10

Population Vaccination Assessment

Overview

Goals for immunization programs have been set on many levels and serve to help programs stay focused and achieve their full potential as well as to improve the health status of the population. Continual evaluation of progress toward national, state, and local immunization goals (in particular, Healthy People 2010 objectives) is necessary for managing effective vaccination programs. At a minimum, grantees must report immunization assessment measures requested by the grantee Annual Progress Report and School Vaccination Coverage Survey. This enables managers to set objectives, plan strategies and direct limited program resources rationally and effectively.

Several sources of data are available for determining progress in various aspects of immunization. The National Immunization Survey (NIS) provides vaccination coverage data for children aged 19–35 months, and for 13-17 year-olds starting in 2008, for the 50 state and six city immunization grantees, and for other selected city/county areas. The Behavioral Risk Factor Surveillance System (BRFSS) provides influenza and pneumococcal vaccination data for adults aged 18 years and older for all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. Starting in 2010 states should pursue the BRFSS child influenza vaccination questions to assess influenza vaccination coverage at least in children ages 3-12. Optional modules for children and adults are also in place for measurement of vaccination levels of human papillomavirus vaccine (HPV), and starting in 2009 for Td/Tdap and, for older adults, shingles (or Zoster) vaccine. BRFSS state coordinators vote in the spring of each year on whether to provide optional modules for the next year's questionnaire. Assessments of children entering school (kindergarten and middle school) and child care centers provide population data to calculate coverage rates in these facilities and estimate coverage retrospectively. Data from AFIX visits, immunization information systems (IIS), Medicaid, Medicare, other health insurance plans, and other surveillance sources may also provide useful vaccination coverage data.

Some states have recently added vaccination entry requirements for middle school, junior high school, and high school grade levels. If these grades are surveyed, the resulting data may be useful to generate local estimates of vaccine coverage among adolescents. Nationally, the validity of these estimates will increase as more states add middle school entry requirements.

The NIS, school and child care center–based surveys, and BRFSS provide measures of progress toward national and state-specific *Healthy People 2010* vaccination objectives. Achieving and maintaining 90% coverage for each of the ACIP-recommended pediatric vaccines by the second birthday remains the highest priority nationally. However, substantial vaccine-preventable disease (VPD) morbidity is occurring in pre-school, elementary, adolescent and adult populations. Also, the VFC program has been expanded to cover vaccines recently recommended for routine use in adolescents ages 11-12 years and older (e.g., human papillomavirus vaccine; meningococcal conjugate vaccine; tetanus, diphtheria and acellular pertussis vaccine), and influenza vaccination for children aged 6 months through 18 years.

Therefore, implementing programmatic interventions to increase vaccination levels among all adolescents and adults, including those in high-risk groups, and influenza vaccination in children of all ages, is important to prevent morbidity and mortality. *Healthy People 2020* objectives may be developed for these new vaccination recommendations.

Independent surveys conducted by state and local public health agencies may be beneficial to estimate coverage in smaller geographic areas or special subpopulations such as certain racial or ethnic minorities, Women, Infants, and Children (WIC) enrollees, adolescents, healthcare workers, adults aged 65 years and older, and persons with medical conditions that put them at high risk for VPDs for whom ACIP recommends vaccination. In addition to estimating coverage directly, programs can identify geographic areas with low vaccination coverage by examining socio-demographic factors known to be associated with under-immunization. Factors such as poverty, large family size, and low maternal educational achievement often are associated with low vaccination coverage.

References

- NIS reports are available at http://www.cdc.gov/nchs/nis.htm. Reports are also published periodically in the Morbidity and Mortality Weekly Report (MMWR). NIS public use data sets can be obtained at http://www.cdc.gov/nchs/nis/datasets.htm .
- School coverage reports can be found at http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm#surveys. Technical assistance for conducting school and childcare surveys can be requested by clicking on the link at the "Request information or assistance from the CDC" link on that page or from http://www2.cdc.gov/nip/schoolsurv/rfaNCIRD.asp.
- BRFSS information and data are available at http://www.cdc.gov/brfss/.
- Data from the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set for long term care facilities are available at http://www.medicare.gov/NHCompare/Home.asp.
- US Department of Health and Human Services. Healthy People 2010. 2nd edition. With understanding and improving health and objectives for improving health (2 vols). Washington, DC: US Government Printing Office, 2000.
- Healthy People 2010 Midcourse Review: http://www.healthypeople.gov/data/midcourse/html/focusareas/FA14TOC.htm
- Childcare and School Immunization Requirements 2005-2006. Immunization Services Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. April, 2007. This document is online at http://www2a.cdc.gov/nip/schoolsurv/ImmunizationRequirements05_06.pdf.
- 2008-2012 Immunization Program Operations Manual (IPOM) Chapters 1, 3, 6 and 7

Program Goals

10.1 Identify and monitor groups of under-vaccinated children, adolescents, and adults for VPDs using vaccination coverage estimates (e.g., NIS data, retrospective analysis of school vaccination surveys, provider coverage assessments, IIS data, Medicare billing data, BRFSS, and cluster surveys).

Required objectives

Pre-school coverage

10.1a. Pre-school Children (children aged 19-35 months)

- Annually review trends in vaccination coverage for individual vaccines using the NIS.
- Annually review at least one other data source to monitor trends in coverage among subgroups of under-vaccinated children (e.g., retrospective analysis of school vaccination surveys to assess coverage at age 2 years, provider coverage assessments, IIS, Medicaid billing data, household cluster surveys, cohort follow-up studies using birth certificates or IIS population as the sampling frame, or surveys targeting specific geographic areas within your jurisdiction).

Performance measure(s):

- The target percentage of children who have received the recommended vaccines (4+DTaP, 3+Polio, 1+MMR, 3+ or 4+ Hib [depending on product type], 3+HepB, 1+VAR, 4+PCV) as specified by Healthy People 2010 objectives was reached:
  - 4+DTaP: YES or NO
  - 3+Polio: YES or NO
  - 1+MMR: YES or NO
  - 3+ or 4+ Hib (depending on product type): YES or NO
  - 3+HepB: YES or NO
  - 1+VAR: YES or NO
  - 4+PCV: YES or NO.
- Based on the NIS and at least one other data source, review whether the trend in individual vaccine coverage among subgroups of under-immunized children is declining:
  - 4+DTaP: YES, NO, DNV (Data Not Reviewed)
  - 3+Polio: YES or NO, DNV (Data Not Reviewed)
  - 1+MMR: YES or NO, DNV (Data Not Reviewed)
  - 3+ or 4+Hib: YES or NO, DNV (Data Not Reviewed)
  - 3+HepB: YES or NO, DNV (Data Not Reviewed)
  - 1+VAR: YES or NO, DNV (Data Not Reviewed)
  - 4+PCV: YES or NO, DNV (Data Not Reviewed)

Allowable funding source: 317 FA Operations

Preschool coverage – flu

10.1b. Preschool Children (children aged 3-4 years)

- Annually review trends in vaccination coverage for influenza vaccination from the BRFSS or other data source for children aged 3 – 4 years.
- Annually review at least one other data source to identify trends in coverage among subgroups of under-vaccinated children (e.g., retrospective analysis of school vaccination surveys to assess coverage at age 2 years, provider coverage assessments, IIS, Medicaid billing data, household cluster surveys, cohort follow-up studies using birth certificates or IIS population as the sampling frame, or surveys targeting specific geographic areas within your jurisdiction).

Performance measure(s):

- The target percentage of children aged 3-4 years who have received the influenza vaccine, as specified by Healthy People 2010/2020 objectives was reached: YES or NO
- Based on the BRFSS and at least one other data source, review whether the trend in influenza vaccination vaccine coverage among subgroups of under-immunized children is declining: YES, NO, DNV (Data Not Reviewed)

Kindergarten coverage

10.1c. Assess coverage levels on each vaccine appropriate for kindergarten entry using a CDC-approved survey methodology and following the procedure described in the guidance at the end of this chapter or by consulting CDC staff for acceptable alternatives. Report coverage for public and private schools separately. Submit the kindergarten coverage report annually by April 30.

Performance measure:

- The target percentage of children entering school who have received each recommended vaccine, measured separately for public and private schools, was reached: YES or NO.
- Kindergarten coverage report was submitted by April 30th deadline: YES or NO.

Allowable funding source: 317 FA Operations

School-aged influenza coverage

10.1d. School-aged Children

- Annually review trends in influenza vaccination coverage among school aged children (<18 years) using the BRFSS or other data source.

Performance measure:

- The target percentage of school aged children < 18 years who have received annual influenza vaccination, as specified by Healthy People 2020 objectives was reached: YES or NO.

Allowable funding source: 317 FA Operations

Adolescent coverage

10.1e. Adolescents

- Annually review trends in vaccination coverage among adolescents aged 13-17 years for individual vaccines from the NIS-Teen (the first state/grantee level estimates from the 2008 survey were released in 2009).
- Annually review at least one data source other than the NIS-Teen to monitor trends in coverage among subgroups of under-vaccinated adolescents (e.g., NIS-Teen, analysis of middle school vaccination surveys, provider coverage assessments, juvenile detention centers, STD clinics, IIS, Medicaid billing data, household cluster surveys, cohort follow-up studies using IIS population as the sampling frame).

Performance measure:

- The target percentage of adolescents who received individual vaccines, as specified by Healthy People 2010 objectives was reached:
  - 1+Tdap: YES, NO
  - 1+MenACWY: YES, NO
  - 1+HPV: YES, NO
  - 3+HPV: YES, NO
  - 2+MMR: YES, NO
  - 3+HepB: YES, NO
  - 2+VAR: YES, NO
- Based on the NIS-Teen and at least one other data source, review the trend in vaccination vaccine coverage among subgroups of under-immunized children is declining:
  - 1+Tdap: YES, NO, DNV (Data Not Reviewed)
  - 1+MenACWY: YES, NO, DNV (Data Not Reviewed)
  - 1+HPV: YES, NO, DNV (Data Not Reviewed)
  - 3+HPV: YES, NO, DNV (Data Not Reviewed)
  - 2+MMR: YES, NO, DNV (Data Not Reviewed)
  - 3+HepB: YES, NO, DNV (Data Not Reviewed)
  - 2+VAR: YES, NO, DNV (Data Not Reviewed)

Allowable funding source: 317 FA Operations

Adult coverage

10.1f. Adults

- Annually review trends in influenza and pneumococcal vaccination coverage from the BRFSS, in adults aged ≥65 years, adults aged 50-64 years, and adults aged <65 years with and without selected high-risk conditions (e.g., asthma, diabetes, heart disease, pregnancy).
- At least annually, review influenza and pneumococcal vaccination at long-term care facilities using results from other data sources (e.g., the Minimum Data Set [MDS] available online at http://www.medicare.gov/NHCompare/Home.asp).

- Follow-up with long-term care facilities with low vaccination coverage in collaboration with the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organization (QIO).

Performance measure:

- Target percentage of non-institutionalized adults who have received specific vaccines, as specified by Healthy People 2010 objectives was reached:
  - Influenza vaccination among adults ≥65 years: YES, NO
  - Influenza vaccination among adults 50-64 years: YES, NO
  - Influenza vaccination among adults <65 years with selected high-risk conditions: YES, NO
  - Pneumococcal vaccination among adults ≥65 years: YES, NO
- Target percentage of institutionalized adults who have received specific vaccines, as specified by Healthy People 2010 objectives was reached:
  - Influenza vaccination among adults in long-term care facilities: YES, NO
  - Pneumococcal vaccination among adults in long-term care facilities: YES, NO
- In collaboration with the CMS Quality Improvement Organization, long-term facilities with low vaccination rates among residents were identified, and follow-up with these facilities was conducted: YES or NO.

Allowable funding source: 317 FA Operations

Recommended objectives

10.1g. Pre-school Children (children aged 19-35 months)

- Use NIS to sample other areas of interest. Pool several years of NIS public use files to assess coverage in socio-demographic subgroups of interest within your jurisdiction.
- Estimate program-wide immunization coverage of children who turn age 2 years during a 1-year period, using a CDC-approved follow-back survey method (e.g., school retrospective survey collecting dates of vaccination, sampling based on birth certificates or children in an IIS).
- Assess coverage rates among WIC, Medicaid and State Children's Health Insurance Program (SCHIP) populations.
- Use existing coverage data and vaccine purchase information to monitor uptake of new and recently introduced vaccines, and take steps necessary to increase uptake within the context of the total immunization program.
- Routinely obtain vaccination coverage reports from managed care organizations (Medicaid and commercial) for age 2 years.
- Use census data at the zip code or county level to identify geographic regions within your jurisdiction likely to have low vaccination coverage.
- Measure vaccination coverage and sociologic factors associated with non-vaccination, using a community-based household cluster survey or telephone survey with a provider record check component. Use provider-

based data collected for AFIX to assess coverage or identify under-vaccinated areas or population subgroups. Analyze data collected from kindergarten school surveys to calculate vaccination rates at two years of age.

Performance measures:

- Used the NIS to oversample an area of interest: YES or NO.
- Pooled several years of NIS public use data to assess coverage among socio-demographic subgroups of interest in state/urban areas: YES or NO.
- Used a CDC-approved follow-back survey method to estimate program-wide immunization coverage over a one-year period among 2-year-old children: YES or NO.
- Reviewed state/urban areas' estimates of vaccination coverage among WIC, Medicaid, and State Children's Health Insurance Program (SCHIP) populations: YES or NO.
- Identified data sources for uptake of new and recently introduced vaccines (targeting children, adolescents, and/or adults) in state/urban areas: YES or NO.
- Requested and received vaccination coverage reports for two-year-olds from managed care organizations (e.g., Medicaid or commercial) in state/urban areas: YES or NO.
- Identified geographic areas within state/urban area jurisdictions that may have low vaccination coverage rates based on ad hoc vaccination surveys: YES or NO.
- Conducted an ad hoc household or telephone survey with provider record check component in areas with low vaccination coverage and identified social indicators associated with non-vaccination: YES or NO.
- Identified under-vaccinated areas or subpopulations using AFIX provider-based data: YES or NO.
- Kindergarten school survey data were used to calculate vaccination coverage by age 2: YES or NO.

10.1h. Adolescents

- Conduct a survey to determine the number of colleges and universities that 1) require entering students to have MMR2, hepatitis B series, a Tdap booster, varicella vaccine, and meningococcal vaccine, and 2) offer HPV vaccine.
- Routinely obtain vaccination coverage reports from managed care organizations (Medicaid and commercial) for children ages 13-18 years. Consider proposals to use the NIS-Teen to oversample areas of interest.

Performance measures:

- Produced a report that shows the number of colleges/universities in state/urban areas that require college students to have the recommended vaccinations and the number that offer the HPV vaccine: YES or NO.

- Requested vaccination coverage reports from managed care organizations (e.g., Medicaid or commercial) for adolescents aged 13-18 years in state/urban areas: YES or NO.
- Discussed feasibility of oversampling teens in state/urban areas of interest with CDC and requested a cost estimate for oversampling new areas: YES or NO.

10.1i. Adults

- Use the CDC-sponsored vaccine-related optional modules on the BRFSS (e.g., place where influenza vaccination received, month and year of most recent flu shot, high-risk and healthcare personnel status, human papillomavirus vaccine receipt, shingles vaccine receipt, and Td/Tdap receipt).
- Include state-added questions of local interest in the BRFSS.
- Oversample an area of interest using the BRFSS.
- In states participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), work with the state PRAMS coordinator to analyze and use data from the influenza vaccination questions on the survey.
- Use surveys or other available data to assess adult vaccination coverage in selected adult populations of importance in your jurisdiction (examples include: long-term care facilities to assess influenza vaccination of workers; healthcare facilities to assess influenza vaccination of workers; child care centers to assess influenza vaccination of workers; hepatitis B and HPV vaccination coverage rates at STD, HIV, correctional and other clinics, and facilities serving high risk populations; hepatitis B coverage rates among at-risk immigrant Asian-Pacific populations; number of colleges and universities that require entering students to have MMR2, hepatitis B vaccination series, a Tdap booster, varicella and meningococcal vaccinations; influenza vaccination coverage among women who were pregnant during the influenza season, using data on currently pregnant women from BRFSS, managed care databases, or WIC participants; vaccination coverage reports from managed care organizations [Medicaid and commercial] for adults aged ≥65 years, and/or high- risk subpopulations [e.g., persons with diabetes or chronic pulmonary diseases]).

Performance measures:

- Discussed with CDC and/or BRFSS coordinator how to use data from the CDC-sponsored vaccine-related optional modules on the BRFSS: YES or NO.
- Discussed including state-added questions of local interest to the BRFSS with CDC and/or BRFSS coordinator: YES or NO.
- Discussed oversampling an area of interest with CDC and/or the BRFSS coordinator as an addition to the BRFSS: YES or NO.
- Collaborated with the state PRAMS coordinator to analyze and use influenza vaccination questions on PRAMS: YES or NO.

- Reviewed survey or other available data to assess adult vaccination coverage estimates among populations of importance in your jurisdiction: YES or NO.

10.2 Use a CDC-approved survey methodology to annually estimate program-wide immunization coverage and exemption rates among children entering kindergarten. (Refer to "School and Child Care Center Assessments: Instructions for Data Collection and Reporting" at the end of this chapter for details on methodology required.)

Recommended objectives

10.2a. Middle School Assessments

- Assess coverage levels and exemption rates for each vaccine appropriate for middle school entry using CDC-approved survey methodology and following the procedure described in the guidance at the end of this chapter or by consulting CDC staff for acceptable alternatives. If you monitor more than one grade, report coverage for each grade separately. Report coverage for public and private schools separately.
- Submit your middle school report each year by April 30.

Performance measure:

- The target percentage of children entering middle school who have received each recommended vaccine was reached: YES or NO
- Middle school coverage report was submitted by April 30th deadline: YES or NO.

10.2b. Child Care Center Assessments

- Assess coverage levels for each vaccine appropriate for the child's age. Use an approved survey methodology by following the procedure described in the guidance at the end of this chapter or by consulting with CDC staff for acceptable alternatives. Conduct your assessment within a single calendar year.
- Submit your Child Care Center report each year by April 30.

Performance measure:

- The target percentage of child care facility enrollees who are age-appropriately immunized on each recommended vaccine was reached: YES or NO.
- Child Care Center coverage report was submitted by the April 30th deadline: Yes or No.

10.2c. School and Child Care Center Assessments - Other

- Validate the completeness of vaccination records from schools and child care centers by confirming the vaccination status of a subset of the schools and children within each school (e.g., compare vaccination histories held at

the school with vaccination histories at the child's medical provider; conduct studies to determine which vaccines are exempted and why).
- Use data from census or validation sample to look for information that will help the program (e.g., data on uptake, effectiveness, compliance with state regulations).

Performance measure:
- Validated completeness of school vaccination records using a subset of schools and child care centers: YES or NO.
- Identified information from the census or validation sample that will help the program in increasing uptake, vaccine effectiveness, and/or school compliance with state regulations: YES or NO.

10.3 Monitor changes to state vaccination requirements for child care centers and schools and include updated information on state vaccination requirements as part of the annual report to CDC on school data and assessment methods. (This information will be available annually on CDC's website and published periodically.)

Required objective

School and child care annual report

10.3a. Ensure that information on state requirements is updated annually and submit in the section of the annual report that deals with state vaccination requirements.

Performance measure: Report submitted annually by April 30
Allowable funding source: 317 FA Operations

10.4 Additional Objectives

Recommended objectives

10.4a. Conduct a retrospective analysis.
- When you conduct your annual school survey, collect vaccination dates. Analyze the data to determine the vaccination status of kindergarten children when they were age 2 years.

Performance measure: Produced a report that shows vaccination status among kindergarten children at age 2 years using data collected retrospectively in the annual school survey: YES or NO.

School and Child Care Center Assessments
Instructions for Data Collection and Reporting
(Effective as of 2008-9 School Year)

The annual school coverage report must include kindergarten (required). Middle school and child care reports are recommended but not required.

Monitoring vaccinations

CDC strongly recommends that each grantee monitor vaccines based on ACIP recommendations, not just state law. When possible, change the school/childcare immunization forms or the data collection process to include all recommended vaccines even if a vaccine is not required by the state. When possible, report your data based on ACIP recommendations. Examples:

- If an ACIP-recommended vaccine is not required in your state, but it is routinely recorded in the vaccination record at the school, monitor and report on that vaccine. For example, if your state does not require a vaccination for mumps, but the record notes that the child received MMR, monitor and report on mumps coverage in your state based on the MMR coverage. Do not report statistics on vaccines that are not reported routinely because those data will not provide an accurate assessment of coverage in your area.
- In your annual report, you will be asked to report coverage based on ACIP recommendations. For example, 2 varicella vaccinations are recommended by ACIP for children entering school. For this report, CDC wants to know how many children are up-to-date (UTD) with 2 vaccinations. If you follow ACIP recommendations, indicate in your report that your dosage requirements match ACIP. If your requirements are lower than the ACIP recommendations, but a child is UTD by state standards, report them as UTD but indicate that your dosage requirements are different. When CDC uses your data for reports (e.g., MMWR, Healthy People, etc.), your measure of UTD status will be included in the report.

For child care center children aged 19 months and older, UTD will consist of the following:

- 3+ Polio
- 4+ DTaP/DT/DTP
- 1 Measles
- 1 Mumps
- 1 Rubella
- 3+ Hib
- 3+ HepB
- 1+ Varicella
- 4+ Pneumococcal
- 2 HepA

*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

For child care center children less than 19 months of age, UTD status should be calculated based on age and this (optional) report should be submitted separately from older children.

For kindergarten, UTD will consist of the following:

- 3+ Polio
- 4+ Diphtheria
- 4+ Tetanus
- 4+ Pertussis
- 2 MMR
- 3+ Hep B
- 2 Varicella

*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

For middle school, UTD will consist of the following:

- 1+TDaP
- 1+MenACWY
- 3+HPV
- 2+MMR
- 3+HepB
- 2+VAR

*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

Acceptable Sampling/Census Methods

Your method of conducting a school or childcare survey should comply with CDC standards specified below. If you want CDC to select the sample for you, you should send an Excel file with school name and grade enrollment/capacity for each grade you are going to sample. If you want a more complex sample, such as one that is stratified by region, you should request a conference call. Technical assistance for conducting school and childcare surveys can be requested at http://www2.cdc.gov/nip/schoolsurv/rfaNCIRD.asp.

Please note that if we pull a sample for you, we may want a copy of the data file (without identifiers) so that we can determine whether the sample size was sufficient.

- If you monitor all schools and students (conduct a census) by using self-reports from the schools, you must also conduct a validation assessment to insure the accuracy of the data. A validation should use an approved sampling methodology that will make it possible for you to compare the census results with the validation results. You can request assistance from CDC in conducting a validation assessment. After conducting the validation, report those results on the annual survey. You will be asked (1) if the validation results are consistent with the census results and (2) for the name of the contact who will be sending the validation data to CDC via the technical

assistance link below. If the results are not consistent with (within the validation confidence intervals) or higher than the validation results, ask for a phone consultation to determine how to report coverage for your area. Validation results are due at the same time as the regular school report (April 30th).

- If you use a sample to assess coverage, your methodology should be approved by CDC. As for technical assistance using the link specified below.
- Report coverage on public and private schools separately.
- If you monitor more than one grade for middle school, report coverage for each grade separately.
- If you monitor all children in childcare centers, report coverage for children < 19 months and children ≥19 months separately.

Timing of the assessment of vaccination status

You can do your assessment any time before the due date (April 30); however, you must indicate in your report the effective date of the coverage you are reporting. Reports published using state data (e.g., MMWR) will indicate the timing of each state's assessments.

- When possible, report the UTD status of school children as of the first day of school entry. (If you collect dates of vaccination, you can do the assessment any time during the year and report based on the day of school entry.)
- If a first day report is not possible, report coverage as of December 31st.
- Include in the report whether coverage reflects (1) first day of school, (2) by December 31st or (3) later in the school year
- The data for child care centers should be collected within a single calendar year (not across two years) and should reflect vaccination status at the time of the assessment.

Data collection

Design your data collection to insure that you will have high quality data.

- Verify that the data reported are accurate (validation sample, training, spot checks, etc.).
- Insure that data come from a reliable source (provider, registry, or parent-held "shot card" signed by a provider).
- Collect data on individual vaccines (rather than just the series).
- When possible, collect the dates of vaccinations to enhance the usefulness of the data for program activities.

Point-of Contact for School and Childcare Surveys

Maintain up-to-date contact information on the Internet School Site (http://www2.cdc.gov/nip/schoolsurv/index.asp) by going to the section titled "Update your School/Child care points of contact." The point of contact (POC) for school surveys is the individual identified by the Program Manager to deal with questions about the school survey or to receive information related to the school survey. The Program Manager can identify

him/herself as the POC or another person or both. Part of the grant requirement is to make sure that the POC information is correct so that CDC can contact your state if issues related to school surveys arise.

CDC Technical Assistance for School Assessments

If you have questions or concerns or need assistance in designing your assessments, ask for assistance from the Assessment Branch. To request assistance go to the school home page at http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm and choose "Request Information or Assistance from the CDC" or go to http://www2.cdc.gov/nip/schoolsurv/rfaNCIRD.asp. This will direct you to an email request where you can detail your needs and someone at CDC will respond.

This document can be found on the cdc website at:
http://www.cdc.gov/vaccines/vac-gen/policies/ipom/downloads/chp-10-pop-assess.pdf