



Section V: Immunization

MPR I

The local health department shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; Current Vaccines for Children (VFC) Operations Guide; Current Immunization Program Operations Manual (IPOM); PA 368 of 1978, MCL 333.9203; MCL 333.2433(1); WIC Policy Memorandum #2001; Current Comprehensive Agreement (annual); Resource Book for VFC Providers (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator I.1

The local health department (LHD) shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

This indicator may be met by:

The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Documentation Required:

- Written policies/protocols/operating procedures for public health preparedness during a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Evaluation Question:

- Has the policy/protocol operating procedure been reviewed and updated annually?
- Does the LHD policy/protocol/operating procedure coincide with the Centers for Disease Control and Prevention (CDC) Manual for Surveillance of Vaccine-Preventable Diseases and the most current Michigan Department of Health & Human Services (MDHHS) Vaccine Preventable Disease Investigation Guidelines?
- Does the LHD have access to the CDC Manual for Surveillance of Vaccine-Preventable Diseases and to the most current MDHHS Vaccine Preventable Disease Investigation Guidelines?

Indicator I.2

The LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: “free periodic immunization clinics” refers to public vaccine, particularly VFC vaccine, Vaccine Replacement Program (VRP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

This indicator may be met by:

- a) The LHD offers all vaccines recommended by the Vaccines for Children (VFC) Program to those residing in its jurisdiction.
- b) The LHD is a VFC provider.

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Documentation Required:

- Written policies/protocols/operating procedures for the appropriate vaccination of all LHD clients
- Documentation of all walk-in and appointment based clinic hours and locations showing availability to meet the public demand
- LHD VFC enrollment and profile forms for the past three years

Evaluation Questions:

- Does the LHD provide age appropriate vaccine as recommended by VFC?
- How does the LHD meet the public demand to vaccinate individuals?
- How are clinic hours publicized?
- Are walk-in clients accepted?
- Are appointments able to be scheduled within a four week time period?
- Does the LHD offer vaccines through other special MDHHS publicly funded vaccine programs?

Indicator I.3

The local health department uses the Immunization Action Plan (IAP) mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

This indicator may be met by:

- a) The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.
- b) The LHD submits an annual IAP plan by the due date each year.
- c) At least one representative from each local health department will attend the IAP meetings held twice a year.

Documentation Required:

- IAP reports submitted and on file at the LHD for the last 3 years
- IAP plans submitted and on file at the LHD for the last 3 years

Evaluation Questions:

- Did at least one representative from each local health department attend in entirety each of the bi-annual IAP meetings according to MDHHS IAP Coordinator Meeting sign-in sheets?
- Did the LHD submit all IAP reports on time in the last 3 years?
- Did the LHD submit an annual IAP plan on time for the last 3 years?

Indicator I.4

The local health department shows evidence that the LHD recalls children not up to date for vaccines.

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This indicator may be met by:

- a) The LHD will maintain a policy/protocol/operating procedure on the process for their recall efforts
- b) The LHD conducts reminder and/or recall (recall is required) efforts at least quarterly and details which methods were used (cards, letters, phone calls, other methods of outreach).
- c) The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Documentation Required:

- Current policy/protocol/operating procedure on LHD recalls
- Documentation of recall efforts on a graph or spreadsheet outlining the number of reminder and/or recall notices sent to LHD clients, details about which methods were used (cards, letters, phone calls, emails, texts, or other methods of outreach), date, antigens/ages recalled, and number of letters/phone calls/etc.
- Review of three client records that have been tracked showing response to recall
- Documentation of ongoing efforts to work with private providers to promote reminder/recall activities (e.g. educational, Michigan Care Improvement Registry (MCIR)-related, or other collaborative efforts)

Evaluation Question:

- Does the LHD have supporting documentation that validates recall efforts as listed on graph or spreadsheet?



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The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices*.

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; The National Vaccine Advisory Committee (NVAC) The Standards for Child and Adolescent Immunization Practices; Standards for Adult Immunization Practices; Current Immunization Program Operations Manual; Current AIM Provider Toolkit (annual); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 2.1

The LHD adheres to guidelines found in the *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* regarding vaccination policies for their own clients.

This indicator may be met by:

- a) Barriers to vaccination should be identified and minimized at the local health department.
- b) Patient “out-of-pocket” costs are minimized.
- c) Vaccinations are coordinated with other healthcare services being provided at the health department.
- d) Clients seeking healthcare services at the LHD should be assessed at every encounter to determine which vaccines are indicated.
- e) Office or clinic-based patient record reviews and vaccination coverage assessments are performed annually.

Documentation Required:

- Fee schedule
- Method of notification used to let clients know that immunization fees can be waived for publicly purchased vaccines

Evaluation Questions:

- Do other LHD programs, including those that serve adolescents and adults, screen and refer clients to the immunization clinic or private provider?
- Has the LHD addressed focus efforts identified for improved immunization processes during the last AFIX review?

Indicator 2.2

The LHD adheres to guidelines found in the *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* when administering vaccines to clients.

This indicator may be met by:

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- a) Written up-to-date vaccination protocols are easily accessible at all locations where vaccines are administered.
- b) Local health department staff should simultaneously administer as many indicated vaccine doses as possible.
- c) Only true contraindications should be used when vaccinating individuals.
- d) Proper counseling of persons receiving vaccines should be performed explaining immunization risks and benefits including the distribution of the Michigan Vaccine Information Sheets (VIS).
- e) All required fields for vaccination must be properly documented and records are easily accessible.

Documentation Required:

- One complete up to date Immunization Manual, signed annually by the LHD's Medical Director, available (standing orders and emergency treatment orders) at each immunization clinic site
- LHD immunization screening tool
- Current guide to contraindications located at each clinic site (i.e., most current CDC Guide to Contraindications to Vaccinations or AIM Provider Tool Kit Guide to Contraindications)
- LHD educational materials explaining immunization risks and benefits including VIS
- Current immunization educational/promotional materials at each site

Evaluation Questions:

- Are current ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric and adult immunizations included in the standing orders?
- Does a review of LHD client vaccine administration records show that there are no missed opportunities to vaccinate?
- Does a review of LHD client vaccine administration records at all clinics show that all required immunization documentation is correct?
- How are declinations to immunization for clients of all ages documented at the LHD?

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

This indicator may be met by:

- a) LHD ensures that immunization staff has been properly trained and updated on immunization practices.
- b) Personnel who have contact with patients are encouraged to be appropriately vaccinated.

Documentation Required:

- Log or chart documenting evidence of a minimum of 6 hours of annual staff training regarding current immunization practices/standards during the past three years and a list of CE/CNE's for those who administer vaccine to ensure Immunization staff has been properly trained
- Log or chart documenting evidence of a minimum of 6 hours of annual training regarding current immunization practices/updates during the past three years that the Medical Director has received



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- Public Health Nurse (PHN) immunization orientation plan to assure Immunization staff has been properly trained
- Evidence of encouragement and/or programs to vaccinate LHD staff

Evaluation Questions

- Has the IAP Coordinator and all staff administering vaccines received at least 6 hours of annual training related to immunization?
- Does the LHD have an Immunization Nurse Education (INE) session annually for all immunization staff?
- Has the Medical Director received at least 6 hours of annual training related to immunization?
- How does the LHD assure proper vaccination of all staff?
- How does the LHD handle immunization education for part time or temporary staff?

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

This indicator may be met by:

- a) Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Documentation Required:

- Evidence of community-based approaches (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, coalitions, etc.)
- Policies and/or written agreement with Women, Infants, and Children Program (WIC) clinics in the jurisdiction to promote immunization of WIC clients.
- WIC MCIR immunization coverage levels for all WIC clinics within the LHD jurisdiction

Evaluation Questions:

- What efforts does the LHD undertake to promote adolescent and adult immunizations?
- How does the LHD use the MDHHS Immunization Report card?



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MPR 3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

References: *Current Immunization Program Operations Manual (IPOM); Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 1363 I; Current Vaccines for Children (VFC) Operations Guide; CDC Manual for the Surveillance of Vaccine-Preventable Diseases; Resource Book for VFC Providers MDHHS (updated annually); ACIP/VFC Recommendations; Current Comprehensive Agreement MDHHS VFC/AFIX Site Visit Guidance*

Indicator 3.1

The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. (**Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993**)

This indicator may be met by:

- a) Annual enhanced VFC site visits at each LHD vaccine storage site with no outstanding issues
- b) The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.
- c) The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information and policies related to storage and handling that are provided by MDHHS.
- d) The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.
- e) The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Documentation Required:

- Enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable), for all LHD vaccine storage sites, which address the required documentation listed below
- Up to date written policies and procedures for the safe storage of vaccines, that are consistent with the most recent CDC storage and handling guidelines, at each LHD clinic site where vaccine is stored and these policies and procedures readily available to all staff involved in vaccine storage and handling
- Written emergency procedure within the Immunization Manual for responding to vaccine storage problems that is up to date and easily accessible to all staff responsible for handling vaccines
- The name and location of an adequate back-up storage site and the written agreement updated annually stating that the site will serve as back-up for vaccine storage
- The past 90 days of temperature logs, monitored and recorded twice daily for each of the units used to store vaccine
- Calibration charts from the last three months showing weekly documentation of the sensaphone/alarm temperature, and Data Logger or other continuous temperature recording device reading as compared to a certified thermometer reading. Calibration charts must also show documentation of any adjustments made to the sensaphone/alarm or other temperature monitoring devices during each weekly time period to bring all devices within three degrees Fahrenheit or 1.5 degrees Celsius of the certified thermometer temperature.



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- Written policy within the Immunization Manual requiring the use of coolers and appropriate coolant when transporting vaccine following the most current CDC guidelines.

Evaluation Questions:

- Does the enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable), show compliance with the following questions for all LHD vaccine storage sites?
- Does the local health department have adequate equipment to store frozen vaccine at all of its clinical sites where vaccine is routinely administered?
- Does the local health department have adequate equipment to store refrigerated vaccines at its own facilities' clinical sites?
- Are plug guards or other mechanisms to prevent unwanted disconnection from the power supply present for each refrigerator and freezer used to store vaccine and a 'DO NOT DISCONNECT' warning which is visible at the outlet and circuit breaker used for each unit?
- Does each refrigerator/freezer have a certified thermometer, recording thermometer, and, for each unit used in the routine storage of vaccines which exceed \$1,000 in total value per unit, an alarm system in place and operational?
- Is a certified thermometer located centrally in each vaccine storage unit/compartment?
- Does the local health department routinely order vaccine according to their Tiered Ordering Frequency (TOF) schedule?
- Does the local health department have the current CDC Vaccine Storage and Handling Toolkit in view and at all vaccine storage sites?
- Does a visual inspection of vaccine storage equipment and vaccines demonstrate that the local health department complies with CDC storage and handling guidelines?
- Does a check of sensaphone/alarm show appropriate settings for the following: current status/settings, sensaphone is plugged into a hard line analog phone line, power supply with battery backup and that the alarm system is operational?
- Does the LHD have a written back-up generator plan if there is a generator in use?
- Does a review of the Data Logger thermometer (or other continuous monitoring thermometer) for the past 90 days show temperatures within range at all times, that the Data Logger has been downloaded weekly and that the graphs match the calibration chart readings?
- Is the vaccine monitoring system functional and a review of the settings of the system shows the ability to notify personnel in case of a vaccine management emergency?
- There are no accident reports attributable to negligence on the part of the LHD filed, without satisfactory resolution of the problem, for any of its sites since its last accreditation review.
- Are vaccines handled appropriately in the clinic setting between main storage and administration of the vaccine?

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **Reference: Vaccines for Children Operations Guidelines, November 2012**

This indicator may be met by:

- The local health department reviews the Michigan Department of Health & Human Services a VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each



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community/migrant/rural health center in its jurisdiction, by the submission due date: February 15 of each year prior to 2014 and April 1 for 2014 and beyond.

- a) The local health department completes the Michigan Department of Health & Human Services vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.
- b) The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.
- c) The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.
- d) The local health department maintains on file a sample of written informational material provided to private providers regarding requirements for the VFC Program during the enrollment process.
- e) The local health department will perform VFC/AFIX site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by MDHHS.
- f) The local health department documents and reports to MDHHS appropriate follow-up plans resulting from VFC/AFIX site visits.
- g) The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.
- h) The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.
- i) The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Documentation Required:

- Documentation of required number of VFC/AFIX site visits completed for the past 3 years with all follow-up plans addressed. Prior to 2013, LHDs will visit at least 20 VFC provider sites each year and jurisdictions with 20 or fewer providers should visit at least 80% of their sites each year. The City of Detroit is expected to visit 100% of their providers annually using Quality Assurance Specialists (QAS) as assigned to Detroit.
- Written protocols or procedures in the Immunization Manual used to assure written documentation and assessment of each client's eligibility for the VFC Program and other publicly funded vaccine programs
- Protocol within the Immunization Manual describing the process for recruiting and enrolling new providers into the VFC program
- Current policy/protocol/operating procedure on the timely processing of VFC provider vaccine orders to include the review and assessment of supporting documentation according to MDHHS guidance.
- Current policy/protocol/operating procedure for the LHD and all VFC providers residing in the jurisdiction on the timely replacement of VFC Vaccine due to loss according to MDHHS/CDC guidance.
- LHD billing shows that VFC eligible children are not billed more than the maximum amount allowed for the vaccine administration fee by [Centers for Medicare & Medicaid Services](#) CMS
- LHD protocol for follow-up on publicly purchased vaccine wastage and/or suspected fraud/abuse of publicly purchased vaccine

Evaluation Questions:

- Does a review of LHD vaccine orders show that the LHD has submitted and reviewed the supporting documentation required with their own vaccine orders?
- Is the LHD following the current policy/protocol/operating procedure on the timely processing of VFC provider vaccine order?
- Does a review of provider vaccine orders show that the LHD has reviewed the order and required supporting documentation submitted with the order?



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- Is the LHD profile consistent with the amount of vaccine ordered?
- How does the LHD target providers for VFC/AFIX site visits with storage and handling issues or other vaccine management issues?
- Does the LHD conduct the combined VFC/AFIX visit at site visits for providers who have any children in the 24 – 36 month age range?
- Does the LHD conduct VFC/AFIX visits at site visits with providers who have any adolescents in the 156-216 month age range?
- Can the LHD show examples of efforts to educate providers on vaccines, immunization guidelines and publicly purchased vaccine program guidelines?
- Does the LHD have a least one Nurse trained in the MDHHS Immunization Nurse Educator Program?
- Are all vaccine loss reports within the health jurisdiction reported according to MDHHS procedures?
- Are VFC Vaccine losses handled according to MDHHS/CDC guidance?
- Are there any outstanding unresolved VFC Vaccine Losses for the LHD or the VFC Providers in the jurisdiction?



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MPR 4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

References: Michigan Administrative Code, R 325.164 (4.2); PA 368 of 1978; Current Comprehensive Agreement; PA 540 of 1996; Michigan Administrative Code, R 325.163, Michigan Administrative Code, R 333.2433(2b, 2d)

Indicator 4.1

The local health department shall sustain an immunization level for their jurisdiction in the MCIR of at least 70% for children who are aged 24 to 36 for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in the MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

This indicator may be met by:

- a) A jurisdiction rate at or above 70% for the 4:3:1:3:3:1:4 vaccine series as shown by MCIR county profile report(s) created within 30 days of the accreditation review.

Documentation Required:

- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), and four (4) doses of pneumococcal conjugate vaccine (or complete series), (4:3:1:3:3:1:4 series) for all counties in the jurisdiction within 30 days of the accreditation review
- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series), and two (2) doses of hepatitis A vaccine. (4:3:1:3:3:1:4:2 series) for all counties in the jurisdiction within 30 days of the accreditation review.
- Written protocol included in the Immunization Manual to detailing strategies on increasing immunization coverage levels for the 4:3:1:3:3:1:4:2 series in the MCIR for children aged 24 to 36 months which includes efforts to reach identified pocket of need areas.



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Evaluation Questions:

- Has the local health department reached at least a seventy percent (70%) level for children aged 24 to 36 months within the local health department's jurisdiction as recorded in the MCIR for the 4:3:1:3:3:1:4 series within 30 days of the accreditation review?
- Does the LHD assess on a monthly basis the rates for 4:3:3:1:3:3:1:4:2?

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine; and three (3) doses of human papillomavirus (HPV) vaccine.

This indicator may be met by:

- The LHD runs and evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine, and three (3) doses of human papillomavirus (HPV) vaccine .

Documentation Required:

- MCIR adolescent coverage level reports for all counties in the jurisdiction for the three months prior to the review showing coverage levels for one (1) dose Td/Tdap plus the primary series, three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) dose of varicella vaccine (or documented immunity) , one dose meningococcal conjugate (MCV4) vaccine, and three (3) doses of human papillomavirus (HPV) vaccine .
- Written protocol included in the Immunization Manual to conduct efforts to increase adolescent immunization coverage levels within the jurisdiction

Evaluation Question:

- What efforts has the LHD conducted to target and increase adolescent immunization coverage levels for all of the recommended antigens in the jurisdiction?
- What efforts has the LHD conducted to increase the immunization coverage levels for human papillomavirus (HPV) vaccine in the jurisdiction?

Indicator 4.3

The local health department shall submit immunization data to the MCIR according to the statutory time lines.



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This indicator may be met by:

- a) There is evidence that 80% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to the MCIR within 72 hours. Reference: Administrative Rule 325.163, § 5

Documentation Required:

- MCIR Business Objects reports for all counties within the jurisdiction for 90 consecutive days prior to the review showing 72 hour data submission

Evaluation Question:

- Did 80% of the clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to the MCIR within 72 hours of vaccine administration?



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MPR 5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

References: *Current Comprehensive Agreement; PA 368 of 1978, MCL 333.9208, MCL 333.9209, MCL 333.9211, MCL 333.9212, MCL 333.9215, MCL 333.9221; PA 94 of 1979, MCL 388.1767; PA 451 of 1976, MCL 380.1177.*

Indicator 5.1

The local health department uses the MCIR/School Information Reporting System (SIRS) reporting web-based program to assure complete and accurate data has been submitted for school entrants new to the school district and seventh grade children by December 15 and March 15 of each school year.

This indicator may be met by:

- a) The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.

Documentation Required:

- Written procedures including MDHHS Protocols in addition to any health department protocols that detail the methods for reviewing school immunization data
- IP-100 County status reports for each reporting period for the past three years
- Documentation showing timely submission of complete and accurate school data by December 15 and March 15 of each year
- Evidence of follow-up for non-compliant or delinquent schools which appear on the status report

Evaluation Questions:

- Does the LHD update/maintain the school facility master listing in MCIR/SIRS?
- What methods are used by the LHD to promote that data submitted by schools is complete and accurate?
- Does the LHD have a current policy on Waivers to include education for the parents of children who wish to defer vaccinations?
- How does the LHD monitor and evaluate the immunization completion rate of school age children

Indicator 5.2

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS. **Reference: PH code 333.9208**

This indicator may be met by:

- a) The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS



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Documentation Required:

- Written procedures including MDHHS Protocols in addition to any health department protocols which detail the methods for reviewing childcare immunization data
- IP-101 County status reports for each reporting period for the past three years
- Documentation showing timely submission of complete and accurate childcare data by February 1 of each year
- Evidence of follow-up for non-compliant or delinquent childcare centers which appear on the status reports

Evaluation Questions:

- Does the LHD update/maintain the childcare facility listing in MCIR/SIRS?
- What methods are used by LHD to promote that data submitted by childcares is complete and accurate?
- How does the LHD monitor and evaluate the immunization completion rate of children *in* childcare?
- Does the LHD have a current policy on Waivers to include the education for the parents of children who wish to defer vaccinations?



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MPR 6

The local health department complies with vaccine safety recommendations.

References: *Vaccine Adverse Event Reporting System (VAERS); The National Childhood Vaccine Injury Act of 1986 (NCVIA); Federal Register 42 USC § 300aa-25, 42 USC§ 300aa-26; Resource Book for VFC Providers MDHHS (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 6.1

The local health department vaccine programs conform to Vaccine Adverse Event Reporting System (VAERS) program requirements.

This indicator may be met by:

- a) The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Documentation Required:

- VAERS written policy in the Immunization Manual which includes information on utilization of up to date reporting forms (available at the U.S. Department of Health & Human Services VAERS website) and the ability to submit VAERS reports online
- Copies of all VAERS reports filed by the LHD in the last three years (either electronically or on paper forms) showing correct documentation on up to date forms

Evaluation Question:

None

Indicator 6.2

The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

This indicator may be met by:

- a) The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
- b) There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Vaccine Information Statements (VIS), and changes to VIS versions.
- c) The local health department maintains an appropriate supply of VIS on site for distribution to all immunization providers.



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- d) The local health department will provide written notice to individuals receiving a vaccination that the immunization data will be added to the registry. This is commonly done using the Michigan version of the Vaccine Information Statement (VIS) which includes the MCIR language.

Documentation Required:

- Up to date Michigan VIS versions for all recommended vaccines included on the National Vaccine Injury Compensation Program table are available for distribution to clients and private providers
- Protocol which describes the plan for VIS education and distribution to all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction

Evaluation Question:

- Does the LHD use the version of the VIS that contains the MCIR statement informing an individual of their right to opt out of the MCIR?

Indicator 6.3

The local health department has a referral system if problems arise after a client receives vaccine.

This indicator may be met by:

- a) The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Documentation Required:

- Example(s) of patient information handouts given to each patient, listing possible reactions to vaccines, which include phone numbers to contact if questions arise

Evaluation Question:

None