

# PROVIDER TOOLS FOR INCREASING IMMUNIZATION COVERAGES RATES

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2014 Alaska Maternal Child Health & Immunization Conference  
September 25, 2014



DIVISION OF PUBLIC HEALTH  
SECTION OF EPIDEMIOLOGY



# Assessment, Feedback, Incentives, and eXchange (AFIX)

## PART ONE

# LEARNING OBJECTIVES

- ▶ Describe components of AFIX
- ▶ Select evidence-based strategies that have resulted in improved immunization practices and rates
- ▶ Identify goals of the quality improvement process

# AFIX PROGRAM TIMELINE

- 1962** Nationwide immunization program was established through the Vaccination Assistance Act.
- 1977** Childhood Immunization Initiative (CII) was announced.
- 1986** Georgia Department of Public Health implements a statewide program to assess immunization records annually in all public clinics. This program is shown to be effective.
- 1989-1991** Measles epidemic. Major cause was missed opportunities for vaccination.
- 1991** National Vaccine Advisory Committee (NVAC) issues white paper about the problems that led to the measles epidemic. NVAC's recommendations for immunization standards included simultaneous administration and "projects to improve immunization coverage."
- 1993** A second CII was undertaken and Vaccines for Children (VFC) entitlement program was initiated.
- 1994** VFC entitlement program implemented.
- 1995** Congress directs CDC to develop guidelines for assessing immunization rates in public clinics. Methodology now known as Assessment, Feedback, Incentives and eXchange (AFIX).

# AFIX PROGRAM TIMELINE

- 1996** ACIP recommends assessment at all provider offices. CDC programs are required to conduct annual assessments in public clinics to improve immunization practices and coverage rates.
- 1999** NVAC report in Journal of the American Medical Association (JAMA) recommends assessment and feedback for both public and private providers.
- 2000** CDC establishes VFC – AFIX.
- 2003** Task Force on Community Preventative Services lists assessment and feedback as one of the 17 “Standards for Child and Adolescent Immunization Practices.”



Reminder/recall is widely supported as an effective and recommended strategy for improving immunization rates and practices in both public and private settings.

- ▶ In 2008, the Task Force on Community Preventive Services updated its original 1999 literature review on the topic and reaffirmed its earlier recommendation of using assessment and feedback “based on strong evidence of its effectiveness across a range of settings and populations.”
- ▶ This same review was cited in the CDC’s Advisory Committee for Immunization Practices (ACIP) [2011 General Recommendations](#) in their endorsement of assessment and feedback.

<http://www.thecommunityguide.org/vaccines/index.html>



AFIX (Assessment, Feedback, Incentives, and eXchange) is a continuous quality improvement process that the Alaska Immunization Program has implemented to improve providers' immunization service delivery and raise vaccination coverage levels of practices at the public & private provider level.

The acronym for this four part strategy stands for:

1. **Assessment** of the healthcare provider's vaccination coverage levels and immunization practices.
2. **Feedback** of results to the provider along with recommended quality improvement strategies to improve processes, immunization practices, and coverage levels.
3. **Incentives** to recognize and reward improved performance.
4. **eXchange** of information with providers to follow-up on their progress towards quality improvement in immunization services and improvement in immunization coverage levels.

# AFIX COMPONENT: ASSESSMENT

- ▶ Assessment of provider's vaccination coverage levels and immunization practices.
  - ▶ Children, adolescents, and adults
- ▶ In Alaska this process currently involves VFC-enrolled providers
  - ▶ Focus on utilizing data from VacTrAK, Alaska's immunization information system, for children 19-35 months of age for the 4:3:1:3:3:1:4 vaccine series.
    - 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 Pneumococcal
    - Healthy People Target Goals:

4:3:1:3:3:1:4 vaccine series	80%
Individual vaccines	90%
    - % missed opportunities
  - ▶ Questionnaire used to determine measures for quality improvement
    - CDC AFIX
    - Alaska-designed survey tool



# STRATEGIES TO IMPROVE THE QUALITY OF IMMUNIZATION SERVICES

1. Do you have a reminder/recall process in place?
2. Do you offer walk-in or immunization only visits?
3. Do you routinely measure your clinic's immunization coverage levels and share the results with your staff?
4. Do you schedule the next vaccination visit before the patients/parents leave the office?
5. Do you contact patients/parents within 3-5 days when a "well child" or "immunization only" visit is a "no show" and reschedule it for as soon as possible?
6. Do you have an immunization champion in the practice that focuses on QI measures, reducing barriers, and improving coverage levels?
7. Do you regularly document vaccine refusals and reasons for refusals (parent choosing to delay, patient has vaccine safety concerns, medical contraindications, etc.)?

# STRATEGIES TO DECREASE MISSED OPPORTUNITIES

1. Does your immunization staff educate patients/parents about immunizations and the diseases they prevent, even when they refuse to vaccinate?
2. Do you have immunization information resources available to help answer questions from patients/parents?
3. Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?
4. Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?
5. Do you have standing orders for RNs, PAs, and MAs to identify opportunities to administer all recommended vaccines?
6. Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?

# STRATEGIES TO IMPROVE COMPLETENESS AND ACCURACY OF IMMUNIZATION INFORMATION IN THE IIS (ALASKA – VACTRAK)

1. Does your staff report all immunizations you administer at your clinic to VacTrAK?
2. Does your staff report immunizations previously administered (historical) to your patients by other providers to VacTrAK?
3. Do you inactivate patients in VacTrAK who are no longer seen by your practice?
4. Do you use VacTrAK to determine which immunizations are due for each patient at every visit?

# AFIX COMPONENT: FEEDBACK

- ▶ Feedback is the process of informing immunization providers and staff about observations and results from the assessment.

Strengths

Opportunities for Improvement

- ▶ Two way conversation forum which results in the development of quality improvement activities that are clear, achievable, and agreed upon by the provider and the program.

QI activities will form the basis for all follow-up work

# VAC TRAK

- ▶ A secure, web-based immunization information system that is available from the Alaska Division of Public Health. It is a confidential, population-based computerized system that [maintains consolidated immunization information](#) for Alaskan of all ages.
- ▶ VacTrAK helps public health agencies and health care providers make informed decisions to improve the health of individuals and the entire community.
- ▶ Established in 2008
- ▶ 7 AAC 27.650 effective 12/29/13\*\*

All health care providers are required to report administered vaccinations to VacTrAK within 14 days of administration. This is applicable for any vaccine administered; state-supplied and privately purchased vaccines.

# AFIX COMPONENT: INCENTIVES

- ▶ Incentives are used to motivate providers or immunization staff to develop more effective immunization service delivery systems and ultimately improve immunization coverage levels.
- ▶ Recognize and reward improved performance

# AFIX COMPONENT: EXCHANGE

- ▶ eXchange of information evaluates progress toward implementing the quality improvement strategies decided upon during the feedback process.
- ▶ Two-level process (initial & subsequent)

# GOALS OF AFIX

To assist and support health care personnel by identifying low immunization rates, opportunities for improving immunization delivery practices, and ensuring that providers are:

- 1) aware of and knowledgeable about their immunization rates and missed opportunities to vaccinate;
- 2) motivated to incorporate changes to their current practices;
- 3) ready to try new immunization service strategies; and
- 4) capable of sustaining these new behaviors.



# RESOURCES

Suggestions to Improve Your Immunization Services, Immunization Action Coalition, Item #P2045 (4/14)

[www.immunize.org/catg.d/p2045.pdf](http://www.immunize.org/catg.d/p2045.pdf)

Ideas that healthcare professionals and practices can use to improve their efficiency in administering vaccines and increase their immunization rates:

- Keep clinic staff up to date with current recommendations
- Assure complete, up-to-date patient records
- Maintain and protect vaccine supply
- Get patients ready for their vaccinations
- Avoid missed opportunities
- Improve access to clinic services
- Communicate with patients
- Evaluate and improve clinic's performance

# QUESTIONS:

Website: [ww.epi.hss.state.ak.us/id/iz/afix.htm](http://ww.epi.hss.state.ak.us/id/iz/afix.htm)

Alaska Immunization Helpline

Email: [immune@alaska.gov](mailto:immune@alaska.gov)

Phone: 888-430-4321 (toll free)  
269-8088 (In Anchorage)



ALASKA  
IMMUNIZATION  
PROGRAM

# Immunization Reminder and Recall

## PART TWO




# LEARNING OBJECTIVES

- ▶ Describe the purpose of successful reminder/recall systems
- ▶ Outline reminder/recall process using the VacTrAK immunization information system
- ▶ List types of reminder/recall methods
- ▶ Identify barriers and facilitators

Improving immunization service delivery and raising vaccination coverage levels will protect the health of individuals and communities.

# BACKGROUND

- ▶ Reminder and recall interventions involve reminding members of a target population that vaccinations are due (reminders) or late (recall).
- ▶ Reminders and recall differ in content and are delivered by various methods – telephone, letter, postcard, or other.
- ▶ Most reminder systems involve a specific notification for a specific client, and may be accompanied by educational messages regarding the importance of immunization for the targeted vaccine.



**It's time for your  
11-12 year old  
Adolescent Health  
check-up and  
immunizations.**

The Adolescent Health check-up is an important time to get adolescent vaccines (HPV, Tdap and meningococcal) and health screening (blood pressure, diet, scoliosis, exercise etc).

Teens are our future; we need them to be healthy adults.

*Please call your child's health care provider today to see if an appointment is needed.*

**It's easy  
to forget,  
that's why we're  
reminding** **you**

AAP Alaska Chapter Adolescent Vaccine Reminder Postcard,  
June 2014

# PURPOSE OF SUCCESSFUL IMMUNIZATION REMINDER/RECALL SYSTEMS

- ▶ The primary expected benefit of reminder/recall is to ***improve the timeliness of completion of recommended immunizations*** to prevent disease.
- ▶ Reminder/recall also provides an important secondary benefit of improved IIS data quality by using responses to the reminder/recall communications to add or update information in the IIS including:
  - ▶ Demographic information (address, phone number, email)



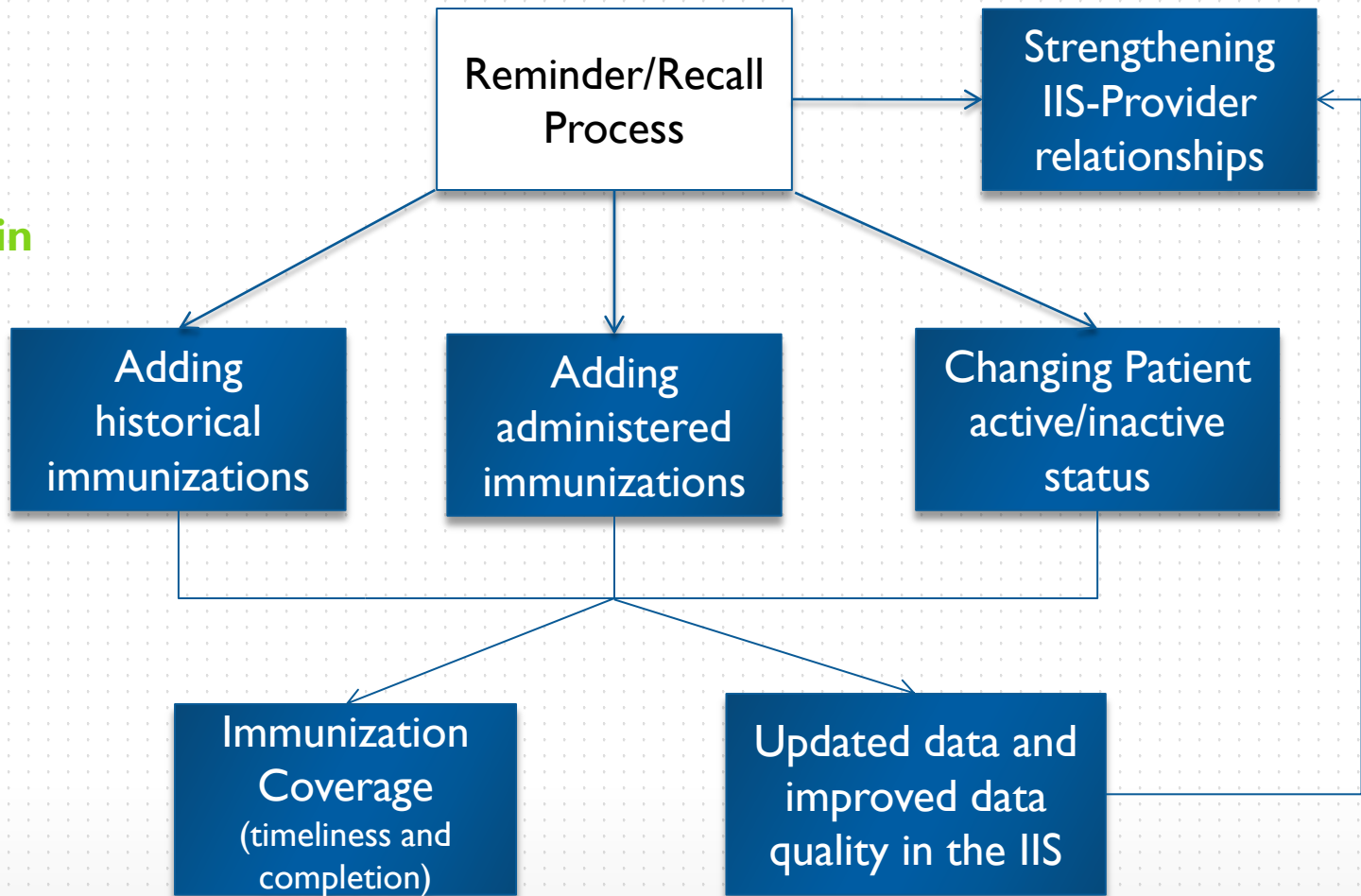
<http://www.thecommunityguide.org/vaccines/index.html>

In 1997, the Centers for Disease Control Community Guide Task Force found **strong evidence of effectiveness for client reminder and recall interventions**. They reaffirmed this recommendation upon updated review in 2008.

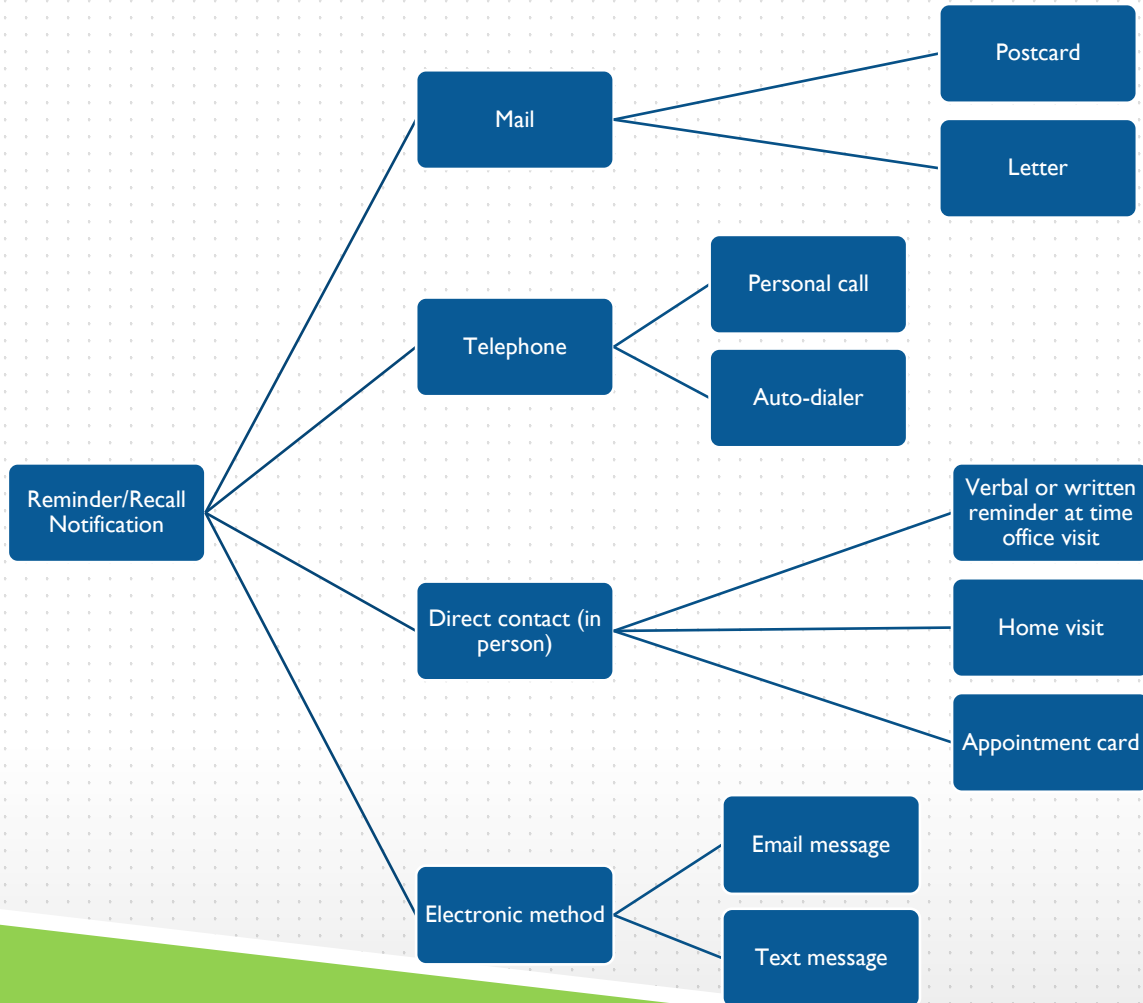
- ▶ Peer reviewed literature indicates that reminder/recall is effective:
  - ▶ For both childhood and adult immunizations
  - ▶ In all types of medical settings including private practices and public health agency clinics
  - ▶ For universally recommended vaccinations such as routine childhood vaccinations as well as targeted vaccinations such as influenza
- ▶ Reminder/recall systems are effective – with increases in immunization coverage rates tending to be 5 to 20 percentage points



Results in



# TYPES OF REMINDER/RECALL METHODS



# BARRIERS AND FACILITATORS

## Barriers

- ▶ Financial and human resource constraints
- ▶ Perception of a lack of reliable vaccination data on which to base reminders and recalls
- ▶ Workflow changes
- ▶ System-based issues i.e., perception that a single system may not reflect the appropriate immunization algorithms for all of its users
- ▶ Varying expectations of the utility of RR interventions

Pereira et al. BMC Medical Informatics and Decision Making 2012, 12:145

## Facilitators

- ▶ Having dedicated staff person for reminder/recall efforts
- ▶ Access/utilize electronic information systems that maintains consolidated patient records
- ▶ Organizational support/policy of reminder/recall processes

Bhat-Schelbert et al. Vaccine, 2012, 13:2448-2462.

# VAC TRAK

- ▶ A secure, web-based immunization information system that is available from the Alaska Division of Public Health. It is a confidential, population-based computerized system that [maintains consolidated immunization information](#) for Alaskan of all ages.
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All health care providers are required to report administered vaccinations to VacTrAK within 14 days of administration. This is applicable for any vaccine administered; state-supplied and privately purchased vaccines.

# RECOMMENDATION

- ▶ The Alaska Immunization Program recommends providers perform reminder/recall processes at **least monthly** in order to promote timely immunizations.
- ▶ Using information available in either/both:
  - ▶ VacTrAK
  - ▶ Client health record system (manual or electronic)

# Basic Reminder/Recall - ~~VAC TRAK~~ Quick Reference Guide – Basic Reminder/Recall

## Background

Reminder/Recall allows you to notify patients about due or past due vaccinations. This is an effective, evidence-based strategy to improve and sustain vaccination coverage rates in target populations.

**Recommendation:** *Reminder/Recall should be done at least monthly.*

Reminder/Recall results will only include patients that are “owned” by an organization in VacTrAK. An organization takes “ownership” of a patient when they add data to a patient record (demographic or vaccination, either by manual or electronic methods). Most providers “own” patients as their medical home; exceptions include pharmacies, permanent fund dividend, and vital statistics.

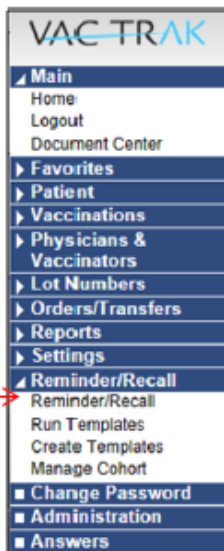
An IRMS Client or Facility Client user type can access Reminder/Recall menu/options if they have been assigned **Run Reminder/Recall permissions**. This user permission may be requested by contacting VacTrAK Support.

## Performing Reminder/Recall

This basic reminder/recall quick reference guide only covers the Reminder/Recall menu option. It does not cover other advanced reminder/recall features.

Reminder/Recall is available in the navigation menu sidebar. Click on Reminder/Recall in the menu to view Reminder/Recall options.

Select **Reminder/Recall** from the list.



Select the following parameters. **DO NOT** select Increment Recall Count (first parameter).

**Due Now** from the date due timeframe list.

**All Patients** from valid address options.

**Enter Patient Age** into range parameter fields. Please note range is “TO” not thru.

### Recommendation

*2 months to 36 months (helps keep children on time);*

*11 years to 14 years (for adolescents)*

Select vaccine families for remind/recall. Please note that results will be based upon ACIP schedule recommendations.

For patients 2 to 35 months select:

DTaP	Hib	Polio
Hep B 3 dose	MMR	Varicella
Pneumo (PCV)	Rotavirus	Flu (only during flu season)
Hep A		

For patients 11 to 12 years select:

Meningococcal	HPV	Tdap
Flu (only during flu season)		

**CAUTION:** Selection of other limit parameters may result in an incomplete reminder/recall data set if specified parameter data is not populated within a patient record in VacTrAK.

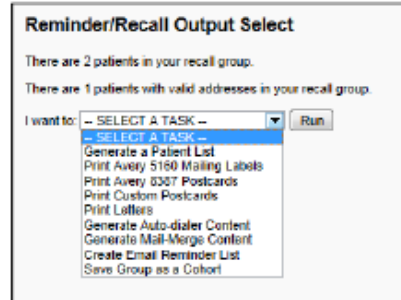
**NOTE:** An IRMS Client user may limit Reminder/Recall group by a facility name if desired.

Click the **Run Reminder/Recall** button in the lower right hand corner of the window.

From this next screen, you can select your desired output option:

**Patient List** output only provides name of patient and vaccines due, no contact information and is in PDF format (cannot manipulate the data).

**Mail Merge & the four Print** options only include patient address information, no vaccine information.



**Recommendation:** *Print labels, postcards or letters.*

See more information on the other side of this guide to learn more about these output options.

Once the output option is selected, click the **Run** button to the right of the output task dropdown list.

# Basic Reminder/Recall - ~~VAC TRAK~~ Quick Reference Guide - Basic Reminder/Recall

## Print Avery 8387 Postcards

Display will show facility return address information. You may edit return address field data as needed.

**Reminder/Recall Output Select**

There are 2 patients in your recall group.  
There are 1 patients with valid addresses in your recall group.

I want to: **Print Avery 8387 Postcards**

**Postcard Message Options**

Output Language: **ENGLISH**

Please enter the Facility Return Address Information below

Facility Name: CLINIC 1  
Street: 12345 MAIN  
City, State, Zip Code: NOORVIK, ALASKA, 997  
Phone Number:

Select View/Edit Output Message to show the default message or create your own custom message by selecting the user defined box and entering in your own message. Note: Any user defined message created is not saved in VacTrAK for re-use later.

Select the Run button to the right of the dropdown list to generate the output.

In order for your data to print out with the correct spacing (to fit Avery 8387 postcards), configure the Page Setup in the browser by selecting File → Page Setup from the menu. Select the following parameters:

Orientation:	Landscape	
Margins:	Top 0.75"	Bottom 0.25"
	Left 0.25"	Right 0.25"
Header:	Empty	
Footer:	Empty	

## Print Avery 5160 Mailing Labels

If your facility already developed a letter or you want to develop a letter using other word-processing software, then printing mailing labels from VacTrAK will help quicken the process of addressing envelopes.

Select the Run button to the right of the dropdown list to generate the output.

In order for your data to print out with the correct spacing (to fit Avery 5160 labels), configure Print in the browser by selecting File → Print from the menu. Select the following parameters:

Page Scaling:	NONE
Auto-Rotate:	UNCHECKED
Center:	UNCHECKED
Header:	Empty
Footer:	Empty

## Print Letters

Display will show facility return address information. You may edit return address field data as needed.

Select View/Edit Output Message to show the default message or create your own custom message by selecting the user defined box and entering in your own message. Note: Any user defined messages created is not saved in VacTrAK for re-use later.

**Reminder/Recall Output Select**

There are 2 patients in your recall group.  
There are 1 patients with valid addresses in your recall group.

I want to: **Print Letters**

**Letter Message Options**

Output Language: **ENGLISH**

Please enter the Facility Return Address Information below

Facility Name: CLINIC 1  
Street: 12345 MAIN  
City, State, Zip Code: NOORVIK, ALASKA, 997  
Phone Number:

Select the Run button to the right of the dropdown list to generate the output.

At this point, you may need to make adjustments to the page setup if the letter will be fit into an envelope that has an address window display. Configure Page Setup from the menu or window bar using the following parameters:

For envelope types Size 10 Envelope with single window on left or Size 9 Envelope with double windows on left.

Orientation:	Portrait	
Margins:	Top 1.0"	Bottom 1.0"
	Left 1.0"	Right 1.0"
Header:	Empty	
Footer:	Empty	

From the print window select a printer then click on the Print button in the lower portion of window.

Note: You may need to adjust letter fold accordingly to display address(s) properly when using window envelopes.

## Generate Mail Merge Content

This output will generate patient address information in a text file using the "pipe" data field delimiter. This address data can then be imported into Microsoft Word to create personalized letters using the applications mail merge feature. Refer to Microsoft Word's online help for instructions regarding "Mail Merge".

**Reminder/Recall Output Select**

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There are 1 patients with valid addresses in your recall group.

I want to: **Generate Mail Merge Content**

Please enter the Facility Return Address Information below

Facility Name: CLINIC 1  
Street: 12345 MAIN  
City, State, Zip Code: NOORVIK, ALASKA, 997  
Phone Number:

Mei\_Merge.txt - Notepad

```
File Edit Format View Help
975895 | DAFFY | DUCK | 123 ANYWHERE | ANCHORAGE | AK | 99501 | 0006FCF9930LE93
996724 | USER ACCEPTANCE | PATIENT | 1958 RAVEN DR | PADRBANKS | AK | 99709 | 000F357499709e8
```

## Email Reminders

This feature may not generate a complete reminder recall data set if email field data is not complete within patient demographic records in VacTrAK.

## Autodialer File

Data generated in this type of output type is intended for use with external auto-dialer applications. Several companies offer autodial services.

This feature may not generate a complete reminder recall data set if phone number field data is not complete within patient demographic records in VacTrAK.

# Basic Reminder/Recall - **VAC TRAK** Quick Reference Guide – Basic Reminder/Recall

## Background

Reminder/Recall allows you to notify patients about due or past due vaccinations. This is an effective, evidence-based strategy to improve and sustain vaccination coverage rates in target populations.

**Recommendation:** *Reminder/Recall should be done at least monthly.*

Reminder/Recall results will only include patients that are “owned” by an organization in VacTrAK. An organization takes “ownership” of a patient when they add data to a patient record (demographic or vaccination, either by manual or electronic methods). Most providers “own” patients as their medical home; exceptions include pharmacies, permanent fund dividend, and vital statistics.

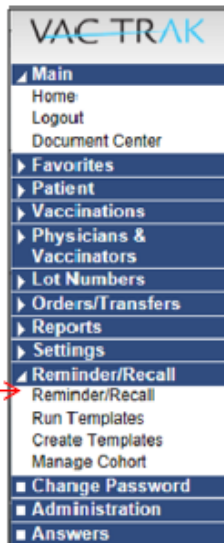
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**Enter Patient Age** into range parameter fields. Please note range is “TO” not thru.

## Recommendation

**2 months to 36 months** (helps keep children on time);

**11 years to 14 years** (for adolescents)

Select vaccine families for remind/recall. Please note that results will be based upon ACIP schedule recommendations.

**For patients 2 to 35 months select:**

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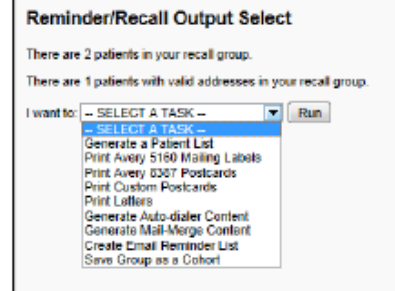
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**Recommendation:** *Print labels, postcards or letters.*

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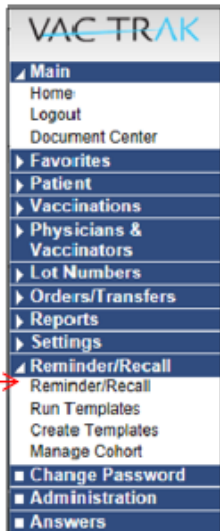
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# VAC TRAK OVERVIEW

VAC TRAK Date: September 10, 2014


**Main**  
Home  
Login

**Patient**

**Vaccinations**  
Job Queue  
Change Password  
Answers

  
iWeb

Version: 5.14.5.3

  
STC

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**Welcome to VacTrAK –  
the Alaska Immunization Information System (IIS)**

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<p style="text-align: center;"><b>VacTrAK Documents</b></p> <ul style="list-style-type: none"><li>• <a href="#">Documents &amp; Policies</a></li><li>• <a href="#">Quick Reference User Guides</a></li><li>• <a href="#">User Manuals</a></li><li>• <a href="#">Provider Resources</a></li><li>• <a href="#">Vaccine Distribution Program</a></li><li>• <a href="#">Vaccine Ordering Management System (VOMS) Training Materials</a></li><li>• <a href="#">View VacTrAK Sample Screenshots</a></li></ul>	<p style="text-align: center;"><b>VacTrAK Support</b></p> <p>VacTrAK Support: 866-702-8725 (866-702-TRAK) In Anchorage – (907) 269-0312 E-mail: <a href="mailto:vactrak@alaska.gov">vactrak@alaska.gov</a></p>
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<p style="text-align: center;"><b>Valuable Links</b></p> <ul style="list-style-type: none"><li>• <a href="#">Alaska Immunization Program</a></li><li>• <a href="#">Vaccinate Alaska Coalition</a></li><li>• <a href="#">I Did It By TWO! Immunization Campaign</a></li><li>• <a href="#">National Center for Immunization and Respiratory Diseases</a></li><li>• <a href="#">CDC Childhood, Adolescent and Catch-up Immunization Schedules</a></li><li>• <a href="#">CDC Vaccine Storage &amp; Handling Toolkit</a></li><li>• <a href="#">National Network for Immunization Information</a></li><li>• <a href="#">Immunization Action Coalition</a></li><li>• <a href="#">Institute for Vaccine Safety</a></li><li>• <a href="#">American Academy of Pediatrics</a></li></ul>	<p style="text-align: center;"><b>VacTrAK Providers</b></p> <ul style="list-style-type: none"><li>• <a href="#">VacTrAK Provider Listing</a> 7/22/13</li></ul>
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**Important Notices**

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**State of Alaska Computer Resource Terms of Usage Notice**

The Alaska Immunization Information System ([vactrak.alaska.gov](http://vactrak.alaska.gov)) is the property of the State of Alaska. Use of this system implies consent to monitoring by system personnel to detect improper access or use. If such monitoring reveals possible criminal activity or improper use or access, system personnel may provide evidence of such use to law enforcement officials. Use of this system is subject to the State of Alaska Computer Law.

# VAC TRAK OVERVIEW

VAC TRAK Date: September 10, 2014

**Main**  
Home  
Login


**Patient**

**Vaccinations**


**Job Queue**

**Change Password**

**Answers**

  
**iWeb**

Version: 5.14.5.3

  
**STC**

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**Welcome to VacTrAK –  
the Alaska Immunization Information System (IIS)**

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<p style="text-align: center;"><b>VacTrAK Documents</b></p> <ul style="list-style-type: none"><li>• <a href="#">Documents &amp; Policies</a></li><li>• <a href="#">Quick Reference User Guides</a></li><li>• <a href="#">User Manuals</a></li><li>• <a href="#">Provider Resources</a></li><li>• <a href="#">Vaccine Distribution Program</a></li><li>• <a href="#">Vaccine Ordering Management System (VOMS) Training Materials</a></li><li>• <a href="#">View VacTrAK Sample Screenshots</a></li></ul>	<p style="text-align: center;"><b>VacTrAK Support</b></p> <p>VacTrAK Support: 866-702-8725 (866-702-TRAK) In Anchorage – (907) 269-0312 E-mail: <a href="mailto:vactrak@alaska.gov">vactrak@alaska.gov</a></p>
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<p style="text-align: center;"><b>Valuable Links</b></p> <ul style="list-style-type: none"><li>• <a href="#">Alaska Immunization Program</a></li><li>• <a href="#">Vaccinate Alaska Coalition</a></li><li>• <a href="#">I Did It By TWO! Immunization Campaign</a></li><li>• <a href="#">National Center for Immunization and Respiratory Diseases</a></li><li>• <a href="#">CDC Childhood, Adolescent and Catch-up Immunization Schedules</a></li><li>• <a href="#">CDC Vaccine Storage &amp; Handling Toolkit</a></li><li>• <a href="#">National Network for Immunization Information</a></li><li>• <a href="#">Immunization Action Coalition</a></li><li>• <a href="#">Institute for Vaccine Safety</a></li><li>• <a href="#">American Academy of Pediatrics</a></li></ul>	<p style="text-align: center;"><b>VacTrAK Providers</b></p> <ul style="list-style-type: none"><li>• <a href="#">VacTrAK Provider Listing</a> 7/22/13</li></ul>
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**Important Notices**

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# VAC TRAK OVERVIEW

VAC TRAK

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- Change Password
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**AKIIS-Web Login**


Username :

Password :


[Forgot Password](#)

Before logging in:

- Enable your browser to accept cookies. This is **required** to use the application.
- Enable your browser for scripting. This is **required** to use the application.
- Disable popup blocker for this site. This is **required** to use the application.

  
**iWeb**

Version: 5.14.5.3

  
**STC**

Login with unique, user-assigned username and password.

# VAC TRAK OVERVIEW

VAC TRAK

Logged in: TEST MASSAY

Date: September 22, 2014

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- Change Password
- Answers

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

## Patient Search

[Click here](#) to use the 'advanced' search

First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>
<b>Family and Address Information:</b>			
Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Select..."/>
Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>

**Note:** When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

Check here if adding a new patient.



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Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

**Reminder/Recall** [Click here to use the 'simple' search](#)

<input type="checkbox"/> Increment Recall Count (Run Recall)	
<input type="checkbox"/> Preview and Select Patients	
Due Date Timeframe:	Due Now <input type="text"/>
Maximum Recall Tries:	5 <input type="text"/>
Valid Addresses:	<input type="radio"/> Valid Addresses Only <input type="radio"/> Invalid Addresses Only <input checked="" type="radio"/> All Patients
<input type="checkbox"/> Include Inactive Patients (Excluding deceased)	
<b>Run By</b>	
<input checked="" type="radio"/> By Ownership <input type="radio"/> By Service	
<b>Limit Reminder/Recall Group By:</b>	
<input checked="" type="radio"/> Patient Age Range	<input type="text"/> --select-- <input type="text"/> Through: <input type="text"/> --select-- <input type="text"/>
<input type="radio"/> Patient Birth Date	From: <input type="text"/> Through: <input type="text"/>
<input checked="" type="radio"/> Facility	CLINIC 1
<input type="checkbox"/> Physician	--select-- <input type="text"/>
<input type="checkbox"/> Program	--select-- <input type="text"/>
<input type="checkbox"/> Health Plan	--select-- <input type="text"/>
<input type="checkbox"/> High Risk Category	--select-- <input type="text"/>
<input type="checkbox"/> State	--select-- <input type="text"/>
<input type="checkbox"/> Borough/Census Area	<input type="text"/> <a href="#">Click to select</a>
<input type="checkbox"/> Zip Code	<input type="text"/>
<input type="checkbox"/> Health Region	<input type="text"/>
<input type="checkbox"/> Association	--select-- <input type="text"/>
<input type="checkbox"/> Appointment Date	From: <input type="text"/> Through: <input type="text"/>
<input type="checkbox"/> Deferred Vaccinations Only	
<input type="checkbox"/> Compromised Vaccinations	<input type="radio"/> From: <input type="text"/> Through: <input type="text"/> <input type="radio"/> Lot Number: <input type="text"/>
<b>Vaccine Families:</b>	<b>and Optional Needed Dose Number:</b>



iWeb

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Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

**Reminder/Recall** [Click here to use the 'simple' search](#)

<input type="checkbox"/>	Increment Recall Count (Run Recall)
<input type="checkbox"/>	Preview and Select Patients
<b>Due Date Timeframe:</b>	Due Now <span style="float: right;">▼</span>
<b>Maximum Recall Tries:</b>	5 <span style="float: right;">▼</span>
<b>Valid Addresses:</b>	<input type="radio"/> Valid Addresses Only <input type="radio"/> Invalid Addresses Only <input checked="" type="radio"/> All Patients
<input type="checkbox"/>	Include Inactive Patients (Excluding deceased)
<b>Run By</b>	
<input checked="" type="radio"/>	By Ownership
<input type="radio"/>	By Service
<b>Limit Reminder/Recall Group By:</b>	
<input checked="" type="radio"/>	Patient Age Range <span style="float: right;">--select-- ▼</span> Through: <span style="float: right;">--select-- ▼</span>
<input type="radio"/>	Patient Birth Date <span style="float: right;">From: <input type="text"/> Through: <input type="text"/></span>
<input checked="" type="radio"/>	Facility <span style="float: right;">CLINIC 1</span>
<input type="checkbox"/>	Physician <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	Program <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	Health Plan <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	High Risk Category <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	State <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	Borough/Census Area <span style="float: right;"><input type="text"/> <a href="#">Click to select</a></span>
<input type="checkbox"/>	Zip Code <span style="float: right;"><input type="text"/></span>
<input type="checkbox"/>	Health Region <span style="float: right;"><input type="text"/></span>
<input type="checkbox"/>	Association <span style="float: right;">--select-- ▼</span>
<input type="checkbox"/>	Appointment Date <span style="float: right;">From: <input type="text"/> Through: <input type="text"/></span>
<input type="checkbox"/>	Deferred Vaccinations Only
<input type="checkbox"/>	Compromised Vaccinations
<input type="radio"/>	From: <input type="text"/> Through: <input type="text"/>
<input type="radio"/>	Lot Number: <input type="text"/>
<b>Vaccine Families:</b>	<b>and Optional Needed Dose Number:</b>

Recommendation:  
 2 through 35 months  
 11 through 13 years



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Limit Reminder/Recall Group By:

Patient Age Range      2      Months      Through:      25      Months

Patient Birth Date      From:      Through:

Facility      CLINIC 1

Physician      --select--

Program      --select--

Health Plan      --select--

High Risk Category      --select--

State      --select--

Borough/Census Area      [Click to select](#)

Zip Code

Health Region

Association      --select--

Appointment Date      From:      Through:

Deferred Vaccinations Only

Compromised Vaccinations

Vaccine Families:	and Optional Needed Dose Number:
<input checked="" type="checkbox"/> DTaP/DT/Td	<input type="checkbox"/>
<input checked="" type="checkbox"/> HIB	<input type="checkbox"/>
<input checked="" type="checkbox"/> POLIO	<input type="checkbox"/>
<input checked="" type="checkbox"/> HEP-B 3 DOSE	<input type="checkbox"/>
<input checked="" type="checkbox"/> MMR	<input type="checkbox"/>
<input checked="" type="checkbox"/> VARICELLA	<input type="checkbox"/>
<input type="checkbox"/> MENINGOCOCCAL	<input type="checkbox"/>
<input checked="" type="checkbox"/> HEP-A	<input type="checkbox"/>
<input type="checkbox"/> FLU	<input type="checkbox"/>
<input checked="" type="checkbox"/> PNEUMO (PCV)	<input type="checkbox"/>
<input type="checkbox"/> HEP-B 2 DOSE	<input type="checkbox"/>
<input type="checkbox"/> PNEUMO (PPSV)	<input type="checkbox"/>
<input checked="" type="checkbox"/> ROTAVIRUS	<input type="checkbox"/>
<input type="checkbox"/> HPV	<input type="checkbox"/>
<input type="checkbox"/> HERPES ZOSTER	<input type="checkbox"/>
<input type="checkbox"/> Tdap	<input type="checkbox"/>

Only during flu season

NOTE: An IRMS Client user may limit Reminder/Recall group by a facility name if desired.

CAUTION: Selection of other limit parameters may result in an incomplete reminder/recall data set if specified parameter data is not populated within a patient record in VacTrAK.

\* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. Td should be administered when appropriate.

\*\* If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Clear      Run Reminder/Recall





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**Limit Reminder/Recall Group By:**

<input checked="" type="radio"/> Patient Age Range	11	Years	▼	Through:	13	Years	▼
<input type="radio"/> Patient Birth Date	From:			Through:			
<input checked="" type="radio"/> Facility	CLINIC 1						
<input type="checkbox"/> Physician	--select-- ▼						
<input type="checkbox"/> Program	--select-- ▼						
<input type="checkbox"/> Health Plan	--select-- ▼						
<input type="checkbox"/> High Risk Category	--select-- ▼						
<input type="checkbox"/> State	--select-- ▼						
<input type="checkbox"/> Borough/Census Area				<a href="#">Click to select</a>			
<input type="checkbox"/> Zip Code							
<input type="checkbox"/> Health Region							
<input type="checkbox"/> Association	--select-- ▼						
<input type="checkbox"/> Appointment Date	From:			Through:			
<input type="checkbox"/> Deferred Vaccinations Only							
<input type="checkbox"/> Compromised Vaccinations	<input type="radio"/> From: <input type="text"/> Through: <input type="text"/> <input type="radio"/> Lot Number: <input type="text"/>						

NOTE: An IRMS Client user may limit Reminder/Recall group by a facility name if desired.

**CAUTION:** Selection of other limit parameters may result in an incomplete reminder/recall data set if specified parameter data is not populated within a patient record in VacTrAK.

**Vaccine Families:**

<input type="checkbox"/> DTaP/DT/Td	<input type="checkbox"/>
<input type="checkbox"/> HIB	<input type="checkbox"/>
<input type="checkbox"/> POLIO	<input type="checkbox"/>
<input type="checkbox"/> HEP-B 3 DOSE	<input type="checkbox"/>
<input type="checkbox"/> MMR	<input type="checkbox"/>
<input type="checkbox"/> VARICELLA	<input type="checkbox"/>
<input checked="" type="checkbox"/> MENINGOCOCCAL	<input type="checkbox"/>
<input type="checkbox"/> HEP-A	<input type="checkbox"/>
<input type="checkbox"/> FLU	<input type="checkbox"/>
<input type="checkbox"/> PNEUMO (PCV)	<input type="checkbox"/>
<input type="checkbox"/> HEP-B 2 DOSE	<input type="checkbox"/>
<input type="checkbox"/> PNEUMO (PPSV)	<input type="checkbox"/>
<input type="checkbox"/> ROTAVIRUS	<input type="checkbox"/>
<input checked="" type="checkbox"/> HPV	<input type="checkbox"/>
<input type="checkbox"/> HERPES ZOSTER	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tdap	<input type="checkbox"/>

**and Optional Needed Dose Number:**

Only during flu season

\* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. Td should be administered when appropriate.

\*\* If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

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Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to:

- SELECT A TASK –
- Generate a Patient List
- Print Avery 5160 Mailing Labels
- Print Avery 8387 Postcards
- Print Custom Postcards
- Print Letters
- Generate Auto-dialer Content
- Generate Mail-Merge Content
- Create Email Reminder List



**iWeb**

Version: 5.14.5.3



VAC TRAK

Logged in: TEST MASSAY

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

**Reminder/Recall Output Select**

There are 4 patients in your recall group.  
There are 3 patients with valid addresses in your recall group.

I want to:

- SELECT A TASK --
- Generate a Patient List
- Print Avery 5160 Mailing Labels
- Print Avery 8387 Postcards
- Print Custom Postcards

**Patient List** output only provides name of patient and vaccines due, no contact information and is in **PDF format** (cannot manipulate the data).

### Patient Recall Group Listing by Ownership

#### Report Criteria

Report Date: September 22, 2014

Organization (IRMS): ACME MEDICAL  
 Recall Date: 01/01/1900 through 09/22/2014  
 Birth Date Range: 09/22/2001 through 07/22/2014  
 Include Inactive Patients: No  
 State: All  
 High Risk Category: All  
 Deferred Vaccinations Only: No  
 Vacc. Families: DTaP/DT/Td, FLU, HEP-A, HEP-B 2 DOSE, HEP-B 3 DOSE, HERPES ZOSTER, HIB, HPV, MENINGOCOCCAL, MMR, PNEUMO (PCV), PNEUMO (PPSV), POLIO, ROTAVIRUS, Tdap, VARICELLA

Facility: CLINIC 1  
 Health Plan: All  
 Physician: All  
 Program: All  
 Borough/Census Area: All  
 Zip Code: All  
 Region Number: All

\* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. Td should be administered when appropriate.

\*\* If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Total Patients Selected: 4

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number
903433	ADIEN		BOGUS	11/07/2005	MALIFICENT		30135
Vaccine Family Name		Dose Number	Recommended Date	Minimum Date			
HEP-B 3 DOSE		1	11/07/2005	11/07/2005			
POLIO		1	01/07/2006	12/19/2005			
MMR		1	11/07/2006	11/07/2006			
VARICELLA		1	11/07/2006	11/07/2006			
HEP-A		1	11/07/2006	11/07/2006			
FLU		2	09/13/2009	09/10/2009			
Tdap		1	11/07/2012	11/07/2012			

Report shows fictitious patient data

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- Change Password
- Answers

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to: Print Avery 8387 Postcards

Postcard Message Options

Output Language: ENGLISH

Select the View/Edit Output Message to show the default message or edit it to create your own message.

Please enter

#### Reminder/Recall Postcard Options

Select Template	Postcard Message
<input checked="" type="radio"/> Default	<p>Dear Parent or Guardian,            Our records indicate that your child may be due for one or more immunizations. Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated.            (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)            We look forward to hearing from you soon.</p> <p style="text-align: right;"><input type="button" value="Print"/></p>
<input type="radio"/> User Defined	<p>Empty text area for user-defined message.</p> <p style="text-align: right;"><input type="button" value="Save &amp; Print"/></p>



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#### Notes:

In order for yo menu and sett

#### Internet Exp

- Select
- top: 0.
- bottom
- left: 0.
- right: 0

Be sure to ren text in the Hea

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Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to:

#### Notes:

In order for your data to print out with the correct spacing (to fit Avery 5160 Mailing Labels), select in the "Print box" the following:

#### Internet Explorer

- Page Scaling: NONE
- Auto-Rotate: UNCHECKED
- Center: UNCHECKED

Be sure to remove the Header and Footer before printing. To do this, configure your browser by selecting File-->Page Setup... from the menu and delete all text in the Header and Footer text fields.

If your facility already developed a letter or you want to develop a letter using other word-processing software, then printing mailing labels from VacTrAK will help quicken the process of addressing envelopes.



iWeb

Version: 5.14.5.3




## 4" X 6" Patient Reminder Postcard

Available for free from Alaska Immunization Program

Order online at:

[www.hss.state.ak.us/apps/imrs/resources.aspx](http://www.hss.state.ak.us/apps/imrs/resources.aspx)

**On time. Every time.**



♥ **Alaska kids** ♥ **Love them** ♥ **Immunize them**

*On Time immunizations also are due at older ages and annually for influenza starting at 6 mos.*

♥ Vaccines protect your child against:

■ diphtheria	■ rubella
■ tetanus	■ meningitis
■ pertussis	■ hepatitis A
■ polio	■ hepatitis B
■ measles	■ varicella
■ mumps	■ influenza
■ pneumococcal disease	■ rotavirus
	■ HPV

♥ Take your child's immunization record EVERY time you visit your doctor or nurse.

♥ These diseases can spread from one child to another ... At school, the grocery store, on the playground, at church ... ANYWHERE.

♥ Children can get their shots even if they have a runny nose or minor illness.

♥ Children who are "behind schedule" can get caught up in just a few visits.

*Questions about immunizations? Talk to your doctor or nurse or call the Alaska Immunization Helpline:  
In Anchorage: 269-8088 • Toll Free: 1-888-430-4321*

### Alaska kids

**Love them ♥ Immunize them**

*Your child's health is very important to us.*

*Call your health care provider today  
to schedule an appointment or  
check walk-in hours:*

(Provider address and phone)

**Be sure to bring your child's immunization record to all appointments.**

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# 4" X 6" Patient Fold-over Card

HIPAA compliant when closed with adhesive tabs or enclosed in an envelope.

Available for free from Alaska Immunization Program

Order online at:

[www.hss.state.ak.us/apps/imrs/resources.aspx](http://www.hss.state.ak.us/apps/imrs/resources.aspx)

## On time. Every time.



♥ Alaska kids ♥ Love them ♥ Immunize them

*On Time immunizations also are due at older ages and annually for influenza starting at 6 mos.*

♥ Vaccines protect your child against:

- |                        |               |
|------------------------|---------------|
| ☑ diphtheria           | ☑ rubella     |
| ☑ tetanus              | ☑ meningitis  |
| ☑ pertussis            | ☑ hepatitis A |
| ☑ polio                | ☑ hepatitis B |
| ☑ measles              | ☑ varicella   |
| ☑ mumps                | ☑ influenza   |
| ☑ pneumococcal disease | ☑ rotavirus   |
|                        | ☑ HPV         |

♥ Take your child's immunization record EVERY time you visit your doctor or nurse.

♥ These diseases can spread from one child to another ... At school, the grocery store, on the playground, at church ... ANYWHERE.

♥ Children can get their shots even if they have a runny nose or minor illness.

♥ Children who are "behind schedule" can get caught up in just a few visits.

Questions about immunizations? Talk to your doctor or nurse or call the Alaska Immunization Helpline:

In Anchorage: 269-8088 • Toll Free: 1-888-430-4321

Your child's health is very important to us.

\_\_\_\_\_ is due for the following immunization(s):

Vaccine:
DTap / DT (circle one)
Td / Tdap (circle one)
IPV
MMR
Hib
Hepatitis A
Hepatitis B
Varicella
Rotavirus
Pneumococcal
Meningococcal
Flu
HPV

Due week of \_\_\_ / \_\_\_ / \_\_\_

Call your health care provider today to schedule an appointment:

(Provider address and phone)

Be sure to bring **this card** and your child's **shot records** when you come in for these immunizations. Please let us know if your child is receiving immunizations at another location.

Alaska kids ♥ Love them ♥ Immunize them

(Close with tape or use envelope for mailing)

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Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to: Print Letters Run

#### Letter Message Options

Output Language: ENGLISH View/Edit Output Message

Facility Name: CLINIC 1

Street: 12345 MAIN

Select View/Edit Output Message to show the default message or create your own custom message by selecting the user defined box and entering in your own message. Note: Any user defined messages created is not saved in VacTrAK for re-use later.

### Reminder/Recall Letter Options

Select Template	Letter Message
<input type="radio"/> Default	<p>Dear Parent or Guardian,                      Our records indicate that your child may be due for one or more immunizations. Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated.                      (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)                      We look forward to hearing from you soon.</p> <p style="text-align: right;"><span>Print</span></p>
<input checked="" type="radio"/> User Defined	<p>Dear Parent or Guardian,                      Our records indicate that your child may be due for one or more immunizations. Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated.                      (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)                      We look forward to hearing from you soon.</p> <p>XXXXXX</p> <p style="text-align: right;"><span>Save &amp; Print</span></p>

Default will show facility return information. You may edit address field data as

Back



From:  
**CLINIC 1**  
12345 MAIN  
NOORVIK, ALASKA, 99763

To the Parent/Guardian of: **KERMIT FROG**  
1212 MAIN ST  
PALMER, AK 99645

Dear Parent or Guardian,  
Our records indicate that your child may be due for one or more immunizations.  
Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated.  
(If your child has been vaccinated by another provider, or is no longer a patient of this clinic,  
please advise so that we may update our records.)  
We look forward to hearing from you soon.

XXXXXX

At this point, you may need to make adjustments to the page setup if the letter will be fit into an envelope that has an address window display. Configure Page Setup from the menu or window bar using the following parameters:

For envelope types Size 10 Envelope with single window on left or Size 9 Envelope with double windows on left.

Orientation:	Portrait	
Margins:	Top 1.0"	Bottom 1.0"
	Left 1.0"	Right 1.0"
Header:	Empty	
Footer:	Empty	

- ▾ Main
  - Home
  - Logout
  - Document Center
- ▶ Message
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Reports
- ▶ Settings
- ▾ Reminder/Recall
  - Reminder/Recall
  - Run Templates
- Change Password
- Answers

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to: Generate Auto-dialer Content



**iWeb**

Version: 5.14.5.3



Right-click within the text area, choose Select All, and copy to a textfile.

```
903433,ADIEN,BOGUS,,11/07/2005,MALIFICENT,FLOYD,,,,Remind,
979354,KERMIT,FROG,,06/18/2010,CLARA,FROG,1212 MAIN ST,PALMER,AK,99645,Remind,
606491,LUCY,LHOTKA,(907)455-7320,07/30/2008,LORINDA,LHOTKA,4505 MURPHY DOME RD,FAIRBANKS,AK,99709,Remind,
996724,USER ACCEPTANCE,PATIENT,(907)479-6525,03/15/2011,,,1958 RAVEN DR,FAIRBANKS,AK,99709,Remind,
```

- ▶ Main
  - Home
  - Logout
  - Document Center
- ▶ Message
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Reports
- ▶ Settings
- ▶ Reminder/Recall
  - Reminder/Recall
  - Run Templates
- Change Password
- Answers

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to:



**iWeb**

Version: 5.14.5.3



Mail\_Merge.txt - Notepad

```

File Edit Format View Help
903433|ADIEN|BOGUS|||00000000DC909EN5
979354|KERMIT|FROG|1212 MAIN ST|PALMER|AK|99645|000EF19A99645EN7
606491|LUCY|LHOTKA|4505 MURPHY DOME RD|FAIRBANKS|AK|99709|0009411B99709EN0
996724|USER ACCEPTANCE|PATIENT|1958 RAVEN DR|FAIRBANKS|AK|99709|000F357499709EN8
    
```

- Main
- Home
- Logout
- Document Center
- Message
- Favorites
- Patient
- Vaccinations
- Reports
- Settings
- Reminder/Recall
- Reminder/Recall Run Templates
- Change Password
- Answers

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

### Reminder/Recall Output Select

There are 4 patients in your recall group.

There are 3 patients with valid addresses in your recall group.

I want to:

Please enter the Facility Return Address information below:

Facility Name:

Street:

City, State Zip Code:

Phone Number:

### Reminder/Recall Email List

Logged In: TEST MASSAY

Date: September 22, 2014

Organization (IRMS)/Facility: ACME MEDICAL (1445) / CLINIC 1

From: AKIIS Scheduler <AK-do-not-reply@stchome.com> Sent: Mon 9/22/2014 2:43 PM  
 To: Office-ANC-HSS-DPH EPI Immune (HSS sponsored)  
 Cc:  
 Subject: Vaccination Reminder for USER ACCEPTANCE PATIENT

ACME TEST  
 3601 C Street, Suite 540  
 Anchorage, AK 99503  
 (907)269-8088

Dear Parent or Guardian,

Our records indicate that your child may be due for one or more immunizations.

Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.

We look forward to hearing from you soon.



iWeb

Version: 5.14.5.3



# VAC TRAK

▶ Website: <https://vactrak.alaska.gov/iweb/>

▶ **VacTrAK Support Help Desk**

Phone: 866-702-8725 Toll Free

907-269-0312 In Anchorage

Email: [vactrak@alaska.gov](mailto:vactrak@alaska.gov)

Fax: 907-562-7802

# QUESTIONS:



ALASKA  
IMMUNIZATION  
PROGRAM