Program Element #143: Immunization Services

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice, Immunization Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Immunization Services.

Routine immunization services are provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. Immunization services funded under this Agreement include population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers that provide vaccines to their client populations; as well as vaccine administration to underserved populations that lack access to vaccination with an emphasis on ensuring equity in service delivery.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Immunization Services.

a. **Case Management:** An individualized plan for securing, coordinating, and monitoring disease-appropriate treatment interventions.

b. **Exclusion Orders:** Legal notification to a parent or guardian of their child's noncompliance with the School/Facility Immunization Law.

c. **HBsAg Screening**: Testing to determine presence of Hepatitis B surface antigen, indicating the individual carries the disease.

d. **IQIP, Immunization Quality Improvement for Providers**: A continuous quality improvement process developed by CDC to improve clinic immunization rates and practices.

e. **IRIS System**: An electronic system developed and maintained by OHA used by Grantees to issue exclusion orders and report school- and child care site-specific data.

f. **Vaccine Access Program (VAP):** Vaccine or Immune Globulin provided by OHA procured with federal and state funds. Enrolled clinics may use state-supplied vaccine for all of their patient population, with appropriate eligibility coding.

g. **Vaccines for Children (VFC) Program:** A Federal entitlement program providing no-cost vaccines to children 0 through 18 years who are:

(1) American Indian/Alaskan Native; or,

(2) Uninsured; or,

(3) Medicaid-enrolled; or,

(4) Underinsured and are served in Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC); or,

(5) Underinsured and served by Grantees.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	**Foundational Program**					**Foundational Capabilities**						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive Population Health	Direct	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Ensure Vaccine Access				*	*		X					X
Immunization Rates, Outreach and Education				*								
Perinatal Hepatitis B Prevention, Screening and Documentation	*								X			
School/Facility Immunization Law				*					X			

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

- Two-year-old vaccination rates
- Adult influenza vaccination rates for ages 65+

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:**

- Demonstrated use of data to identify population(s) of focus.
- Demonstrated actions to improve access to influenza vaccination for residents of LTCFs.
- Demonstrated actions with health care providers or pharmacists to improve access to vaccination.
- Increase in the percent of health care providers participating in the Immunization Quality Improvement Program (IQIP).
- Demonstrated outreach and educational activities conducted with community partners.

4. **Procedural and Operational Requirements.**

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

a. **Assure Vaccine Access.** Grantee must assure vaccine access to, at a minimum, school- or childcare- required vaccines in the jurisdiction. Grantee may choose to enroll in state-supplied vaccine programs (VFC, VAP), contract with another entity, partner with another immunizer in the jurisdiction, or a combination of these.

b. **Immunization Rates, Outreach and Education.**

(1) OHA will provide annually to Grantee their IQIP rates and other population-based county rates.

(2) By June 30 of every year, using a template provided by OHA, Grantee will complete an annual outreach workplan by selecting from OHA-suggested activities or creating their own and submit to OHA for approval.

(a) Grantee must, during the state fiscal year, design and implement two educational or outreach activities in their Service Area (either singly or in collaboration with other community and service provider organizations) designed to increase access to clinical immunization services.

(b) Activities should be designed to serve communities with limited access to immunization services or groups placed at increased risk of severe disease outcomes.

c. Perinatal Hepatitis B Prevention, Screening and Documentation

(1) Grantee must provide Case Management services to all confirmed or suspect HBsAg-positive mother-infant pairs identified by Grantee or OHA in Grantee's Service Area.

(2) Case Management will be performed in accordance with the Perinatal Hepatitis B Prevention Program Guidelines posted on the OHA website at *https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepbperi.pdf* and must include, at a minimum:

(a) Screen for HBsAg status or refer to a health care provider for screening of HBsAg status, all pregnant women receiving prenatal care from public prenatal programs.

(b) Work with birthing hospitals within Grantee's Service Area when maternal screening and documentation of hepatitis B serostatus in the Electronic Birth Registration System drops below 95%.

(c) Work with birthing hospitals within Grantee's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System.

(d) Ensure that laboratories and health care providers promptly report HBsAg-positive pregnant women to Grantee.

(e) Provide Case Management services to HBsAg-positive mother-infant pairs to track administration of hepatitis B immune globulin, hepatitis B vaccine doses and post-vaccination serology.

(f) Provide HBsAg-positive mothers with initial education and referral of all susceptible contacts for hepatitis B vaccination.

d. School/Facility Immunization Law

(1) Grantee must comply with the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284, and Oregon Administrative Rules 333-050-0140

(2) Grantee must take orders for and deliver Certificate of Immunization Status (CIS) forms to schools and children's facilities located in their jurisdiction. Bulk orders of CIS forms will be provided to the Grantee by the state.

(3) Grantee must cover the cost of mailing/shipping all Exclusion Orders to parents and to schools, school-facility packets which are materials for completing the annual school/facility exclusion process as required by the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284

and the administrative rules promulgated pursuant thereto, Oregon Administrative Rules 333-050-0140.

(4) Grantee may use electronic mail as an alternative or an addition to mailing/shipping if the Grantee has complete electronic contact information for all schools and children's facilities and can confirm receipt of materials

(5) Grantee must complete an annual Immunization Status Report that contains the immunization levels for attendees of: certified childcare facilities; preschools; Head Start facilities; and all schools within Grantee's Service Area. Grantee must submit this report to OHA no later than 23 days after the third Wednesday of February of each year in which Grantee receives funding for Immunization Services under this Agreement. Completion of Primary and Follow Up Tab data entry for all sites in the Grantee Service Area fulfills this requirement.

5. **General Expense Reporting.**

Grantee must complete an "Oregon Health Authority Public Health Division Expenditure Report" located at: https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Program Reporting Requirements.**

a. Grantee will submit an annual outreach workplan using a template provided by OHA and approved by CLHO.

b. Grantee must submit vaccine orders according to the ordering tier assigned by OHA.

c. If Grantee is submitting vaccine administration data electronically to ALERT IIS, Grantee must electronically flag clients who are deceased or have moved out of the Service Area or the Grantee jurisdiction.

d. Grantee must complete and submit an Immunization Status Report as required in Section 4.l.d.(5) of this Program Element.

e. Grantee must submit a written corrective action plan to address any compliance issues identified at the triennial review site visit.