Division of Public Health Agreement Addendum FY 15-16

Page 1 of 6

Chatham County Public Health Department	Women's and Children's Health/Immunization
Local Health Department Legal Name	DPH Section/Branch Name
	Com Walker (010) 707 5556
715 Immunization Action Plan	Gary Walker, (919) 707-5556 gary.walker@dhhs.nc.gov
Activity Number and Description	DPH Program Contact
Activity Number and Description	(name, telephone number with area code, and email)
	,
06/01/2015 - 05/31/2016	
Service Period	DPH Program Signature Only required for a programble agreement addendum Date
07/01/2015 - 06/30/2016	(only required for a <u>negotiable</u> agreement addendum)
Payment Period	
Original Agreement Addendum	
Agreement Addendum Revision # (Please do not	put the Budgetary Estimate revision # here.)
I. Background:	
	ents a real threat to the health and quality of life of the
	e Centers for Disease Control and Prevention (CDC) and
e e	Immunization Branch seeks to provide preventative
	accine to age appropriate populations within the State.
II. Purpose:	
	ninate vaccine-preventable diseases in North Carolina.
Immunization Branch programs, services and sul	
	are age appropriately immunized, and by managing
outbreaks of vaccine-preventable diseases.	
Local health departments will support the North	Carolina Immunization Program (NCIP) in reaching
	following objectives as supported by Healthy People-
2020:	tono ming objectives as supported by meaning respire
*	te immunization levels of two-year old children to 90%
or more; and	te immunization levels of two-year old children to 90%
	North Carolina children (0 to 18 years old) are
represented in the North Carolina Immunizat	ion Registry (NCIR).
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	(2-2,5-4)
Health Director Signature (use blue ink)	Date
	1. 11: A.
Local Health Department to complete: LHD program (If follow up information is needed by DPH) Phone number	with area code: 919-742.5641 ext. 8250
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III. Scope of Work and Deliverables:

- 1. Immunization Service Delivery
 - To eliminate barriers that delay or prevent delivery of age appropriate immunizations, and to assure the safe delivery of vaccines, the Local Health Department shall:
 - a. Follow CDC guidelines for storage of vaccines to ensure proper safeguarding including risks of loss from theft, expiration, or improper storage temperature.
 - b. Maintain current standing orders as part of the Local Health Department's immunization policy and protocol that are reviewed and evaluated by immunization staff during Local Health Department visits which:
 - i. are up-to-date and signed annually by a currently employed physician;
 - ii. provide for age appropriate immunizations or physician referrals when contraindications exist;
 - iii. contain temporary and permanent contraindications as outlined in the North Carolina Administrative Code (NCAC);
 - iv. comply with the most current immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP) and the NC Immunization Rules. (The immunization schedules can be found at these links: for children, http://www.immunize.nc.gov/family/immnz_children.htm; for adolescents, http://www.immunize.nc.gov/family/immnz_adolescents.htm; and for adults, http://www.immunize.nc.gov/family/immnz_adults.htm.);
 - v. specify simultaneous administration of needed vaccines, reviewing vaccines given at each routine visit.
 - c. Refer, as needed, clients being seen for immunization-only services for other services within the Local Health Department or Private Provider as needed;
 - d. Follow <u>all conditions</u> outlined in the most recent Vaccines For Children (VFC) Program Provider Agreement and the NCIP Local Health Department Vaccine Agreement,
 - e. Ensure that vaccinations are provided for 100% of eligible two-year-old children for the annual statewide immunization assessment. The basis for determining whether the vaccine provision percentage has been achieved will be a report generated from the NCIR.
 - f. Ensure that vaccinations are provided for 100% of eligible children ages 0 to 18 years seeking vaccinations. The basis for determining whether the vaccine provision has been achieved will be a report generated from the NCIR.
 - g. Follow the most current (ACIP) recommendations for vaccine administration for 100% of clients.
 - h. By the close of business each day completely and accurately enter into the NCIR all information regarding publicly and privately purchased vaccines administered by the Local Health Department;
 - i. Agree to vaccinate walk-in patients, who are eligible for vaccinations.
- 2. Vaccine-Preventable Disease Surveillance
 - To ensure that vaccine-preventable diseases are identified, monitored, and managed, the Local Health Department shall:
 - a. Upon the receipt of any suspect vaccine preventable disease or condition, investigate immediately the circumstances surrounding the occurrence of the disease or condition to determine the authenticity of the report;

- b. Ensure that all health care providers are educated on reporting laws and requirements and are reporting any suspected vaccine-preventable disease to the Local Health Department within 24 hours;
- c. The Local Health Department must notify the Communicable Disease Branch's on-call Epidemiologist within one hour by phone (919-733-3419) of any suspected cases of diphtheria, measles, polio, rubella, congenital rubella syndrome (CRS), mumps, and report by phone within 24 hours of any suspected cases of pertussis involving high-risk settings (such as healthcare settings and childcare settings providing care to infants);
- d. Identify 100% of persons for whom control measures is required;
- e. Follow the most current guidelines and recommendations for the prevention and treatment of vaccine-preventable disease, as outlined in the CDC's *Manual for the Surveillance of Vaccine-Preventable Diseases*, the American Public Health Association's *Control of Communicable Diseases Manual*, and the CDC's *Guidelines for the Control of Pertussis Outbreaks*;
- f. Collect and submit appropriate laboratory examination specimens necessary to assist in the diagnosis of disease and indication of the duration of control measures required, including coordination with private physicians to submit appropriate specimens to the Division of Public Health's State Laboratory of Public Health;
- g. Ensure two State Laboratory Pertussis PCR and culture test kits with a non-expired media are available for immediate use in the Local Health Department at all times;
- h. Determine and ensure control measures have been provided for and complied with as directed in 10A NCAC 41A .0201;
- i. Provide or ensure case-management services following CDC guidelines to ensure:
 - i. All pregnant women are tested for HBsAg during each pregnancy
 - ii All infants born to HBsAg-positive women and all infants born to women with unknown HBsAg status receive administration of the appropriate immunoprophylaxis at birth
 - iii. All infants complete the hepatitis B vaccine series according to the most current ACIP recommended schedule, and
 - iv. All infants receive timely post-vaccination serology testing.
- j. Follow the Agreement for Local Health Department Participation in the North Carolina Electronic Disease Surveillance System (NC EDSS) for reporting requirements.
- k. Implement a comprehensive Immunization policy for all Local Health Department health-care personnel who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air, as specified in the most current Immunization of Health Care Personnel: Recommendation of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)

3. Education and Outreach

The Local Health Department shall:

- a. Provide education and training to community stakeholders (private and public healthcare providers, community health centers, rural health center) regarding immunization-related topics, recommendations and requirements.
- b. Partner with community stakeholders to provide community outreach and education activities by incorporating immunization education in prenatal, parenting and other health education curriculum.

- c. Assure that Local Health Department immunization staff is up-to-date on the most current immunization practices by providing ongoing educational updates on current immunization recommendations to staff, and by attendance at state-sponsored immunization and vaccine-preventable disease control and surveillance educational opportunities.
- d. Increase community awareness by conducting at least one immunization outreach or education event within the county per fiscal quarter based on available funding. The event should be constructed to help improve immunization awareness in the community and subsequently increase vaccine coverage rates among residents of the county. Educational and outreach interventions will, ultimately, help the NCIP reach its goal of eliminating vaccine-preventable disease in North Carolina. Such events may include but are not limited to: after-hour immunization clinics, educational mail-outs, on or off-site immunization related trainings, inschool clinics, etc.

4. North Carolina Immunization Registry

To assure quality of community-wide immunization service delivery, the Local Health Department shall coordinate countywide immunization monitoring and follow-up, and shall:

- a. Ensure that the Local Health Department uses the NCIR to identify its active clients and children residing in the county who are due or past due for immunizations;
- b. Assign at least one staff person to conduct immunization monitoring and follow-up services to:
 - i. track 100% of active Local Health Department clients that are due or past due for immunizations:
 - ii. ensure that all immunizations administered and the associated historical immunization information is entered into the NCIR; and
 - iii. ensure that NCIR information is provided to interested private providers:
- c. Identify and target under-immunized areas in the community using the NCIR and conduct at least two interventions to improve the immunization rate in one pocket of need area in the county by June 30, 2016;
- d. Integrate immunization screening and referral within WIC and other appropriate programs using the NCIR.

IV. Performance Measures/Reporting Requirements:

The population information used to ascertain whether the Local Health Department is meeting the percentage targets listed below is found in NCIR.

In order to continue making progress towards the Healthy People 2020 goals, for State fiscal year 2016, the Local Health Department shall:

- 1. Ensure that at least 88% of all eligible 2-year-old children served by the Local Health Department, with a status of "active" in the North Carolina Immunization Registry (NCIR), shall have documentation of age-appropriate immunizations in the NCIR;
- 2. Ensure that at least 90% of all eligible 2-year-old children residing in the county shall have documentation of age-appropriate immunizations in the NCIR;
- 3. Ensure 100% participation in at least one NCIP-approved immunization continuing education event, by both the vaccine coordinator and the backup coordinator, either via webcast, CDC videoconference or State-sponsored immunization and vaccine-preventable disease control and surveillance educational opportunity, and report compliance by checking the appropriate box on and signing the annual Provider Agreement.

V. <u>Performance Monitoring and Quality Assurance:</u>

- 1. Performance will be monitored through the NCIR and NC EDSS;
- 2. The NCIP will monitor the performance of this Agreement Addendum through a minimum of one clinical or technical site visit conducted by trained consultants annually.
- 3. If the Local Health Department is deemed out of compliance, the Program Monitor shall make every effort to work with the Local Health Department to produce a corrective action plan. If the plan is not followed and the Local Health Department remains out of compliance, funds may be withheld and the Agreement Addendum may be terminated.

VI. <u>Funding Guidelines or Restrictions</u>: (if applicable)

- 1. Funding for the work, tasks and activities outlined in this Agreement Addendum is allocated in several rounds received throughout the grant year which runs from January 1 to December 31. As such, the budgetary estimate attached to this Agreement Addendum represents only a portion of the funds that will be allocated.
- 2. Initial funding for this Agreement Addendum reflects the grant dollars awarded from the CDC's 2015 Immunization grant available through December 31, 2015. As funds are awarded to the State from the 2016 Immunization grant, additional allocations will be made to cover base Activity costs through May 31, 2016. These additional allocations will not require Agreement Addendum revisions.
- 3. Attachment A provides the estimated total allocation for this FY 2015-16 Agreement Addendum for the entire Service Period.
- 4. Any allocations above the base amount estimated on Attachment A will require a revision to the Agreement Addendum.
- 5. Federal immunization funding must be spent only for immunization program activities.
- 6. Federal immunization funding is prohibited for the purchase of promotional items.
 - Promotional items include, but are not limited to plaques, clothing and commemorative items such as pens, mugs, cups, folders, folios, lanyards, and conference bags. In general, such items or tokens to be given to individuals are considered personal gifts for which appropriated funds may not be expended even when these items contain educational or promotional information.
 - It is the policy of the CDC's Vaccines for Children Program that the use of appropriated funds, including gift funds, to purchase promotional items is prohibited unless they are a necessary expense to support the Local Health Department's mission.
 - Request for exceptions must be submitted in writing to the NCIP which will confer with the CDC to see if it is an acceptable use of funds. Based on additional information from the CDC, it is expected that exceptions will be granted only in *rare* situations.
- 7. These funds may be used for the printing of immunization educational materials. However, these materials may not be printed on a gift item, as described above without prior CDC authorization.
- 8. Costs associated with food and meals are NOT permitted unless included with per diem as a part of official travel.

Attachment AEstimated Total Allocation for this FY 2015-16 Agreement Addendum for the Entire Service Period

Local Health Departments	FY 2015-16 Total	Local Health Departments	FY 2015-16 Total
Alamance	\$33,916	Jackson	\$9,014
Albemarle	\$52,552	Johnston	\$35,576
Alexander	\$11,712	Jones	\$5,692
Anson	\$11,504	Lee	\$17,413
Appalachian	\$22,890	Lenoir	\$22,918
Beaufort	\$14,202	Lincoln	\$18,560
Bladen	\$12,334	Macon	\$18,974
Brunswick	\$17,314	Madison	\$10,466
Buncombe	\$47,612	Martin-Tyrell-Washington	\$17,078
Burke	\$25,408	Mecklenburg	\$159,256
Cabarrus	\$31,010	Montgomery	\$11,090
Caldwell	\$24,992	Moore	\$17,730
Carteret	\$14,824	Nash	\$30,180
Caswell	\$8,598	New Hanover	\$37,236
Catawba	\$34,122	Northampton	\$9,014
Chatham	\$13,994	Onslow	\$78,948
Cherokee	\$9,220	Orange	\$24,370
Clay	\$4,656	Pamlico	\$5,278
Cleveland	\$30,388	Pender	\$12,750
Columbus	\$18,560	Person	\$10,466
Craven	\$37,858	Pitt	\$40,970
Cumberland	\$146,804	Randolph	\$36,820
Dare	\$7 , 976	Richmond	\$18,144
Davidson	\$41,386	Robeson	\$46,990
Davie	\$10,258	Rockingham	\$28,312
Duplin	\$17,314	Rowan	\$35,368
Durham	\$57,158	Rutherford-Polk-McDowell	\$35,962
Edgecombe	\$22,918	Sampson	\$18,974
Forsyth	\$70,646	Scotland	\$15,238
Franklin	\$15,032	Stanly	\$17,730
Gaston	\$55,912	Stokes	\$14,616
Graham	\$5,278	Surry	\$21,050
Granville-Vance	\$31,930	Swain	\$6,938
Greene	\$7,560	Toe River	\$21,642
Guilford	\$93,266	Transylvania	\$8,598
Halifax	\$22,086	Union	\$37,236
Harnett	\$34,330	Wake	\$144,522
Haywood	\$13,994	Warren	\$7,976
Henderson	\$17,938	Wayne	\$37,028
Hertford	\$10,724	Wilkes	\$20,426
Hoke	\$14,410	Wilson	\$24,578
Hyde	\$4,240	Yadkin	\$13,164
Iredell	\$33,086		

Waiting for Program Admin Approval

Allocation Page For Fiscal Year:15/16

Estimate Number: 0

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20 CHEROKEE	•	0	\$5,378.00	STATE STATE
22 CLAY		0	\$2,718.00	47448 4746
23 CLEVELAND	1.	10	\$17,728.00	\$17,724.00 \$17,734.00
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