

September 12, 2016

MEMORANDUM

TO: Local Health Department Immunization Staff

FROM: Wendy Holmes, RN, Head *WH*
Immunization Branch

SUBJECT: Reminder: 2016 Annual Immunization Assessment Using the North Carolina Immunization Registry (NCIR)

The purpose of this memo is to remind local health department (LHD) staff about the upcoming 2016 Annual Immunization Assessment. As previously described, this assessment will review NCIR records of children 24 through 35 months of age who are active in each LHD, as well as those who reside in the corresponding county. The purpose of this assessment is to determine the immunization compliance rate, which refers to the percentage of children who have documentation of being up-to-date (UTD) by 24 months of age with the recommended vaccinations. As a reminder, all active clients with a birth date range of **10/2/2013 to 10/1/2014** will be assessed for the **4:3:1:3:3:1:4** (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Var, and 4 PCV) series. Data will be extracted from the NCIR using the Benchmark Report on **Monday, October 3rd, 2016**.

As described in the LHD Agreement Addenda performance measures, an overall county rate and an organization (LHD) compliance rate will be calculated and reported. As previously instructed, LHD staff has the ability to run their own reports using the NCIR Benchmark Report. Reports may be generated at any time and should be used to track appropriate clients within your organization and county. Instructional information for using the NCIR Benchmark Report is attached. Some children may be excluded (made "inactive") from your LHD in accordance with the categories defined in the "Exclusion Criteria for Making Clients Inactive from an Organization" document, which has been made available in the past and also accompanies this memo.

If you have any questions regarding the assessment process, please contact your Regional Immunization Program Consultant. Please refer to the attached Regional Immunization Program Consultant map for the most current contact information. As always, the Immunization Branch appreciates your commitment to assuring the health of North Carolina's children.

Enclosures (3)

CC: Immunization Central Office Staff	Regional Immunization Nurses (RINs)
SMT	Regional Immunization Consultants (RICs)
Phyllis Rocco	Danny Staley



The NCIR Benchmark Report

Guidance for Local Health Departments for the 2016 Annual Immunization Assessment

The NCIR Benchmark Report provides a summary of the immunization status of a particular group of clients for a specific immunization benchmark or predefined series of benchmarks. This report is also used to obtain a list of clients that are not yet up-to-date for the specified immunizations.

To assess the overall immunization status of active clients within your local health department, change the client population to “**Clients Associated with (your) County Health Department**”. To assess the immunization status of clients in NCIR listed as residing in your county, change the client population to “**Clients Residing in (your) county**”.

Select Client Population

Clients Associated with Selected Site

Clients Associated with MITCHELL COUNTY HEALTH DEPARTMENT

Clients Residing in Mitchell County

Clients Associated with MITCHELL COUNTY HEALTH DEPARTMENT AND Clients Residing in Mitchell County

Enter the **birth date range**: Earliest Birth date: **10/02/2013** Latest Birth date: **10/01/2014**

Select Age or Birth Date Range

Less than or equal to 72 months old

Birth date range Earliest Birth date: 10/02/2013 Latest Birth date: 10/01/2014

Age range Youngest Age: Days Oldest Age: Days

Enter the Evaluation date as the **current date**, (either manually type in the date or select it from the pop-up calendar).

Select Evaluation Date

Select the benchmark; at the **Age @ 24 months**, by clicking the entire row to highlight.

Select Benchmark

Age Specific Immunization Benchmarks							
Age	DTaP	Hep B	Hib	MMR	Polio	Pneumo	Varicella
@ 3 months	1	1	1		1	1	
@ 5 months	2	2	2		2	2	
@ 7 months	3	2	2		2	2	
@ 9 months	3	2	2		2	2	
@ 12 months	3	2	2		2	2	
@ 16 months	4	3	3	1	3	3	1
@ 19 months	4	3	3	1	3	3	1
@ 21 months	4	3	3	1	3	3	1
@ 24 months	4	3	3	1	3	4	1
@ 72 months	5	3	4	2	4	4	1

Click “**Generate**” once and wait for the Benchmark Report Status page to appear.

You may need to click “Refresh” a few times and wait for the “**BENCHMARK**” link to appear. When the report link is ready, click the link to view the report results and to see a list of clients who did not meet the benchmarks and who are not yet up-to-date for the required vaccinations.

Exclusion Criteria for Making Clients Inactive from an Organization

Guidance for Local Health Departments for the 2016 Annual Immunization Assessment

In order for LHD assessments to provide an accurate portrayal of their own organization's active clients' vaccination status, clients should be "excluded" from the active client list by having their client status set to 'Inactive' or 'Permanently Inactive-Deceased' when applicable.

Using the **Status** field on the "**Client Information**" tab within the NCIR screen as shown below:

The screenshot shows the 'Client Information' tab in the NCIR system. It features three main sections: 'Eligibility', 'Provider Organization Specific Data', and demographic fields. The 'Status' dropdown menu is open, showing options: 'Inactive', 'Active', 'Inactive', and 'Permanently Inactive - Deceased'. The 'Inactive' option is highlighted.

Client Information	Responsible Person(s)	Client Comment(s)
Eligibility Verification Date: Eligibility as reported by Responsible Person:	Provider Organization Specific Data Chart # Secondary Chart# Status: Inactive (dropdown menu open showing: Inactive, Active, Inactive, Permanently Inactive - Deceased)	
Ethnicity: Not Hispanic or Latino (dropdown)		
Race: White (dropdown)		

Set the client's status to "**Inactive**" if he/she fits into one of the following categories:

- **Moved or Gone Elsewhere (MOGE)**: any client confirmed as receiving immunization services elsewhere. Document this in the client's permanent medical record. The documentation must include the estimated date of transfer of service **and** the new service provider (as specific as possible; e.g., Client transferred to C. Pediatrics in Nov 2012), if known.
- **Unable to locate**: the expectation is that LHDs will make reasonable efforts to locate a client who may be in need of immunizations. However, tracking resources should be allocated in an efficient manner. Therefore, a LHD may identify a client as "unable to locate" if **all** three of the following conditions are met:
 - 1) The client has not received any service from the LHD in the last 12 months, **AND**
 - 2) The telephone number(s) is no longer valid for the client (either the phone is disconnected, or the family no longer resides at that number), **AND**
 - 3) A postcard or letter has been returned and no other address is known; **or** a certified letter is returned; **or** there is no address entered for the client. *Note*: The client will remain in the county assessment and will be identified as unable to locate. Please do not change the client's county of residence unless you know the correct county.

Any relevant information should be documented in the client's medical record. The documentation must include:

- The date the phone number was verified as no longer valid, and
- The date the address was validated as being no longer valid (as specific as possible).

Within the NCIR, every client's **County of residence** and **Responsible Person(s) address information** should be verified at each encounter. If a client has moved out of state, you should change the county of residence to "Out of State", as shown below:

Middle Name	T	* Birth Date	02/15/1943
* Mother's Maiden Last		County of Residence	Out of State
* Mother's First Name		Last Notice	

*NOTE: Fields marked with an asterisk * are required.*

If you are uncertain of the North Carolina county, please ask the client/responsible person. No client should ever have "**Unknown**" listed as their county of residence. All clients within a corresponding county of residence (regardless of their client status within any organization) will be included in calculating a county immunization compliance rate. Countywide compliance rates are used in determining the statewide rate.

If you only provide a client with a specific vaccination(s), such as a giving a flu shot, you are still responsible for assuring the client is age-appropriately immunized with all vaccinations. You should always update a client's NCIR record with any historical immunization(s), as well as the immunization(s) administered during any visit, and then provide the client with a completed, current copy of the record. If the client is receiving all immunizations elsewhere, you may set his/her status to "**inactive**". If the client is **NOT** age-appropriately immunized, and does not have another immunization home, you should continue to follow-up with the client until the client is age-appropriately immunized, or until his/her status changes to "inactive" due to a valid reason.

A client/parent/guardian that delays or refuses to come to your facility for an immunization(s), even after repeated follow-up should not be made "inactive." Instead, you should;

- Document the dates of notification (phone calls or letters sent) in the client's permanent medical record according to your agency's protocol.
- You may set the NCIR Responsible Person(s) notice to "no" if you do not want to continue to try to contact the client via that method, but the client should remain active in your organization, as further follow-up will be necessary until they are appropriately vaccinated.

If a client/parent/guardian refuses an immunization(s), or for some other reason is unable to receive an immunization(s) at a routine office encounter, you should;

- Document that information appropriately in the NCIR Client Comment(s),
- Document in the medical record according to your agency protocol. The client should remain active with your organization, as further follow-up will be necessary.

Determining who is unvaccinated is an important public health function for disease prevention, especially when disease outbreaks occur. Having an accurate assessment of immunization compliance within your facility, as well as within the county is critical for this purpose.

If you have questions about which status to assign to a specific client, contact your Regional Immunization Program Consultant; see the attached map for up-to-date contact information.



Public Health
HEALTH AND HUMAN SERVICES

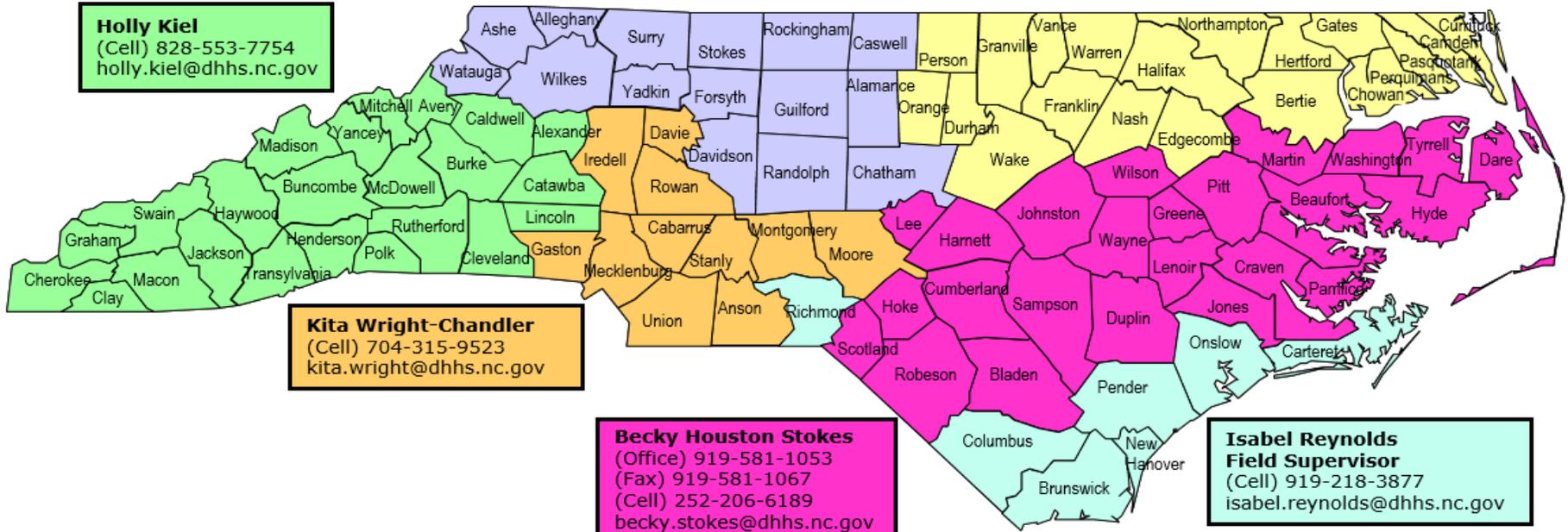
Regional Immunization Program Consultants North Carolina Division of Public Health North Carolina Immunization Program



Ashley Luck
(Office) 336-882-3176
(Fax) 336-882-3339
(Cell) 336-813-4158
ashley.luck@dhhs.nc.gov

Brandon Rector
(Office) 919-960-3739
(Fax) 919-960-6995
(Cell) 919-218-8932
brandon.rector@dhhs.nc.gov

Holly Kiel
(Cell) 828-553-7754
holly.kiel@dhhs.nc.gov



Kita Wright-Chandler
(Cell) 704-315-9523
kita.wright@dhhs.nc.gov

Becky Houston Stokes
(Office) 919-581-1053
(Fax) 919-581-1067
(Cell) 252-206-6189
becky.stokes@dhhs.nc.gov

**Isabel Reynolds
Field Supervisor**
(Cell) 919-218-3877
isabel.reynolds@dhhs.nc.gov