

2017 Program Boundary Statement Wisconsin Immunization Program

For each performance-based contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the local health department (LHD), tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the boundary statement. LHDs, tribes and agencies are encouraged to leverage resources across categorical funding to achieve common program goals. The Wisconsin Immunization Program aligns well with the boundaries of the Women, Infants, and Children (WIC) and Maternal and Child Health (MCH) programs.

Program Boundary Statement:

The LHD's immunization program is expected to administer vaccines primarily to children from birth through 18 years of age. The LHD will assure the development and maintenance of a jurisdiction-wide immunization infrastructure necessary to raise immunization levels for universally recommended vaccines. The LHD is expected to maintain immunization levels for the clients served by the agency based on the current Advisory Committee on Immunization Practices (ACIP) recommendations. In addition, the LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. The LHD will follow the Policies and Procedures Manual developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon. It will also assure that community wide systems are in place to prevent vaccine preventable diseases such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae B, varicella, pneumococcal disease, meningococcal disease, influenza, rotavirus, human papillomavirus (HPV), and hepatitis A and B. To ensure that funds provided for this program through the consolidated contract are used effectively, the contractee will be required to measure the outcome of its efforts to achieve goals. The LHD will establish and maintain partnerships with all immunization providers in its jurisdictions.

Long-term Program Goals:

The Wisconsin Immunization Program reviewed and analyzed the Healthiest Wisconsin 2020 plan to ensure that its program goals are aligned. The Program will continue to evaluate progress towards the 2020 goals on an annual basis.

The annual Consolidated Contract process is an important component of the Wisconsin Immunization Program's efforts to use evidence-based practices and data-driven activities. To that end, state, regional and local public health entities have a leadership role in educating for, implementing, assessing and assuring population-based immunization activities to meet local, state and federal immunization goals and objectives. Due to limited resources, high leverage activities need to be prioritized, thus having the greatest impact on programmatic functions and stated goals within the defined public health functions of assessment, policy development, and assurance.

Currently, Wisconsin's rate for the 4:3:1:3:3:1:4 series for children aged 19-35 months is 70.9% (NIS 2014 data). Through performance-based contracts, we can execute population-based immunization activities to achieve local, state and federal immunization goals aimed at having 90% percent of Wisconsin children aged 19-35 months who received all universally recommended vaccines (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV [4:3:1:3:3:1:4]). The 2015 Wisconsin Immunization Registry (WIR) statewide coverage rate for children 24-35 months of age is 71.48% for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV [4;3;1;3;3;1:4].

Currently, the 2014 NIS-Teen estimated Tdap, MCV4, and HPV coverage rates among Wisconsin adolescents aged 13-17 years are Tdap (1) 93.3%, Meningococcal (1) 73.8%, HPV(1) 61.0% (female)/49.3% (male) and HPV(3) 40.9% (female)/23.6% (male). The 2015 Wisconsin Immunization Registry (WIR) adolescent statewide immunization coverage rates for both males and females aged 13-18 year olds are HPV (1) 44.40%, HPV (3) 26.09%, Meningococcal (1) 67.78%, Tdap (1) 78.59%.

Annual Wisconsin Immunization Program Goals:

For 2017, increase the percent of Wisconsin children ages 12-35 months who receive all the universally recommended vaccines of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella and 4 Pneumococcal (PCV13) to the Healthy People 2020 goal of 80% for 4:3:1:3:3:1:4. An additional goal will be to increase the effective use of the Wisconsin Immunization Registry (WIR) or an immunization registry capable of interfacing with the WIR. Effective use is evidenced by an increase in the overall jurisdictional rise in immunization levels. LHDs must explore jurisdiction-specific practices to increase the number and effective use of registries as described above.

For 2017, increase the percent of Wisconsin adolescent children ages 11-12 who receive Tdap, MCV4, and HPV 3 among adolescents to the Healthy people 2020 goal. Also, an additional goal will be to increase HPV 1 and HPV 3 in adolescents by strongly recommending adolescent vaccines to parents of 11 through 18 year old children.

Target Populations:

The Immunization Program primarily serves Wisconsin children ages 0-18 years.

References:

Federal Regulations/Guidelines:

- Centers for Disease Control and Prevention (CDC) "Federal Grant Guidance Document"
- CDC Current ACIP Recommendations
- CDC Vaccines for Children (VFC) Program Operations Guide
- CDC "Pink Book"
- CDC "Immunization Program Operations Manual"
- CDC Healthy People 2020
- CDC National Immunization Survey 2014

State of Wisconsin Statutes/Guidelines:

- WI Statute 252

- WI Administrative Rule DHS 144
- WI Administrative Rule DHS 145
- WI State Health Plan "Healthiest Wisconsin 2020", including the Implementation Plan
- Program Policies: Wisconsin Immunization Program Policies and Procedures Manual, 2014
- Wisconsin Immunization Registry (WIR) User Manual

Core Competencies for Public Health Professionals

http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Optimal or Best Practice Guidance:

- Contractees must use the WIR or an electronic immunization population-based data system that links with the WIR.
- Contractees should make every effort to identify and link immunization outreach and promotion activities with existing local health department efforts targeted at high risk families. These may include but are not limited to: perinatal care coordination (PNCC), WIC programming and education, new-baby mailings and home visits, LHD health check programming, Birth to 3 programming, developmental screening programs, safe and healthy home inspections, Preparedness education for families, lead screening programs, daycare efforts and reproductive health programming, etc.
- Contractees must engage and foster community partnerships to 1) identify and address the needs of high-risk populations in a culturally competent and linguistically appropriate manner and 2) educate families and the community on the importance of on-schedule immunization of children.
- Contractees should make every effort to share information on vaccine preventable diseases, immunization, and local assessment data with local private health care providers and key community stakeholders to include community based organizations in an effort to increase immunization coverage rates within their jurisdictions.

Unacceptable Proposals:

- The Wisconsin Immunization Program will not accept any objectives other than the template objectives focusing on children by 24 months of age. The Wisconsin Immunization Program will not accept objectives that focus efforts on school, daycare, or adult populations. Once a population-based template objective has been negotiated, the addition of a unique objective may be considered through consultation with your Immunization Program representative.
- Past programmatic template objectives may not fit into the new framework in which we are trying to achieve these goals. Use of past objectives will require negotiation and does not guarantee acceptance.

Relationship to State Health Plan: *Healthiest Wisconsin 2020*:

Health Priorities:

- Access to primary and preventive health services
- Social and economic factors that influence health
- Existing, emerging and re-emerging communicable diseases

- High risk sexual behavior

Infrastructure Priorities:

- Integrated electronic data and information systems
- Community health improvement processes and plans
- Coordination of state and local public health system partnerships

Essential Services:

- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- Link people to needed health services.
- Monitor health status to identify community health problems.
- Identify, investigate, control and prevent health problems.
- Educate the public about current and emerging health issues.
- Promote community partnerships to identify and solve health problems.
- Create policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.

Addendum

Activities should focus on both individual/family-based interventions and community/system-based interventions where an immunization intervention might be used to reach high risk persons for increasing immunization rates. Examples include:

Community/System Activities

Registry

- Promote the use and enrollment of immunization registries and electronic health records that interface with WIR with private providers in your community.
- Work with private medical doctors to utilize registries.
- Contact private providers not currently using a registry to help facilitate in any way possible the use of WIR or a registry capable of interfacing with WIR (e.g., arrange a demonstration of WIR, coordinate with WIR Implementation Coordinator for training, offer to assist in facilitation of data entry).
- Work with private providers to best utilize WIR when necessary to assure that immunization data will be entered accurately and in a timely manner.
- Tracking and recall shall be conducted at least every other month as required by the Wisconsin Immunization Program Policies and Procedures Manual.

Media

- Expand immunization media coverage to include “expert” guest columns.
- Share stories on the benefits of immunization.
- Implement media outreach strategies in support of childhood immunization in the community.

Outreach

- Identify strategies to outreach under-immunized populations in your jurisdiction.
- Share current immunization information with providers in your community.
- Identify internal and external immunization champions to work towards local and state goals.
- Provide an annual Immunization Update packet to immunization providers.
- Plan an immunization workshop for immunization providers.
- Implement new strategies to reach the underinsured, e.g. church bulletin inserts, community newsletter information, “School Friday Folder” or backpack inserts to promote immunizations.
- Work with parish nurses at congregations to promote on-schedule immunization.
- Provide an education piece or brochure promoting immunization to pharmacies and ask that they be attached to all prescriptions for children under 5.
- Request that all local food banks staple immunization promotional materials to food bags they distribute with information on how to access immunization in the local community public health clinics.
- Meet with department head of pediatrics, nursery, OB or family medicine at local hospitals to promote on-schedule immunization of children, including birth dose of Hepatitis B.
- Work with hospital perinatal educators to promote on-schedule immunization of infants, including birth dose Hepatitis B and Tdap and Influenza vaccine for new mothers and close contacts of infants.
- Meet with local medical societies, Rotary and/or Kiwanis clubs to gain support for local public health population based efforts in county or jurisdiction
- Market immunizations through social networks (e.g. Twitter, Facebook, websites, texting, etc.). Marketing must be in compliance with HIPAA and confidentiality rules and regulations.
- Work with community based organizations to educate community and promote immunizations.
- Promote and practice health literacy for parents, children and healthcare professionals to allow the public and personnel working in immunization to better understand and evaluate immunization information.
- Provide education to child health care center providers on the importance of keeping immunizations up-to-date (UTD) for children in their care.

Coalitions

- Share immunization assessment data with local private providers and local coalitions.
- Actively seek new community coalition members (non-traditional)
- Create, join, or support an immunization coalition.
- Outline a community immunization action plan with coalition members to improve immunization coverage.

Individual/Family Activities for Babies and Adolescents

- Check immunization records at lead screening sites.

- PNCC clients – have an immunization education module and follow birth with appointment for the 1:1:1:1 vaccination series.
- Check records of children of women being followed for inter-conception counseling.
- Follow breast feeding mothers at 1-2 months and check on first immunization appointment.
- Include Immunization teaching in all Health Education Activities targeted to MCH populations.
- Promote parental access component of WIR.
- Community prevention and preparedness strategies should also include emphasis on UTD immunizations.
- WIC promoting, assessing immunization record and immunizing.
- Use early intervention developmental profile (EIDP) education to assure that young women are fully immunized and/or referred for immunizations.
- Provide accurate information to parents regarding vaccine safety.
- Partner with a nearby coalition to help raise HPV immunization rates in your jurisdiction.
- Provide adolescent immunization information at sexually-transmitted disease (STD) clinics (during follow up), family planning, and pre-natal classes (especially those who might have pregnant teens in them)
- Provide promotional materials to school health classes to promote the adolescent platform.
- Promote adolescent immunizations at school sporting events (e.g., signs at the concession stands).
- Promote adolescent immunizations by having an informational flyer at the Department of Motor Vehicles (DMV) office in your jurisdiction.
- Include as part of the curriculum an immunization segment in baby-sitting classes.
- Ask the county board chairperson to set one day during the school year as “check your adolescent immunization record day”.
- Promote adolescent immunizations by routinely measuring your jurisdiction’s adolescent immunization coverage levels and share the results with staff and the medical community.
- Use teach-back methods for parents to understand the importance of immunization and to understand what immunizations are recommended the first time they hear it.
 - Keep message short
 - Use active voice
 - Frame ideas in the here and now
 - Avoid jargon and define unfamiliar terms
 - Write as you would speak