

VacTrAK

Site visits

Immunization coverage rate surveillance data

SCOREBOARD



HOME

47

BONUS

2:06

VISITOR

35

BONUS

POSS
PERIOD
FAIR-PLAY
by TRANSLUX

3

FOULS

8

3
TOL

PLAYER

35

FOULS

3

3
TOL

FOULS

7



VAC TRAK

Tricia Franklin

VacTrAK Program Manager



VACTRAK

VAC TRAK

Logged in: VACTRAK TEST

Organization (IRMS)/Facility: VACTRAK TRAINING ORGANIZATION (1381) / VACTRAK TRAINING FACILITY

Date: September 11, 2015

- ▶ Main
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Lot Numbers
- ▶ Reports
- ▶ Settings
- ▶ Reminder/Recall
- ▶ Scheduled Reports
- Change Password
- Answers

Welcome to VacTrAK – the Alaska Immunization Information System (IIS)

VacTrAK Documents

- [Documents & Policies](#)
- [Quick Reference User Guides](#)

VacTrAK Support

VacTrAK Support:
866-702-8725 (866-702-TRAK)
In Anchorage – (907) 269-0312
E-mail: vactrak@alaska.gov

Valuable Links

- [Alaska Immunization Program](#)

VacTrAK Providers

All health care providers are required to report administered immunizations to VacTrAK, the State of Alaska Immunization Information System, within 14 days of administration. The new reporting requirement is applicable for any vaccine administered, including state supplied and privately purchased vaccine.
7 AAC 27.650, Effective 12/29/2013



iWeb

Version: 5.15.8.0

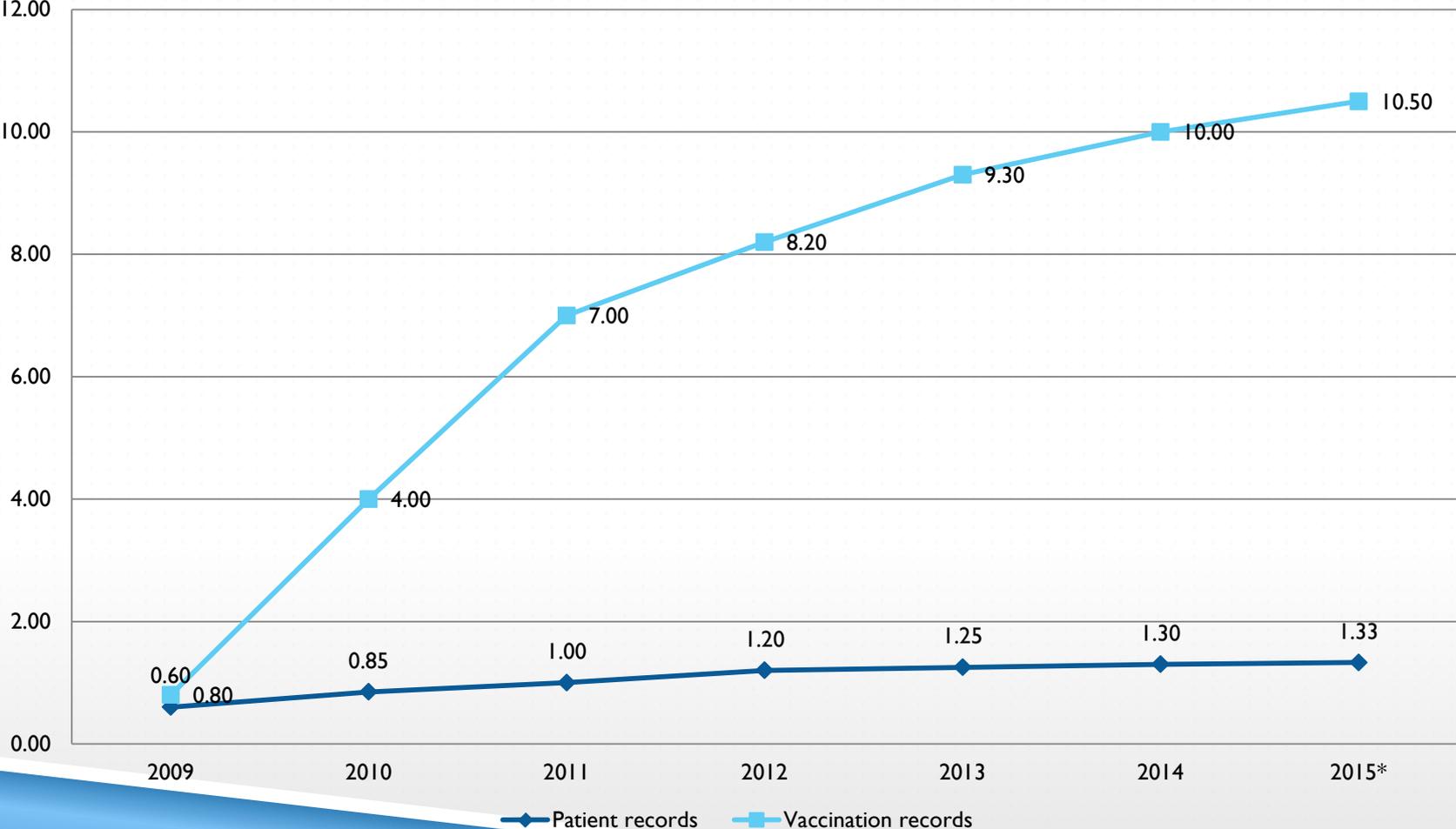


Important Notices

- [What's New in VacTrAK](#) 7/21/15
- [VacTrAK User Accounts and Password Updates](#) 6/30/14

WHO IS IN VACTRAK?

PATIENTS & VACCINATIONS BY YEAR IN MILLIONS

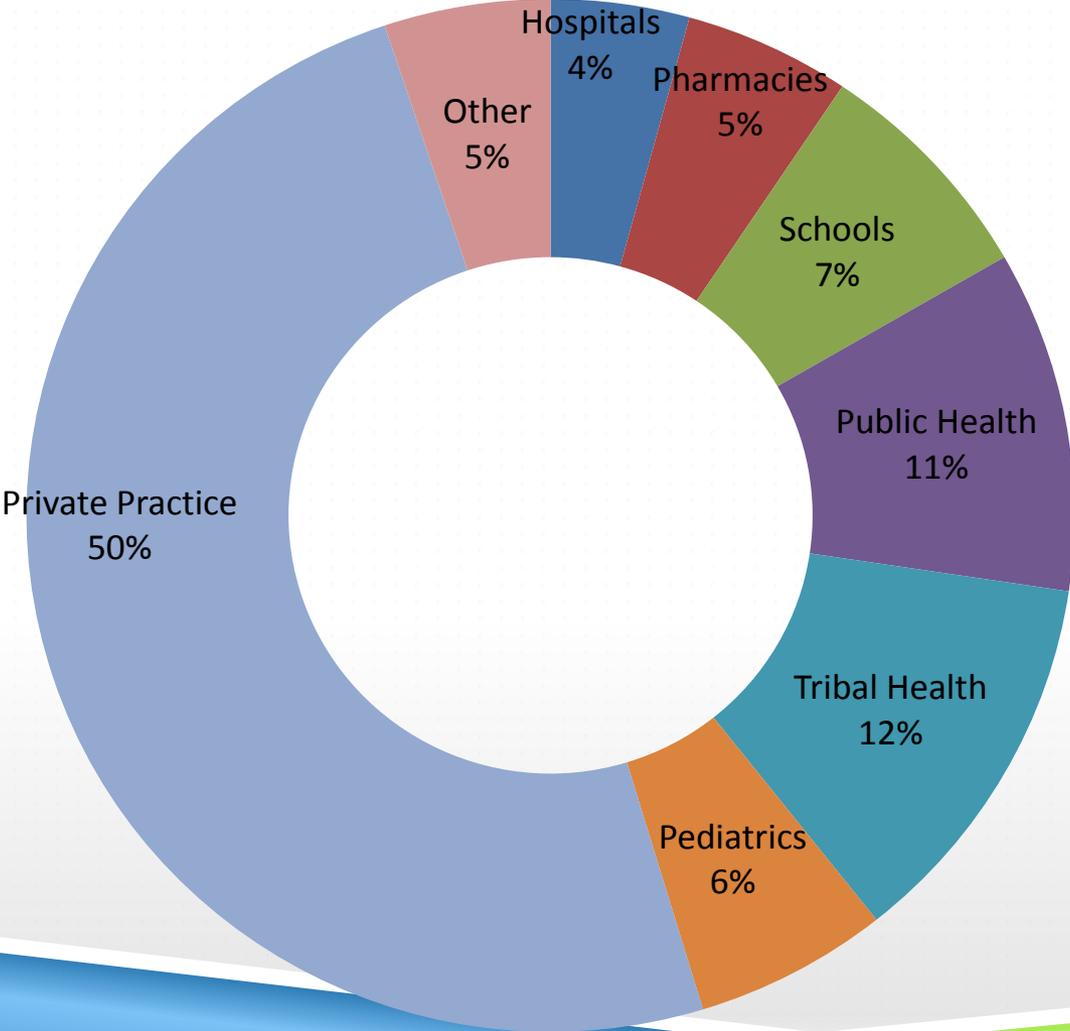


WHO CONTRIBUTES TO VACTRAK?

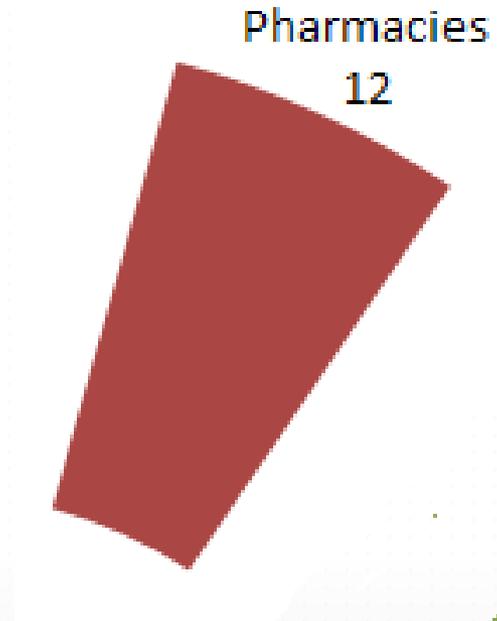
- ▶ 234 Organizations
- ▶ Over 800 Facilities/Locations
 - ▶ 73% Electronic data exchange
 - ▶ 27% Manual data entry
- ▶ Over 3000 user accounts

VACTRAK CONTRIBUTORS 2015

ORGANIZATIONS BY PERCENT



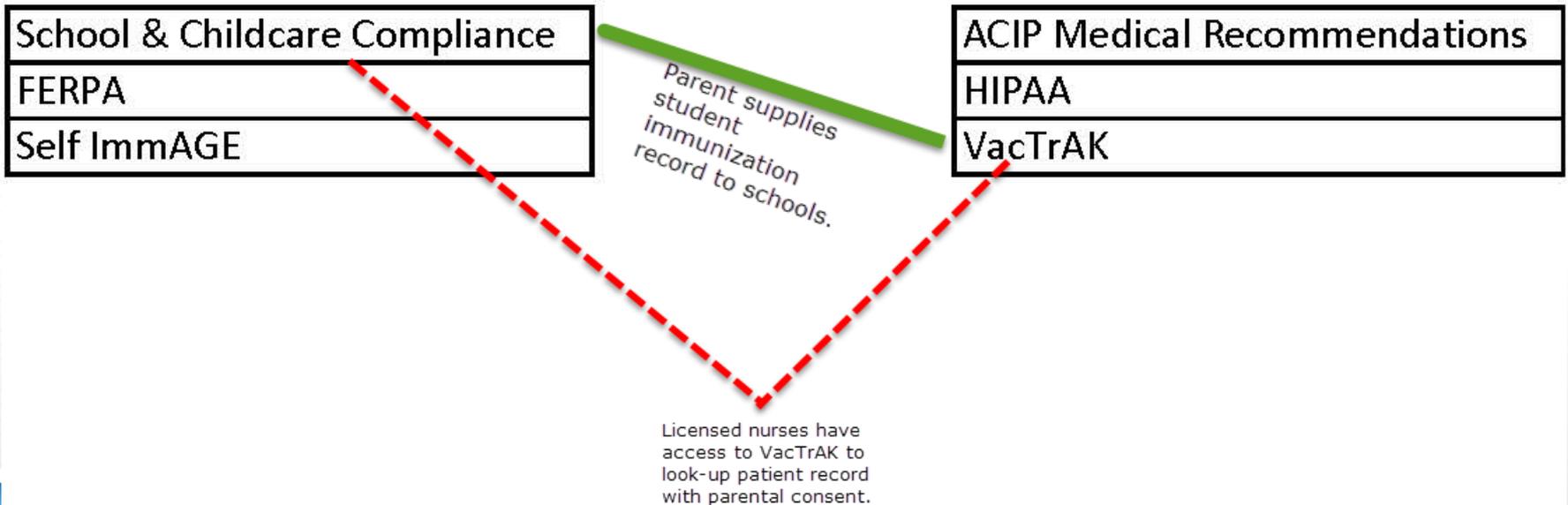
PHARMACY REPORTING TO VACTRAK



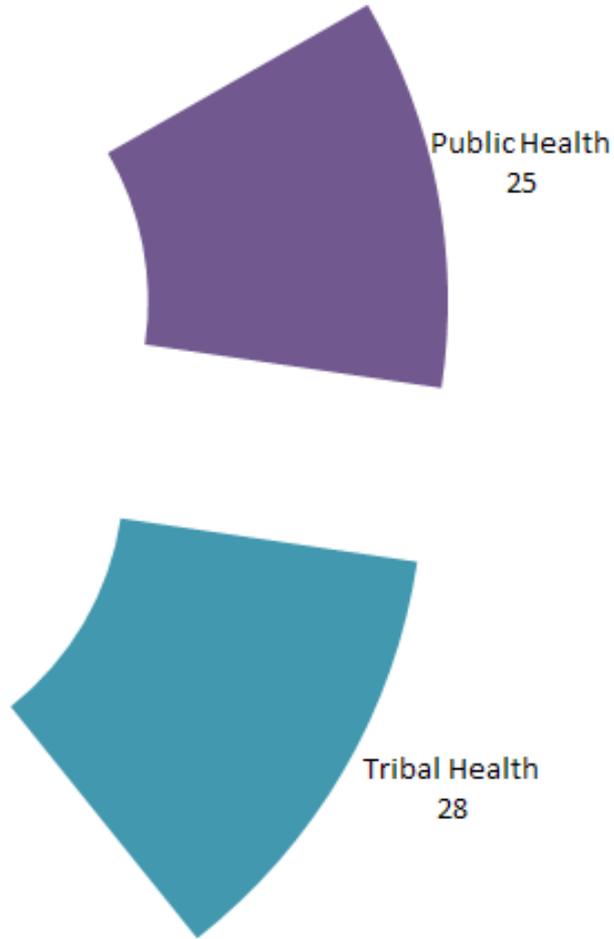
- ▶ Regulation changes
 - ▶ SB 71 Collaborative Practice Agreements became law Aug 9, 2015
 - ▶ 7 AAC 27.650 Reporting to VacTrAK became law Dec 29, 2013
- ▶ Challenges
- ▶ Opportunities

SCHOOL NURSE PARTICIPATION IN VACTRAK

- ▶ Schools=17
- ▶ FERPA interpretation influences schools and school nurse's ability to share student medical records much the way HIPAA applies to health care providers.

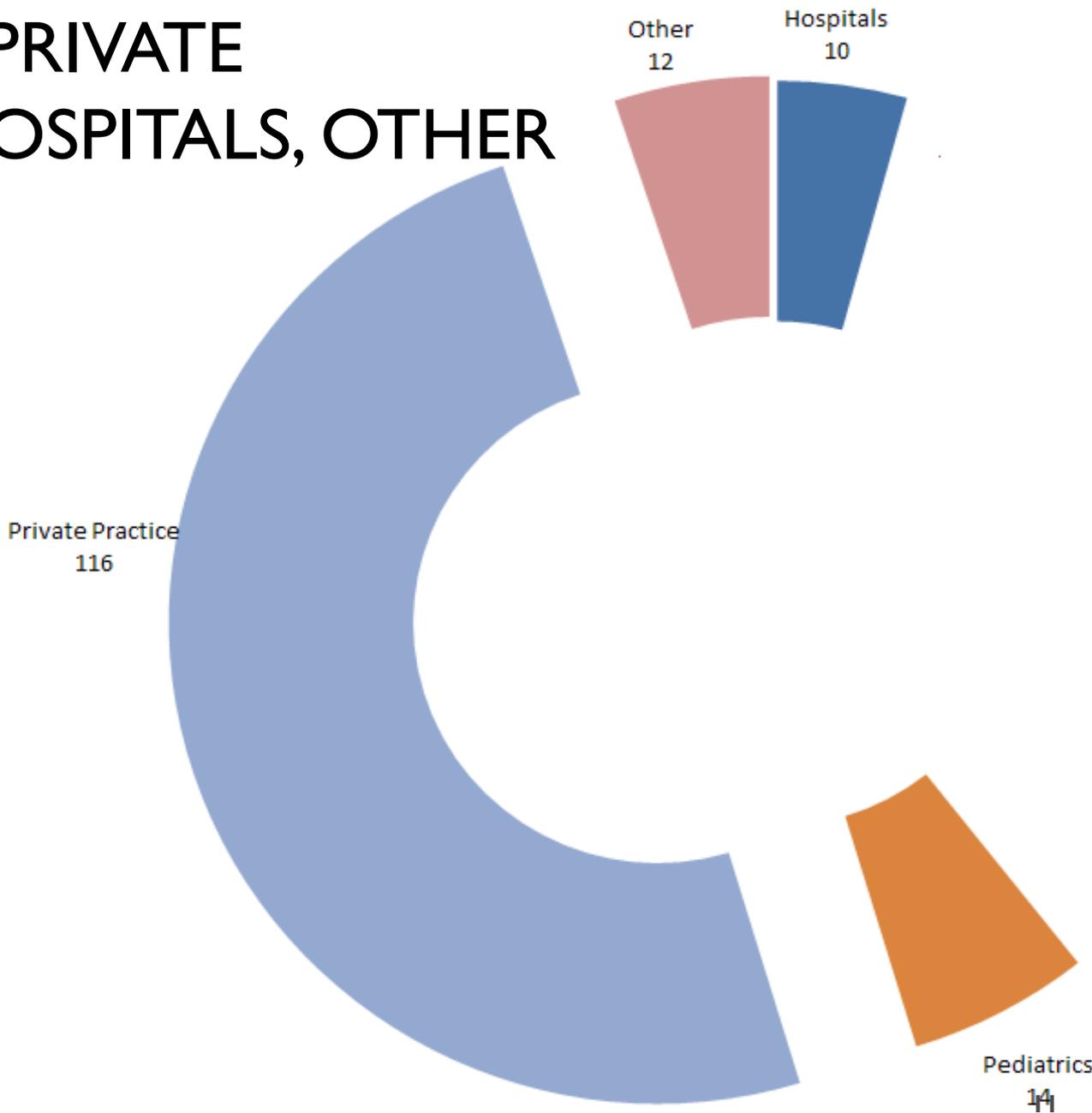


PUBLIC AND TRIBAL HEALTH



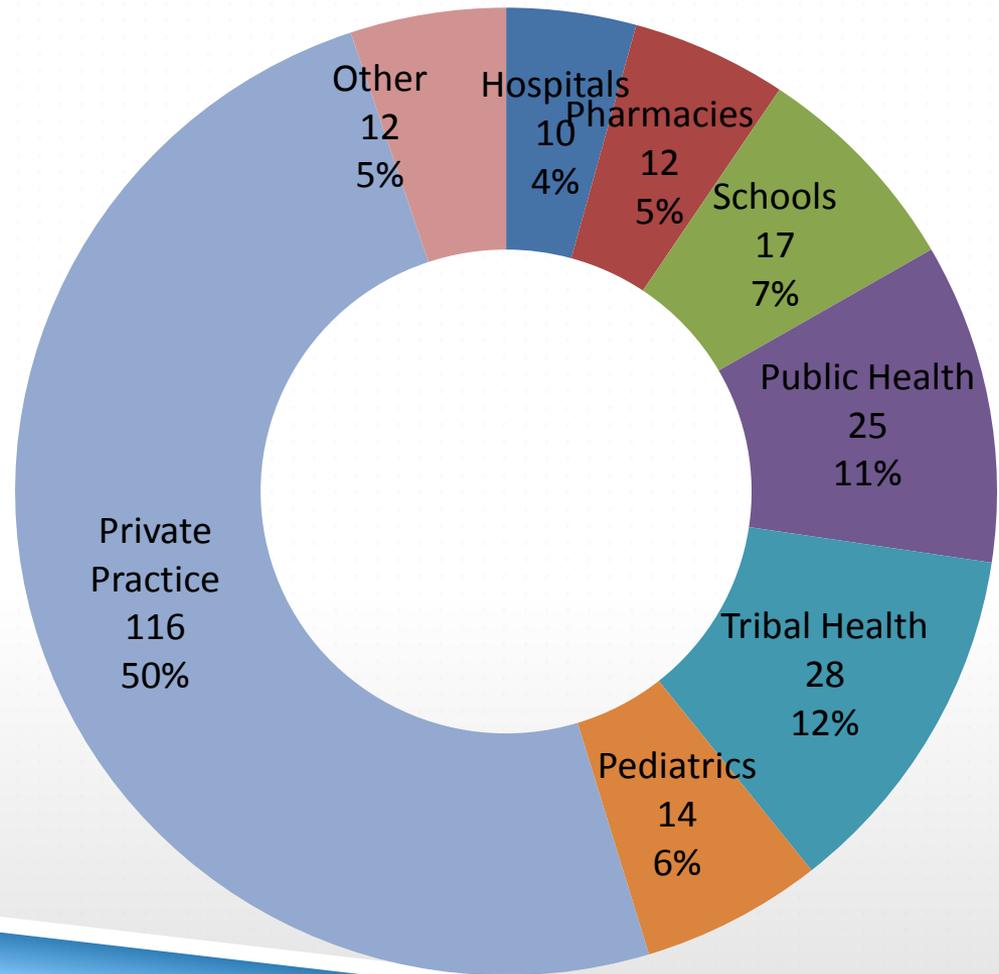
- ▶ Deceivingly large contributors.
- ▶ Includes all the village health centers and vaccinators, regional health centers and itinerant nurses that travel throughout the state.

PEDIATRICS, PRIVATE PRACTICE, HOSPITALS, OTHER



CONSOLIDATED PATIENT IMMUNIZATION RECORD

- ▶ Patients have many choices when it comes to receiving vaccinations
- ▶ Each contributor to VacTrAK plays an important role in patient's health and safety
- ▶ Important to have complete Immunization record all in one place



SITE VISITS

Lorraine Alfsen

PROVIDER SITE VISITS

▶ General

- ▶ Required by CDC
- ▶ VFC enrolled providers
- ▶ Results entered into CDC tools as required = CDC monitors
 - ▶ State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*

SITE VISITS

▶ AFIX (Assessment, Feedback, Incentives, and eXchange)

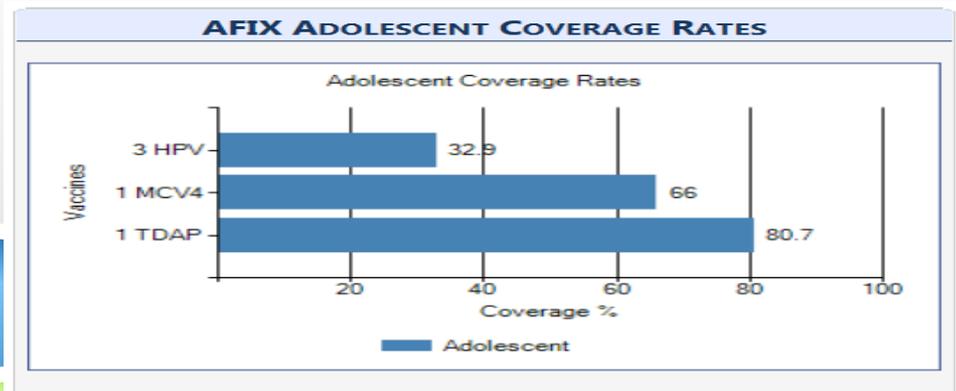
▶ Purpose

▶ Tools

- ▶ VacTrAK data, coverage rate and missed opportunity reports
- ▶ CDC developed survey and action plans
- ▶ CDC's reporting tool and state level coverage rate dashboard

The screenshot shows the Alaska Immunization Program website. The main heading is "AFIX (Assessment, Feedback, Incentives and eXchange)". Below this, it states: "AFIX is a quality improvement strategy used to raise immunization coverage levels, reduce missed opportunities, and improve standards of practices at the provider level." The page lists the following components: Assessment of VFC-enrolled provider's vaccination coverage levels and immunization practices; Feedback of results to the provider along with recommended strategies to improve coverage levels; Incentives to recognize and reward improved performance; and eXchange of information evaluates progress toward implementing the quality improvement strategies decided upon during the Feedback process. A section titled "AFIX Process" includes: Overview, Initial Visit, Follow-Up, eXchange Visit, and Subsequent eXchange Visit. On the right side, there are links for "Immunization Information" (VaccTrAK, Vaccine Distribution Program, School & Child Care Immunization Requirements, AFIX, Perinatal Hepatitis B) and "Highlights" (Conditions Reportable, Epidemiology Bulletins, Epidemiology Publications, Bibliography of Published Studies, Links of Interest, Epidemiology Contact List). At the bottom right, "Epidemiology Programs" includes Environmental Public Health, Health Impact Assessment, HIV & Sexually Transmitted Disease, and Immunization.

The screenshot shows the CDC National Center for Immunization and Respiratory Diseases website. The main heading is "PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS". Below this, there are navigation links: PAPA - Home, AFIX - Home, AFIX - Search, AFIX - Reports, and AFIX - Help. The main content area features the text: "Assessment, Feedback, Incentives, eXchange Program Online Reporting Tool".



SITE VISITS

► Quality Assurance and Education

► Purpose

Provider Enrollment:	This visit is required for new enrolling providers or providers that have had a break between enrollments with the Alaska Immunization Program. The purpose of this appointment is to ensure providers and their staff is provided with education about requirements, and has appropriate resources to implement program requirements.
Annual Education Requirement:	Vaccine coordinators and back-up vaccine coordinators must complete an annual education webinar. Certificates of completion must be submitted to the Epidemiology Vaccine Depot by June 30, 2015.
Compliance:	A compliance site visit consists of an examination of vaccine management and delivery practices to ensure compliance with federal and state guidelines. It involves administration of a questionnaire, evaluating compliance with requirements and providing education. During the visit, there will be a formal review of vaccine management practices as well as a review of patient records and other documentation to assure appropriate vaccine eligibility screening and administration documentation is occurring. The Alaska Immunization Program will contact providers by phone to schedule compliance visits. A visit confirmation letter and a pre-visit questionnaire will be sent prior to the visit. Completion and return of the pre-visit questionnaire prior to the visit provides us with an opportunity to better prepare for your visit.
Unannounced Storage and Handling:	The Alaska Immunization Program is required to perform unannounced storage and handling site visits to serve as "spot checks" on facility vaccine management practices.

► Tools

- Questionnaires and CDC Site Visit Reviewer Guides
- CDC's reporting tool and compliance dashboards (state and provider level)



Individual provider's compliance visit results



SITE VISITS

January 1 through September 25, 2015

80% of Alaska's providers visited were noncompliant

CDC views noncompliant issues as potential fraud or abuse

Most common issues found during VFC Compliance Visits:

- ▶ Vaccines are not ordered/offered for the children and adolescents served
- ▶ Administration fee for non-Medicaid VFC-eligible children is too high
 - ▶ Not to exceed \$ 27.44
- ▶ Hand written temperature logs are incomplete
 - ▶ Still a CDC requirement even with use of LogTags
- ▶ Back up thermometer has no current, valid calibration certificate
- ▶ Vaccine Information Statements (VIS) publication dates are not documented for each vaccine administered

State and federal requirements are found in the *Alaska Vaccine Distribution Handbook*

SITE VISITS

\$ 27.44 is the vaccine administration fee cap for a non-Medicaid VFC-eligible child

- ▶ True
- ▶ False

SITE VISITS

State and federal requirements for receiving state-supplied vaccine can be found in the *Alaska Vaccine Distribution Handbook*

- ▶ True
- ▶ False

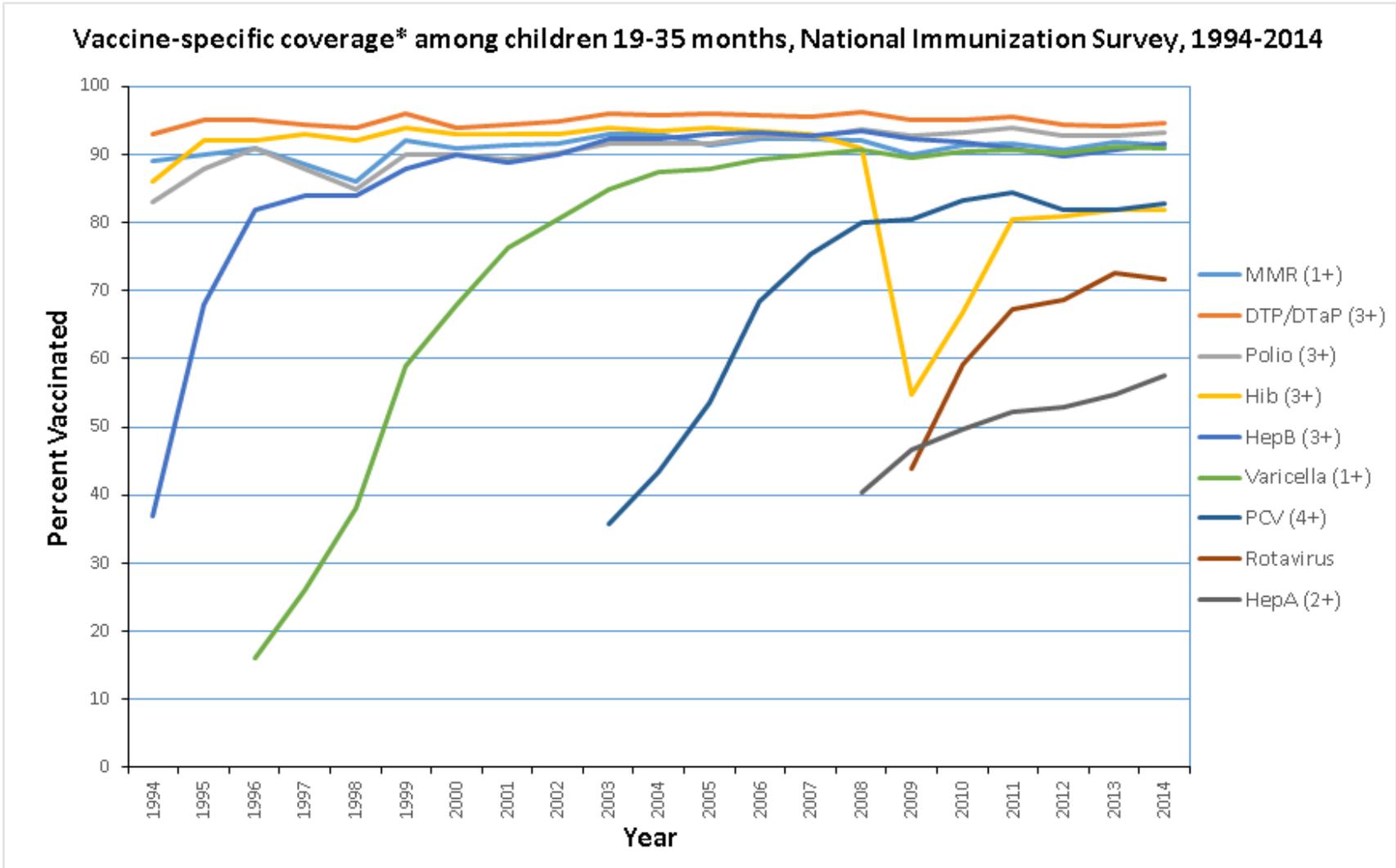
Vaccination Coverage Rates



Stephanie Massay

Figure Depicting Coverage with Individual Vaccines from the Inception of NIS, 1994 Through 2014

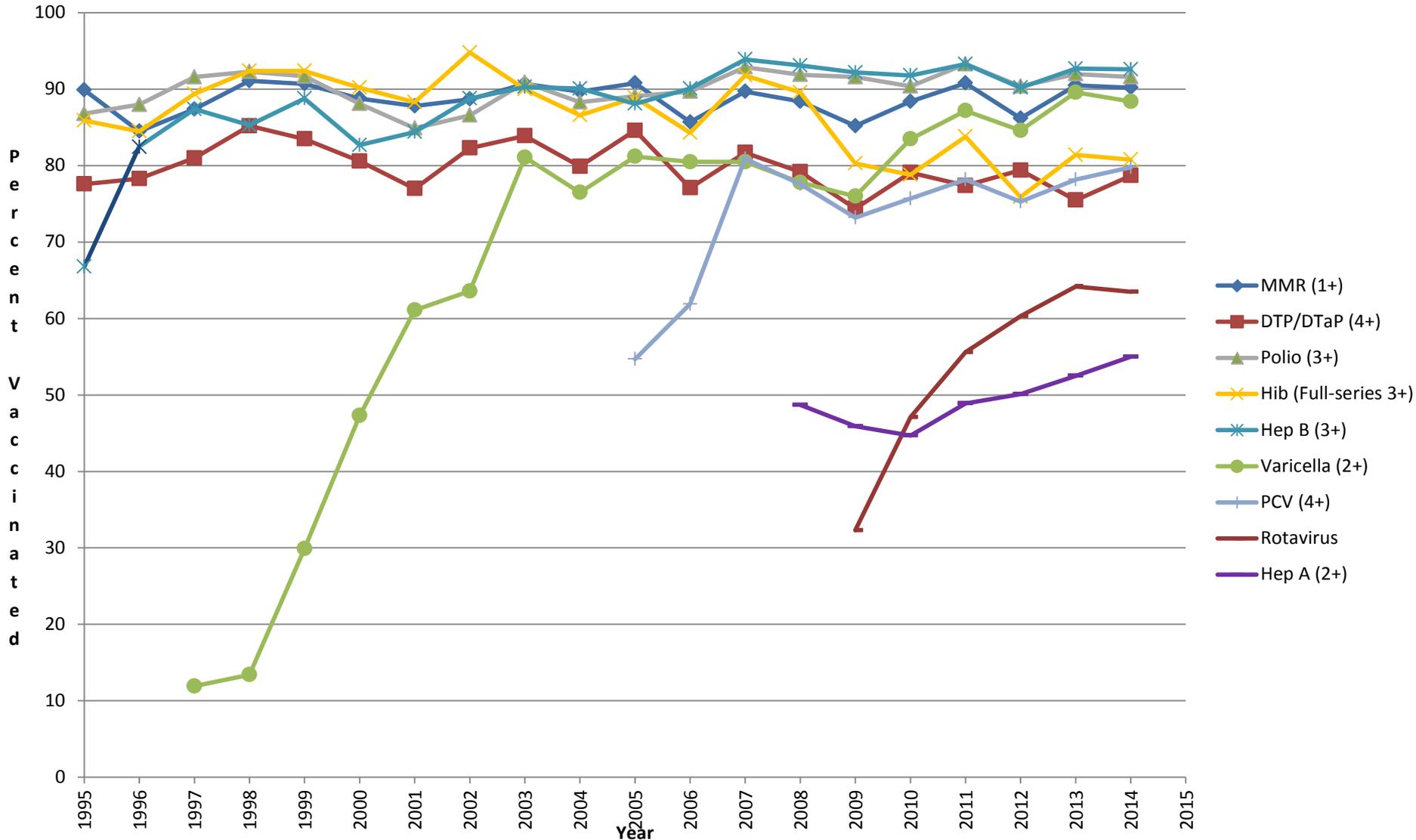
Vaccine-specific coverage among children 19-35 months, National Immunization Survey, 1994-2014.



* The Healthy People 2020 target for coverage is 90% for all these vaccines with the exception of rotavirus (80%) and HepA (85%)

Abbreviations: MMR = measles, mumps, and rubella vaccine; DTP/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine / diphtheria, tetanus toxoids, and acellular pertussis vaccine; Hib = *Haemophilus influenzae* type b vaccine; HepB = hepatitis B vaccine; PCV = pneumococcal conjugate vaccine; HepA = hepatitis A vaccine.

Alaska Vaccine-specific coverage among children 19-35 months, National Immunization Survey 1995-2014



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Vaccine Coverage Goal Children Aged 19-35 Months

Target for composite vaccine series 4:3:1:3:3:1:4

≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, >1 MMR, full series of Hib (3 or 4 depending upon product), ≥3 doses of Hep B, ≥1 doses of varicella, and 4 doses of PCV.

- Healthy Alaskans 2020 75%
- Healthy People 2020 80%

Estimated Vaccine Coverage Among Children Aged 19-35 Months, NIS 2014

State/Area

**4:3:1:4:3:1:4
Vaccine Series***

US National

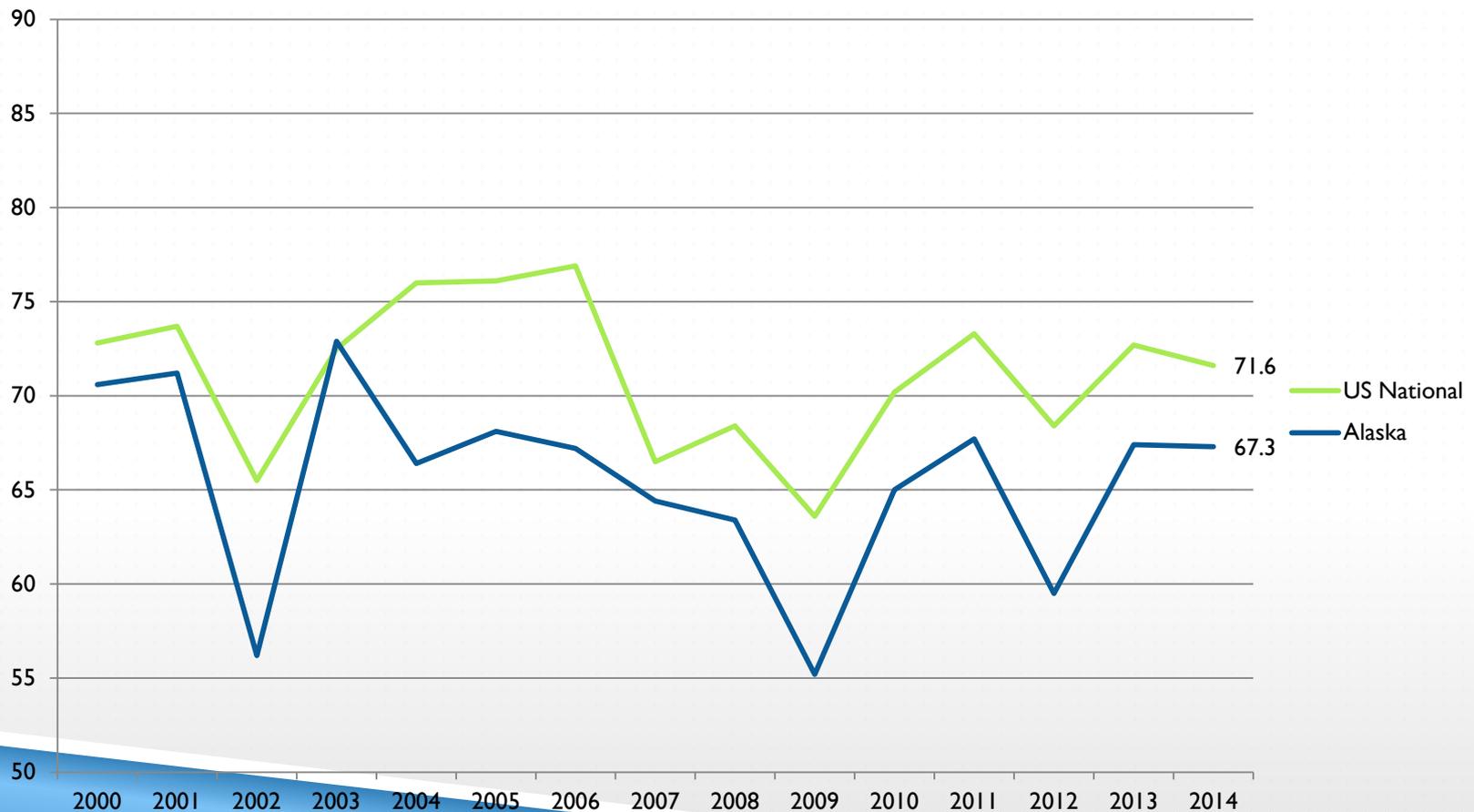
71.6%

Alaska

67.3%

*Includes ≥ 4 doses DTaP/DT/DTP, ≥ 3 doses polio, ≥ 1 dose MMR, full series Hib, ≥ 3 doses Hep B, ≥ 1 dose varicella, and ≥ 4 doses PCV

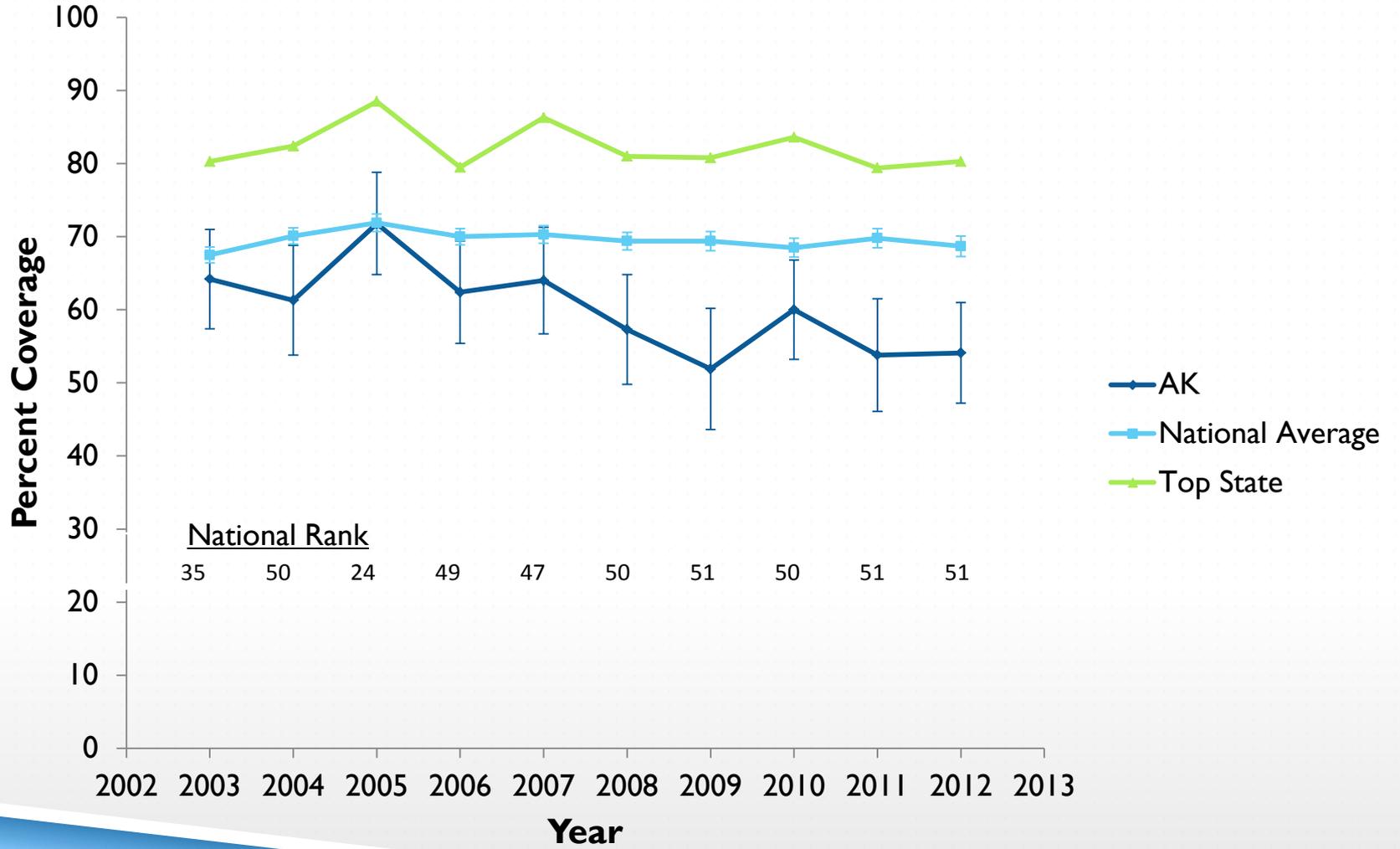
Estimated Vaccine Coverage for the Standard Composite Series* among Children Aged 19-35 Months



CDC National Immunization Survey Data

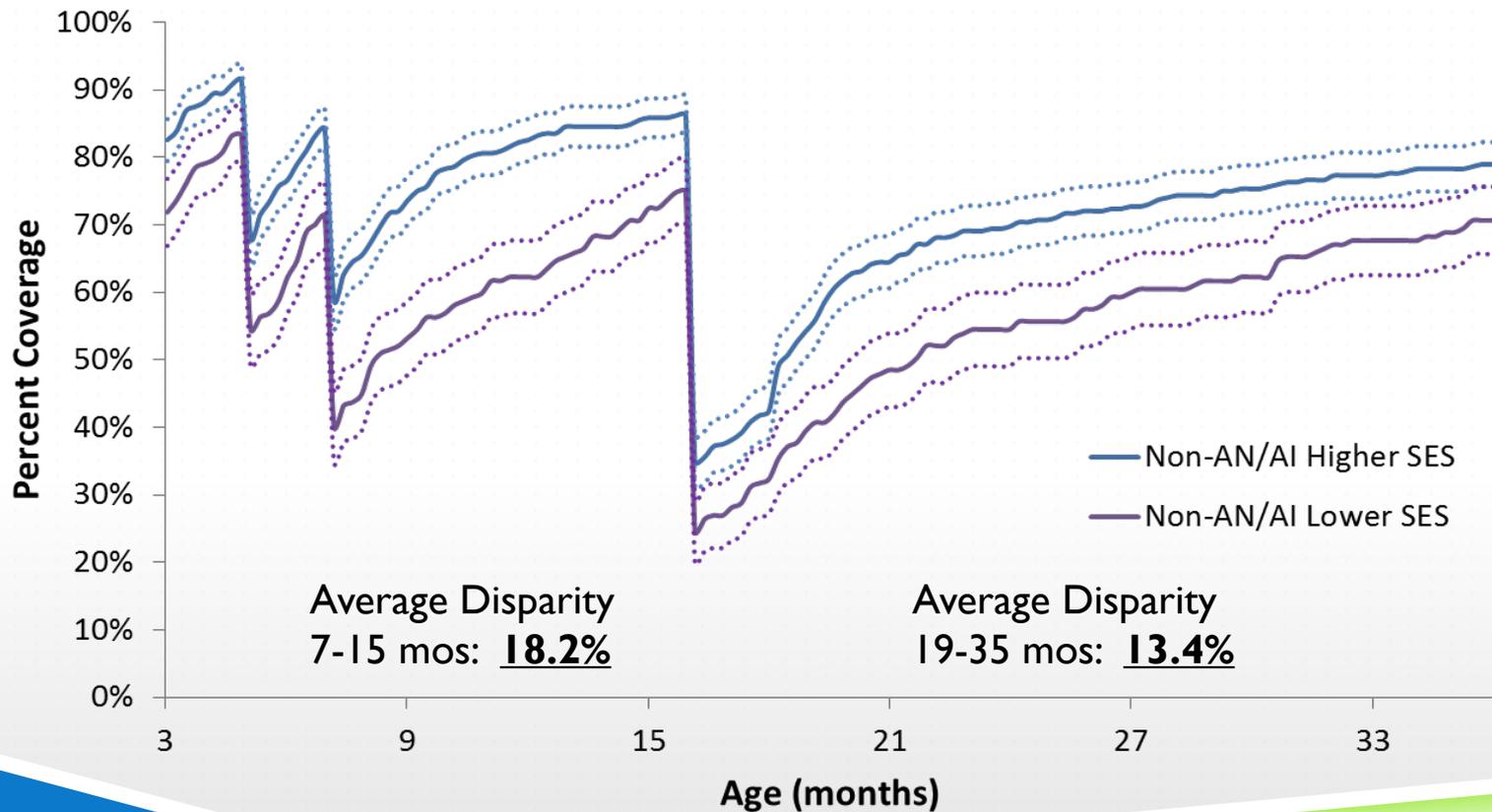
*Standard series by year 2000-2001 4:3:1:3:3, 2002-2006 4:3:1:3:3:1, 2007-2012 4:3:1:3:3:1:4

4 DTaP by 19 months



Socioeconomic Disparity in District B

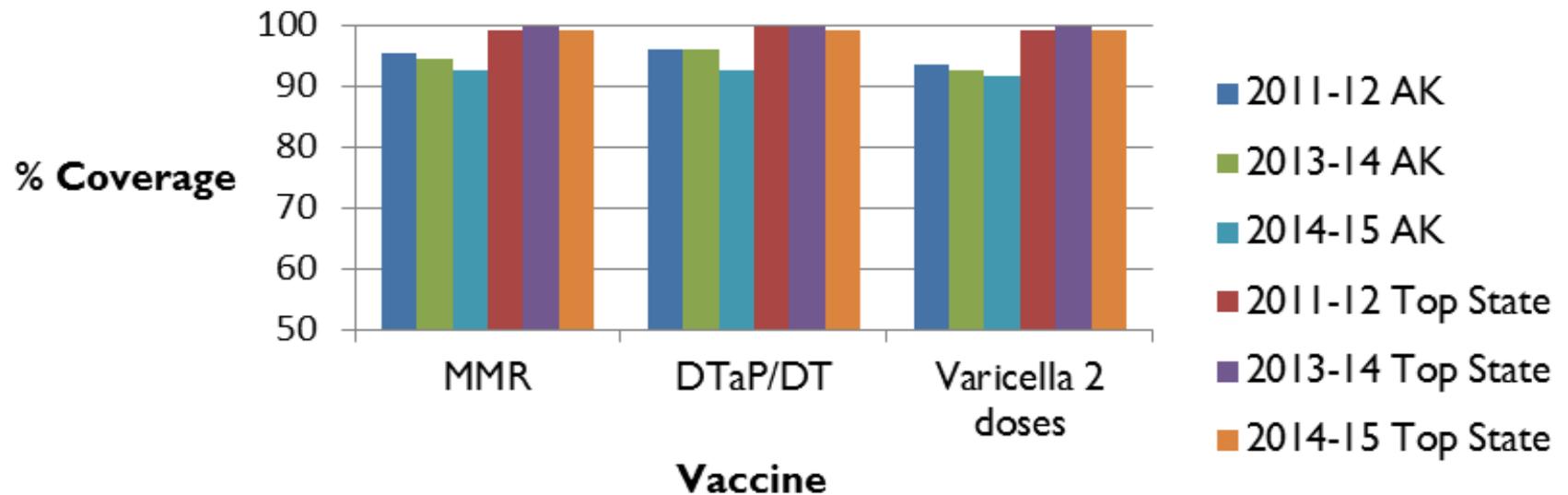
**% Current Non-Native Kindergarteners UTD on DTaP:
Socioeconomic Comparison in District B**



Bottom line: **Poor On-time Vaccination**

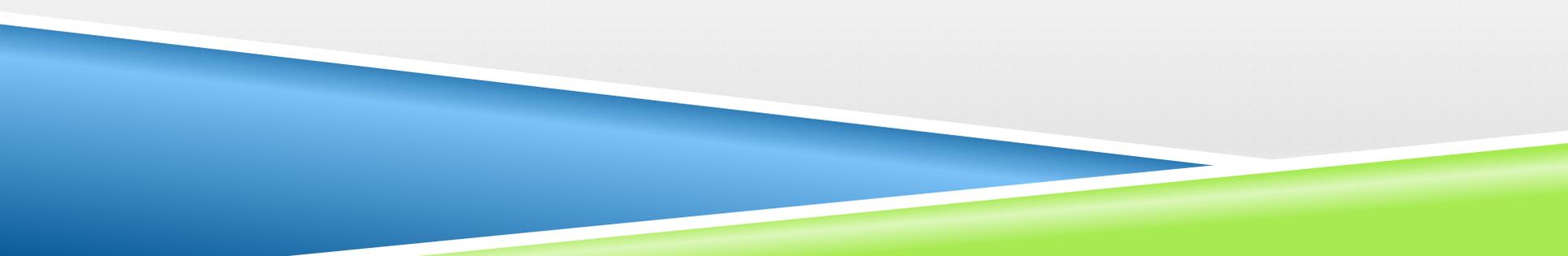
- ▶ Our kids fall behind by 5 months and further behind by 7 months
- ▶ The lag remains into mid toddlerhood, and only later do our kids catch up (incompletely)
- ▶ This suggests two likely factors
 - ▶ Missed opportunities (i.e., lack of effective reminder/recall systems)
 - ▶ Inadequate access (defined broadly) to well child care or vaccines

Vaccination Coverage among Children in Kindergarten -- US and Alaska

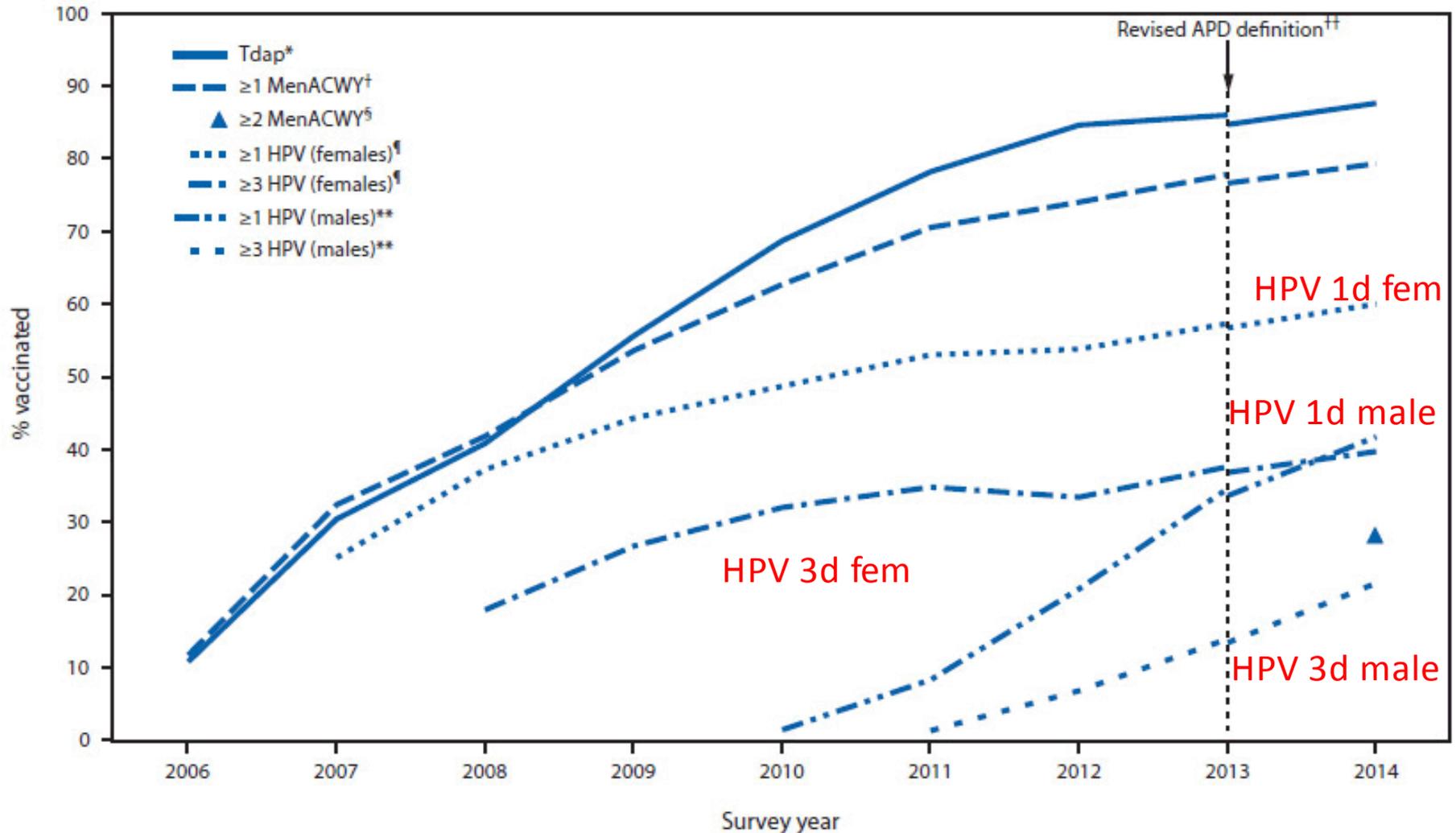


The really positive message here is that even though we hear a lot about vaccine refusal, most parents choose to protect their children.

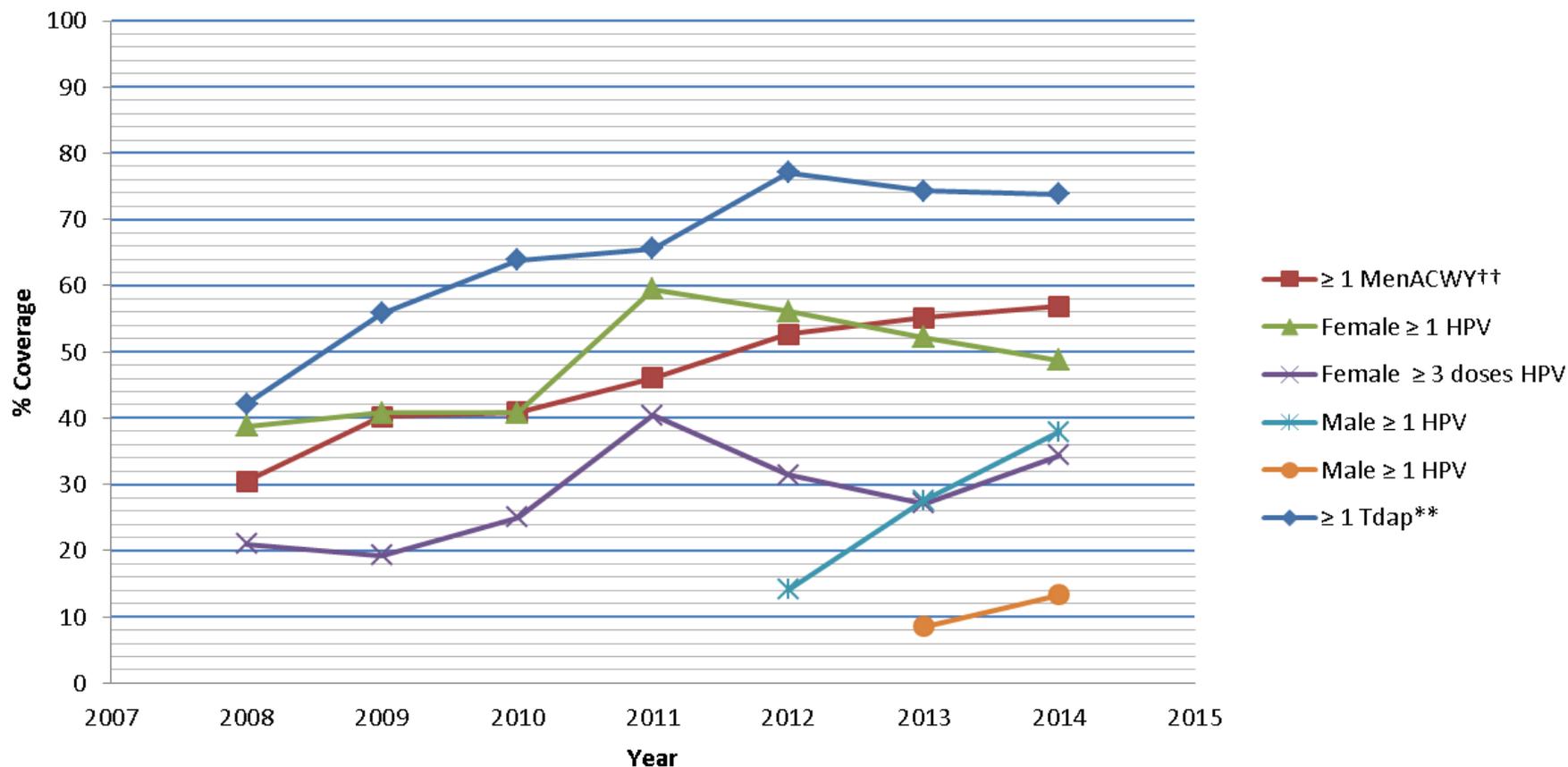
Dr. Amanda Cohn, a pediatrician with CDC.



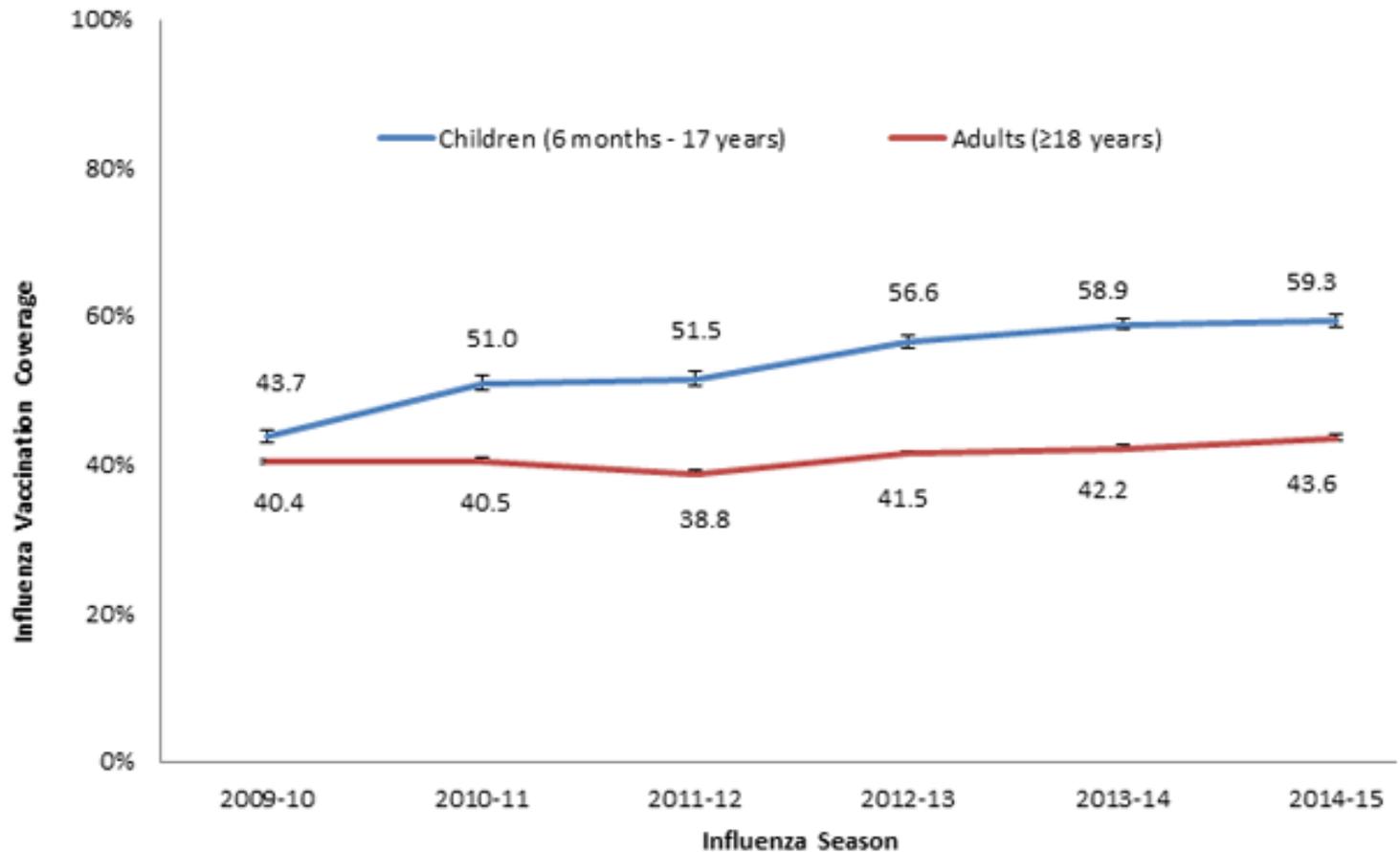
Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17 years, by survey year — National Immunization Survey–Teen, United States, 2006–2014



Estimated Vaccination Coverage among Adolescents Aged 13–17 years — National Immunization Survey–Teen Alaska 2008–2014



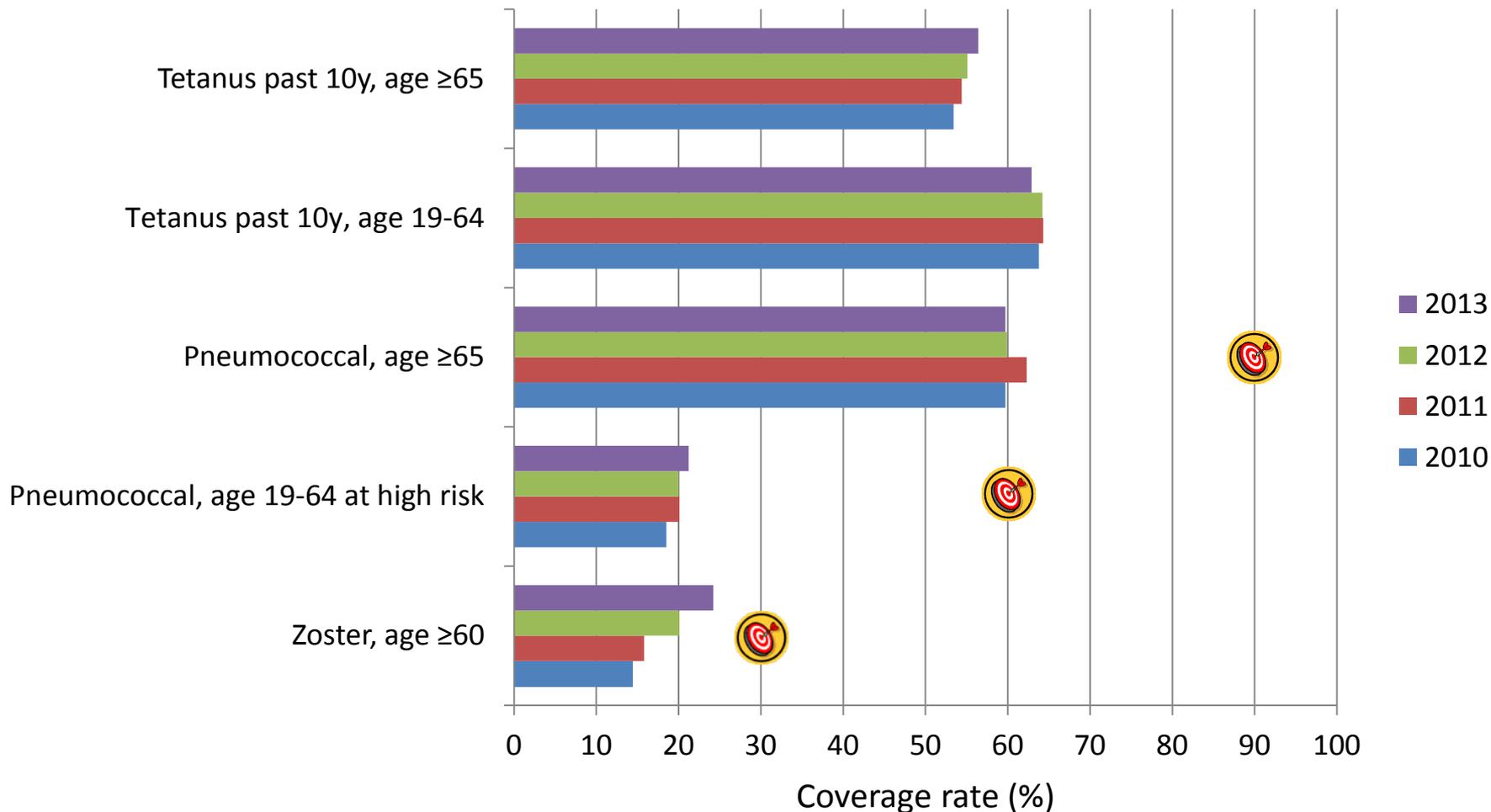
Seasonal Flu Vaccination Coverage by Age Group and Season, United States, 2009-2015



Error bars represent 95% confidence intervals around the estimates.
The 2009-10 estimates do not include the influenza A (H1N1) pdm09 monovalent vaccine.

Data sources: National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS)

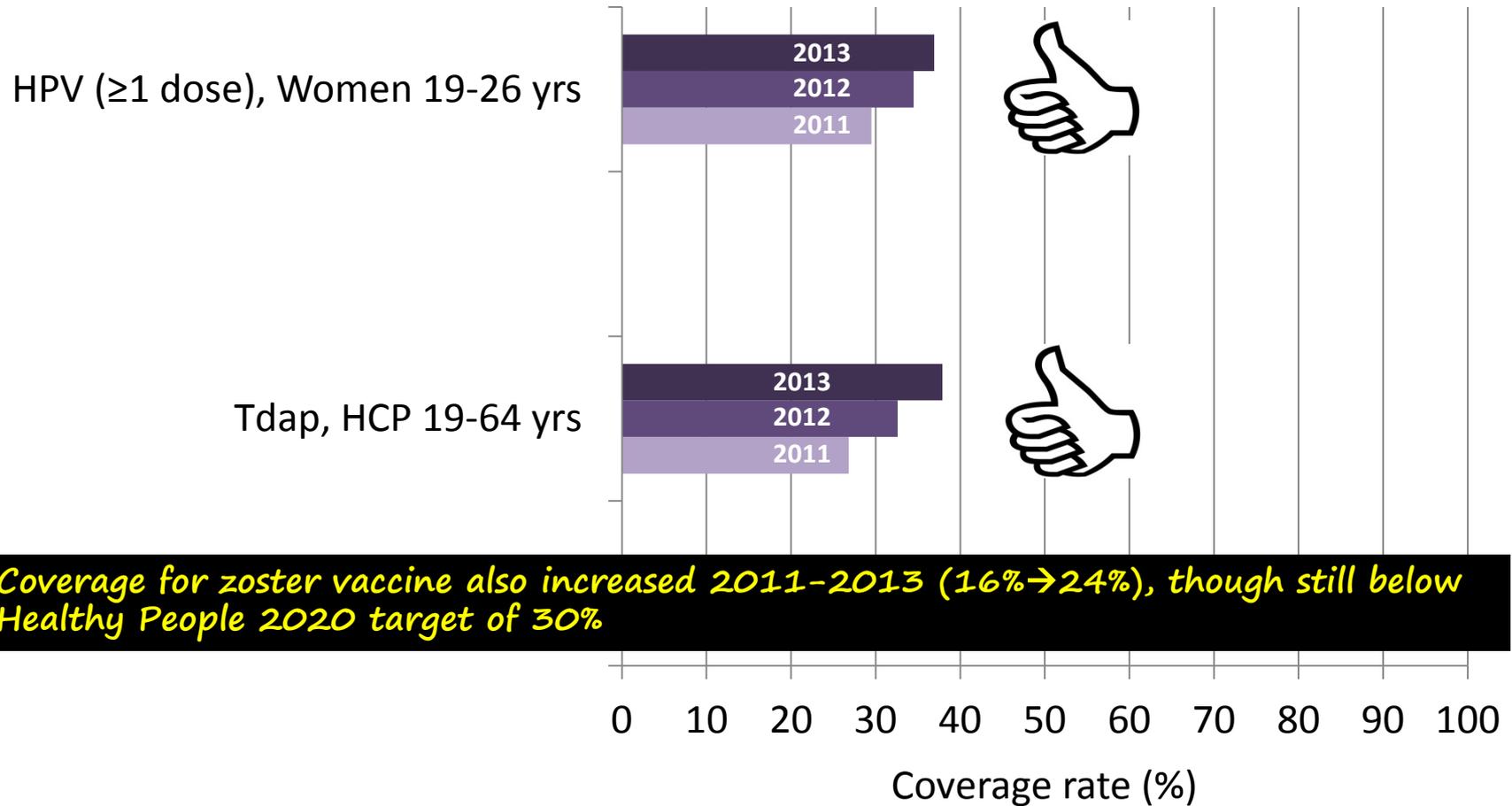
Adult Immunization Coverage Rates 2010 - 2013



Source: National Health Interview Surveys

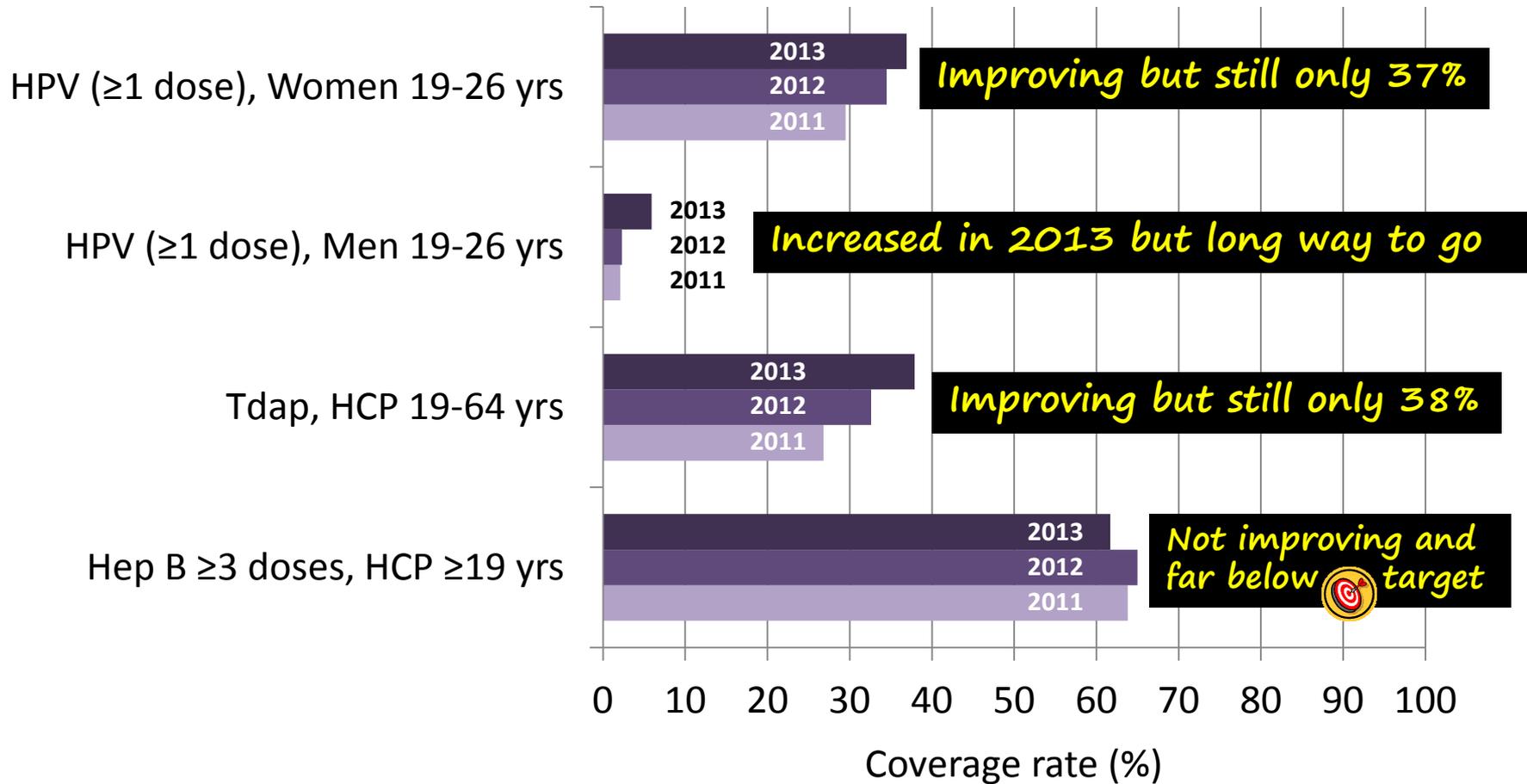
: Healthy People 2020 target

Improvements in Some Adult Immunizations



Source: National Health Interview Surveys

Adult Immunization Rates Still Low



Source: National Health Interview Surveys

: Healthy People 2020 target

Influenza Vaccination Coverage Among U.S. Adults By Season

Group	2011-12 (%)	2012-13 (%)	2013-14 (%)*	2014-15 (%)	Difference (%)
Persons \geq 18 yrs	38.8	41.5	42.4	43.6	4.8
Persons 18-49 yrs, all	28.6	31.1	32.3	33.5	4.9
Persons 50-64 yrs	42.7	45.1	45.3	47.0	4.3
Persons \geq 65 yrs	64.9	66.2	65.0	66.7	1.8

Diseases Haven't Disappeared

Most vaccine-preventable disease rates are low in the US, but this isn't true everywhere in the world.



Recent Examples of VPDs in Alaska

Vaccine Preventable Disease	Cases in Alaska
Hepatitis A	1 case in Alaska in 2014 -Acquired while travelling in Mexico
Hepatitis B	-1-5 cases/yr (mainly in IDUs)
H flu Invasive Disease	21 cases in 2013; 23 cases in 2014
Influenza	>1000 lab-confirmed cases last year 5 reported deaths in the 2013-14 season -Sustained summer activity (H3 and B)
Measles	1 case in Alaska in May 2015 -Adult with recent travel to central Asia
Meningococcal Dz	3 cases in 2014
Mumps	1 case imported from Asia in 2014 -Woman exposed in Japan
Pertussis	356 cases in 2012; 308 cases in 2013; 165 cases in 2014
Pneumococcal Invasive Dz	111 cases in 2013; 86 cases in 2014
Tetanus	1 case in Alaska in 2014 and 1 case in 2012 -Hand wound (2014) and rusty nail (2012)
Varicella	31-64 cases/year during 2009-2014