

## 2009 Report Template: Instructions

- Please use the attached template to complete the 2009 Report.
- You may modify the column widths to meet your needs, but keep the column widths appropriate to the amount of text required for each box.
- You may add additional rows as needed depending on the number of objectives that you have for each Program Component.
- Please attach your 2008 Semi-annual Progress Report to your grants.gov application

January 1-June 30, 2009 Report

Grantee: Michigan

Program Component: Program Planning and Evaluation

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Management Team will develop the workforce capacity strategic planning group to assist in crisis planning and cross training. Work on this objective will begin on 01/01/2009.</p>	<p>Develop workforce capacity survey to determine immunization staff's critical functions, credentials, work experiences, and objectives for educational and professional career development</p> <p>Survey data will assist with crisis planning and cross training, improving the capacity and competence to surge during crises while maintaining essential functions</p>	<p>Workforce capacity survey results; Cross-training plan is implemented; COOP is reviewed and updated routinely. Baseline: Current strategic planning group information &amp; projects Continuity of Operations (COOP) Plan</p>
<p>By 12/31/2009, Core Strategic Planning Team will engage the self-evaluation and strategic planning to ensure the program is guided in making changes to more effectively carry out the mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. Work on this objective will begin on 01/01/2009.</p>	<p>Evaluate all conferences, large projects, and newsletters; send out surveys to immunization partners</p> <p>Funding Formula will move to be more performance based</p> <p>VFC and AFIX Findings</p> <p>INE and PPEPI; Site Visits; Accreditation Visits; IAP Plans</p>	<p>Evaluation focus and strategic planning priorities will be identified in the 2009 continuation application; Move to fund LHD on performance basis; Assess Satisfaction Surveys Assess Evaluation Surveys Solicitation of Feedback Conference Evaluations Site Visit Evaluations Health Educator Evaluations Re-evaluation of programs Outreach &amp; Awareness surveys Partnership Building Surveys Will develop proper evaluative methods &amp; formats for all programs currently not being evaluated</p>

Objective	Activities	Evaluation Measures
By 12/31/2009, General Office Assistant will review the DCH and local health department record retention schedules on a semiannual basis for accurate information based on business practices, policies, or programmatic changes to the Division. Work on this objective will begin on 01/01/2009.	semi-annual review of MDCH and local health department retention schedules	records retention and disposal schedule will be finalized for the Division of Immunization
By 12/31/2009, Special Populations Coordinator will document the progress to meaningfully engage Michigan American Indian tribal health centers in immunization activities. Work on this objective will begin on 01/01/2009.	<p>Special Populations Immunization coordinator will collect coverage levels</p> <p>Coverage levels will be obtained from the Michigan Care Improvement Registry (MCIR).</p> <p>Population assessed will be 19-35 month old children</p> <p>Assessment criteria will be 4:3:1:3:3:1 and 4:3:1:3:3:1:4</p> <p>Plan will be developed to offer education and incorporate assessment of adolescent coverage rates in 2010</p>	Chart will be compiled that lists tribal health center/sites & immunization coverage levels. Information/challenges of tribal health will be presented to MDCH Division of Immunization management & staff by Special Populations Immunization coordinator or guest speak

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Special Populations Coordinator will demonstrate the tribal health participation in AFIX assessments, in INE presentations, number and frequency of VFC site visits by LHDs, and the knowledge base and use by tribal health staff of Perinatal Hepatitis B Prevention Program (PHBPP) will be assessed. Work on this objective will begin on 01/01/2009.</p>	<p>MDCH AFIX coordinator will compile list of AFIX assessments at tribal health centers and give to Special Populations coordinator</p> <p>MDCH INE staff will compile list of INE presentations to tribal health centers and give to Special Populations coordinator</p> <p>MDCH VFC staff will identify VFC site visits by LHD staff to tribal health centers and give to Special Populations coordinator</p> <p>CoCasa will be used to compile these three lists.</p> <p>Special Populations coordinator with Perinatal Hepatitis B coordinator/staff will assess need/desire of tribal health centers for further education on PHBPP.</p>	<p>Chart will be compiled which lists AFIX &amp; INE activities, VFC site visits, &amp; PHBPP needs at tribal health centers and presented to the MDCH Division of Immunization management &amp; staff. 2008 Baseline: There are 12 federally-recognized tribes and 4 additional state-recognized tribes in Michigan (Bemidji region). In 2006-07, there were 6 AFIX visits conducted at clinic sites, and 5 educational visits by Immunization Nurse Educators (INE). Four of the IHS agencies received conference brochures, newsletters, and communications through the education and outreach listserv. Four of the agencies sent staff members to attend Michigan's Fall Regional Immunization Conferences in 2006: Sault Tribe (24 staff attended), Saginaw Chippewa Indian Tribe (6 staff), Keweenaw Bay Indian Community (1 person ), and Pokagon Potawatomi Health Services (2 staff). The Hannahville Indian Community attended the Pandemic Flu Summit in April 2006. More updated information will follow.</p>
<p>By 12/31/2009, Division Director will conduct the quarterly Immunization Workgroup Meetings with WIC and Medicaid. Work on this objective will begin on 01/01/2009.</p>	<p>Maintain meetings to provide program updates and discuss barriers and successes</p>	<p>Quarterly Immunization Workgroup Meetings are held</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will increase the percent of timeliness of immunization date entered within 14 days to 95% concerning children 3 months to six years per sentinel site quarterly reports from 92% to 95%. Work on this objective will begin on 01/01/2009.</p>	<p>Promote flagging of historical data by users</p> <p>Promote compliance of providers with Michigan's legal timeframe of reporting immunizations to MCIR within 72 hours of administration</p>	<p>2008 Q1: 92%</p>
<p>By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will disseminate the risk factors associated with time period prior to first immunization. Work on this objective will begin on 01/01/2009.</p>	<p>Preparation of data involving urban/rural status, race/ethnicity, interaction terms, time-dependent covariates (e.g., WIC and Medicaid status).</p> <p>Evaluation of risk factors using multivariate Cox regression models</p>	<p>Publication of a peer-reviewed manuscript</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Health Disparities Workgroup will assess the racial and ethnic disparities across the state to determine if reductions have occurred. Work on this objective will begin on 01/01/2009.</p>	<p>To create a working definition for racial and ethnic disparity</p> <p>Collect and report data on said disparity</p> <p>Develop performance based measurable short-term objectives</p> <p>Evaluate grant possibilities (review IPOM and outside grants, prepare basic info for potential grant application)</p> <p>Provide a presentation to the spring IAP meeting</p> <p>Serve as a resource to staff</p>	<p>Compared to baseline data gathered, a plan is proposed to reduce disparities in immunization coverage across the state.</p>
<p>By 12/31/2009, Core Strategic Planning Team will facilitate the ongoing efforts of the strategic planning teams and standing committees. Work on this objective will begin on 01/01/2009.</p>	<p>Standing committees continue to meet.</p>	<p>Strategic planning teams ongoing, and standing committees continue to make progress</p>
<p>By 12/31/2009, Adolescent Coordinator will work with partners who will promote the seasonal influenza vaccination within the medical home. Work on this objective will begin on 01/01/2009.</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy  2. MCIR assesses for influenza vaccine;  3. IVEN is utilized to facilitate distribution of private vaccine;  4. Discussion held at partner meetings;  5. Work to improve vaccine administration fees.</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy;  2. # influenza vaccines administered by site and age group;  3. # doses posted on IVEN, # and type of user.  4. Summary of discussions, # attendees, # members;  5. Summarize findings and recommendations of Immunization Workgroup of MACI and Medicaid meetings; develop recommendations with Immunization workgroup of MACI; increase MI vaccine admin fees</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Contracts Coordinator will document the applicable cost allocations and infrastructure budget items are reasonable and within federal appropriations guidelines. Work on this objective will begin on 01/01/2009.</p>	<p>Contract language is reviewed</p> <p>Budget considerations are discussed with management team</p> <p>Quarterly or monthly meetings with DCH Budget office staff are conducted.</p> <p>Ensure program costs are allowable.</p>	<p>The immunization program is funding allowable costs and allocating funding appropriately.</p>

January 1-June 30, 2009 Report

Grantee: Michigan Program Vaccine Accountability and Management  
 Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the 317 Work Group will facilitate the access to vaccines for high risk adults, as 317 funds permits. Work on this objective will begin on 01/01/2009.</p>	<p>Review vaccine spend plan and funding on a quarterly basis</p>	<p>Under MI-VRP general high risk and special programs:                      Number of hep A doses Number of hep B doses Number of # hepA/hepB combination doses Number of MMR doses Number of Td doses Number of Tdap doses                      Baseline measures: 317 Workgroups; Number of 317 funded vaccine doses distributed through the MI-VRP general and high-risk programs from January through June 2008: 266 Td 1171 Tdap 770 Hep B 227 Hep A 289 MMR</p>
	<p>Maintain/increase as funding allows a non-tiered MI Vaccine Replacement Program for uninsured and underinsured adult residents</p>	
	<p>Maintain High-Risk Hepatitis A and B programs for clients served in LHD, FQHC and Migrant Health Centers</p>	
	<p>Establish additional access to vaccines for high risk adults as funding allows (such as FY 2008 pilot program using hepA/hepB for persons 19 yrs and older served in certain settings including LHDs, STD, HIV, Family Planning, Substance Abuse, and Detroit Recovery programs)</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will demonstrate the 75% of adolescent VFC providers offer all ACIP-recommended vaccines to VFC-eligible adolescents. Work on this objective will begin on 01/01/2009.</p>	<p>VFC staff to ensure that all adolescent VFC vaccines are given by providers serving adolescents who are enrolled in the VFC program</p>	<p>Number of HPV, MCV and Tdap doses ordered or administered by VFC providers- public and private, teen health centers, school based health centers, STD clinics and family planning clinics; Number of INE and PPEPI education sessions that include information on adolescent immunizations; Percent of VFC practices serving adolescent providers will assess and offer adolescent age appropriate vaccines; All adolescent educational materials to include information about the VFC program; All adolescent vaccines included in appropriate INE and PEPI immunization education programs Baseline measurement: Michigan VFC policy to all current VFC providers is that LHD and partners establish a comprehensive adolescent immunization strategy In spring 2008, an average of 2.4 new VFC providers that serve adolescents were enrolled in each local health dept jurisdiction In spring 2008, 91% of local health depts. reported 50-100% of VFC providers serving adolescents offer all age appropriate adolescent vaccines.</p>
	<p>VFC staff to promote the VFC program to both private and public providers that serve adolescents</p>	
	<p>Local health department staff to assess adolescent vaccines offered in VFC provider offices during VFC site visits;</p>	
	<p>Adolescent Coordinator to review the adolescent immunization recommendations made by health care professionals</p>	
	<p>Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate professional educational programs and materials</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will conduct the accountability and fraud and abuse policies will be assessed by reviewing CDC guidance, program experience, new program requirements and approved by the accountability workgroup. Work on this objective will begin on 01/01/2009.</p>	<p>Update and maintain 3 MDCH staff to make programmatic decisions regarding potential misuse situations.</p>	<p>Review Fraud and Abuse policy annually. Revise VFCRB to include updates and algorithms to follow. Assure VFC Fraud and Abuse Hotline is maintained. Identify 3 MDCH staff as key decision makers. Consequences of Fraud and Abuse are defined and information is distributed annually at IAP meetings. Send CDC new version of Fraud and Abuse policy as updated. Establish improved database in MCIR with use of accountability that is programmed into VIM. Use Discoverer software to conduct internal audits.</p>
	<p>Maintain Fraud and Abuse Hotline for reporting suspected cases.</p>	
	<p>VFC team to check physician licensure status at each enrollment by screening for suspended or revoked licenses and for any suspected case.</p>	
	<p>Update and review annual VFC Site Visit guidance document. Educate annually at IAP meetings on revised Fraud and Abuse policy. Maintain Fraud and Abuse database.</p>	
	<p>Update policy in VFC Resource Book for Providers.</p>	
	<p>Post updated VFC Resource Book on line annually, and update online as needed. Encourage LHDs to provide all providers with new RB annually and refer to RB on line.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team by March 31, 2010, will demonstrate that the number of enrolled public and private VFC providers who have received a VFC site visit in 2009 will have addressed all high priority storage and handling questions and will have provided all necessary documentation to address the VFC Site Visit Questionnaire and will remain above 75%. Work on this objective will begin on 01/01/2009.</p>	<p>Review aggregate results for incorrectly answered VFC site visit questionnaires</p> <p>High priority questions for 2008 based on results including: identify improper shipping and handling practices; focus on staff and provider education; site visit annual training required for all field staff and LHD staff who are conducting visits</p> <p>Require corrective action follow-up submission</p> <p>Referrals tracked for INE, AFIX and MCIR as indicated by incorrect responses</p>	<p>By October 2010, all data will reflect the most recent site visit review. Maintain all required follow-up documentation and data to be tracked and analyzed. Notify LHDs of missing or incorrect documentation and track when received. All VFC providers shall enroll and utilize MCIR for vaccine ordering and reporting beginning May 2008, and this process shall be completed by January 2009. Provider orders shall follow the TOF schedule. Trainings for MCIR VIM will be provided as the program develops and as upgrades are implemented</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will demonstrate the number of enrolled public and private VFC providers that receive a VFC site visit in 2009 will have responded to all high priority storage and handling questions and will have provided all necessary documentation to the VFC Site Visit Questionnaire and will remain above 75%. Work on this objective will begin on 01/01/2009.</p>	<p>Review aggregate results for incorrectly answered VFC site visit questionnaire's high priority questions for 2008 based on results including:  ? Identify improper S &amp; H practices ? Focus on staff and provider education  Site Visit annual training required for all field staff and LHD staff who are conducting visits.</p>	<p>By October 2010, all data entered and updated with most recent site visit review. Maintain required follow up documentation, data to be tracked and analyzed. Notify LHDs of missing or incorrect documentation and track when received. All VFC providers will enroll and utilize MCIR for vaccine ordering and reporting beginning May 2008, and complete by January 2009... Provider orders follow TOF schedule. Trainings for MCIR VIM as program develops and has upgrades.</p>
	<p>Require corrective action follow-up submission. Referrals tracked for INE, AFIX and MCIR as indicated by incorrect responses.</p>	
	<p>LHDs and MDCH will track monthly temperature logs before order approval.</p>	
	<p>MCIR will generate doses administered reports for all providers to cross reference current profiles and ordering histories. Established pre-set tiered ordering system, and compare to pre-determined vaccine limits per profiles and storage capacity.</p>	
	<p>Instruct McKesson to continue to have quantities of 5, if a minimum product is packaged in 5, and continue with 1 dose of DT and Td.</p>	
	<p>Provide ongoing MCIR VIM trainings as program develops.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will assess the number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually. Work on this objective will begin on 01/01/2009.</p>	<p>Prioritize VFC enrolled provider sites to receive VFC sites annually targeting large practices.</p>	<p>Maintain VFC Data Base of site visits conducted, Enhanced data collection at MDCH VFC office and in MCIR. Educate LHDs annually of site visit requirements, update guidance and present to Fall IAP meetings annually. 100% enrollment in VFC program will participate in MCIR VIM and use MCIR generate reports. MCIR to track site visits by 2012. Field Reps with counties that have less than 5 satellite clinics, they should do site visits to all LHD clinics. If Field Reps have counties that have more than 5 satellite clinics, place them on a rotating schedule to ensure all satellite clinics are seen by 2010, and then again by 2012.</p>
	<p>Require initial site visit for all new VFC enrollments.</p>	
	<p>Encourage site visits for VFC providers with vaccine losses, and storage and handling issues.</p>	
	<p>In cases of suspected Fraud and Abuse, if a site visit has not been done in that year, encourage a new site visit.</p>	
	<p>Require all LHDs to have VFC Site Visit per Immunization Field Reps, including all LHD satellite clinics.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will develop the number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually. Work on this objective will begin on 01/01/2009.</p>	<p>Develop MCIR to monitor vaccine usage and identify changing patterns by providers ordering and doses administered.</p>	<p>By December 31, 2012, all VFC provider profile data will be submitted and tracked via MCIR. Submit annual PES and VOFA to CDC. Utilize data on PES to ensure proper apportionment of VFC vaccine purchases annually. PES pre-populated by CDC in 2008, data questioned by MDCH. CDC agreed to allow MDCH to compare numbers from CMS in the CDC format. Plan to compare these numbers annually and submit the most recent data. Enhanced MCIR profile data collection, will result in more accurate profile data.</p>
	<p>Establish plan for implementation of MCIR analysis of data gathered.</p>	
	<p>Implement procedures to ensure that providers do not exceed pre-determined usage based on VFC eligible population.</p>	
	<p>Establish data base for new providers from the start of VIM. Recruit providers via Medicaid enrollment process.</p>	
	<p>Enhance MCIR to record EBC eligibility for birth doses of Hep B.</p>	
	<p>Complete annual VOFA and PES.</p>	
	<p>Enhance MCIR profile data collection thru education and guidance of CDC, need to determine who is VFC for which visits an will that populate the profile.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will design the system to identify and resolve discrepancies between VFC ordering patterns and the most current provider profile for 100% of VFC enrolled providers. Work on this objective will begin on 01/01/2009.</p>	<p>For each VFC provider, VFC will ensure that MCIR systematically compares VFC orders for the time period from last order (monthly, bi-monthly or tri-monthly as pre-determined by their assigned TOF schedule).</p>	<p>By December 31, 2012, 100% VFC providers will submit VFC enrollment forms correctly. Data to be entered into MCIR and VACMAN. Data to be tracked and analyzed annually. Providers with discrepancies between ordering patterns and current profiles will have further possible Fraud and Abuse investigation by LHD and MDCH if warranted.</p>
	<p>Provider orders identified with discrepancies will be flagged in MCIR to notify LHD at time of order.</p>	
	<p>LHD to review and contact provider to resolve discrepancy within 1 week.</p>	
	<p>LHD may choose to defer discrepancy to MDCH for state review and recommendations, State to be notified by MCIR.</p>	
	<p>MCIR will offer providers an updated VFC profile based on vaccine eligibility at the time of date entry.</p>	
	<p>VFC state staff to maintain provider profile data for 3 years either at MDCH or in MCIR.</p>	
	<p>Utilize MCIR to identify non-VFC.</p>	
	<p>Use VACMAN data to verify orders.</p>	
	<p>MDCH shall view provider inventory on hand in MCIR and assist in education of VFC vaccine use.</p>	
	<p>MDCH VFC uploads McKesson shipping information directly into MCIR provider inventories in an effort to decrease</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will review the 317 and VFC vaccine needs annually, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, and existing vaccine inventories. Work on this objective will begin on 01/01/2009.</p>	VFC coordinator submitting PES.	<p>PES and VOFA are submitted timely. Maintenance of current Adult Immunization program Maintain HR Hep A and B program. A system is in place that supports vaccine priority groups identified. Maintain VFC Flu Vaccine program with provider letter sent. Analyze flu vaccine data to prepare for next flu season.</p>
	Accountability coordinator submitting VOFA.	
	Reassess 317 funding and priority groups as new vaccines are introduced.	
	Establish tiered system for underinsured if necessary funding issues arise.	
	Maintain less than 5% vaccine wastage	
	Evaluate Immunization 317 Workgroup suggestions based on survey and comments.	
	Maintain 317 Adult Immunization programs for Tdap, Td, Hep A and B and MMR.	
	Assess options to increase vaccine provided via the adult Immunization program.	
	Maintain High Risk Hep A and B program.	
	Target adolescent providers to better serve population at risk.	
	Establish data baseline in MCIR or VACMAN for OB/GYN enrolled providers from the implementation of COD.	
	Maintain state supported vaccines.	
	Annually update and educate providers on VFC Flu program, including VFC letter to providers explaining new flu vaccine	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, VFC Team will demonstrate the improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns. Work on this objective will begin on 01/01/2009.</p>	<p>VFC team will develop a revised data storage system with all data in one location per VFC PIN #'s.</p>	<p>New system is established and maintained. Resource Book updated annually and posted to web. Education provided at IAP and INE meetings bi-annually. Update VFC INE Module at least annually. Collect all VFC enrollment data and reports via MCIR. Utilize E-ordering in MCIR to assess profiles and ordering history. VFC team to update Medicaid lists and compare to VFC provider lists. Screen all VFC providers for current licenses. Using VACMAN to verify vaccine orders. Request Discoverer reports as needed. Attend and present VFC program updates at MACI, FAB and AIM. Perform provider satisfaction survey every two years and evaluate provider feedback. Use feedback to improve VFC Q &amp; A.</p>
	<p>Update and issue an annual Resource Book.</p>	
	<p>Educate LHDs on how to train providers on VFC</p>	
	<p>Work with INEs on VFC module.</p>	
	<p>Require all LHDs to review provider temp logs, doses administered and orders every time provider places an order.</p>	
	<p>Require MCIR reports for ordering</p>	
	<p>Require MCIR VFC profiles. VFC staff will review all LHD supporting documents.</p>	
	<p>VFC staff to compare Medicaid lists of providers to VFC lists of providers to assure a higher rate of Medicaid providers are enrolled in the VFC program.</p>	
	<p>Screening of any VFC provider enrollment for suspended or revoked licenses.</p>	
	<p>VFC team to verify vaccine orders in VACMAN and then notify providers of any issues.</p>	
	<p>Update MDCH VFC website as required.</p>	
	<p>Perform bi-annual education programs for IAPs regarding VFC program guidelines and</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will work with partners who will promote the seasonal influenza vaccination within the medical home. Work on this objective will begin on 01/01/2009.</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy 2. MCIR assesses for influenza vaccine; 3. IVEN is utilized to facilitate distribution of private vaccine; 4. Discussion held at partner meetings; 5. Work to improve vaccine administration fees</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy; 2. # influenza vaccines administered by site and age group; 3. # doses posted on IVEN, # and type of user. 4. Summary of discussions, # attendees, # members; 5. Summarize findings and recommendations of Immunization Workgroup of MACI and Medicaid meetings; develop recommendations with Immunization workgroup of MACI; increase MI vaccine admin fees</p>

January 1-June 30, 2009 Report

Grantee: Michigan

Program Immunization Information Systems (IIS)

Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will facilitate the work with partners to demonstrate an increase in adult immunization rates. Work on this objective will begin on 01/01/2009.</p>	<p>Promote use of MCIR for adult immunization records via forums, conferences, partners meetings, newsletters, AIM Tool Kit</p> <p>Provide MCIR access and training to sites who assess and/or vaccinate adults</p>	<p>Percent increase in number of individuals ages 20 years and older with MCIR record                      Percent increase in number of individual shot records in MCIR for adults ages 20 years and older                      Baseline for Adult Immunization rates (defined as persons 20 years of age and older) using MCIR data: 1,486,801 of individuals with a MCIR record                      Number of individual shot records by age group 20-39: 996,224 40-59: 223,404 60 +: 267,173</p>
<p>By 12/31/2009, Division Director will conduct the quarterly Immunization Workgroup Meetings with WIC and Medicaid. Work on this objective will begin on 01/01/2009.</p>	<p>Maintain meetings to provide program updates and discuss barriers and successes</p>	<p>Quarterly Immunization Workgroup Meetings are held</p>
<p>By 12/31/2009, MCIR Coordinator and Section Secretary will increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1:4 series from 73% to 78%. Work on this objective will begin on 01/01/2009.</p>	<p>Provide LHD and WIC staff MCIR coverage assessments.</p>	<p>Coverage level for WIC clients is at least 78%; February 2008 data shows Coverage is 80% (41,072 up to date; n=51,288)</p>
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will assess the Through the Sentinel Site project, Immunization lot # &amp; manufacturer fields will be 90% complete for children aged</p>	<p>Implement vaccine inventory mgt. module.</p> <p>Implement MCIR clinical record; Train users in their operation.</p>	<p>Completeness of lot and manufacturer fields.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will assess the differences between MCIR and NIS coverage estimates using data from the NIS-registry study. Work on this objective will begin on 01/01/2009.</p>	<p>Collaborate with CDC and National Opinion Research Center (NORC) to sample and survey Michigan residents</p> <p>Determine whether or not NIS is overestimating MI coverage.</p>	<p>Difference between coverage measures in Research Development Data and MCIR-based samples.</p>
<p>By 12/31/2009, MCIR Team / MCIR Coordinator will increase the percent of MCIR coverage estimates in the sentinel area to 80% for 4:3:1:3:3:1 series involving children between the ages of 19-35 months from 72% to 80%. Work on this objective will begin on 01/01/2009.</p>	<p>Refine Moved or Gone Elsewhere (MOGE) process</p> <p>Link with nearby IISs (WI, IN, IL, OH)</p> <p>Continue to promote MCIR use and train providers</p> <p>MOGE presently at provider and coordinator level bring to LHD level.</p>	<p>Coverage estimates according to the quarterly reports are 80% or higher.</p>
<p>By 12/31/2009, MCIR Team – IIS Sentinel Coordinator will promote the use of the Influenza Vaccine Exchange Network (IVEN) in MCIR to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications.</p>	<p>Maintain and promote the use of the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will increase the percent of adult immunization provider participation levels in MCIR to 70% by 2010. From 46% to 70%. Work on this objective will begin on 01/01/2009.</p>	<p>MCIR Regions will work to increase provider participation, training, help desk, and data quality support</p> <p>Regions will monitor and train providers to enter data within 72 hours after administration to meet the current state registry law and to increase the timeliness of data by five percent annually.</p> <p>Create an adult immunization provider recruitment plan to include benchmarks of number of providers to be trained each year per region.</p>	<p>Monitor adult immunization providers participation levels on a quarterly basis. Monitor on a quarterly basis the timeliness of entry of adult immunizations.</p>
<p>By 12/31/2009, Influenza Epidemiologist will assist the program staff in maintaining and promoting the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications</p>	<p>Assess the number of doses available or needed throughout the flu season; Monitor who is using IVEN</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Epidemiologist will update the seasonal, avian, and pandemic influenza web pages, and ensure they are maintained. Work on this objective will begin on 01/01/2009.</p>	<p>Include a link to Michigan.gov/flu in flu educational materials and promote the web site in written and oral presentations on seasonal, avian, and pandemic influenza</p> <p>Promote use of site by partners and general public</p> <p>Evaluate page usage patterns using SurfAid software</p>	<p>Monitor monthly number of page views; Respond to feedback regarding the website Baseline: www.michigan.gov/flu received over 7,000 hits between January 1 and June 30, 2008</p>
<p>By 12/31/2009, MCIR Team / Perinatal Hepatitis B Coordinator will enroll the Design and develop a Hepatitis B case management module in MCIR. Work on this objective will begin on 01/01/2009.</p>	<p>Modify the current sickle cell case management component in MCIR to include the necessary fields to track children born to hepatitis B surface antigen-positive mothers</p> <p>Assess Hepatitis B coverage at STD, HIV, correctional, or other high-risk settings</p> <p>Include HBV and HBIG data fields in the electronic birth record or other mechanism, transferring that data to the registry during vital record uploads.</p>	<p>Monitor the development and project timelines according to the Hepatitis B project plan; Increase the participation levels in correctional facilities and other high risk settings; This field will be added in vital Records to the new EBC system; Seek quarterly updates from Vital Records when the HBIG field will be available for use.</p>
<p>By 12/31/2009, MCIR Team / MCIR Coordinator will facilitate the MCIR's ability to track vaccines given for occupational health reasons. Work on this objective will begin on 01/01/2009.</p>	<p>Add TB results to MCIR</p> <p>Add assessment algorithm for Lab workers in MCIR</p> <p>Add Health Care Worker notification box in MCIR.</p>	<p>Monitor the development and project timelines according to the occupational health project plan.</p>

Objective	Activities	Evaluation Measures
By 12/31/2009, MCIR Team / Through December 2010 MCIR Coordinator will continue to facilitate enhancements to MCIR to meet Public Health Information Network (PHIN) requirements.. Work on this objective will begin on 01/01/2009.	Create a common portal through which providers authenticate and then access the registry, and other electronic communicable disease reporting system, and other public health applications.	Participation on the MDCH PHIN workgroup; Monitor the development and project timelines according to the PHIN project plan at MDCH
By 12/31/2009, MCIR Team / By December 2010 MCIR Coordinator will facilitate the MCIR's ability to send and retrieve HL7 messages. Work on this objective will begin on 01/01/2009.	<p>Create an HL7 message with the new vital records system</p> <p>Share HL7 messages with other state Immunization Information Systems</p> <p>Share HL7 messages with Electronic Medical Record (EMR) Vendors</p>	At least one successful HL7 transmission of electronic birth records submitted to MCIR; At least one successful HL7 message generated from and to State Immunization Information Systems; Number of vendors submitting data to MCIR using HL7 messaging.
By 12/31/2009, MCIR Team / MCIR Coordinator will increase the percent of the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1 series. From 72% to 77%. Work on this objective will begin on 01/01/2009.	<p>Provide LHD and WIC staff MCIR coverage assessments</p> <p>Increase Hib percentage with resolution of vaccine shortage</p>	Coverage level for WIC clients is 72%
By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will train the 90% of licensed long-term care facilities to use MCIR to track adult immunizations on residents. Increase participation of long-term care facilities by 25% over a three-year period. Work on this objective will begin on 01/01/2009.	<p>MCIR regions will recruit and train long-term care facilities to use MCIR</p> <p>MCIR profile reports will be expanded to include adult pneumococcal vaccine coverage</p>	Number of Long-Term Care facilities registered in MCIR as of June 30, 2008
By 12/31/2009, MCIR Team / MCIR Coordinator / IIS Sentinel Coordinator will assess the lot & manufacturer fields are 90% complete for children less than one year of age. Work on this objective will begin on 01/01/2009	<p>Implement vaccine inventory management module</p> <p>Implement MCIR clinical record. Train users in operation</p>	As of 6/30/2008, percentage of children less than one year of age: Mfr.: 46.3% Lot: 39.3%

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will increase the percent of timeliness of immunization date entered within 14 days to 95% concerning children 3 months to six years per sentinel site quarterly reports from 92% to 95%. Work on this objective will begin on 01/01/2009.</p>	<p>Promote flagging of historical data by users</p> <p>Promote compliance of providers with Michigan's legal timeframe of reporting immunizations to MCIR within 72 hours of administration</p>	<p>2008 Q1: 92%</p>
<p>By 12/31/2009, MCIR Team / II S Sentinel Coordinatr - MCIR Regional Team will increase the percent of timeliness of data entry into MCIR to 95% concerning immunizations administered to adolescents in the previous three months from 92% to 95%. Work on this objective will begin on 01/01/2009.</p>	<p>Promote flagging of historical data by users</p> <p>Historical data shall be excluded from timeliness calculations</p>	<p>2008 Q1: 11-12y: 94% 13-15y: 94% 16-18y: 93% The number of historical immunizations entered into MCIR has increased on a yearly basis from 630,631 in 2003 to 934,759 in 2007.</p>
<p>By 12/31/2009, Epidemiology Team /Section Manager will assess the decrease in duplicate person records to 0.5%. Work on this objective will begin on 01/01/2009.</p>	<p>MCIR regions will continue to manually assess duplicate pairs.</p> <p>Implementation of automated de-duplication may be further investigated in 2009.</p>	<p>% of patient records in MCIR that are unresolved duplicates</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / MCIR Coordinator will assess the number of duplicate shot records in MCIR and decrease by at least 10% every year. Work on this objective will begin on 01/01/2009.</p>	<p>MCIR will implement the automated vaccine de-duplication algorithm as described in the MIROW Vaccine Level Deduplication in Immunization Information Systems document</p> <p>Regional staffs will de-duplicate shots within their jurisdictions</p> <p>MCIR data quality working group will determine shot de-duplication rules with recommendations to MDCH to enhance automation of the shot de-duplication process.</p>	<p>Complete an algorithm in MCIR to allow for automated vaccine de-duplication and measure the number of duplicate shots in MCIR every six months</p>
<p>By 12/31/2009, Epidemiology Team / Section Manager will employ an additional full-time summer intern epidemiology student to assess MCIR data. Work on this objective will begin on 01/01/2009.</p>	<p>Interview prospective students</p> <p>Oversee &amp; support data analysis by the student</p> <p>Continue working with the student regarding their capstone project during the 2nd year of their MPH.</p> <p>Participate in sentinel site conference calls and meetings</p>	<p>Interview &amp; hire summer intern 2009. Completion of scholastic project of publishable value</p>
<p>By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will assess the characteristics of immunization waivers in Michigan. Work on this objective will begin on 01/01/2009.</p>	<p>Perform descriptive analysis on individual-level immunization waiver data by vaccine type, from the 2005-2006 and 2006-2007 school years</p>	<p>Publication of a peer-reviewed manuscript</p>

Objective	Activities	Evaluation Measures
By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will present the minimum of one abstract involving the analysis of MCIR data for presentation at a national conference. Work on this objective will begin on 01/01/2009.	Attend NIC conference in 2009 and present immunization waiver information, addressing waiver type and immunization type.	One national verbal presentation; no national poster presentations.

January 1-June 30, 2009 Report

Grantee: Michigan Program Provider Quality Assurance  
 Component: \_\_\_\_\_

Objective	Status of Objective	Description of Barriers and Successes to Meeting Objectives
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination. Work on this objective will begin on 01/01/2009.</p>	<p>Develop and update annually, contact persons and list-serves within partnerships;</p>	<p>Each partnership has an identified contact person or membership list-serve; number of hits to AIM Toolkit website; number of hits to AIM Toolkit Adult Folder number of AIM Toolkits printed and distributed See 7. 2 for Peer E/INE baseline and evaluation measure</p>
	<p>Update and maintain AIM Toolkit in hard copy and in Adult Folder online at <a href="http://www.aimtoolkit.org">www.aimtoolkit.org</a> to include evidence-based approaches to increasing vaccination including provider reminder (via use of MCIR), patient reminder, standing orders, assessment/feedback in settings including hospitals, long term care facilities, college-base health centers and outpatient clinical settings</p>	
	<p>Incorporate evidence-based approaches (above) into the Peer Education and INE Modules</p>	
<p>By 12/31/2009, Assessment Coordinator will conduct the AFIX site visit to a minimum of 25% of enrolled VFC providers in the state. Work on this objective will begin on 01/01/2009.</p>	<p>Conduct AFIX visits concurrently with the VFC site visits at a minimum of 25% of the enrolled VFC providers in the state</p>	<p>Minimum of 25% of AFIX visits completed with an increase of 5% from 200</p>
	<p>Develop, implement and evaluate a plan to increase the number of AFIX visits by 5%.</p>	

Objective	Status of Objective	Description of Barriers and Successes to Meeting Objectives
<p>By 12/31/2009, AFIX and VFC team will monitor the combined efforts of the AFIX, VFC and INE programs using CoCASA as a referral system ensuring data is collected and entered in a timely manner. Work on this objective will begin on 01/01/2009.</p>	<p>Discuss with CDC the limitations of CoCASA reporting capabilities to evaluate the AFIX, VFC and Educational visits collected in the CoCASA software</p> <p>Submit application for AFIX coordinator to participate with the CDC VFC-AFIX workgroup (formerly CPAWG) if a position becomes available.</p>	<p>Staff has access and knowledge of CoCASA; AFIX, INE and VFC visits are appropriately and timely entered into CoCASA; AFIX coordinator application is submitted to CDC for participation in the VFC-AFIX workgroup</p>
<p>By 12/31/2009, Assessment Coordinator will demonstrate the achievement toward meeting Level 2 AFIX standards. Work on this objective will begin on 01/01/2009.</p>	<p>Complete the AFIX self-evaluation worksheet showing all Level I AFIX standards are met</p> <p>Review Level 1 and 2 AFIX standards and develop a plan towards achievement of the Level 2 standards</p>	<p>AFIX self-assessment worksheet will reflect efforts towards achievement of Level 2 standards</p>
<p>By 12/31/2009, Assessment Coordinator will implement the use of registry based AFIX reports by private providers. Work on this objective will begin on 01/01/2009.</p>	<p>Develop a plan to include timeline, protocols and training materials for private providers to have knowledge of the AFIX process and have access to the registry-based assessment reports</p>	<p>Plan is developed to provide training and protocols to private providers on the use of registry based AFIX.</p>

Objective	Status of Objective	Description of Barriers and Successes to Meeting Objectives
<p>By 12/31/2009, the Adult Immunization Coordinator will develop the tool to measure health care personnel (HCP) vaccination rates, obtaining feedback from providers, hospitals, &amp; HC. Work on this objective will begin on 01/01/2009.</p>	<p>Consider measurement for HCP vaccination rates without double-counting healthcare facilities in MCIR (HCP flag; separate rosters by provider ID; Give occupational health a separate ID; # new hospitals, provider offices, and healthcare facilities listed in MCIR HCP section);</p> <p>Develop a tool to measure rates for ALL recommended immunizations for HCP, not just influenza;</p> <p>Take a multi-agency approach; look at numerous medical organizations and agencies and determine specific and individualized issues for each agency</p>	<p>Development of measurement tool; MCIR HCP rates (proposed)  Baseline: Publications on disappointing HCP immunization rates; JCAHO standard; MMWR HCP immunization recommendations</p>



Objective	Activities	Evaluation Measures
<p>By 12/12/2009, Perinatal Hepatitis B Coordinator will increase the percent of the state's hepatitis B birth dose rate from 80 to 81. Work on this objective will begin on 01/01/2009.</p>	<p>Data analyst will monitor the hepatitis B birth dose coverage levels by hospital and will provide regular updates by county. The program coordinator will work with the local health departments to maintain at least 95% enrollment in the VFC Universal Hepatitis B Program. The program coordinator in collaboration with the PHBPP staff, for the given area, will work to ensure all birthing hospitals not enrolled in the VFC program will maintain at least 90% hepatitis B birth dose coverage levels. Also, will work to ensure they have policies and procedures to give hepatitis B immune globulin (HBIG) and hepatitis B vaccine to all newborns of HBsAg positive women, to review the pregnant woman's HBsAg status at admission, to record mom's HBsAg status in the baby's chart, and to administer hepatitis B vaccine to all eligible infants prior to hospital discharge</p>	<p>Report on hepatitis B birth dose coverage levels. Baseline-In 2007, the hepatitis B birth dose coverage levels were 80%. Report on number of hospitals enrolled in Universal Hepatitis B program. Baseline-In 2008, 97% of birthing hospitals were enrolled in the Vaccine for Children (VFC) Universal Hepatitis B Program. The three hospitals not enrolled in the VFC program in 2008 had hepatitis B birth dose rates greater than 90% and had policies and procedures in place to offer the birth dose of hepatitis B vaccine to all newborns.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Perinatal Hepatitis B Coordinator will conduct the 20 hospital chart reviews to monitor policy and practice pertaining to perinatal hepatitis B prevention. Work on this objective will begin on 01/01/2009.</p>	<p>The team will continue to identify/update key personnel and will continue to update information relating to policies and procedures for testing women for hepatitis B, for providing appropriate documentation and for providing appropriate prophylaxis when indicated. This information will be used to compare with the findings of our hospital chart reviews. The team will conduct hospital medical record reviews and feedback on paired mother/baby charts to identify areas of excellence and areas in need of improvement. The feedback will include relevant educational materials based on areas in need of improvement.</p>	<p>Completed Hospital surveys-Baseline measure-surveys were conducted in 2007, with 100% compliance. Three hospital chart reviews were conducted by June 2008. Results of hospital surveys. Baseline measure-2007 hospital surveys indicated written policy and standing orders were in place as follows: 95% provide birth dose of hepatitis B vaccine prior to hospital discharge; 52% offer hepatitis B vaccine to those less than 2000 grams, (many facilities who did not have policies transferred babies immediately to another facility for care); 87% offer hepatitis B vaccine before hospital discharge to infants born to women with unknown HBsAg status; 96% offer hepatitis B vaccine and HBIG within 12 hours to infants born to HBsAg positive women. (Three said they did not have policies because they have never had a woman deliver who was HBsAg positive. The fourth hospital did not know.)</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Perinatal Hepatitis B Case Manager will increase the percent of identification of infants born to HBsAg positive women by 1% Increase from 307 cases in 2007 to 310 cases in 2009. From 307 to 310. Work on this objective will begin on 01/01/2009.</p>	<p>Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC.</p> <p>Develop and examine feasibility to implement a state plan to put into practice a universal reporting mechanism with documentation of maternal HBsAg test results for all births.</p>	<p>Identification of infants born to HBsAG positive women. Baseline data for 2006 (reported to the CDC April 2008) resulted in the identification of 307 infants being born to HBsAg positive women. Review of Michigan Disease Surveillance System (MDSS System) Baseline date-through review of our electronic communicable disease system, (MDSS), twenty four cases (approximately 595 cases were reviewed) were found to be pregnant and HBsAg positive from 1/1/08 -6/30/08. Review of Michigan Care Improvement Registry (MCIR) Baseline data-through review of our immunization registry(MCIR), five new cases were found by reviewing 2007 births. Review of Newborn Screening (NBS) cards Baseline data-through the process of reviewing (NBS) cards, eight cases, not previously identified, were found through this process from 1/1/0</p>
<p>By 12/31/2009, Perinatal Hepatitis B Case Manager will increase the rate of increase by 1% completion rates of: hepatitis B vaccination series by eight months of age from 85 to 86. Work on this objective will begin on 01/01/2009.</p>	<p>Two case managers will continue to provide case management services to all infants identified as being born to HBsAg positive women. They will continue to provide program education and will continue to work with local health departments, laboratories, hospitals, and medical providers to collaborate efforts for improved case completion.</p>	<p>Baseline data for 2006 (reported to CDC April 2008) 98% received both HBIG and hepatitis B vaccine within 1 calendar day of birth; 85% received HBIG and a complete hepatitis B series by 8 months of age; 92% received HBIG and a complete hepatitis B series by 12 months of age; 82% received post-vaccination serology. Maintain rates of at least 95% for administration of HBIG and hepatitis B vaccine within 1 calendar day of birth for infants born to HBsAg positive women, at least 90% for completion of the hepatitis B series by 12 months of age for infants born to women who are identified to be HBsAg positive.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Perinatal Hepatitis B Case Manager will increase the percent of completion rate of post-vaccination testing from 82 to 83. Work on this objective will begin on 01/01/2009.</p>	<p>Two case managers will continue to provide case management services to all infants identified as being born to HBsAg positive women. They will continue to provide program education and will continue to work with local health departments, laboratories, hospitals, and medical providers to collaborate efforts for improved case completion.</p>	<p>Data for 2006 (reported to CDC April 2008) 98% received both HBIG and hepatitis B vaccine within 1 calendar day of birth; 85% received HBIG and a complete hepatitis B series by 8 months of age; 92% received HBIG and a complete hepatitis B series by 12 months of age; 82% received post-vaccination serology.</p>
<p>By 12/31/2009, Perinatal Hepatitis B Coordinator / Case Manager will submit the quarterly core data element reports to CDC. Work on this objective will begin on 01/01/2009.</p>	<p>The Enhanced Perinatal Hepatitis B Data Analyst and our two case managers will continue to collect the core data elements and will continue to enter this data into the new enhanced database. The program coordinator will submit quarterly reports to CDC</p>	<p>Submission of quarterly reports. In 2008, program staff modified existing program reporting forms to include the new core data elements and developed a database to capture this data. Core data element collection began 4/1/08.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Perinatal Hepatitis B Coordinator / Case Manager will increase the percent of increase identification of infants born to HBsAg-positive women by 1%, targeting five SE Michigan counties that are under-reporting based on CDC point estimates. From 187 to 189. Work on this objective will begin on 01/01/2009.</p>	<p>The PHBPP team and the enhanced data analyst will develop a process to compare hospital laboratory results of HBsAg positive women of child-bearing age to the communicable disease reporting system (MDSS) to ensure completeness of reporting. The surveillance specialist will monitor the new field on the electronic birth certificate (EBC) records for "infections present and/or treated during this pregnancy" to ensure accuracy of hepatitis reporting and to identify unreported cases.</p>	<p>For the five SE targeted counties (City of Detroit, Macomb, Oakland, Washtenaw and Wayne) based on our 2007 data it is as follows: Detroit, had point estimates (PE) of 51-85, 34 births to HBsAg positive women were identified; Wayne, PE:65-91, 41 births; Washtenaw, PE:33-43, 30 births; Oakland, PE:89-120, 48 births; Macomb, PE:40-57, 34 births.</p>
<p>By 12/31/2009, Perinatal Hepatitis B Coordinator / Case Manager will provide to at least 10 prenatal care providers increased awareness, education and strengthened relationships with the PHBPP. Work on this objective will begin on 01/01/2009.</p>	<p>The PHBPP staff will conduct OB/GYN chart reviews and feedback for interested practices based on the 2007 survey. The program coordinator with team input will develop and pilot a perinatal educational program specific for OB/GYNs requesting additional information on hepatitis B, HIV, syphilis and rubella.</p>	<p>Number of contacts with prenatal providers. In 2007, 526 OB/GYNs were mailed a survey and were provided policies and procedures for testing and reporting hepatitis B, HIV, syphilis and rubella. Also, a record review process was developed and piloted at two practices.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Perinatal Hepatitis B Coordinator / Case Manager will monitor the provide feedback on the Universal Hepatitis B Prevention Program to 100% of birthing hospitals. Work on this objective will begin on 01/01/2009.</p>	<p>The program coordinator in collaboration with the enhanced data analyst will provide quarterly feedback to birthing hospitals on their hepatitis B birth dose rates. The team will submit an article for publication recognizing birth dose rates in state-wide newsletters. The enhanced data analyst and program coordinator will work with hospitals with rates below 80% and those who have had a 5% decrease in their birth dose coverage level rates to ensure rates are correct and identify strategies for improvement.</p>	<p>Report to each birthing hospital the birth dose coverage rate. In 2007, the state-wide hepatitis B birth dose rate was 80%.</p>
<p>By 12/31/2009, MCIR Team / Perinatal Hepatitis B Coordinator will enroll the Design and develop a Hepatitis B case management module in MCIR. Work on this objective will begin on 01/01/2009.</p>	<p>Modify the current sickle cell case management component in MCIR to include the necessary fields to track children born to hepatitis B surface antigen-positive mothers</p> <p>Assess Hepatitis B coverage at STD, HIV, correctional, or other high-risk settings</p> <p>Include HBV and HBIG data fields in the electronic birth record or other mechanism, transferring that data to the registry during vital record uploads.</p>	<p>Monitor the development and project timelines according to the Hepatitis B project plan; Increase the participation levels in correctional facilities and other high risk settings; This field will be added in vital Records to the new EBC system; Seek quarterly updates from Vital Records when the HBIG field will be available for use.</p>

January 1-June 30, 2009 Report

Grantee: Michigan Program Adolescent Immunization  
 Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will conduct the (sponsor) an Adolescent Immunization Conference to increase knowledge and awareness of the adolescent vaccination platform. Work on this objective will begin on 01/01/2009.</p>	<p>Developed conference planning subcommittee.</p>	<p>Nearly 175 conference attendees including MDCH staff and conference exhibitors; 159 registered attendees Excellent evaluations attendees indicated that conference objectives were achieved # of conference webcast attendees # and quality of questions raised at conference and after the webcast is view</p>
	<p>The Adolescent Immunization Conference (2008) was videotaped and is available as an archived webcast. Presentation slides can be downloaded at the webcast website. Continue to promote viewing of this information through 2009.</p>	
	<p>Goals of conference: to promote adolescent immunizations in Michigan, educate providers about newly recommended adolescent vaccines, overcome challenges to vaccinating adolescents, discuss strategies for increasing adolescent immunization rates, and give providers the tools to communicate with parents, pre-teens, teens, and adolescents through college age about the importance of vaccination.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the MDCH field representatives will increase the percent of VFC providers serving adolescents. From baseline to 5%. Work on this objective will begin on 01/01/2009.</p>	<p>Support potential legislation to encourage pneumococcal/influenza vaccination at hospital discharge;</p> <p>Collaborate with hospitals to determine that no barriers exist to providing Tdap, influenza, MMR, if needed) postpartum and to new parents.</p> <p>Provide an educational mailing to birthing hospitals which includes posters and brochures.</p>	<p># adolescent brochures/educational materials with VFC information distributed; % increase in VFC vaccine uptake for adolescent vaccines; # of PPEPI sessions for adolescent providers including VFC information; #of INE sessions for adolescent providers including VFC information; # of schools/school districts adolescent immunization information is distributed to annually; # of regional immunization conference attendees; % increase in VFC providers serving adolescents; Submit the required "Report of VFC Adolescent Outreach Activities" for each calendar year. Baseline: All adolescent immunization brochures and parent educational materials include information on the VFC program; INE &amp; PPEPI programs include VFC information; In spring 2008, an average of 2.4 new VFC providers that serve adolescents were enrolled in each local health dept jurisdiction; In spring 2008, 91% of local health depts. reported 50-100% of VFC providers serving adolescents offer all age appropriate adolescent vaccines.</p>
<p>By 12/31/2009, the state immunization field representatives will train the 90% of new VFC providers and staff who will be serving the adolescent population, regarding procedures for vaccine inventory control, ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, participation in MCIR, and other related issues. Work on this objective will begin on 01/01/2009.</p>	<p>Immunization Nurse Educator will update/maintain Vaccine Management, Vaccines for Children Program, Vaccine Administration, Older Children and Adolescents, and Documentation educational modules for the INE program</p> <p>MCIR Coordinator will update/maintain MCIR educational materials and programs</p>	<p>number of education sessions in offices including VFC, Vaccine Management: Storage and Handling, Documentation and Vaccine Administration; number of hits to MCIR website, including provider tip sheets; Baseline INE sessions presented in offices from January to June 2008 - (41) VFC, (37) Vaccine Management: Storage and Handling, (16) Vaccine Administration.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the partnership building events in which key immunization players involved in immunization activities can meet together. Work on this objective will begin on 01/01/2009.</p>	<p>Promote collaboration and partnerships;</p>	<p>Hold adult immunization-related event; Number of Adult, OB/Gyn and Vaccines across the Lifespan INE sessions conducted; Number of Adult, OB/Gyn, Family Medicine Peer Ed sessions conducted; Number of LHD activities related to adult immunization (IAP reporting)</p>
	<p>Improve communication among stakeholders</p>	
	<p>Communicate policy and practice issues; Engage in open discussion of barriers and solutions</p>	
	<p>Encourage broadening of target populations and audiences served; Discuss MCIR and the importance of reporting to this system; demo of provider reminder, patient reminder, standing orders, assessment/feedback in settings</p>	
	<p>Incorporate adult immunization platform into annual regional conferences, partners meetings, State Immunization Education Programs (Peer Ed and INE), Quarterly AIM, MACI, FAB meetings; annual LHD IAP plans</p>	
<p>Develop relationships between state and local health departments, pharmacies, medical clinics, nurse associations, medical associations, hospitals, private providers, occupational health, etc. providing immunizations</p>		

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will demonstrate the 75% of adolescent VFC providers offer all ACIP-recommended vaccines to VFC-eligible adolescents. Work on this objective will begin on 01/01/2009.</p>	<p>VFC staff to ensure that all adolescent VFC vaccines are given by providers serving adolescents who are enrolled in the VFC program</p>	<p>Number of HPV, MCV and Tdap doses ordered or administered by VFC providers- public and private, teen health centers, school based health centers, STD clinics and family planning clinics; Number of INE and PPEPI education sessions that include information on adolescent immunizations; Percent of VFC practices serving adolescent providers will assess and offer adolescent age appropriate vaccines; All adolescent educational materials to include information about the VFC program; All adolescent vaccines included in appropriate INE and PEPI immunization education programs Baseline measurement: Michigan VFC policy to all current VFC providers is that LHD and partners establish a comprehensive adolescent immunization strategy In spring 2008, an average of 2.4 new VFC providers that serve adolescents were enrolled in each local health dept jurisdiction In spring 2008, 91% of local health depts. reported 50-100% of VFC providers serving adolescents offer all age appropriate adolescent vaccines.</p>
	<p>VFC staff to promote the VFC program to both private and public providers that serve adolescents</p>	
	<p>Local health department staff to assess adolescent vaccines offered in VFC provider offices during VFC site visits;</p>	
	<p>Adolescent Coordinator to review the adolescent immunization recommendations made by health care professionals</p>	
	<p>Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate professional educational programs and materials</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the Adolescent Coordinator will increase the number of educational materials promoting public awareness of newly recommended vaccines for adolescents and the importance of the adolescent health care visit at 11-12 yrs of age distributed. From the baseline to 5%. Work on this objective will begin on 01/01/2009.</p>	<p>Education and Outreach Coordinator will maintain an updated adolescent brochure outlining vaccines for teens</p> <p>Adolescent Coordinator will annually update adolescent educational flyer included in school packets</p> <p>Management team will assure steps in follow-up of MACI recommendation for the addition of MCV4 and Tdap to the 6th grade assessment;</p> <p>Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate consumer educational programs and materials</p> <p>Adolescent Coordinator to review immunization waivers for 6th graders</p>	<p>Number of adolescent brochures distributed annually;  Number of schools/school districts adolescent immunization information is distributed to annually;  Number of immunization waivers reported for 6th grade annually;  Monitor school assessments and general waivers for all 6th graders. Baseline 6th grade assessment included in Michigan since 2002; Brochure: Protect Pre-Teens and Teens from Serious Diseases Website 971 page views Brochures - 4,041 were distributed; Adolescent immunization information was distributed to 5,103 schools throughout the state in 2008; In 2007-08 school year 2% of 6th graders (n = 2,737) completed a waiver for at least 1 vaccine</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will increase the number of educational sessions and materials promoting knowledge and awareness among health care providers regarding adolescent immunization issues. From baseline to 10%. Work on this objective will begin on 01/01/2009.</p>	<p>Immunization Nurse Educator will maintain comprehensive adolescent immunization education programs in both the office based and physician peer education programs</p>	<p>Number of education sessions containing adolescent immunization in office settings; Number of PPEPI education programs containing adolescent immunization information; Number of adolescent immunization educational materials distributed through INE and PPEPI programs; Number of articles placed in professional organizations' publications &amp; websites; Number of non-INE and non-PPEPI presentations containing information on adolescent immunizations; Number of complimentary vaccinators such as visiting nurse associations, pharmacies, and other alternative sites enrolled in MCIR; Number of complimentary vaccinators already enrolled in MCIR that are offering new adolescent vaccines; Percent increase in adolescent vaccine uptake and immunization rates in MCIR- statewide; Baseline: 93 immunization programs containing adolescent immunization information in office settings to 853 participants including physicians and their office staff were presented from January 2008 through June 2008; 24 PPEPI were conducted from January to June 2008 containing adolescent immunization information in grand rounds-type settings to 811 participants; MDCH also partners with the AIM Coalition to provide immunization educational materials for physicians and their staff both in paper and web formats for adolescent providers. Adolescent Immunization Conference held on June 5, 2008. Nearly 175 conference attendees including MDCH staff and conference exhibitors and 159 registered attendees. Archived webcast accessed by 263 people; 8 regional conferences which included adolescent immunization information were conducted throughout the state (1,645 attendees); Adolescent Medicine Specialist on MACI in 2006; Staff attends adolescent meetings to work w/ pharmacies to promote adolescent immunizations; Created Adolescent Immunization Workgroup as a result of the strategic planning process;</p>
	<p>Immunization Nurse Educator will include comprehensive adolescent information in other professional education materials, including, but not limited to, articles in professional publications/newsletters, conference presentations, provider educational materials on current vaccine recommendations, strategies to reach adolescent populations, contraindications and precautions associated with vaccine administration, the appropriate use of VIS, and strategies to promote adolescent immunization rates, e.g. use of complimentary vaccinators;</p>	
	<p>Education and Outreach Coordinator will ensure current, comprehensive adolescent immunization information is offered at regional conferences</p>	
	<p>Adolescent Coordinator will maintain/develop relationships with other professional groups which may offer immunizations, e.g. pharmacists</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will work with internal and external partners to implement the strategies to increase influenza vaccination of school age children and adolescents. Work on this objective will begin on 01/01/2009.</p>	<p>1. Support collaborative activities including an outside grant with DMC 2. Meet with adolescent health groups to promote flu activities; 3. Support the Detroit Children's Hospital Immunization Station for walk-in flu vaccinations; 4. Collaborate on School Seasonal and Pan flu toolkit; 5. Collaborate with Department of Education on distribution of flu materials to schools; 6. Provide an influenza flyer in school packets; 7. Promote a webinar targeting colleges and universities on seasonal flu and pan flu preparedness; 8. Develop and provide parent educational materials which include influenza messages; 9. Provide influenza information at the state Adolescent Conference and fall Regional conferences.</p>	<p>1. # collaborations, outcomes 2. # meetings, summaries of discussions, outcomes; 3. # vaccinated 4. # distributed, web site hits, # of presentations, audience reached, # school packets distributed with flyer; 5. # distributed, # presentations, audience reached, # web-site hits; 6. # distributed 7. # attendees, # hits to webinar 8. # distributed in toolkit, via pocked cards, # reached through PSAs, press releases, number of hits to AIM toolkit website folders 9. # attended, learning objectives, evaluations;</p>

January 1-June 30, 2009 Report

Grantee Michigan Program Adult Immunization  
 Name: \_\_\_\_\_ Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Education Coordinator will develop the strategies to ensure influenza, pneumococcal, and Td/Tdap vaccination of hospitalized adults prior to discharge. Work on this objective will begin on 01/01/2009.</p>	<p>Support potential legislation to encourage pneumococcal/influenza vaccination at hospital discharge;</p>	<p>1. Legislation moves forward; 2. Barriers are identified and reduced; services and vaccine are available; 3. Mailing is completed, # distributed</p>
	<p>Collaborate with hospitals to determine that no barriers exist to providing Tdap, influenza, MMR, if needed) postpartum and to new parents.</p>	
	<p>Provide an educational mailing to birthing hospitals which includes posters and brochures.</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination. Work on this objective will begin on 01/01/2009.</p>	<p>1 Develop and update annually, contact persons and list-serves within partnerships;</p>	<p>Each partnership has an identified contact person or membership list-serve; number of hits to AIM Toolkit website; number of hits to AIM Toolkit Adult Folder number of AIM Toolkits printed and distributed See 7. 2 for Peer E/INE baseline and evaluation measure</p>
	<p>2 Update and maintain AIM Toolkit in hard copy and in Adult Folder online at <a href="http://www.aimtoolkit.org">www.aimtoolkit.org</a> to include evidence-based approaches to increasing vaccination including provider reminder (via use of MCIR), patient reminder, standing orders, assessment/feedback in settings including hospitals, long term care facilities, college-base health centers and outpatient clinical settings</p>	
	<p>3 Incorporate evidence-based approaches (above) into the Peer Education and INE Modules</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the partnership building events in which key immunization players involved in immunization activities can meet together. Work on this objective will begin on 01/01/2009.</p>	<p>Promote collaboration and partnerships;</p>	<p>Hold adult immunization-related event; Number of Adult, OB/Gyn and Vaccines across the Lifespan INE sessions conducted; Number of Adult, OB/Gyn, Family Medicine Peer Ed sessions conducted; Number of LHD activities related to adult immunization (IAP reporting)</p>
	<p>Improve communication among stakeholders</p>	
	<p>Communicate policy and practice issues; Engage in open discussion of barriers and solutions</p>	
	<p>Encourage broadening of target populations and audiences served; Discuss MCIR and the importance of reporting to this system; demo of provider reminder, patient reminder, standing orders, assessment/feedback in settings</p>	
	<p>Incorporate adult immunization platform into annual regional conferences, partners meetings, State Immunization Education Programs (Peer Ed and INE), Quarterly AIM, MACI, FAB meetings; annual LHD IAP plans</p>	
	<p>Develop relationships between state and local health departments, pharmacies, medical clinics, nurse associations, medical associations, hospitals, private providers, occupational health, etc. providing immunizations</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will facilitate the work with partners to demonstrate an increase in adult immunization rates. Work on this objective will begin on 01/01/2009.</p>	<p>Promote use of MCIR for adult immunization records via forums, conferences, partners meetings, newsletters, AIM Tool Kit</p> <p>Provide MCIR access and training to sites who assess and/or vaccinate adults</p>	<p>Percent increase in number of individuals ages 20 years and older with MCIR record  Percent increase in number of individual shot records in MCIR for adults ages 20 years and older  Baseline Baseline for Adult Immunization rates (defined as persons 20 years of age and older) using MCIR data:  1,486,801 of individuals with a MCIR record  Number of individual shot records by age group 20-39: 996,224 40-59: 223,404 60 +: 267,173</p>
<p>By 12/31/2009, the 317 Work Group will facilitate the access to vaccines for high risk adults, as 317 funds permits. Work on this objective will begin on 01/01/2009.</p>	<p>Review vaccine spend plan and funding on a quarterly basis</p> <p>Maintain/increase as funding allows a non-tiered MI Vaccine Replacement Program for uninsured and underinsured adult residents</p> <p>Maintain High-Risk Hepatitis A and B programs for clients served in LHD, FQHC and Migrant Health Centers</p> <p>Establish additional access to vaccines for high risk adults as funding allows (such as FY 2008 pilot program using hepA/hepB for persons 19 yrs and older served in certain settings including LHDs, STD, HIV, Family Planning, Substance Abuse, and Detroit Recovery programs)</p>	<p>Under MI-VRP general high risk and special programs: Number of hep A doses Number of hep B doses Number of # hepA/hepB combination doses Number of MMR doses Number of Td doses Number of Tdap doses  Baseline measures: 317 Workgroups; Number of 317 funded vaccine doses distributed through the MI-VRP general and high-risk programs from January through June 2008: 266 Td 1171 Tdap 770 Hep B 227 Hep A 289 MMR</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the Adult Immunization Coordinator will develop the tool to measure health care personnel (HCP) vaccination rates, obtaining feedback from providers, hospitals, &amp; HC. Work on this objective will begin on 01/01/2009.</p>	<p>Consider measurement for HCP vaccination rates without double-counting healthcare facilities in MCIR (HCP flag; separate rosters by provider ID; Give occupational health a separate ID; # new hospitals, provider offices, and healthcare facilities listed in MCIR HCP section);</p> <p>Develop a tool to measure rates for ALL recommended immunizations for HCP, not just influenza;</p> <p>Take a multi-agency approach; look at numerous medical organizations and agencies and determine specific and individualized issues for each agency</p>	<p>Development of measurement tool; MCIR HCP rates (proposed)            Baseline: Publications on disappointing HCP immunization rates; JCAHO standard; MMWR HCP immunization recommendations</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinatro will increase the percent of adult immunization provider participation levels in MCIR to 70% by 2010. From 46% to 70%. Work on this objective will begin on 01/01/2009.</p>	<p>MCIR Regions will work to increase provider participation, training, help desk, and data quality support</p> <p>Regions will monitor and train providers to enter data within 72 hours after administration to meet the current state registry law and to increase the timeliness of data by five percent annually.</p> <p>Create an adult immunization provider recruitment plan to include benchmarks of number of providers to be trained each year per region.</p>	<p>Monitor adult immunization provider's participation levels on a quarterly basis. Monitor on a quarterly basis the timeliness of entry of adult immunizations.</p>
<p>By 12/31/2009, MCIR Team / MCIR Coordinator will facilitate the MCIR's ability to track vaccines given for occupational health reasons. Work on this objective will begin on 01/01/2009.</p>	<p>Add TB results to MCIR</p> <p>Add assessment algorithm for Lab workers in MCIR</p> <p>Add Health Care Worker notification box in MCIR.</p>	<p>Monitor the development and project timelines according to the occupational health project plan.</p>
<p>By 12/31/2009, MCIR Team Kyle Enger - MCIR Regional Team will increase the percent of timeliness of data entry into MCIR to 95% concerning immunizations administered to adolescents in the previous three months from 92% to 95%. Work on this objective will begin on 01/01/2009.</p>	<p>Promote flagging of historical data by users</p> <p>Historical data shall be excluded from timeliness calculations</p>	<p>2008 Q1: 11-12y: 94% 13-15y: 94% 16-18y: 93% The number of historical immunizations entered into MCIR has increased on a yearly basis from 630,631 in 2003 to 934,759 in 2007.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator / MCIR Technical Team will assess the annual adult pneumococcal and influenza coverage levels using MCIR profile reports and other means. Work on this objective will begin on 01/01/2009.</p>	<p>Implement influenza and pneumococcal coverage in the profile reports that MCIR can generate</p> <p>Query MCIR to examine influenza and pneumococcal vaccine administration trends.</p>	<p>Per 2007 Behavioral Risk Factor Surveillance System, 71% &amp; 63% of individuals 65 years age or older had received influenza and pneumonia vaccine (respectively) in the past year. 57% of individuals between the ages of 20-83 reflected in MCIR as of 7/19/2008 had received one or more immunizations for influenza in the past year</p>
<p>By 12/31/2009, Adolescent Coordinator will promote the awareness and education about adult vaccination among providers, community organizations and the public. Work on this objective will begin on 01/01/2009.</p>	<p>1. MDCH staffs an Influenza Education Coordinator position 2. Flu Advisory Board (FAB) a. Education &amp; Communication Subcommittee b. Leadership &amp; Deployment Subcommittee 3. Flu Education Workgroup; 4. FluBytes Newsletter and MI FluFocus Report; 5. AIM Toolkit Flu Folder; 6. Promote MDCH flu messages in MDCH and partner publications, on MDCH web space 7. Flu Partnership Survey; 8. National Influenza Vaccination Week Activities;</p>	<p>1. Influenza coordinator position remains staffed 2. Increase in FAB membership, variety, &amp; attendance at FAB; Increase active participation on subcommittee groups; FAB publicized in MDCH and partner publications, MDCH influenza website; 3. FEW participation maintained; 4. Maintain development and dissemination of MIFF Report and FluBytes; Conduct FluBytes satisfaction survey; increased # of views to FluBytes archive &amp; MI FluFocus Report; 5. # hits to AIM Toll Kit website Flu Folder 6. Evaluation of # hits to Michigan.gov/flu web page; # partner publications where message disseminated; # of hits to video vignettes on website; feedback on videos from general public. 7. Improve Flu Partnership Survey participation rate; 8. # NIVW campaigns &amp; strategies used within MI; # immz. given during NIVW;</p>



Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination. Work on this objective will begin on 01/01/2009.</p>	<p>Develop and update annually, contact persons and list-serves within partnerships;</p> <p>Update and maintain AIM Toolkit in hard copy and in Adult Folder online at <a href="http://www.aimtoolkit.org">www.aimtoolkit.org</a> to include evidence-based approaches to increasing vaccination including provider reminder (via use of MCIR), patient reminder, standing orders, assessment/feedback in settings including hospitals, long term care facilities, college-base health centers and outpatient clinical settings</p> <p>Incorporate evidence-based approaches (above) into the Peer Education and INE Modules</p>	<p>Each partnership has an identified contact person or membership listserve; number of hits to AIM Toolkit website; number of hits to AIM Toolkit Adult Folder; number AIM Toolkits printed and distributed. See 7.2 for Peer E/INE baseline and evaluation measure.</p>
<p>By 12/31/2009, the state immunization field representatives will train the 90% of new VFC providers and staff who will be serving the adolescent population, regarding procedures for vaccine inventory control, ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, participation in MCIR, and other related issues. Work on this objective will begin on 01/01/2009.</p>	<p>Immunization Nurse Educator will update/maintain Vaccine Management, Vaccines for Children Program, Vaccine Administration, Older Children and Adolescents, and Documentation educational modules for the INE program</p> <p>MCIR Coordinator will update/maintain MCIR educational materials and programs</p>	<p>number of education sessions in offices including VFC, Vaccine Management: Storage and Handling, Documentation and Vaccine Administration; number of hits to MCIR website, including provider tip sheets; Baseline INE sessions presented in offices from January to June 2008 - (41) VFC, (37) Vaccine Management: Storage and Handling, (16) Vaccine Administration.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educator (Adult Coordinator) will create the partnership building events in which key immunization players involved in immunization activities can meet together. Work on this objective will begin on 01/01/2009.</p>	<p>Promote collaboration and partnerships;</p>	<p>Hold adult immunization-related event; Number of Adult, OB/Gyn and Vaccines across the Lifespan INE sessions conducted; Number of Adult, OB/Gyn, Family Medicine Peer Ed sessions conducted; Number of LHD activities related to adult immunization (IAP reporting)</p>
	<p>Improve communication among stakeholders</p>	
	<p>Communicate policy and practice issues; Engage in open discussion of barriers and solutions</p>	
	<p>Encourage broadening of target populations and audiences served; Discuss MCIR and the importance of reporting to this system; demo of provider reminder, patient reminder, standing orders, assessment/feedback in settings</p>	
	<p>Incorporate adult immunization platform into annual regional conferences, partners meetings, State Immunization Education Programs (Peer Ed and INE), Quarterly AIM, MACI, FAB meetings; annual LHD IAP plans</p>	
<p>Develop relationships between state and local health departments, pharmacies, medical clinics, nurse associations, medical associations, hospitals, private providers, occupational health, etc. providing immunizations</p>		

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the Adolescent Coordinator will increase the number of educational materials promoting public awareness of newly recommended vaccines for adolescents and the importance of the adolescent health care visit at 11-12 yrs of age distributed. From the baseline to 5%. Work on this objective will begin on 01/01/2009.</p>	<p>Education and Outreach Coordinator will maintain an updated adolescent brochure outlining vaccines for teens</p> <p>Adolescent Coordinator will annually update adolescent educational flyer included in school packets</p> <p>Management team will assure steps in follow-up of MACI recommendation for the addition of MCV4 and Tdap to the 6th grade assessment;</p> <p>Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate consumer educational programs and materials</p> <p>Adolescent Coordinator to review immunization waivers for 6th graders</p>	<p>Number of adolescent brochures distributed annually; Number of schools/school districts adolescent immunization information is distributed to annually; Number of immunization waivers reported for 6th grade annually; Monitor school assessments and general waivers for all 6th graders. Baseline 6th grade assessment included in Michigan since 2002; Brochure: Protect Pre-Teens and Teens from Serious Diseases Website 971 page views Brochures - 4,041 were distributed; Adolescent immunization information was distributed to 5,103 schools throughout the state in 2008; In 2007-08 school year 2% of 6th graders (n = 2,737) completed a waiver for at least 1 vaccine</p>
<p>By 12/31/2009, Public Health Advisor will provide the immunization orientation for staff that includes the role of CDC and how it relates to grantee's activities and CDC sponsored immunization updates. Work on this objective will begin on 01/01/2009.</p>	<p>Ensure that immunization program staff members receive an orientation that includes how to use the Immunization Program Operations Manual (IPOM) and a review of Michigan's VFC/Immunization Grant</p> <p>Ensure that new immunization program staff members attend the 4-part series of the Epi satellite broadcast/webcast</p>	<p>Employee packet references these materials. Employee packet continues to be updated once every 6 months at minimum. A checklist is developed of all required orientation activities that must be completed by new staff</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Information and Education Coordinator will disseminate the comprehensive immunization information and ensure it is available to Michigan residents. Work on this objective will begin on 01/01/2009.</p>	<p>Ensure that each brochure is periodically reviewed for its accuracy and relevance</p>	<p># of page views of each brochure; # of brochures distributed through clearinghouse; # individual orders for brochures placed through clearinghouse; MDCH website is up to date and user-friendly; Targeted immunization brochures are available for every age group; Baseline (inserted after the 2008 annual report is completed): # of Page Views of individual immunization brochures on Division website; # brochures distributed through clearinghouse; # individual orders for brochures placed through clearinghouse</p>
	<p>Ensure that the MDCH Division of Immunization website is updated and user-friendly</p>	
	<p>Promote the availability of the Division's brochures through communications with consumers</p>	
	<p>Create awareness of available immunization resources brochures, newsletters, posters, campaigns</p>	
	<p>Engage in efforts to make stakeholders and general public aware of reliable sources of information available on immunizations</p>	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Information and Education Coordinator will facilitate the quality of communication with immunization providers. Work on this objective will begin on 01/01/2009.</p>	<p>Ensure that each brochure is periodically reviewed for its accuracy and relevance</p>	<p># of page views of each brochure; # of brochures distributed through clearinghouse; # hits to the Division of Immunization website (home page). MDCH website is up to date and user-friendly; # immunization education sessions in office settings; # immunization physician peer education programs; # hits to AIM TK website and # hard copy kits distributed; Analyze conference evaluations and # of conference attendees # of articles submitted to professional organizations for publication; Revise layout of FluBytes &amp; MI Immunization Update as needed; Develop FluBytes &amp; MI Immunization Update satisfaction surveys; # of times immunization information was sent to the Division of Immunization Listserv (the large listserv); The following question has been added to the IAP Report (LHD Report): "How many times did your LHD provide immunization materials at a community event?" # of hits to educational materials online order form; # of communication topics presented at meetings, conference calls, conferences, etc. # of immunization partners on listserv. # of e-mails sent out to immunization listserv. Baseline (need 2008 year-end information): # of Page Views of each brochure; # of brochures distributed through clearinghouse; # hits to the Division of Immunization website (home page). # immunization education sessions in office settings; # immunization physician peer education programs; 312,178 hits and 5,663 views to AIM TK website from January to June 2008 and 4,900 hard copy kits distributed from January to June 2008; 1,645 attendees at fall regional conferences and 175 attendees at adolescent immunization conference; positive evaluations for both; Contribute articles to 14 partner organization publications; 2006 FluBytes satisfaction survey; Over 1,000 HCP receive FluBytes on a weekly basis; MI Immunization Update satisfaction survey; Over 4,700 HCP receive newsletter on a quarterly basis. 2008 IAP Report 4,400 hard copy Flu Fighter</p>
	<p>Promote the availability of the Division's brochures through communications with providers</p>	
	<p>Ensure that the MDCH Division of Immunization website is updated and user-friendly</p>	
	<p>Create awareness of available immunization resources brochures, newsletters, posters, campaigns</p>	
	<p>Maintain comprehensive immunization education programs in both the office based and physician peer education programs</p>	
	<p>Maintain the AIM Provider Tool Kit</p>	
	<p>Provide current, comprehensive immunization information at fall regional conferences and special topics conferences</p>	
	<p>Maintain relationship with professional groups which may offer immunizations (i.e. pharmacists</p>	
	<p>Routinely review and revise layout of FluBytes and MI Immunization Update newsletters, as needed.</p>	
	<p>Create awareness of available educational materials to community vaccinators including</p>	

Objective	Activities	Evaluation Measures



Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will assess the differences between MCIR and NIS coverage estimates using data from the NIS-registry study. Work on this objective will begin on 01/01/2009.</p>	<p>Collaborate with CDC and National Opinion Research Center (NORC) to sample and survey Michigan residents</p> <p>Determine whether or not NIS is overestimating MI coverage.</p>	<p>Difference between coverage measures in Research Development Data and MCIR-based samples.</p>
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will increase the percent of adult immunization provider participation levels in MCIR to 70% by 2010. From 46% to 70%. Work on this objective will begin on 01/01/2009.</p>	<p>MCIR Regions will work to increase provider participation, training, help desk, and data quality support</p> <p>Regions will monitor and train providers to enter data within 72 hours after administration to meet the current state registry law and to increase the timeliness of data by five percent annually.</p> <p>Create an adult immunization provider recruitment plan to include benchmarks of number of providers to be trained each year per region.</p>	<p>Monitor adult immunization provider's participation levels on a quarterly basis. Monitor on a quarterly basis the timeliness of entry of adult immunizations.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the percent of (proportion of) regularly reporting sentinels by 5%. From 53% to 58%. Work on this objective will begin on 01/01/2009.</p>	<p>Develop a training module with CME credit to be used at office staff meetings for newly enrolled and poorly compliant sites;</p> <p>Offer site visits to poorly compliant sites to train staff, promote reporting</p> <p>Conduct a survey of enrolled sentinels to identify barriers to regular reporting and characteristics of successful sentinel sites</p>	<p>Measure the number of training sessions conducted; assess training evaluations; Measure the number of site visits; Measure the number of free registrations accepted by regular reporters; Publication / presentation of survey results. BASELINE: Between MMWR weeks 200740 and 200827, 53% of enrolled sentinels reported regularly</p>
<p>By 12/31/2009, Surveillance Coordinator will review the MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers. Work on this objective will begin on 01/01/2009.</p>	<p>Review the MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers.</p>	<p>Measure of progress toward this objective will be: number chapters reviewed, number revisions posted to MDCH immunization web site</p>
<p>By 12/31/2009, Surveillance Coordinator will conduct the surveillance on the number of reports of vaccine-preventable diseases. Work on this objective will begin on 01/01/2009.</p>	<p>Work with LHD and health provider partners using established reporting and disease monitoring systems, and assist in public health response interventions.</p>	<p>Number of VPD reports by local health departments and healthcare providers</p>
<p>By 12/31/2009, Surveillance Coordinator will produce the VPD reports in 2009 Reports will be analyzed and summarized by VPD surveillance coordinator by 03/31/2010. Work on this objective will begin on 01/01/2009.</p>	<p>Collaborate with surveillance partners, develop guidance for use of MCIR for immunization histories, transmit data and supplemental surveillance data via Michigan Disease Surveillance System (MDSS)</p>	<p>Publication and promulgation of a document entitled, "Summary of Vaccine Preventable Diseases Reported to MDCH, 2009." by 03/31/2010</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Sentinel Epidemiologist will increase the number of enrollments in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties from 59% to 64%. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the influenza sentinel surveillance program in MDCH and partner publications</p> <p>Encourage MDCH staff to recruit new providers</p> <p>Encourage LHD staff to recruit new providers via established quarterly communications on the sentinel program, the Local Liason Report, and MDCH Immunization Update newsletter.</p> <p>Promote the influenza sentinel program at MDCH Regional Immunization Conferences</p> <p>Facilitate LHD awareness of sentinel enrollment and reporting by maintaining a directory and updated database in a LHD Folder on the Michigan Health Alert Network</p>	<p>Regularly assess the number of enrolled sentinels and the counties they represent Baseline: Forty-nine of 83 (59%) counties have enrolled a sentinel; 40% have at least one regularly reporting site. Seventy-seven counties have less than 250,000 population; 27 (35%) have at least one regularly reporting site. Seven counties have population <math>\geq</math> 250,000; 2 (29%) have one regularly reporting sentinel / 250,000 pop</p>
<p>By 12/31/2009, Surveillance Coordinator will assess the surveillance quality through a review of surveillance indicators for 2008 VPD cases. Work on this objective will begin on 01/01/2009.</p>	<p>Extract annual datasets for each VPD from MDSS, analyze using CDC-defined surveillance indicators</p>	<p>Report on completion of surveillance indicator analyses</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Surveillance Coordinator will assess the basic level and completeness of case-based varicella reporting in 2009 by analyzing the proportion of varicella case reports that include age, immunization history, and disease severity. Work on this objective will begin on 01/01/2009.</p>	<p>Extract calendar year varicella datasets, analyze data by 01/31/2010, promote need and education for varicella case-based reporting</p>	<p>Descriptive analysis of varicella cases with respect to age, immunization history, and disease history</p>
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will provide the two free MDCH regional immunization conference registrations (\$50 value) to each regularly reporting influenza sentinel site. Work on this objective will begin on 01/01/2009.</p>	<p>Promote free conference registration in influenza sentinel guidance documents, training module, and all other promotions</p>	<p>Measure number of free conference registrations offered and proportion redeemed. BASELINE Fifty-one sites received free MDCH regional immunization conference registrations for reporting regularly during the 2007-08 flu season.</p>
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the percent of (proportion of) sentinel reports received on time (no later than 3 days after the week ending date) by 5%. From 46% to 51%. Work on this objective will begin on 01/01/2009.</p>	<p>Fax and email weekly reporting reminders on Mondays</p>	<p>Measure the proportion of reports received on time; Baseline: Between MMWR weeks 200740 and 200828, 862/1881 (46%) of reports arrived 3 or less days after the week ending date; 66% arrived 7 days or less after the week ending date</p>
<p>By 12/31/2009, Surveillance Coordinator will create the line list of varicella outbreaks that occurred in 2009 and report to CDC on its Varicella Outbreak Report Worksheet.. Work on this objective will begin on 01/01/2009.</p>	<p>Devise a varicella outbreak database, educate partners on need for reporting, summarize annually</p>	<p>List of varicella outbreaks by 03/31/2010</p>
<p>By 12/31/2009, Surveillance Coordinator will develop the initial draft of state guidelines and recommendations regarding the possible use of exclusion of susceptibles as a control measure for varicella outbreaks in schools and day care settings. Work on this objective will begin on 01/01/2009.</p>	<p>Assess disease incidence, assess LHDs for feasibility of exclusions from school and workload demands</p>	<p>Feedback from stakeholders, development of guidance by 12/31/2010</p>

Objective	Activities	Evaluation Measures
By 12/31/2009, Surveillance Coordinator will review the Vaccine Adverse Event Reporting process and reporting flow. Work on this objective will begin on 01/01/2009.	Convene discussions with division, LHD personnel, evaluate merits of existing reporting pathways	Meetings have been convened, review and evaluation of process is completed, plan developed and education about plan as needed
By 12/31/2009, Surveillance Coordinator will provide the feedback and follow-up of adverse events to CDC and local partners. Work on this objective will begin on 01/01/2009.	Provide prompt follow up to CDC on any adverse event in the state	Number of cases from CDC for follow up of vaccine adverse events

January 1-June 30, 2009 Report

Grantee: Michigan Program Population Assessment  
 Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MCIR Team / IIS Sentinel Coordinator will enroll and train 90% of licensed long term care facilities to use MCIR to track all adult immunizations on their patients. Work on this objective will begin on 01/01/2009</p>	<p>Regions will recruit and train licensed long term care facilities on how to use all the functionality in MCIR</p> <p>Enhance MCIR profiles to measure adult pneumococcal coverage levels</p>	<p>Increase long term care facilities participating in MCIR by 25% a year for three years. Measure annual adult pneumococcal coverage levels and influenza levels utilizing MCIR profile reports.</p>
<p>By 12/31/2009, MCIR Team / MCIR Coordinator will facilitate the MCIR's ability to track vaccines given for occupational health reasons. Work on this objective will begin on 01/01/2009.</p>	<p>Add TB results to MCIR</p> <p>Add assessment algorithm for Lab workers in MCIR</p> <p>Add Health Care Worker notification box in MCIR.</p>	<p>Monitor the development and project timelines according to the occupational health project plan.</p>
<p>By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will document the Tdap uptake levels in MI. Work on this objective will begin on 01/01/2009.</p>	<p>Collaborate with CDC on data analysis and manuscript writing</p>	<p>Publication of a peer-reviewed manuscript will be completed.</p>
<p>By 12/31/2009, Epidemiology Team / Kyle Enger will assess the characteristics of immunization waivers in Michigan. Work on this objective will begin on 01/01/2009.</p>	<p>Perform descriptive analysis on individual-level immunization waiver data by vaccine type, from the 2005-2006 and 2006-2007 school years</p>	<p>Publication of a peer-reviewed manuscript</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will disseminate the risk factors associated with time period prior to first immunization. Work on this objective will begin on 01/01/2009.</p>	<p>Preparation of data involving urban/rural status, race/ethnicity, interaction terms, time-dependent covariates (e.g., WIC and Medicaid status).</p> <p>Evaluation of risk factors using multivariate Cox regression models</p>	<p>Publication of a peer-reviewed manuscript</p>
<p>By 12/31/2009, General Office Assistant will assess the kindergartners, new entrants to a school district, and 6th grade students in public and private schools in November and February of each year. Work on this objective will begin on 01/01/2009.</p>	<p>Distribute annual school packets to all schools in Michigan;</p> <p>Post documents on MCIR website</p> <p>Follow-up with non-compliant schools with LHD.</p>	<p>Baseline: 100% schools reported via the MCIR. Barrier 2 school districts out of 525 school districts in state lost 5% of their state-aid funding due to inability to meet the compliance rate as mandated.</p>
<p>By 12/31/2009, General Office Assistant will assess the children enrolled in licensed child care centers for annual assessment. Work on this objective will begin on 01/01/2009.</p>	<p>Distribute annual childcare packets to licensed childcare programs;</p> <p>Post documents on MCIR website</p> <p>Follow-up with non-compliant childcare centers with LHD</p>	<p>100% of licensed child care centers reported via the MCIR.</p>
<p>By 12/31/2009, Epidemiology Team / IIS Sentinel Coordinator will disseminate the immunization coverage maps to local health departments (LHDs) to address pockets of need. Work on this objective will begin on 01/01/2009.</p>	<p>Production of a web-based mapping application that can assess MCIR data at the census tract level or smaller.</p> <p>Presently unable to proceed because geocodes have not been updated. This may change in fall 2008 because geocoding is desired for the VIM</p>	<p>Production and usage of mapping application. Updating of coverage maps.</p>

January 1-June 30, 2009 Report

Grantee: Michigan Program WIC Linkage  
 Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures		
By 12/31/2009, Division Director will conduct the quarterly Immunization Workgroup Meetings with WIC and Medicaid. Work on this objective will begin on 01/01/2009.	Maintain meetings to provide program updates and discuss barriers and successes	Quarterly Immunization Workgroup Meetings are held		
By 12/31/2009, MCIR Coordinator and Assessment and Vaccine Management Section Secretary will increase the percent of increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1:4 series from 73% to 78%. Work on this objective will begin on 01/01/2009	Provide LHD and WIC staff MCIR coverage assessments.	Coverage level for WIC clients is at least 78%; February 2008 data shows Coverage is 80% (41,072 up to date; n=51,288)		
By 12/31/2009, MCIR Team / MCIR Coordinator will increase the percent of the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1 series. From 72% to 77%. Work on this objective will begin on 01/01/2009.	<table border="1"> <tr> <td data-bbox="743 786 1117 889">Provide LHD and WIC staff MCIR coverage assessments</td> </tr> <tr> <td data-bbox="743 889 1117 987">Increase Hib percentage with resolution of vaccine shortage</td> </tr> </table>	Provide LHD and WIC staff MCIR coverage assessments	Increase Hib percentage with resolution of vaccine shortage	Coverage level for WIC clients is ?72%
Provide LHD and WIC staff MCIR coverage assessments				
Increase Hib percentage with resolution of vaccine shortage				



January 1-June 30, 2009 Report

Grantee: Michigan      Program Enhanced Perinatal Hepatitis  
 Component: B Prevention


Grantee: Michigan      Program Seasonal Flu activities  
 Component: \_\_\_\_\_

Objective	Activities	Evaluation Measures
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Objective	Activities	Evaluation Measures
<p>By 12/31/2009, MDCH / Influenza Education Coordinator will promote the enhanced collaboration with influenza partners to identify, refer, and follow-up on vaccination efforts of high risk persons (HR). Work on this objective will begin on 01/01/2009.</p>	Continue to utilize and promote the HR Flag mechanism in the Michigan Care Improvement Registry (MCIR);	<p>1. # of HR flags 2. # recall notices in 2008  3. # of flu/diabetes brochures distributed; collaboration with LTC &amp; MARR organizations; maintain staff member from MDCH Division of Immunization at meetings  4. # of referral posters distributed; means of distribution  5. # of hits to MDCH flu website; # of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website; # of people who received FluBytes in 2008  6. # attendees and type of INE and PPEPI sessions in 2008  7. # press releases distributed in 2008; # hits to press release website</p>
	Monitor and promote recall notices in MCIR (LHD, county, and providers);	
	Maintain state partnerships with groups that serve high risk individuals: Diabetes program, including the Diabetes/Flu brochure; Long-term care (LTC) facilities; Michigan Antibiotic Resistance Reduction (MARR) Coalition	
	Update and distribute referral poster to community vaccinator partners	
	Distribute educational information to promote and clarify 2nd dose recommendation;	
	Develop, update, and conduct Immunization Nurse Education (INE) and Physician Peer Education Project on Immunizations (PPEPI) flu modules;	
	Disseminate press releases for pregnant women, the elderly, and other HR groups;	
	Disseminated PSAs to target minority communities and parents of children under 5 years in HR geographic areas, according to MI Behavioral Risk Factor Survey (BRFS) data;	
Continue to foster partnerships with all who vaccinate in alternative care settings;		

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adult Immunization Coordinator will establish the emphasis of adult vaccination through interactions with existing immunization partners. Work on this objective will begin on 01/01/2009.</p>	<p>Michigan Advisory Committee on Immunizations (MACI) spotlight an adult immunization issue on a predetermined routine basis (which includes adding adult agenda items and educational sessions);</p>	<p>Quarterly MACI &amp; FAB meetings; increases in membership &amp; participation; meeting minutes of discussions; types of adult immunization information shared at MACI;</p> <p>2. # of FAB, EC-FAB, and FEW meetings; increase in attendance; collaboration with outside agencies; # of hits to MDCH flu website; # of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website; # of people who received FluBytes in 2008</p> <p>3. # of attendees and type of INE and PPEPI sessions in 2008</p> <p>4. Faces of Flu Campaign data for 2008; # hits to FFK website at <a href="http://www.michigan.gov/flufighterkit">www.michigan.gov/flufighterkit</a>; # pharmaceutical campaigns discussed at FAB meetings</p> <p>5. Summarize LHD best practices; # of FAB meetings where local practices highlighted; # distribution in FluBytes, # web page hits</p> <p>6. Maintain INE staffing</p> <p>7. Frequency of attending flu coalition meetings; meeting minutes and summaries</p> <p>8. Maintain staff attendance</p>
	<p>Flu Advisory Board (FAB) Education and Communication Subcommittee (EC-FAB) and MDCH Flu Education Workgroup (FEW)</p>	
	<p>Include adult immunization information in the INE and PPEPI modules with continuing education credit;</p>	
	<p>Collaborate with existing influenza vaccine campaigns focusing on adults including: American Lung Association's 2008-09 Faces of Influenza Campaign and Activities AIM Coalition &amp; Toolkit for Providers Flu Fighter Action Kit (FFK) for Health Care Personnel; Pharmaceutical campaigns allow pharmaceutical reps to discuss current campaigns at quarterly FAB meetings</p>	
	<p>Presentations from local efforts on mass vaccination clinics</p>	
	<p>INE serves as the Adult Immunization Coordinator with support from PHA</p>	
	<p>Support local flu coalitions through field representation and collaborations;</p>	
<p>Appropriate staff attend influenza updates/net conferences, or special CDC or MDCH influenza meetings as available</p>		

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Education Coordinator will implement the strategies to improve pneumococcal vaccination of Medicare beneficiaries. Work on this objective will begin on 01/01/2009.</p>	Facilitate discussion with FAB, MACI, and AIM	<p>1. Distribute meeting minutes to summarize discussions and new initiatives  2. Publicize survey in FluBytes; present findings to FAB  3. Pneumococcal Pocket Guides are updated;  4. # MDCH Clearinghouse orders, # distributed, # hits to link on AIM website;  5. LTC and MARR toolkits include pneumococcal information, INE and flu education coordinator collaborate with project leads;  6. MPRO representative on FAB, MACI, and AIM.  7. The # of adult Pneumococcal vaccines in MCIR increased</p>
	Facilitate discussion regarding recent AARP survey ( <a href="http://www.aarp.org/research/health/prevention/flu_pneumonia.html">http://www.aarp.org/research/health/prevention/flu_pneumonia.html</a> )	
	Update Pneumococcal Pocket Guides	
	Distribute Pneumococcal Pocket Guides	
	Provide input into the LTC Toolkit and MARR kit	
	Collaborate with MPRO on status of hospital plans for pneumococcal vaccination;	
	Encourage adult providers to use MCIR to record and assess pneumococcal.	

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, the Influenza Education Coordinator will educate the internal and external partners to implement strategies proven to increase influenza vaccination of health-care personnel (HCP). Work on this objective will begin on 01/01/2009.</p>	Update and distribute the Flu Fighter Action Kit (FFK) for HCP;	<p>1. number of hits to FFK website:www.michigan.gov/flufighterkit 2. number of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website 3. number of people who received FluBytes in 2008; Quarterly MACI &amp; FAB meetings; increases in membership &amp; participation; meeting minutes of discussions; types of adult immunization information shared at MACI; # of people at 2008 fall regional conferences; future collaboration with community vaccinators 4. number of attendees and type of INE and PPEPI sessions in 2008 5. number of newsletter articles contributed to partner organizations 6. Collaboration with LTC &amp; MARR organizations; maintain staff member from MDCH Division of Immunization at meetings 7. number of posters distributed at 2008 fall regional conferences 8. frequency of meetings with MPA and number of attendees in meetings; summary and meeting minutes; increased community vaccinator partners on FAB and at fall conferences; # of educational sessions given to these groups 9. Investigate the possibility of utilizing or developing an employee roster in MCIR to track HCP vaccination by health care site; 10. number of attendees at planning meetings; representation from different health care systems; summarize progress made 11. FAB membership survey data 12. Meeting minutes and summaries, # of presentations given 13. number occupational health representatives on MACI/FAB</p>
	Include HCP flu vaccination on the AIM TK website and update regularly	
	Discuss the importance of HCP vaccination at Regional Immunization Conferences, FAB and MACI meetings, Community Vaccinator's Forum, all immunization related meetings, and the FluBytes newsletter	
	INE and PPEPI modules targeting HCP immunizations, including flu	
	Regularly contribute newsletter articles on the importance of HCP vaccination to partners, including: Alliance for Immunization in Michigan (AIM) Coalition Michigan State Medical Society (MSMS) Michigan Advisory Committee on Immunization (MACI) MSU Extension Michigan Chapter, American Academy of Pediatrics Michigan Primary Care Association (MPCA) Communications Update and bimonthly newsletter (News and Notes) Michigan Society for Infection Control(MSIC) Newsletter Aging Newsletter Article Local Liaison Report Blue Care Network newsletter (Network News) BCBSM newsletter (Physician Update) State of Michigan Work on Wellness Newsletter Michigan Nurse journal (MNA) Michigan Academy of Family Physicians (MAFP) Communication quarterly Triad publication - quarterly, Michigan Osteopathic Association (MOA) Epi Insight MCIR.org - website posting	
	Promote MARR guide for long-term care (LTC) facilities and assist in the development and distribution of Toolkit for LTC facilities	
	Distribute posters targeting HCP vaccinations at conferences and other venues	
	Collaborate with pharmacies and other complimentary and alternative immunization sites; Supply the Michigan Pharmacists Association (MPA) with training and educational materials, including education on storage and handling of vaccines	
Encourage hospital occupational health to utilize MCIR to track vaccinations of employees;		

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Immunization Nurse Educators will implement the Joint Commission standards that establish annual influenza vaccination programs. Work on this objective will begin on 01/01/2009.</p>	<p>Distribute information via media, in newsletters, and through professional organizations;</p> <p>Promote use and distribute AIM kits;</p> <p>Promote use of and update FFA kit;</p> <p>Publicly support hospitals who require flu vaccination for staff</p> <p>Initiate planning for Shield of Excellence</p>	<p>1. Summary of information distributed; 2. Summary of kit distribution, # distributed' # hits to AIM kit website; 3. Kit is updated; # of hits to FFA kit website 4. Additional hospitals identified; featured in MDCH outreach materials and at outreach events 5. # of planning meetings, # in attendance, summarize progress made</p>
<p>By 12/31/2009, Influenza Education Coordinator will implement the evidence-based interventions to increase seasonal influenza. Work on this objective will begin on 01/01/2009.</p>	<p>1. Provide sample standing orders for flu in the 2008 AIM Kit and Flu Fighters Action Kit (FFK) for Health Care Personnel; 2. Distribute late-season strategies through FluBytes and other media venues; 3. Distribute and promote the Strategies for Pediatric, Adolescent, and Adult Practice 4. Promote Reminder/Recall; 5. Work with findings from University of Michigan flu study on reminder recall; 6. Provide flu pocket-guides for flu dosage to HCP statewide; 7. Stay up-to-date by monitoring MI Behavioral Risk Factor Survey (BRFS) and national Behavioral Risk Factor Surveillance System (BRFSS) data</p>	<p>1. Number hits to FFK website: <a href="http://www.michigan.gov/flufighterkit">www.michigan.gov/flufighterkit</a> ; Number of hard copy AIM TK distributed in 2008; Number of unique visitors/mo, website hits and page views to the AIM TK website 2. Number of people who received FluBytes in 2008 3. Number of hits to MDCH flu website; Number attendees and type of INE and PPEPI sessions in 2008 4. Number of recall notices in 2008 5. Disseminate findings from U of M reminder recall study; incorporate lessons learned into practices; staff meeting minutes 6. Number of flu pocket guides distributed in 2008 7. Identify new BRFS questions that will result in usable data to direct program efforts</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Education Coordinator will develop the strategies to ensure influenza, pneumococcal, and Td/Tdap vaccination of hospitalized adults prior to discharge. Work on this objective will begin on 01/01/2009.</p>	<p>Support potential legislation to encourage pneumococcal/influenza vaccination at hospital discharge;</p> <p>Collaborate with hospitals to determine that no barriers exist to providing Tdap, influenza, MMR, if needed) postpartum and to new parents.</p> <p>Provide an educational mailing to birthing hospitals which includes posters and brochures.</p>	<p>1. Legislation moves forward; 2. Barriers are identified and reduced; services and vaccine are available; 3. Mailing is completed, # distributed</p>
<p>By 12/31/2009, the Adult Immunization Coordinator will develop the tool to measure health care personnel (HCP) vaccination rates, obtaining feedback from providers, hospitals, &amp; HC. Work on this objective will begin on 01/01/2009.</p>	<p>Consider measurement for HCP vaccination rates without double-counting healthcare facilities in MCIR (HCP flag; separate rosters by provider ID; Give occupational health a separate ID; # new hospitals, provider offices, and healthcare facilities listed in MCIR HCP section);</p> <p>Develop a tool to measure rates for ALL recommended immunizations for HCP, not just influenza;</p> <p>Take a multi-agency approach; look at numerous medical organizations and agencies and determine specific and individualized issues for each agency</p>	<p>Development of measurement tool; MCIR HCP rates (proposed) Baseline: Publications on disappointing HCP immunization rates; JCAHO standard; MMWR HCP immunization recommendations</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the number of enrollees in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties from 59% to 64%. Work on this objective will begin on 01/01/2009.</p>	<p>Facilitate LHD awareness of sentinel enrollment and reporting by maintaining a directory and updated database in a LHD Folder on the Michigan Health Alert Network</p> <p>Promote the influenza sentinel program at MDCH Regional Immunization Conferences</p> <p>Encourage LHD staff to recruit new providers via established quarterly communications on the sentinel program, the Local Liason Report, and MDCH Immunization Update newsletter</p> <p>Encourage MDCH staff to recruit new providers</p> <p>Promote the influenza sentinel surveillance program in MDCH and partner publications</p>	<p>Forty-nine of 83 (59%) counties have enrolled a sentinel; 40% have at least one regularly reporting site. Seventy-seven counties have less than 250,000 population; 27 (35%) have at least one regularly reporting site. Seven counties have population <math>\geq</math> 250,000; 2 (29%) have one regularly reporting sentinel / 250,000 pop</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will implement the cash incentive program for local health jurisdictions to recruit sentinel provider sites. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the cash incentive via established communication channels</p>	<p>Regularly assess the number of enrolled sentinels, the counties they represent, and the number of cash incentives rewarded</p>
<p>By 12/31/2009, MCIR Team – IIS Sentinel Coordinator will promote the use of the Influenza Vaccine Exchange Network (IVEN) in MCIR to facilitate redistribution of non-VFC influenza vaccine, should shortages or mal-distribution occur. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications.</p>	<p>Maintain and promote the use of the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or mal-distribution occur</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Influenza Epi will assist the program staff in maintaining and promoting the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or mal-distribution occur. Work on this objective will begin on 01/01/2009.</p>	<p>Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications</p>	<p>Assess the number of doses available or needed throughout the flu season; Monitor who is using IVEN</p>
<p>By 12/31/2009, Influenza Sentinel Site Epidemiologist will provide the two free MDCH regional immunization conference registrations (\$50 value) to each regularly reporting influenza sentinel site. Work on this objective will begin on 01/01/2009.</p>	<p>Promote free conference registration in influenza sentinel guidance documents, training module, and all other promotions</p>	<p>Measure number of free conference registrations offered and proportion redeemed. BASELINE Fifty-one sites received free MDCH regional immunization conference registrations for reporting regularly during the 2007-08 flu season.</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will promote the awareness and education about adult vaccination among providers, community organizations and the public. Work on this objective will begin on 01/01/2009.</p>	<p>1. MDCH staffs an Influenza Education Coordinator position 2. Flu Advisory Board (FAB) a. Education &amp; Communication Subcommittee b. Leadership &amp; Deployment Subcommittee 3. Flu Education Workgroup; 4. FluBytes Newsletter and MI FluFocus Report; 5. AIM Toolkit Flu Folder; 6. Promote MDCH flu messages in MDCH and partner publications, on MDCH web space 7. Flu Partnership Survey; 8. National Influenza Vaccination Week Activities;</p>	<p>1. Influenza coordinator position remains staffed 2. Increase in FAB membership, variety, &amp; attendance at FAB; Increase active participation on subcommittee groups; FAB publicized in MDCH and partner publications, MDCH influenza website; 3. FEW participation maintained; 4. Maintain development and dissemination of MIFF Report and FluBytes; Conduct FluBytes satisfaction survey; increased # of views to FluBytes archive &amp; MI FluFocus Report; 5. # hits to AIM Toll Kit website Flu Folder 6. Evaluation of # hits to Michigan.gov/flu web page; # partner publications where message disseminated; # of hits to video vignettes on website; feedback on videos from general public. 7. Improve Flu Partnership Survey participation rate; 8. # NIVW campaigns &amp; strategies used within MI; # immz. given during NIVW;</p>
<p>By 12/31/2009, Adolescent Coordinator will work with internal and external partners to will implement the strategies to increase influenza vaccination of school age children and adolescents. Work on this objective will begin on 01/01/2009.</p>	<p>1. Support collaborative activities including an outside grant with DMC 2. Meet with adolescent health groups to promote flu activities; 3. Support the Detroit Children's Hospital Immunization Station for walk-in flu vaccinations; 4. Collaborate on School Seasonal and Pan flu toolkit; 5. Collaborate with Department of Education on distribution of flu materials to schools; 6. Provide an influenza flyer in school packets; 7. Promote a webinar targeting colleges and universities on seasonal flu and pan flu preparedness; 8. Develop and provide parent educational materials which include influenza messages; 9. Provide influenza information at the state Adolescent Conference and fall Regional conferences.</p>	<p>1. # collaborations, outcomes 2. # meetings, summaries of discussions, outcomes; 3. # vaccinated 4. # distributed, web site hits, # of presentations, audience reached, # school packets distributed with flyer; 5. # distributed, # presentations, audience reached, # web-site hits; 6. # distributed 7. # attendees, # hits to webinar 8. # distributed in toolkit, via pocked cards, # reached through PSAs, press releases, number of hits to AIM toolkit website folders 9. # attended, learning objectives, evaluations;</p>

Objective	Activities	Evaluation Measures
<p>By 12/31/2009, Adolescent Coordinator will work with partners who will promote the seasonal influenza vaccination within the medical home. Work on this objective will begin on 01/01/2009.</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy 2. MCIR assesses for influenza vaccine; 3. IVEN is utilized to facilitate distribution of private vaccine; 4. Discussion held at partner meetings; 5. Work to improve vaccine administration fees.</p>	<p>1. VFC promotes a comprehensive age appropriate immunization strategy; 2. # influenza vaccines administered by site and age group; 3. # doses posted on IVEN, # and type of user. 4. Summary of discussions, # attendees, # members; 5. Summarize findings and recommendations of Immunization Workgroup of MACI and Medicaid meetings; develop recommendations with Immunization workgroup of MACI; increase MI vaccine admin fees</p>