



DEC 2 2002

FROM: Director, Office of Program Support
Office of Public Health

SUBJECT: Guidelines Quarterly Immunization Reports - Activating and De-activating
Children in the RPMS Immunization Package

TO: Chief Medical Officers
Area Directors
Area Immunization Coordinators
Service Unit Directors
Clinical Directors

Over the last few years, there has been some question regarding which children should be included in the IHS quarterly immunization reports for children 3 – 27 months old. In the absence of guidelines, many Areas and facilities made their own rules about which children to include in their reports, and which could be excluded. For example, in some facilities, if a child has not been seen at the facility for more than a year, they exclude the child from the report. In other facilities, they require that there be evidence that a child has moved out of the service area or is receiving care at another facility before the child can be dropped, even if the child has not been seen in the facility for a year. Because of these differences, it has been difficult to compare immunization rates between or even within Areas. In order to standardize which children are included in immunization reports, and to ensure that those children at highest risk for being under-immunized (e.g. those who do not frequently access health care) are being monitored; we have developed the attached guidelines. They are largely based on the Moved or Going Elsewhere (MOGE) criteria developed by CDC, and have been successfully implemented in the Alaska Area for the last five years.

After considerable review and discussion by the IHS Immunization Coordinators and Area Chief Medical Officers, consensus was reached and the attached guidelines were approved. We strongly encourage that these guidelines be implemented in each facility in each Area. Not only will this allow for a more accurate comparison of immunization rates between IHS Areas, it will also ensure that those children most at-risk for being under-immunized are not overlooked.

A handwritten signature in cursive script, reading "Phillip L. Smith, M.D., M.P.H.".

Phillip L. Smith, M.D., M.P.H.

Attachment

Guidelines

RPMS

Children Immunization Package

October 2002

Guidelines for “Activating” and “Inactivating” Children in the RPMS Immunization Package

These guidelines have been developed in an attempt to standardize immunization reports from IHS and tribal immunization programs, and to address the question “Who should be included in immunization reports?” The purpose of these guidelines is not just to improve reporting, but more importantly, to improve immunization coverage among AI/AN children and ensure that all children, even those at highest-risk for not receiving immunizations, are being monitored. The steps below outline an active process to determine which children should be monitored for immunization status and which can be excluded. Although the terms “activate” and “inactivate” refer to activating and inactivating children in the immunization package in the RPMS system, these guidelines apply regardless of the immunization tracking system being used. Below are definitions of these two terms:

Activate – To put the child into the immunization tracking system and monitor immunization coverage. All activated children should be included in immunization reports.

Inactivate – To “remove” children from the immunization tracking system. Inactivated children do not need to be monitored for immunization status, and should not be included in immunization reports. In the RPMS Immunization package, although a child is “inactivated”, the record remains in the system. You can continue to add new information (such as past immunizations) and re-activate the child if needed.

1. Activating

In urban areas, all American Indian/Alaska Native Children **EVER** seen at the facility should be entered into the immunization package and monitored for immunization coverage (“activated”). In rural areas where there is only one source of health care, all children should be monitored for immunization coverage. For both urban and rural sites, this includes children who may come into the ER 1 time, or even children who may be visiting from another area. During the visit or later, if one of the “Moved Or Going Elsewhere” (MOGE) criteria listed below can be met, then the child can be “inactivated” meaning they don’t need to be monitored and should not be included in immunization reports.

Justification: Many high-risk kids may not be regularly accessing health care, and may only come in for emergencies. Because there isn’t always time during the visit to determine where the child lives, how long they will be visiting, or whether or not they have been getting care elsewhere, it is better to activate them. Afterwards, if the child meets one of the MOGE criteria listed below, they can be inactivated.

2. Inactivating

Repeated unsuccessful telephone attempts to reach a patient, disconnected phones, multiple patient no-shows, or extended periods of time between visits (e.g. years) are **NOT** reasons to inactivate a patient. Only children who meet one of the MOGE criteria listed below should be inactivated. Reasons for inactivation should be documented. In the RPMS Immunization

package, the information should be included in the "Patient Edit/Inactivate Reason" field for that child (e.g. moved from area per CHR; receiving care from Dr. Brown). Also, the date the child is inactivated should be entered in the "Inactivate Date" field so that the child will be excluded from any reports after this date.

MOVED – Children who have moved out of the area can be inactivated. Moved is defined as:

1. Documentation in the medical chart that the child has moved out of the area.
2. A returned letter indicating the child/family has moved and forwarding address is not local.
3. Specific knowledge that the child/family has moved out of the area from a parent, CHR, relative, neighbor, etc.

GOING ELSEWHERE – A child who is receiving immunizations at another facility can be inactivated. Going elsewhere is defined as:

1. Child's records transferred to a new practice.
2. Information from another provider stating that they are seeing the child.
3. A phone call or discussion with the parent/guardian stating that the child is getting care at another site. Should provide name of doctor or facility where child is receiving care.

Justification: Children who do not come into the clinic for an extended period of time or who miss multiple visits may not be accessing health care, and may not be getting their immunizations. By excluding them without evidence that they have moved out of the area or are getting care elsewhere, you may inadvertently be excluding the kids who are at highest risk for not getting their immunizations.

3. OTHER CONSIDERATIONS

In areas where there are multiple sources of care, children who were never seen at the facility sometimes end up activated in the immunization package. In this case, IF there are other sources of care AND the child has never been seen at the facility, they can be inactivated.