

Frequently Asked Questions:

“Up-To-Date Coverage and Vaccines for Children Doses Administered” Report

1. What is the purpose of this report?

This report from the New York City Health Department’s Bureau of Immunization will help you better monitor and improve your up-to-date (UTD) and Vaccines for Children (VFC) accountability percentages. Making sure your patients stay UTD in accordance with Advisory Committee on Immunization Practices (ACIP) schedules is a cornerstone of immunization best practices. Vaccinate your patients per ACIP schedules and report all immunizations administered to the Health Department’s Citywide Immunization Registry (CIR).

For sites that participate in the VFC program, correctly and completely accounting for VFC vaccines is an essential part of this federal program and guarantees you continued access to VFC vaccines.

This FAQ defines the key terms used throughout the report and provides tips for improving UTD percentages and increasing immunization coverage.

2. What is my CIR-generated UTD percentage for 19- to 35-month-olds?

The CIR measures the percentage of your patients ages 19 to 35 months that received and had documented in the CIR the recommended 4:3:1:4:3:1:4 series immunizations (4 DTaP, 3 polio, 1 MMR, 4 Hib, 3 hep B, 1 varicella, 4 PCV). The CIR identifies a patient as yours for the 19- to 35-month-old report if your facility administered and reported the patient’s last series immunization at age 361 days or older.

Please note that UTD status among patients ages 19 to 35 months now includes four doses of pneumococcal conjugate vaccine (PCV) to be consistent with ACIP recommendations, National Immunization Survey estimates and the Healthy People (HP) 2020 goal of 80 percent coverage for the 4:3:1:4:3:1:4 series. This change may affect your UTD status for the current quarter compared to earlier quarters that did not include PCV.

To reach the target CIR UTD percentage of 90 percent, a provider with 100 patients ages 19 to 35 months must document in the CIR that 90 of these 100 patients received all of the valid 4:3:1:4:3:1:4 series immunizations. If a patient is missing one of these immunizations, or if an immunization is invalid because it was administered at an incorrect age or interval, the patient will not be considered UTD.

3. What is my CIR-generated UTD percentage for influenza?

This is the percentage of your patients in the specified age range that are UTD for the influenza vaccine. Vaccinate your patients against influenza and report all immunizations administered to the CIR. For the influenza vaccine, a child age 6 to 59 months is included as your patient if you reported the last immunization administered to them at age 14 days or older. A child age 5 to 10 is included as your patient if you reported the last immunization administered to them at age 4 or older. A child age 11 to 18 is included as your patient if you reported the last immunization administered to them at age 10 or older.

Coverage for influenza among all cohorts of children is low citywide. All people ages 6 months and older should receive an annual influenza vaccine, unless they have a valid medical contraindication. Children ages 6 months through 8 years are required to receive two doses of influenza vaccine at least four weeks apart, unless they received at least two doses of influenza vaccine during a prior season. If a child received two doses during any prior season, they will need only one dose in the current season. For more information on influenza, visit nyc.gov/health/flu.

4. What is my CIR- generated UTD percentage for 13- to 17-year-old males?

This is the percentage of your 13- to 17-year-old male patients with the recommended one dose of Td or Tdap, one dose of MCV4 or MPSV4 and two or three doses (i.e., series complete) of HPV. A male age 13 to 17 is included as your patient if you reported the last immunization administered to him at or after age 9. Coverage for 13- to 17-year-olds is low citywide.

5. What is my CIR- generated UTD percentage for 13- to 17-year-old females?

This is the percentage of your 13- to 17-year-old female patients with the recommended one dose of Td or Tdap, one dose of MCV4 or MPSV4, and two or three doses (i.e., series complete) of HPV. A female age 13 to 17 is included as your patient if you reported the last immunization administered to her at or after age 9. Coverage for 13- to 17-year-olds is low citywide.

6. How can I improve HPV coverage?

- a. Give a strong recommendation. Health care provider recommendations are one of the most important determinants in the parental decision to vaccinate their adolescent against HPV. Emphasize your personal belief in the importance of the HPV vaccine to help parents feel secure in their decision. Support your recommendation with a personal story about vaccinating your own children, grandchildren or friends' children and/or about a specific HPV-related cancer case.
- b. Start the conversation early. Explain that immunization at age 11 to 12 offers children the best protection possible, often before the start of any kind of sexual activity and potential exposure to HPV infection. The immune response to HPV vaccination is also more robust in younger adolescents.

- c. Focus the conversation on cancer prevention. HPV causes about 27,000 new cancers in the U.S. each year, including cervical, vaginal and vulvar cancers in women, penile cancers in men, and anal and throat cancers in both men and women, most of which could be prevented with vaccination.
- d. Avoid missed opportunities. If the HPV vaccine was always given when adolescents received their Tdap vaccination, coverage for more than one dose could be nearly 93 percent instead of 54 percent.
- e. Welcome questions from parents, especially about vaccine safety and effectiveness. Stress the strong safety record of the HPV vaccine, as well as the fact that receipt of vaccine is not associated with increased sexual activity.
- f. Read the New York City Health Department’s HPV Vaccine Action Kit for additional tips and information: visit nyc.gov/health and search “Public Health Detailing Action Kits.”

7. What can I do to increase my UTD percentages?

To improve your CIR UTD percentages immediately for all vaccines, compare the immunizations in the patient’s chart or handheld record to their CIR record. Report any immunizations to the CIR that are documented in the chart or record but have not yet been reported.

The CIR’s Online Registry application can also help you improve your UTD percentages. Use the Online Registry’s Reminder/Recall features to create a list of patients due for immunizations, and to print letters and address labels to recall these patients and bring them UTD.

The Online Registry also allows you to update a patient’s status to inactive so you can exclude inactive patients from any percentage calculations. An inactive patient’s chart should include documentation that the patient has moved and/or transferred to another health care provider and that you have tried to contact the patient or family three times. Be sure to indicate “MOGE” (moved or gone elsewhere) if a patient is no longer in your practice.

For more information about these features, go to the Online Registry and see “Online Registry Resources” on the lower left half of the sign-in page. If you are not already using the Online Registry, email nycimmunize@health.nyc.gov or call 347-396-2400 to set up access.

8. I’ve been reporting all of my immunizations but my CIR UTD percentage is low. Why?

The following are the most common reasons your UTD percentage might be low:

- a. Your electronic billing or electronic health records system may not include newer vaccines, such as PCV13, and their codes. Contact your system administrator immediately to request updates. Call the CIR at 347-396-2400 if you need assistance after you contact your system administrator.
- b. There may be duplicate records in the CIR because of inconsistencies in reporting patient names, errors in birth dates or reporting only minimal information (i.e., only name, birth date and gender). Please report the patient’s Medicaid number, when

applicable, as well as address and telephone number to help with patient record matching.

- c. Immunizations administered in the past by you or other providers may not have been reported. Entering these immunizations through the Online Registry may improve your CIR UTD percentages immediately.

9. What is my percentile ranking for immunization coverage?

Percentile rankings allow you to compare your practice's immunization coverage to your New York City (NYC) peers. For example, a percentile of 60 means that 60 percent of NYC pediatric practices have immunization coverage at or below your practice's coverage, and 40 percent have coverage above your practice's coverage. Percentiles are calculated for practices with at least 10 patients in that age range.

10. What do the "Distribution of Vaccine Series Coverage in New York City Facilities" graphs show?

These graphs show how many facilities had immunization coverage that was < 10 percent, 10 to < 20 percent, 20 to < 30 percent, etc., up to the number of facilities whose UTD coverage rate was 90 to 100 percent. To see how your facility's coverage compares with the rest of NYC facilities, find your immunization coverage range on the x-axis and see how many facilities fall into higher and lower ranges.

11. I've been reporting all of my immunizations but my VFC doses administered report (DAR) is lower than usual. Why?

Immunizations reported with no indication of patient VFC-eligibility status are not counted as VFC eligible in the CIR-generated DAR. Your DAR may have decreased as a result of not reporting the correct VFC-eligibility status for each vaccine administered to a VFC-eligible patient.

Please note: Influenza doses are not included in the DAR because the vaccine is seasonal.

12. How can I increase my DAR?

To increase your DAR, make sure that each immunization is reported to the CIR with accurate VFC-eligibility status.

13. I've returned a lot of vaccines to VFC. How does this affect my DAR?

Vaccine wastage will reduce your DAR – even if the vaccine is expired, out of temperature range or returned to VFC. Avoid wastage by ordering at the right frequency and in the right amounts and by rotating stock so that vaccines with earlier expiration dates are used first. For assistance, email nycimmunize@health.nyc.gov. Influenza vaccine doses, both reported and shipped, have been removed from the DAR so returning unused influenza vaccine will not affect your DAR.

14. My practices' reports are grouped. Will my VFC vaccine shipment be based on my group DAR or my individual facility DAR?

Your shipment will be based on your group DAR. If your individual facility DAR is 90 percent or higher, but your group DAR is less than 90 percent, you are subject to reduced shipments. Having a uniform reporting procedure for all sites helps ensure timely, complete and accurate reporting to the CIR by all providers. Work with your administrator to determine the best procedure for your group to reach the target of 90 percent or higher. Target improvement efforts to sites with low DARs, and encourage those sites with high DARs to share their best practices.

15. Why is my DAR higher than my UTD?

The DAR and CIR UTD measure different indicators.

The DAR measures the percentage of vaccine doses shipped by the VFC program to a provider that the provider subsequently reported to the CIR as administered to VFC-eligible children. For example, a provider who received 1,000 doses from VFC within the last 12 months (denominator) and who reported 900 doses administered to VFC- and CHIP-eligible patients (numerator) will have a DAR of 90 percent. Please note: Influenza doses are not included in the DAR because the vaccine is seasonal.

The CIR UTD measures the percentage of your patients, ages 19 to 35 months and ages 13 to 17 years, who have received and had documented in the CIR the appropriate recommended series vaccines. During influenza season, instead of the adolescent coverage, the CIR UTD measures the percentage of patients in the specified age ranges (0 to 59 months, 5 to 10 years and 11 to 18 years) who are UTD for influenza vaccine. To increase your DAR, see question 11; to increase your CIR coverage, see question 7.

16. How often should I report to the CIR?

The New York City Health Code and New York State Public Health Law Section 2168 require that NYC providers report all immunizations administered to patients younger than age 19 to the CIR within 14 days of administration. Immunizations administered to people ages 19 and older may be reported to the CIR with the patient's verbal or written consent.

17. What is the best way to report to the CIR?

Reporting in real-time from electronic health records system or using the Online Registry are the two fastest ways to report to the CIR. Report historical and current immunizations to ensure patients' immunization histories are complete in the CIR.

18. How can the Online Registry help me improve my office efficiency?

Using the Online Registry can increase efficiency by allowing you or your staff to print the universal child and adolescent health examination form (CH-205) and the Women, Infants and Children (WIC) form with immunization and patient and provider information already completed.

The CH-205 universal child and adolescent health examination form is used for admission to child care centers, schools and camps. A new CH-205 is available in the Online Registry and allows you to save a completed form and make changes to it when the child needs more than one form. Although the new form takes more time initially, it will save time in the long run.

The Online Registry also provides recommendations for immunizations based on the patient's age and immunization history. Providers find this feature useful, particularly as the immunization schedule has become increasingly complex.

Reminder/Recall features in the Online Registry allow you to create a list of patients who are due for immunizations and to print out recall letters and labels. For more information about these features, email nycimmunize@health.nyc.gov or call 347-396-2400.

19. Should I report historical immunizations that were administered by other providers but are not in the CIR?

Yes, you should report historical immunizations administered by you or other providers if the immunizations are documented on the patient's handheld record or in the patient's chart.

20. When should I vaccinate for influenza?

You should begin to vaccinate your patients as soon as the influenza vaccine becomes available, which is generally in late summer. In the past, influenza activity in NYC has stayed elevated throughout the spring, with influenza viruses circulating and outbreaks occurring as late as May. We encourage you to continue to order and offer your patients the influenza vaccine throughout the spring, until the vaccine expires.

Providers in the VFC program can order additional influenza vaccine through the Online Registry at nyc.gov/health/cir. If you need additional influenza vaccines for private pediatric patients or for your adult patients, visit izsummitpartners.org/ivats to find a distributor. If you have questions about or need help obtaining the influenza vaccine, email nycimmunize@health.nyc.gov or call 347-396-2400.