

Year 2024 Template Objectives for Immunization

Legend

A Objective Statment	D Input Activities	G For your Information
B Deliverable	E Base Line for Measurement	
C Context	F Data Source for Measurement	

1.

- A. Objective 1: By December 31, 2024, xx% children residing in (insert health department) jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.
- B. 1. A Wisconsin Immunization Registry (WIR)-generated population-based standard benchmark report, documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 2024 contract year. The end-of-year report should be run with a 30-day buffer to ensure that all updated data have been received by the WIR. With the end-of-year report, include a summary of the accountability targets and the progress achieved, including the activities and interventions conducted. Include any barriers that may have been identified. A template to be used has been provided by the program.

Criteria for the Mid-Year Report:

Birthdate Range: 01/01/2022- 06/30/2022

Evaluation date: 07/01/2024

Run date: 07/01/2024

Criteria for the 2024 End-of-Year Report:

Birthdate Range: 01/01/2022- 12/31/2022

Evaluation date: 01/01/2025

Run date: 02/01/2025

2. An estimated itemized budget must be submitted during the negotiation phase of the contracting process. A template to be used for this budget is provided by the Immunization Program.
- C. Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 80% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove him/her from your cohort.

Guidelines for determining increase needed for progress towards 2024 goals, using the 2022 end-of-year coverage rate as the baseline (see Section E).

Required Increase:

Greater or equal to 59% - 5% Above Baseline

60-69% - 4% Above Baseline

70-79% - 3% Above Baseline

80-85% - 2% Above Baseline

86-89% - 1% Above Baseline

Greater or equal to 90 - Maintain

A list of accountability targets, or activities that will be conducted in order to achieve the objective goal, MUST be provided by or at the time of contract negotiation. Agencies should consult the Addendum of the Immunization Program Boundary Statement or their regional Immunization Program advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

C.

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- D. The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:
- Contacting parents of infants without immunization histories
 - Tracking
 - Coordination of immunization services with other LHD and tribal programs
 - Sharing information with area physicians
 - Requesting that information is entered into the WIR.
 - Reminder/recall
 - Working with schools and daycare centers to promote immunization among attendees

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove him/her from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

In addition, funds may be utilized to enhance influenza vaccination coverage rates. Example activities include but are not limited to:

- Staff time
- Vaccine storage supplies
- Influenza clinic planning
- Partner outreach to populations of low coverage rates

Activities that are not allowed:

- Case follow up and contact tracing should not be included in these activities.
- Funds cannot be used to purchase vaccines.
- COVID-19 and Monkeypox activities are not included at this time.

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHDs are strongly to consider in order to achieve this objective.

- E. The 2022 end-of-year population-based standard benchmark report will be used to determine the baseline for the 2024 population-based objective.

For the baseline measurement, the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2020 - 12/31/2020

Evaluation Date: 01/01/2023

Run Date: After: 01/01/2023

- F. Wisconsin Immunization Registry Records.

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- G. The program offers two objectives, each jurisdiction must select at least one objective.

Please contact your regional advisor for any questions you may have:

Wilmot Valhmu, Southern Region (Madison), wilmot.valhmu@wi.gov, 608-266-0008
 Shayna Nickell, Western Region (Eau Claire), shayna.nickell@wi.gov, 715-836-4028
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2.

- A. Objective 2: By December 31, 2024, (insert health department) will work with school health personnel in our jurisdiction to assure that 100 percent of the required school reports are submitted to the LHD by the 40th school day. If your jurisdiction has greater than or equal to 97% of schools reporting for the 2022-2023 school year, the objective activities must include those that will impact schools with high noncompliance rates (e.g. behind schedule or no record) and/or high personal conviction waiver rates.
- B. 1. A locally generated report using the list from DPH on SharePoint that denotes the schools required to report within the jurisdiction and the dates the schools submit the report. This list may be adjusted due to school closings or new schools. This data will be used to generate the percent of schools reporting by the deadline as stated in the state statute. A template to be used for this report is forthcoming from the Immunization Program.
2. An estimated itemized budget must be submitted during the negotiation phase of the contracting process. A template to be used for this budget is provided by the Immunization Program.
- C. Wisconsin Stat. § 144.07 requires schools to report to the local health department the degree of student compliance with Wis. Stat. § 252.04 and DHS 144. Wisconsin currently does not receive reports from 100% of schools.
- C.
- D. Accountability Target Samples:
- Provide training to school personnel who are responsible for submitting the school report data.
 - Provide on- site technical assistance to schools who are struggling with managing their immunization data.
 - Make weekly calls to schools who have not reported by November 1, 2024.
 - Encourage school staff to attend or watch the archived 2023-2024 Annual School Immunization webinar available on the Wisconsin Immunization Program website.
 - Refine and implement policies, procedures, and intervention activities to address schools who fail to submit the required School Report to LHD.
 - Offer an educational session of the importance of immunization and how the school requirements affect students and staff.
 - Review submitted report from schools to LHD to ensure accuracy and completeness. Follow-up with schools when the report has validity issues, for example, if in Column A there is a kindergarten student with a medical waiver and in Column B (which is for all students at the school) has a zero.
- Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHDs are strongly encouraged to consider to achieve this objective.
- E. A locally generated report that denotes the number of schools required to report within the jurisdiction and the dates the schools submit the report.

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- F. List of schools (located in Sharepoint) in the LHD jurisdiction and the dates of submission of the report to the LHD.
- G. If the LHD already has a high compliance rate of receiving the School Report to Local Health Department, we would recommend additional activities, such as working with schools that have high waiver rates or high non-compliant students (behind schedule or no record).

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