer questions, give presentations, or be of other assistance. These last items are critical pieces of a Health Educator's job duties, because in many or most clinics MAs are responsible for oversight of immunizations, but it is known that most MA training programs offer very little training in the area of immunizations.

Fifty-three percent of private providers received a visit from their Health Educator within the past 12 months in 2006, down from 59% of private providers in 2003-04. In 2003-04 and in 2006, 99% of private providers reported that a visit with their Health Educator was helpful to very helpful.

In comparison, 83% of public providers reported having a visit from their Health Educator within the past 12 months, but only 84% reported that the visit was helpful to very helpful.



When asked how often they would like visits from their Health Educators, most private providers answered that they would like to be visited once a year or more (53%). Another 32% would like to receive a visit from their Health Educator every two years. This is consistent with findings from the 2003-04 survey.

Changes Made as a Result of a Visit with a Health Educator

In 2006, 76% of private providers reported making at least one change after having a visit with their Health Educator, compared with 80% in 2003-04. The majority of changes were changes in vaccine storage and handling practices (57 out of 109 changes listed), highlighting the Immunization Program's focus on inventory management and protecting vaccine. Other changes include:

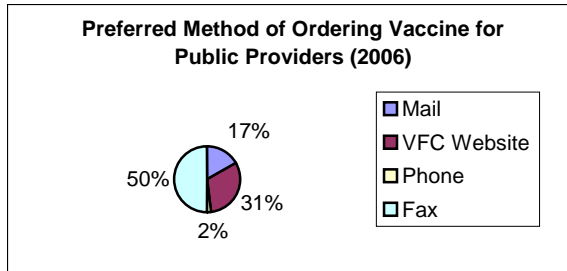
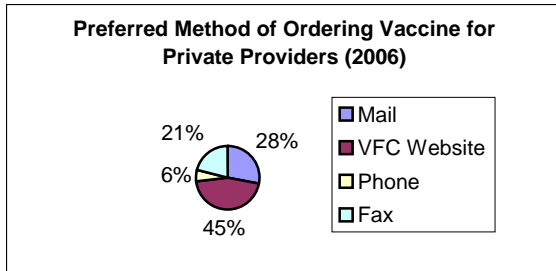
- ❑ Better organization/protocols developed and in place
- ❑ Improved ALERT submission
- ❑ Provide Vaccine Information Statements at every visit/updated VISs
- ❑ Improved inventory management
- ❑ Offer more vaccines (HepA, MCV4, Tdap)
- ❑ Changes made to Vaccine Administration Record (VAR)
- ❑ Better vaccine administration techniques
- ❑ Lowered vaccine administration fee to \$15.19

These changes listed are consistent with findings from a year-end report on 2006 VFC site visits. In 2006, 91 out of 117 private providers (78%) who had an on-site visit were not compliant in at least one storage and handling requirement, and 69 out of 117 (59%) were not compliant in at least one administrative requirement.

In comparison, only 60% of public providers reported making at least one change after having a visit from their Health Educator. Many public providers also reported making changes in vaccine storage and handling practices. However, public providers also said their Health Educator has helped them to develop and improve their immunization policies and procedures, and to improve immunization services or build partnerships within their communities. Public providers were more likely to answer that they routinely use their Health Educators as a resource when they have questions or need information.

Vaccine Ordering

The speed and ease with which providers can order and receive their VFC vaccine plays a significant role in their ability to run an efficient and successful immunization practice. Providers have the option of ordering vaccine through the mail, on-line, by fax, or by telephone. Private providers are most likely to order vaccine via the VFC on-line ordering website, whereas public providers are most likely to submit their orders via fax. For both private and public providers, ordering vaccine over the telephone was the least used method.



Providers were asked their reasons for their preferred method of ordering. Responses to this question were not linked to the prior question (“What is your preferred method of ordering?”), so if someone responded that their preferred method is easy and convenient, it was not possible to identify which was their preferred method. However, this question still provided some useful information:

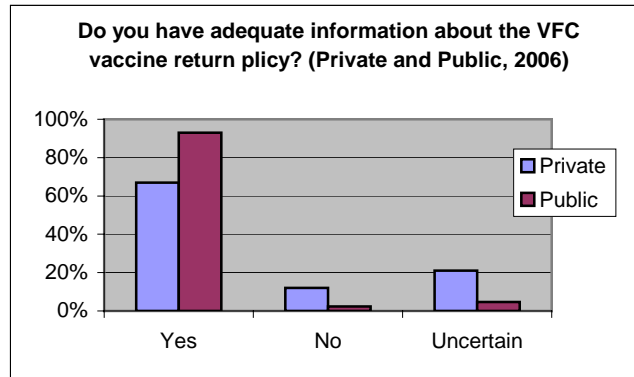
- Among public providers, many choose to fax their orders at the same time that they fax their Monthly Vaccine Reports and have assumed that this method is preferred. Public providers who use the on-line ordering website report that it is quick and easy. Other public providers report that they were not aware that ordering on-line is an option. Public providers do not like ordering by mail because it takes longer to receive their vaccine.
- Most private providers who use the on-line ordering website also report that it is quick and easy. However, some private providers also report having had problems with the on-line ordering website. For some private providers, ordering via mail is convenient and provides a paper trail. Some private providers are unaware of the ordering options that are available to them.

Although most providers seem to be satisfied with the ordering methods that are available to them, some providers do not know all the options that are available. The VFC Program could improve satisfaction with ordering by communicating ordering options to all providers.

The 90 Day Policy for Short-Dated Vaccine

Providers were asked whether they had adequate information about the VFC vaccine return policy. This policy states that if providers notify their Health Educator at least 90 days before vaccine will expire, then the provider will not be billed for the wasted vaccine. This allows Health Educators time to relocate the vaccine to a provider who can use it by the expiration date. Most providers are aware of this policy, although more public providers are familiar with this policy than private providers. The percent of private providers who are aware of this policy has not changed since they were surveyed in 2003-04. Making sure that all

providers are aware of this policy is one potential area for program improvement and may potentially reduce vaccine wastage.



The Option to Choose Vaccine Packaging

In the past, the VFC Program has had a policy to not provide vaccine in prefilled syringes when other options are available. However, more and more vaccines are available in prefilled syringes, and some providers have said that they prefer vaccine in this presentation. Eighty-four percent of private providers and 91% of public providers would like to have the ability to choose the packaging (vials or prefilled syringes) when ordering vaccine.

Vaccine Delivery

Only 17% of private providers (N=27) and 31% of public providers (N=13) report having had a problem with vaccine delivery in the past 12 months.

The following vaccine delivery problems were listed by private providers:

- Deliveries were too slow (6)
- Vaccine was delivered to the wrong location (6)
- Vaccines on back order status (5)
- Orders were lost (5)
- Vaccine arrived out of temperature range (2)

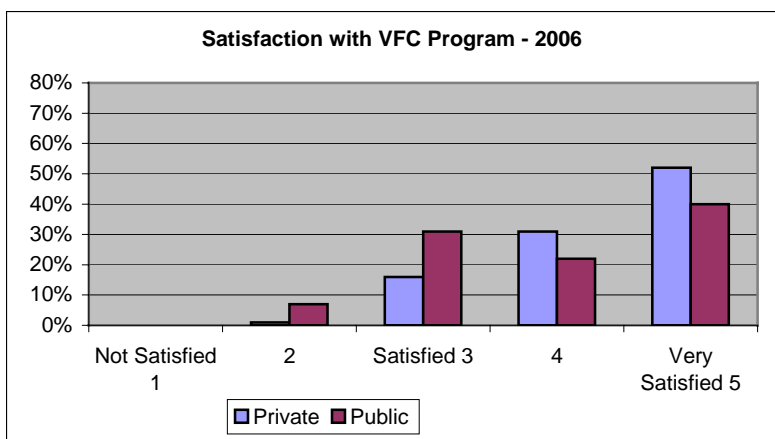
Public providers listed the following problems with vaccine delivery:

- Deliveries were too slow (3)
- State-supplied flu vaccine arrived late in the season (2)
- Received the wrong vaccine/received vaccine that hadn't been ordered (2)
- Issues with FedEx or delivery from Vaccine Manufacturers (2)
- Weather related: vaccine arrived frozen (1)
- Orders were lost (1)

Many of the problems listed with vaccine delivery are not within the control of the Oregon Immunization Program, such as back orders or flu vaccine arriving late in the season. Although very few providers reported problems such as lost or duplicate orders, or receiving the wrong vaccine, these are issues that should be closely monitored by the VFC Program. The VFC Program will continue to work with the vaccine distributor to make sure issues with delivery are addressed.

Satisfaction with the VFC Program

Providers were asked to rate their satisfaction with the VFC Program in general, including education, ordering/deliveries, etc. Both public and private providers report high levels of satisfaction with the VFC Program. Ninety-nine percent of private providers reported that they are satisfied to very satisfied with the VFC Program, compared with 98% of private providers in 2003-04. Ninety-three percent of public providers are satisfied to very satisfied.



Providers were asked to offer their suggestions for ways the VFC Program can improve services. The following responses were given:

- Had no suggestions, expressed thanks for our program and our staff
- More site visits, trainings, and educational opportunities
- Make improvements to vaccine ordering and delivery systems
- Make ALERT submission more user-friendly/simplify data entry into IRIS
- Improve staff availability and communication
- Would like more updates and resources
- Would like fewer updates
- Improve flu vaccine distribution processes
- Improve Immunization Program website

ALERT

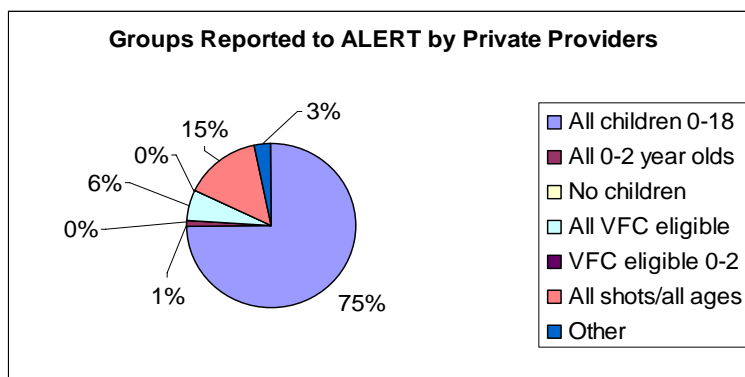
Oregon Immunization ALERT is a voluntary, statewide childhood immunization registry. ALERT collects immunization information from the public and private health care sectors and combines the information into one complete record for each child in the registry. In August 2006, ALERT reached a milestone of 1,000,000 successful searches on its secure website for the 0 to 18 population.

On average, ALERT's secure website hosts more than 25,000 successful searches per month from 3,400 users. These high participation rates help ALERT to be one of the strongest immunization registries in the country – Oregon is one of only 11 Centers for Disease Control and Prevention grantees to have achieved the Healthy People 2010 goal of having greater than 95% of children age 0-6 in the registry with 2 or more shots.

The data from our 2006 public provider survey questions about ALERT and IRIS were a bit difficult to analyze. Technical problems with the skip pattern in the web-based survey likely led to inaccurate responses for many of the questions relating to ALERT use. Because of this, public provider responses to some questions about ALERT are not included in this report.

Overview

The Oregon Immunization Program is working to maintain enrollment of at least 95% of children under age 6 in ALERT, increase the number of provider sites that routinely submit immunization records to ALERT, and to implement and evaluate reminder/recall postcard interventions. Ninety-one percent of private providers reported that they submitted data to ALERT (71% through barcodes and 20% electronically).



These results are slightly lower than those reported in our 2003-04 survey, which showed 92% of respondents reported to ALERT (78% through barcode and 14% electronically). In addition, the number of private providers reporting all children 0-18 has decreased from 84% in 2003-04 to 75% in 2006.

This self-report of providers' participation in the ALERT registry is higher than providers' registry participation data collected from the 2006 year-end report on VFC site visit results. However, this year-end report only includes data on providers who received a VFC site visit in 2006, and this may account for the lower registry participation rates.

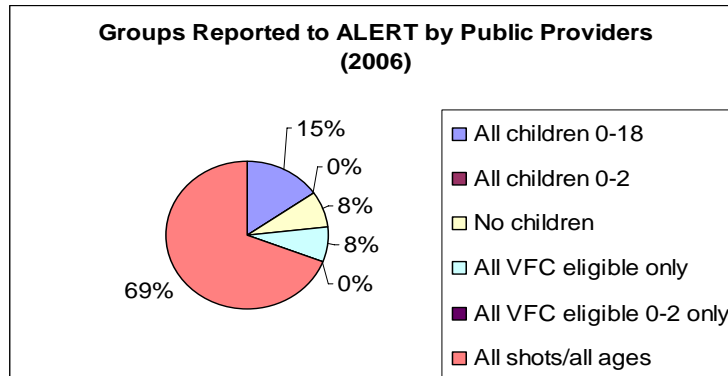
Participate in Registry

Private Providers

Yes
No

93 out of 117 (79%)
20 out of 117 (17%)

Although most public providers submit data to IRIS, not the ALERT registry, there are some local health departments and delegate agencies that do not have access to IRIS. Of those public providers (n = 13) who submit to ALERT, 8 providers report all shots and all ages with the majority using electronic submission.



Ease of Data Submission to the ALERT Registry

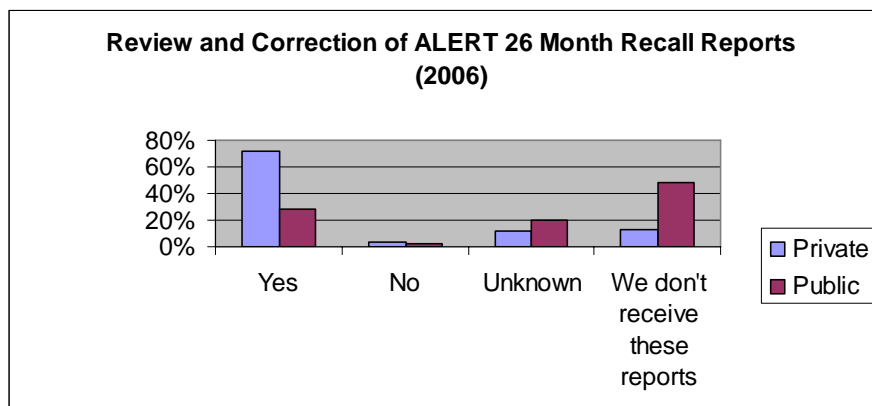
Providers' perceptions regarding the ease of data submission to the ALERT registry were, overall, favorable. Ninety-five percent of private providers responded that reporting data to ALERT was easy to very easy. This is an improvement from 2003-04 results in which 86% of private providers responded that reporting data to ALERT was easy to very easy. This increase in providers' perceptions regarding the accessibility of ALERT may be due to the availability of e-transfer.

Reasons for not reporting data to ALERT included:

- Reporting to ALERT is too much work
- Clinic practices (do not report if patient is only getting flu shot, do not report children only getting boosters)
- Parent refusal
- Need training on how to submit
- Other (doctor preference, staff turnover)

ALERT Recall Reports

ALERT conducts a statewide recall postcard mailing for all past-due Oregon children at approximately 26 months of age. This recall serves two purposes: to remind clinics receiving these reports to enter any immunization data into ALERT that has not yet been entered, and to encourage parents of children who are behind on their immunizations to contact their primary medical clinic to receive needed vaccinations. Private clinics are the primary recipients of the ALERT recall reports, although public clinics that do not have access to IRIS and submit data to ALERT also receive these reports. Seventy-two percent of private clinics review and correct these reports each month.



2006 VFC site visit year-end reports indicate the importance of these 26-month recall report for private providers. Many private providers do not have an effective method for identifying patients who are overdue for vaccines, and they rely on these reports to identify past-due patients.

Method of Identifying Due/Overdue Patients

Can't identify due/overdue patients

Immunization registry

Computer

Paper-based system

Other

31 (24%)
52 (40%)
16 (12%)
10 (8%)
20 (16%)

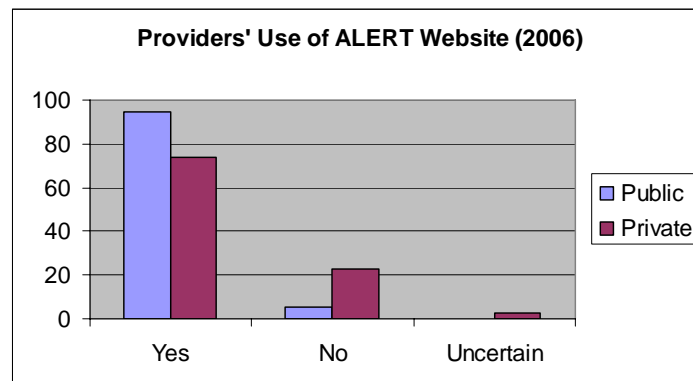
Private providers were asked if there is another way they would prefer to receive these recall reports, but the majority (92%) report that they are happy with the paper version. Among those who would like to receive these reports in an alternate format, most would prefer an electronic database file or an electronic spreadsheet. Providers were also asked whether they would like to pull these reports themselves, given the opportunity and training. Only 12% of providers would like to be able to do this.

Finally, providers were asked if they would like ALERT to send reminder postcards to patients, before they are past due for shots. Sixty-five percent of private providers answered yes to this question.

ALERT Website and 800 Customer Service

ALERT's customer service line is available for providers, schools or child-care centers who prefer to request records via phone or fax. Customer service can also generate immunization records on lists of 20 or more individuals.

Responses indicate that about a quarter of private providers use the ALERT 800 Customer Service, compared to one-fifth of public providers. More providers, private and public, are likely to use the ALERT website to search for shot records, with almost 75% (n = 218) of private providers and 95% of public providers (n = 39) using the website.



Among providers who use the ALERT website to search for shot records, 67% of private providers and 57% of public providers use the “shots due now/shots past due” forecaster. Prior to the spring of 2006, public providers who submit data through IRIS did not have access to the ALERT forecaster, and it is apparent from comments about the barriers of using ALERT that many public providers are not aware that they now have access.

Providers rated their satisfaction with both the ALERT 800 Customer Service and the ALERT website highly. Ninety-eight percent of providers said they were satisfied to very satisfied with ALERT 800 Customer Service and 99% of providers said they were satisfied to very satisfied with the ALERT website.

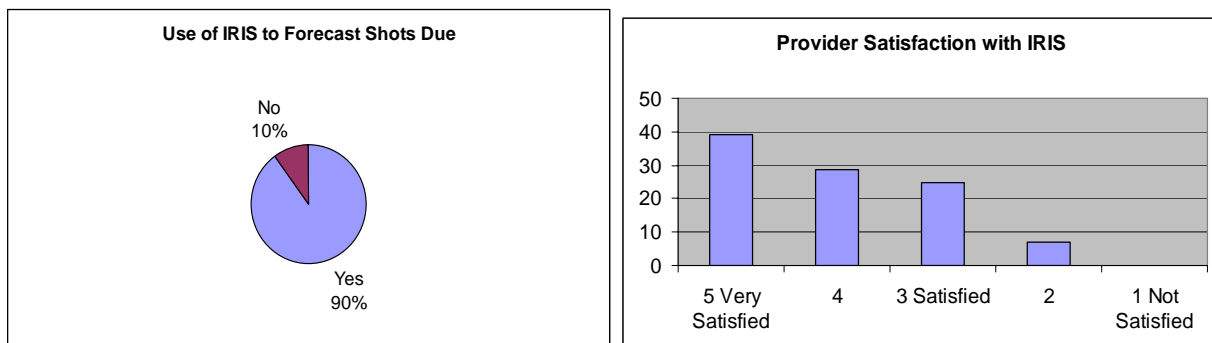
Nineteen percent of providers reported barriers to using the ALERT website; these barriers included time limitations in the clinic, technology issues, and the need for training on how to use the ALERT registry. In addition to some public providers saying that they do not have access to the ALERT forecaster, other public providers listed the fact that the registry only shows records for 0-18 year olds as a barrier.

IRIS

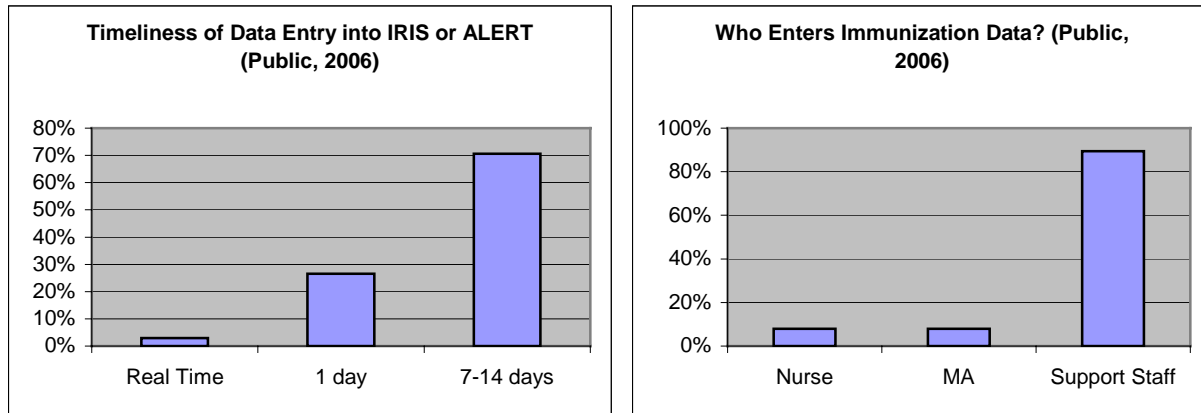
The Immunization Record Information System (IRIS) is the data system used as the medical record for immunization services provided by 29 local health departments throughout the state.

Overview

The majority of public providers use IRIS to forecast for shots due (n = 30), with 39% of providers reporting they were very satisfied with the IRIS system and only 7% of providers reporting that they were less than satisfied with IRIS (n = 28). In addition, only 13% of providers reported that they were less than satisfied with the IRIS medical record (n = 24).



Public providers were asked about the timeliness of their data entry into IRIS or ALERT. Public providers are required to enter data within 14 days of when a vaccine is administered, as part of their annual performance measures. Most providers self-report that immunization data is entered within 7-14 days of when a vaccine is administered. Most often it is a support staff that is entering immunization data into the system.



Providers made suggestions about how to improve IRIS. Suggestions included:

- Changes in forecasting abilities (forecast for all ages, and provide both minimum and recommended spacing)
- Increased blending of the IRIS and ALERT databases
- Link IRIS to billing systems or other systems to avoid double data entry
- Availability of IRIS to delegates

Oregon Immunization Bulletin and ORShots Listserv

VFC distributes the Oregon Immunization Bulletin quarterly to provide clinics with updated immunization information. The Bulletin informs clinics of Immunization Program changes, announcements, immunization schedule changes, training opportunities, upcoming meetings and events, and more. In addition to the Bulletin, public sector providers can subscribe to ORShots, an immunization listserv that helps providers stay informed, that provides a forum for immunization questions and answers, and for creative solutions to immunization challenges.

Overview of the Oregon Immunization Bulletin

The majority of public and private immunization providers read the Bulletin and providers' responses indicate that the content is useful. Topics covered in the 2006 issues of the Bulletin included: immunization rates in Oregon, features on different immunization clinics throughout the state, news about the new HPV

vaccine, and clinical news from one of our immunization nurses, Maria. In 2006, 32% of private providers report that they read the Bulletin thoroughly, compared with 37% in 2003-04. Thirty-three percent of public providers read the Bulletin thoroughly. Among private providers, 100% report being satisfied with the information they receive in the Bulletin (consistent with findings from the 2003-04 survey), compared with 97% of public providers. Over 80% of public providers and over 65% of private providers distribute the Bulletin to multiple staff at their site.

Providers made some suggestions for topics and improvements they'd like to see included in future Bulletin newsletters. Suggestions included:

- Use the Bulletin as a way to address misconceptions and errors regarding vaccine administration
- Include a larger question and answer section
- Provide patient and employee education materials

Overview of ORShots Listserv

Ninety-two percent of public providers subscribe to ORShots; this suggests providers find this listserv to be a valuable communication tool with the Oregon Immunization Program and with other providers throughout the state. Topics covered on ORShots during 2006 included new prices for vaccines, vaccine shipping schedules, announcements of immunization funding opportunities, and a discussion of pain management techniques for children who just received immunizations.

The Oregon Immunization Program also maintains a listserv for private VFC providers, called VFC Listserv. Private providers were asked on the 2006 survey if they subscribe to this listserv. However, only 30 providers answered this question, most likely because the question was on the back of the last page of the survey. There are currently over 300 providers who receive updates through the VFC Listserv.

Praise for the Oregon Immunization Program

“Very happy with VFC!” (Lane County)

“You guys do a great job!” (Lincoln County)

“I think VFC is doing a great job– I am impressed with the web services and feel that this has made my job easier as well.” (Umatilla County)

“Mimi Luther is so very helpful- I was new to ordering immunizations and she walked me through.” (Jackson County)

“So far it’s been great!” (Douglas County)

“I’m very thankful for all the help from the office as I’m new at VFC.” (Washington County)

“Very happy with service and response when I have questions.” (Multnomah County)

“Keep up the great work!” (anonymous)

“VFC has been very helpful for our program and schools.” (anonymous)

“The system seems to work great!” (Clackamas County)

“I think you guys are doing a great job- we appreciate how much you do to help us and our patients.” (Multnomah County)

“I have been very happy with the ALERT program. It has been very helpful in finding immunization records for new patients who aren’t sure of their records. Keep up the good work.” (Washington County)

“Vaccine educators are helpful!” (Multnomah County)

“We have been very happy in our dealings with the VFC program. I order all vaccines on-line and they always arrive promptly. The website is very informative as well. We love the updates as well.” (Clackamas County)

“Good job!” (Marion County)

“VFC and ALERT are both instrumental in improving child care in Oregon. Yeah!” (Clackamas County)

“Really appreciate all the help this past year.” (Jackson County)

“It is difficult to say anything poor about the system.” (Lane County)

“I appreciate all the help I get when I have questions.” (Linn County)

“I am impressed with the efficiency and effectiveness of the ALERT program! For my friend’s sake in Washington, I know this program would be a benefit for the schools. Thank you for such excellent work!” (Washington County)

“I have had cause to contact (other states) trying to get records and our system is far superior to any others I’ve had cause to try to use.” (Polk County)

“Keep up the great work!” (Klamath County)

“I am impressed with the Oregon VFC/ALERT program and wish other states would adopt a similar program so we could access records nationwide.” (Umatilla County)

“I really like being able to go online and look up ALERT records. I can trust the info that I receive and it is an important part of my patient care.” (Marion County)

“The staff in the ALERT program have been consistently and reliably friendly and informative and almost always accessible. Thank you for all you do to assist in immunizing kids. You do a terrific job.” (Klamath County)

“Keep up the great work!” (Marion County)

“Al rocks!” (anonymous)

“Thanks for all your work.” (anonymous)

“Your services are very helpful and I appreciate your taking the time to work with a small clinic like mine!” (anonymous)

“Keep up the good work!” (anonymous)

“I’m on a steep learning curve...thank you for all your support and encouragement.” (anonymous)

“I don’t always know exactly who to contact, but all the staff have always been extremely patient and helpful.” (anonymous)

“I am very pleased with the responsiveness and assistance I have received as a new Imm manager. Keep up the good work!” (anonymous)

“Staff is always there and helpful with research questions. Mimi and Shelby and Jenne are wonderful.” (anonymous)

“Many thanks for the standing orders. We couldn’t have a program without them!” (anonymous)

“Mimi Luther is my hero!! Mimi is tireless in her pursuit of getting vaccine to the folks who really need it. Thanks to Lorraine for all her hard work and for an awesome staff of committed individuals.” (anonymous)

This report provided by:

Oregon State Public Health Division
Immunization Program

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Questions or comments about this report?

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