

2008-2012 IPOM At-A-Glance

CDC

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Chapter 0: The Basics	<ul style="list-style-type: none"> • Acronyms • Grantee Vaccine Purchase Policies • Funding Categories and Redirection Guidance • Allowable Expenses by Funding Category • Allowable Expenses with 317 and VFC FA Operations Funds • Non-allowable Expenses with 317 and VFC FA Operations Funds • Allocation Process for Section 317 Immunization Grant Program Funds • Role of the Project Officer/Program Consultant in the Program Operations Branch • Vaccine Monitor/Advisors • CDC/NCIRD Expectations and Responsibilities for Field Assignees and Host Agencies • Immunization Services Division Organizational Chart • Immunization Program Calendar • Key Immunization Websites
Chapter 1: Program Planning and Evaluation	<p>1.1 Meaningfully engage American Indian tribal governments, tribal organization representing those governments, tribal epidemiology centers or Alaska Native Villages and Corporations located within their boundaries in immunization activities.</p> <p>1.2 All grantees will actively engage in self-evaluation and utilize the findings to inform and improve planning and implementation of program activities to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. CDC will continue providing technical assistance to increase and improve grantee capacity in program evaluation.</p> <p>1.3 Additional Objectives</p>
Chapter 2:	<p>2.1 Develop, implement, and maintain written vaccine accountability polices.</p>

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Vaccine Accountability and Management	<p>2.2 Conduct site visits to assure vaccine accountability and appropriate vaccine storage and handling.</p> <p>2.3 Collect data to improve vaccine accountability.</p> <p>2.4 Assure VFC vaccines are used only for VFC-eligible populations.</p> <p>2.5 Minimize wasted/spoiled/expired/unaccounted-for vaccine.</p>
Chapter 3: Immunization Information Systems (IIS)	<p>3.1 Enroll at least 95 percent of children under six years of age in a fully operational IIS.</p> <p>3.2 Produce an annual detailed report that documents how each immunization program component demonstrates IIS data use to support immunization program activities. Report should include descriptions of how the IIS supports IIS-related activities including but not limited to routine surveillance and outbreak management, AFIX assessments, and Emergency preparedness.</p> <p>3.3 Conduct an evaluation of the IIS operations and subject data to an independent objective analysis (e.g., review of IIS operations and data by third party assessments to certify readiness, evaluate selected measures of data quality, or use of the data in a regional or national analysis.)</p> <p>3.4 Update and implement a business plan for the IIS.</p> <p>3.5 Implement and maintain IIS in accordance with the National Vaccine Advisory Committee functional recommendation/standards of operation.</p> <p>3.6 Additional Required Objective – NHIN Compliance</p>
Chapter 4: Provider Quality Assurance	<p>4.1 Annually, review and maintain achievement of Level 1 (required) AFIX Standards.</p> <p>4.2 For those with an IIS containing 2 or more immunizations for 70% or more of children younger than age 6, use the IIS as the primary source from which records are used to assess immunization coverage levels.</p> <p>4.3 Additional Objectives</p>
Chapter 5:	<p>5.1 Establish a mechanism to identify all HBsAg-positive pregnant women.</p>

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Perinatal Hepatitis B Prevention	<p>5.2 Conduct case management of all identified infants born to HBsAg-positive women and case manage all household and sexual contacts of HBsAg-positive pregnant women.</p> <p>5.3 Evaluate completeness of identification of HBsAg-positive pregnant women, birth dose administration, hospital policies, and appropriate care of infants born to HBsAg-positive and unknown status mothers.</p> <p>5.4 Additional recommended objectives</p>
Chapter 6: Adolescent Immunization	<p>6.1 Work with partners to support the establishment of the adolescent platform for adolescent immunizations.</p> <p>6.2 Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents.</p> <p>6.3 Identify juvenile correctional facilities serving adolescent populations and foster partnerships to promote increased coverage for recommended vaccines.</p> <p>6.4 Additional recommended goals</p>
Chapter 7: Adult Immunization	<p>7.1 Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control practitioners) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems (IIS) for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities, and outpatient clinical settings.</p> <p>7.2 Work with partners (e.g., Joint Commission on Accreditation of Healthcare Organizations) to increase influenza vaccination of healthcare workers.</p> <p>7.3 As 317 funds permit, increase access to vaccines for high risk adults.</p> <p>7.4 Additional objectives</p>
Chapter 8: Education, Information, Training, and Partnerships	<p>8.1 Ensure immunization program staff receive basic training on immunization and vaccine-preventable diseases as well as education and communication techniques, resources and programs used to reach health care providers and consumers.</p> <p>8.2 Educate health care providers about their responsibility under the National</p>

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	<p>Childhood Vaccine Injury Act (NCVIA) (section 2126 of the Public Health Service Act, 42 U.S.C. Section 300aa-26).</p> <p>8.3 Provide immunization stakeholders (including health care providers, immunization program staff, and consumers) appropriate and timely evidence-based education, training and communication on immunization-related issues.</p> <p>8.4 Collaborate and form partnerships with consumer and advocacy groups and other governmental organizations and agencies to provide education, training and communication on immunization-related issues.</p>
<p>Chapter 9:</p> <p>Epidemiology and Surveillance</p>	<p>9.1 Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases designated as nationally notifiable by the Council of State and Territorial Epidemiologists (CSTE), including cases as described in the case status print criteria approved by CSTE, applying guidance as provided in the “Manual for Surveillance of Vaccine-Preventable Diseases” (http://www.cdc.gov/vaccines/pubs/surv-manual).</p> <p>9.2 For routine surveillance, collaborate with appropriate staff to submit timely and complete electronic case and/or death notifications to CDC for cases of VPDs designated as nationally notifiable by the Council of State and Territorial Epidemiologists, including cases as described in the case status print criteria approved by CSTE, applying guidance as provided in the “Manual for Surveillance of Vaccine-Preventable Diseases” (http://www.cdc.gov/vaccines/pubs/surv-manual). Note: Outbreaks may require additional notification elements as agreed upon by CSTE and CDC.</p> <p>9.3 Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC’s “Manual for Surveillance of Vaccine-Preventable Diseases.”</p> <p>9.4 Coordinate reporting and monitor the Vaccine Adverse Event Reporting System (VAERS) mandated by the National Childhood Vaccine Injury Act of 1986. The VAERS website now accepts adverse event reports in an encrypted and secure electronic transmission format and can be found at www.vaers.hhs.gov.</p> <p>9.5 Follow up on all reports of serious adverse events received by the state agency (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization.</p>

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	9.6 Additional Objectives
Chapter 10: Population Assessment	<p>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).</p> <p>10.2 Use a CDC-approved survey methodology to annually estimate program-wide immunization coverage and exemption rates among children entering kindergarten.</p> <p>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.</p> <p>10.4 Additional Objectives</p>

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/vac-gen/policies/ipom/downloads/ipom-at-a-glance.pdf>