Doses-Administered Reporting

Introduction

The purpose of this document is to describe the doses administering monitoring requirements, describe options for collecting data, and outline key planning steps. The target audience is CRA doses administered coordinators points of contact, and their supervisors, immunization program managers, immunization information systems staff, and preparedness coordinators

Background

Tracking the total number of vaccine doses administered will be important during the early phase of the novel H1N1 vaccination program to assess early uptake. If the vaccine supply is limited, it also provides a means for determining whether vaccine is being administered according to ACIP age-group recommendations. Once the number of persons vaccinated is large enough to be detected on a national survey, population surveys will be utilized to monitor coverage.

Project areas will be expected to track doses administered and to collect minimum data elements (specified below) to monitor their program and to fulfill federal reporting requirements. The number of vaccine doses administered will be reported to CDC on a weekly basis, along with minimum data elements, in aggregate form. CDC's Countermeasure and Response Administration (CRA) system must be used to report aggregated required information to CDC using one of three methods.

In addition to public sector vaccine administration, many areas are planning to engage private provider offices and other private sector settings in vaccine administration. It is critical that doses-administered tracking occur in those settings, as well as in public sector settings, during the initial period, defined as administration of up to the initial 40 million doses of vaccine. Private providers who participate in vaccination during this period must be willing to track and report doses administered on a weekly basis.

Planning considerations

Project areas may collect vaccine tracking information via:

Option 1: For Project Areas collecting data via an existing immunization information system (IIS), aggregate counts may be submitted via one of three standard data exchange formats.

Option 2: For Project Areas collecting data manually, data may be entered directly to CDC via the internet using the CRA aggregate reporting screen.

Option 3: For Project Areas using CDC's web-based CRA application to report patient-level information, selected data elements will be automatically calculated and aggregated.

These options provide flexibility for data collection, aggregation, reporting and transmission of data to CDC. Some project areas may choose to implement a single method such as individual vaccinee direct entry into CDC-CRA web-based system or the electronic transmission of the project areas IIS (registry) data; others may use data aggregated at the public and private vaccine administration sites with reporting via e-mail, telephone or facsimile to grantee-level public health facilities which would then enter data directly into CDC-CRA web-based system.

Regardless of the method(s) selected, for state and local health departments to develop operational systems they must provide personnel, training, and equipment, as well as technical, management, communications and supervisory support and resources to ensure that accurate, weekly data on vaccine doses administered is sent to CDC.

Minimum aggregated data elements that must be transmitted to CDC are:

- Project area identification
- Date
- Age groups
- Dose number (1st or 2nd dose)

For project areas planning to use IIS or alternative systems, specifications for the minimum data elements required will be available at CRA website (see below). Priority group data will no longer be required; instead age group data will be collected and reported. Age groups include: 6-23 months, 24-59 months, 5-18 years, 19-24 years, 25-49 years, 50-64 years, and 65 years and older.

Project areas may decide to collect additional data elements for local use, keeping in mind that collection of additional information may be difficult.

More detailed information about CRA, specifications, examples, training materials and Q&As are at: http://www. cdc.gov/phin/activities/applications-services/cra/pan-flu.html. Additional technical help and answers to various questions can be obtained by contacting crahelp@cdc.gov.

Planning actions for state health department planners

- Determine how minimum data elements (specified above will be collected at the vaccine administration sites;
- Determine what additional data (if any) will be collected for local and state use, and develop specifications;
- Determine flow pattern for entering and transmitting doses-administered data from vaccine administration sites to local health departments, state health department and/ or to CDC;
- Determine approximate number and locations of public and private vaccine administration sites planned for each jurisdiction or locality;
- Determine operating schedule and data management needs for public and private vaccine administration sites and local public health departments;
- Determine supervisory/staff requirements;
- Identify sources for data collection and processing staff and develop training plan;
- Determine data transmission and equipment (hardware and software) needs required for public and private vaccine administration sites and local public health departments.
- Coordinate and communicate with your CRA point of contact as needed.