Accreditation Tool 2026

Michigan Local Public Health Accreditation Program

Section V: Immunization

MPR 1

The local health department (LHD) 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 1.1

The LHD shall offer vaccines to the public for protection in case of an epidemic, pandemic, 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/pandemic 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/pandemic of a vaccine preventable disease reviewed/updated and signed annually.

Evaluation Questions:

- Has the policy/protocol/operating procedure for setting up a mass vaccination clinic in case of an outbreak of a vaccine preventable disease been reviewed/updated and signed and dated annually?
- Does the LHD policy/protocol/operating procedure for setting up clinics in settings other than the health department's clinics coincide with the current CDC Storage and Handling Guidance for maintaining vaccine viability?
- 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?

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Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: "free periodic immunization clinics" refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) 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 Advisory Committee on Immunization Practices (ACIP) and included in the Vaccines for Children (VFC) Program to those residing in its jurisdiction.
b) The LHD is a VFC provider.

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 ACIP?
- How does the LHD meet the public demand to vaccinate individuals?
- How are clinic hours publicized?
- Are walk-in clients accepted and/or 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 1.3

The local health department uses the 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.

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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 1.4

The local health department shows evidence of clientele reminder/recall for ACIP-vaccines not up to date.

This indicator may be met by:

a) The LHD will maintain a policy/protocol/operating procedure on the process for their reminder/recall efforts.

b) The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used recorded on a document such as a chart or a graph (cards, letters, phone calls, texts, or other methods of outreach).

c) The LHD participates in collaborative efforts with private providers to promote/implement a reminder/recall system.

Documentation Required:

- Current policy/protocol/operating procedure on LHD reminder/recall.
- Documentation of reminder/recall efforts on a document such as a graph or spreadsheet outlining the number of reminder and/or recall notices sent to LHD clients with 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/texts etc.

- Documentation of ongoing efforts to work with private providers to promote reminder/recall activities (e.g. educational, MCIR-related, Immunization Quality Improvement for Providers (IQIP), or other collaborative efforts.

Evaluation Question:

- How does the LHD determine the focus areas for their reminder/recall efforts?

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MPR 2

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 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 a local health department 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 bi-annually.

Documentation Required:

- Fee schedule.
- Method of notification used to let clients know that immunization fees can be waived for publicly purchased vaccines in policy/protocol/ or operating procedure.
- Documentation of results from patient record (peer) reviews.
- How does the LHD ensure every client is assessed for all ACIP recommended vaccines at every encounter?

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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 Immunization Quality Improvement for Providers (IQIP) review?
- How does the LHD perform clinic-based patient record reviews?

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:

a) All locations where vaccines are administered have written up-to-date vaccination protocols/standing orders that are easily accessible ~~at~~ to all staff and 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 followed when vaccinating individuals.

d) Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.

e) All vaccination documentation must contain Federally required elements.

f) All immunization staff have access to client's immunization records.

Documentation Required:

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

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- Current immunization educational/promotional materials at each site

Evaluation Questions:

- Are current ACIP recommendations published in the Morbidity and Mortality Weekly Report (MMWR), ACIP/VFC resolutions, and guidelines to contraindications for pediatric and adult immunizations included in the standing orders?
- Are all ACIP recommended vaccine standing orders and emergency treatment orders signed by the LHD Medical Director?
- Has the LHD adopted the use of outbreak/pandemic vaccines should the need arise?
- Are the vaccine protocols/standing orders easily accessible to all LHD staff?
- 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) LHD staff immunization policy in place for Healthcare workers

c) Personnel who have contact with patients are encouraged to be appropriately vaccinated with all ACIP recommended vaccines.

Documentation Required:

- Policy/Protocol/Operating Procedure on staff orientation including the required annual staff training

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- 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.

- 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

- Declinations on file for immunization staff without all ACIP recommended vaccination(s).

Evaluation Questions

- Has the IAP Coordinator and all staff administering vaccines received at least 6 hours of annual training related to immunization?

- Has the Medical Director 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?

- How does the LHD assure proper vaccination of all staff?

- Is the LHD following their immunization requirements for Healthcare workers as stated in their policy?

- 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.)

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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 WIC clinics in the jurisdiction to promote immunization of WIC clients.
- WIC MCIR immunization coverage levels for all WIC clinics within the LHD jurisdiction following MDHHS guidance including ages and antigens.
- Efforts to promote adult immunizations in their jurisdiction.

Evaluation Questions:

- Does the LHD carry all age-appropriate vaccines for their adult clients?
- How does the LHD promote the vaccination of all of the adults in their jurisdiction?
- How is the LHD promoting and monitoring the use of MCIR in their jurisdiction for all child, adolescent, and adult immunizations?
- How does the LHD identify and address immunization disparity issues within their jurisdiction?
- How does the LHD promote Health Equity in immunizations across the jurisdiction?
- Is the LHD utilizing the MDHHS Immunization dashboards?
- How does the LHD address vaccine hesitancy and immunization misinformation?

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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. 13631; Current Vaccines for Children (VFC) Operations Guide; CDC Manual for the Surveillance of Vaccine-Preventable Diseases; MDHHS Current VFC Provider Manual (updated annually); ACIP/VFC Recommendations; Current Comprehensive Agreement MDHHS VFC/IQIP Site Visit Guidance*

Indicator 3.1

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

This indicator may be met by:

a) Annual Enhanced VFC (EVFC) 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 it's 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.

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- 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 documented twice daily for each of the units used to store vaccine.

- Testing log or chart of monthly monitoring of the LHD alarm system

- Written policy within the Immunization Manual requiring the use of coolers and appropriate coolant in relation to emergency transport of vaccine following the most current CDC guidelines.

- Written policy within the Immunization Manual requiring the use of portable refrigerators/freezers or qualified pack out containers (for example: Cool Cubes, Vericor, TempArmour, or other qualified containers) in relation to planned transport of vaccine following the most current CDC guidelines.

Evaluation Questions:

- Do the EVFC site visit questionnaires, and EVFC 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 refrigerated/frozen vaccines at its own facilities' clinical sites where vaccines are routinely administered?

- 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 an approved Certified Calibrated Digital Data-logging (DDL) or other certified/calibrated temperature monitoring device/system in place in good working order?

- Does the LHD maintain an alarm system connected to every vaccine storage unit? Has the alarm system been tested monthly to assure the safe storage of vaccine?

- Is a certified thermometer located centrally in each vaccine storage unit/compartment?

- Does the local health department have the current CDC Vaccine Storage and Handling Toolkit readily available 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 review of the data from the Certified Calibrated Digital Data-logging (DDL) or other certified/calibrated temperature monitoring device/system show for the past 90 days temperatures within range at all times, and that the device has been downloaded weekly?

- Does a check of alarm show appropriate settings for the following: current status/settings, Minimum and Maximum temperature readings, power supply with battery backup (depending on type or alarm), appropriate call out phone numbers, and that the alarm system is operational?

- Does the LHD have a written back-up generator plan if there is a generator in use?

- There are no vaccine Lost/Waste 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 On-Site 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: Current Vaccines for Children Operations Guidelines)**

This indicator may be met by:

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.

  a) The local health department completes the MDHHS 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 has access to informational material in order to educate private providers about the requirements for the VFC Program.

e) The local health department will perform VFC/IQIP site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by CDC and MDHHS.

f) The local health department documents and reports appropriate follow-up plans resulting from VFC/IQIP site visits in the indicated CDC program(s).

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 the required number of VFC site visits completed for the past 3 years with all follow-up plans addressed. VFC Providers must have a VFC Compliance visit at least every 24 Months. The city of Detroit is expected to visit 100% of their providers annually using Quality Assurance Specialists (QAS) as assigned to Detroit.

- Documentation of IQIP visits and all IQIP follow-up visits.

- 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 on the Lost/Waste/Borrowed vaccines report including monthly submission of report for all VFC providers utilizing the MCIR Loss Report function.

- 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.

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- 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?

- Is the LHD profile consistent with the amount of vaccine ordered?

- How does the LHD target providers for VFC/ IQIP site visits with storage and handling issues or other vaccine management issues?

- Does the LHD conduct IQIP visits with the VFC providers in their jurisdiction? Are all follow-ups completed according to the timeline?

- Can the LHD show examples of efforts to educate providers on vaccines, immunization guidelines and publicly purchased vaccine program guidelines?

- Are LHDs training and educating providers on creating and submitting the Return/ Waste reports on a minimum of a monthly basis?

- Does the LHD run the Loss/Waste Transaction History report monthly and address overdue issues?

- 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?

- Does the LHD have at least one Nurse trained in the MDHHS Immunization Nurse Educator Program?

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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 MCIR of at least within 10% of the State immunization rate for children who are aged 19 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); 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 MCIR children aged 19 to 36 months for Flu and COVID.

This indicator may be met by either:

a) A jurisdiction rate within 10% of the State coverage rate from the County Report Cards for the 4:3:1:3:3:1:4 vaccine series for children aged 19-36 months

b) Or an increase of 3% or greater since the last Accreditation review

c) Or evidence of sustained efforts to increase coverage level percentages such as but not limited to ongoing reminder/recall efforts, ongoing outreach into the community, participation in community events, etc…

Documentation Required:

- Evidence of a jurisdiction rate within 10% of the State coverage rate from the County Report Cards for the 4:3:1:3:3:1:4 vaccine series for children aged 19-36 months.

- Written policy/protocol/or operating procedure included in the Immunization Manual to detailing strategies on increasing immunization coverage levels for the 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 in the MCIR for children aged 19-36 months which includes efforts to reach identified pocket of need areas.

- Written policy/protocol/or operating procedures on increasing vaccination during the Respiratory Virus Season for Flu, COVID, and RSV for all eligible residents in the jurisdiction.

- Documentation of all sustained outreach efforts to maintain/increase immunization coverage levels

Evaluation Questions:

- Has there been a 3% or more increase in coverage levels in the MCIR for 4:3:1:3:3:1:4? What efforts have been made to increase immunization coverage levels for children in this age group?
- Does the LHD assess coverage level percentages for Flu, COVID, and RSV for all eligible residents in the jurisdiction?
- What tools are being used to assess coverage level percentages?

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 13-17 years 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 (MenACWY); and completion of the Human Papillomavirus (HPV) vaccine series.

This indicator may be met by:

- The LHD evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 13-17 years 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 (MenACWY), and completion of the Human Papillomavirus (HPV) vaccine series.

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) doses of Varicella vaccine (or documented immunity)), one dose Meningococcal Conjugate (MenACWY) vaccine, completion of the Human Papillomavirus (HPV) vaccine series.
- Written protocol included in the Immunization Manual to conduct efforts to increase adolescent immunization coverage levels within the jurisdiction.

Evaluation Question:

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- What efforts has the LHD conducted to target and increase adolescent immunization coverage levels for all of the recommended antigens in the jurisdiction.

- What tools are being used to assess adolescent coverage level percentages for all of the recommended antigens in the jurisdiction?

- What efforts has the LHD conducted to target implementation and completion of the adolescent Meningococcal vaccine series for MenACWY and MenB?

Indicator 4.3

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

This indicator may be met by:

a) There is evidence that 95% 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 MCIR within 72 hours. **(Reference: Administrative Rule 325.163, § 5)**

Documentation Required:

- MCIR Data submission reports for all counties within the jurisdiction for 90 consecutive days prior to the review showing 72-hour data entry compliance.

Evaluation Question:

- Did 95% 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?

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/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. (**Reference: PH code 333.9208)**

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.

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

Documentation Required:

- MDHHS Protocols for the current school year bookmarked on their computers.
- Policy/protocol/operating procedure on the LHD process that details the methods used for reviewing and assuring that childcare and school immunization data are complete and accurate.
- IP-100 and IP-101 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.
- Documentation showing timely submission of complete and accurate childcare data by February 1 of each year.

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- Evidence of follow-up for non-compliant or delinquent childcare centers and schools which appear on the status reports.

- Evidence of training for school/childcare staff on the use of MCIR SIRS for immunization reporting.

Evaluation Questions:

- Does the LHD update/maintain the childcare and school facility master listings in MCIR/SIRS?

- How does the LHD provide training to school and childcare immunization reporters?

- What methods are used by the LHD to promote that data submitted by childcare centers and schools is complete and accurate?

- How does the LHD monitor and evaluate the immunization completion rate of children in childcare?

- How does the LHD monitor and evaluate the immunization completion rate of school age children?

- Does the LHD's Waiver Policy follow MDHHS Administrative Rules?

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 VAERS (Vaccine Adverse Event Reporting System) 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 reporting adverse events to VAERS (VAERS - About Us) using their on-line services.
- Written policy in the Immunization Manual which includes information on reporting adverse events to MedWatch: The FDA Safety Information and Adverse Event Reporting Program | FDA when indicated.

Evaluation Question:

- Does the LHD report through the MedWatch system when indicated?
- How is the LHD educating all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction on entering reportable adverse events after vaccination into the VAERS/MedWatch systems?
- How does the LHD retain the VAERS/MedWatch reports submitted by the LHD staff?

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 Michigan Vaccine Information Statements (VIS), and changes to Michigan VIS versions 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 Michigan 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 Michigan VIS that contains the MCIR statement informing an individual of their right to opt out of the MCIR?
- How does the LHD maintain the VIS dates in their electronic medical records/electronic health records (EMR/EHR).
- What documentation of immunization is given to the client to inform them of the vaccines that were administered at that visit?

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

For technical assistance, please contact Heidi Loynes at 517-335-8159 or loynesh@michigan.gov or Barbara Day at 313-378-4533 dayb1@michigan.gov