

# AFIX Online Tool User Guide



Version 1.3  
April 2014

## Introduction

The AFIX Online is a data collection tool. After AFIX site visit information data is entered into the AFIX Online Tool, data analysis capabilities can be utilized to pinpoint strengths and areas of improvement for an individual immunization provider/clinic. This software is designed to be used in conjunction with the AFIX strategy.

Coverage data for the AFIX Online Tool will come directly from your CoCASA software.

The user guide describes how to utilize this system for recording, managing, and aggregating AFIX site visit information. Any questions or comments about the AFIX Online Tool should be communicated to the following personnel:

### **Content Questions:**

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### **Technical Issues:**

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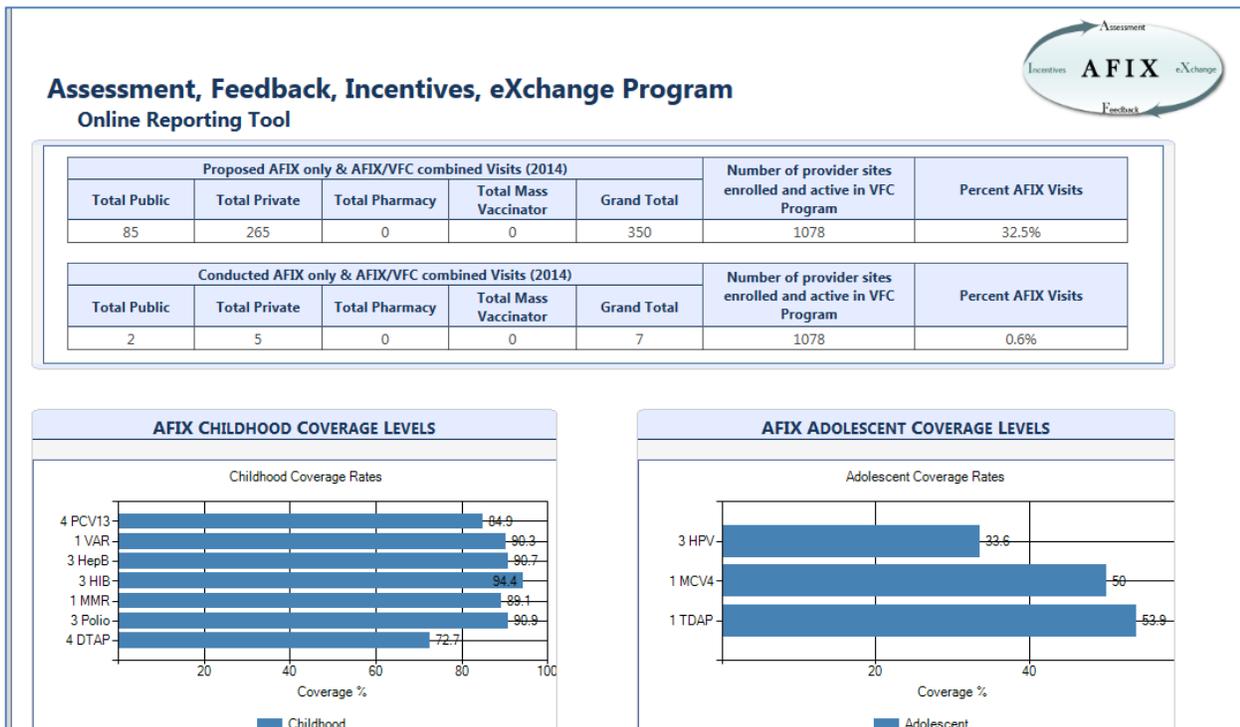
## Getting Familiar with the Online Reporting Tool: The Basics

Accessing the AFIX Online Tool will require you to have a Secure Access Management Service (SAMS) account and an access to the Program Annual Report and Progress Assessments (PAPA) application.

- 1) Log into SAMS website (<https://sams.cdc.gov>).
  - For help with SAMS account assistance, please contact the SAMS Help Desk at the toll free number: 877-681-2901, Email: [samshelp@cdc.gov](mailto:samshelp@cdc.gov).
  - For assistance with the entering data into the AFIX Online Tool, please contact the ODH AFIX Coordinator (614)466-4643
  - For technical assistance with the AFIX Online Tool, please contact the AFIX Online Tool Help Desk (Akash Dongol) at the toll free number: 800-803-5212, Email: [afixonline@cdc.gov](mailto:afixonline@cdc.gov)
  
- 2) From the PAPA Welcome Page, click the **AFIX Online Tool** hyperlink.



- 3) AFIX Online Tool – **Home Page/AFIX Dashboard**



## AFIX- Search

Use this page to search and locate the provider you are planning to visit or add a new provider. From the search results, you will be able to begin a new site visit, edit the provider information or add data to an existing site visit record.

The screenshot shows the AFIX Search interface. At the top, there is a 'SEARCH' section with four input fields: 'Provider PIN:' (containing 'xyz'), 'Clinic/Practice:' (with a placeholder 'LIKE search of clinic/practice'), 'City:' (with a placeholder 'LIKE search of CITY'), and 'Zip Code:' (with a placeholder 'LIKE search of 5 digit ZIP Co'). Below these fields are three buttons: 'SEARCH' (callout 2), 'RESET' (callout 3), and 'ADD A NEW PROVIDER' (callout 4). Below the search section is the 'SEARCH RESULTS' section, which displays a table with one record. The table has columns for 'PIN', 'Clinic/Practice', 'Address', 'Previous Visits', and 'New Visit'. The first row contains the data: 'xyz', 'ABC Pediatric Clinic', '111 Sample Atlanta, GA 30329', 'Previous Visits', and 'New Visit'. Below the table, there are callouts 5, 6, and 7 pointing to the 'PIN', 'Previous Visits', and 'New Visit' columns respectively. The text 'Viewing 1-1 of 1 records.' is located at the top right of the search results section.

PIN	Clinic/Practice	Address	Previous Visits	New Visit
<a href="#">xyz</a>	ABC Pediatric Clinic	111 Sample Atlanta, GA 30329	<a href="#">Previous Visits</a>	<a href="#">New Visit</a>

### To Search for a Provider

- 1) **Search Criteria:** To search for a provider, use any of the search criteria available including (Provider PIN number, Name of the clinic or practice, City, and Zip Code). You can also perform the search using parts of those search criteria. The Search Results will list all providers that match your search criteria.

*It is recommended that you search by either City or Zip Code to locate your providers.*

- 2) **Search:** Click here to submit the search. If you leave all 4 search fields blank and click 'Search', it will provide a list of *all* providers.
- 3) **Reset:** Click here to reset all search fields and the search results list.

### To Add or Edit Provider Information

- 4) **Add a New Provider:** Click here to go to the provider Information page to add a new provider. At this time, all VFC providers should be in the system. If you find that a particular VFC provider is not listed in the Online Reporting Tool, please contact the AFIX Coordinator regarding this provider. The AFIX Coordinator will assure that the provider is added to the database.

**NOTE: ODH and all reviewers do NOT have the ability to delete providers in the AFIX Online Tool database. Deletion of providers is currently done by the CDC.**

- 5) **PIN:** Click on the provider PIN hyperlink to go to the provider page to edit the provider information.

### To Add or View Previous site visits

- 6) **Previous Visits:** Click on this hyperlink to generate a list of all previous site visits for the selected

provider. This will show all historical AFIX visits that have been entered into the AFIX Online Reporting Tool. There will NOT be any previous visits for providers in 2014.

7) **New Visit:** Click here to add results from a new AFIX site visit. This will take you to the Provider Information page.

#### Conducting AFIXs for multiple physicians at one VFC provider site

2) Locate the provider via the **Search** on the **Home page**

7) **New Visit:** Click here to add a new site visit. A visit should be created and entered for each physician. Name the assessments accordingly to match the individual physicians.

#### Conducting AFIXs for non-VFC provider sites

For all AFIXs that are completed at non-VFC sites, at this time, data for these visits will be tracked manually. Please continue to submit complete AFIX report packets to the ODH AFIX Coordinator as has been completed in the past. This data will be tracked manually in CoCASA by ODH.

## Provider Information

When you click **New Visit**, you are automatically taken to the **Provider Information** page. The information has been preloaded into the system with the exception of 3 required fields:

1. VFC Provider Type,
2. Public Provider Details- only required if 'Public' is selected for VFC Provider Type, and
3. Provider Phone number under the Provider Address section.

Make sure that you enter those fields or review and confirm them if they have been entered through prior visits. **Entering those required fields is only required once and the information will carry over to following visits.** Use this page to add a new provider or edit existing provider information. Once the provider information is entered, you can click on '**Go to General Site Visit Information**' located at the bottom of the page to enter the new AFIX site visit data. *All required fields are marked with red asterisk (\*)*. Additional information like AFIX Contact Information can be entered but is optional.



## Assessment, Feedback, Incentives, eXchange Program Online Reporting Tool

### PROVIDER INFORMATION

Provider Name: \*

Provider PIN \*

✦ VFC Provider Type: \*  
 Public facility  Mass Vaccinator  
 Private facility  Pharmacy  
 Public health department/clinic  Other public

✦ Public Provider Details: \*  
 C/MHC

#### Provider Address:

Street Address 1: \*

Street Address 2:

City: \*

State: \*

Zip code: \*

✦ Phone: \*  Fax:

#### PEAR Contact Information:

Vaccine Manager:  Email:

Secondary Contact:  Email:

#### AFIX Contact Information:

Primary Contact:  Email:

Secondary Contact:  Email:

#### Type of medical records the provider uses:

Electronic:

(type)

Paper:

#### Method of reporting to the IIS:

|  \* Indicates field is required

# Entering Site Visit Information: Getting familiar with page features

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Welcome **Alexandra Thornton**  
Exit/Logout

## PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS

PAPA - Home | AFIX - Home | AFIX - Reports | AFIX - Help

### AFIX SITE VISIT TOOL

<b>Provider name:</b>	Rainbows and Cupcakes Pediatrics- AFIX Test Provider	<b>VFC PIN:</b>	AFIX 12345
<b>Assessment name:</b>	Rainbows and Cupcakes Pediatrics- AFIX Test Provider_1/22/2014	<b>Assessment date:</b>	1/22/2014
<b>Ages assessed:</b>	<b>Childhood:</b> 24-35 months <b>Adolescent:</b>	<b># Age eligible:</b>	<b>Child: Adol:</b>
<b>Antigens:</b>	0-3 Years: [4 DTaP, 3 IPV (Polio), 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, 2-3 RV, 1-2 Flu, 2 HepA]		

1. [General Site Visit Info](#) | [Questionnaire](#) | [Assessment Results](#) | [Feedback](#) | [Exchange](#) | [Summary](#) | [Files](#) | [Notes](#)

### ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)

REQUIRED FIELD STATUS: COMPLETE 2.

#### Assessment Outcome Measures

\* INDICATES A REQUIRED FIELD.

Childhood coverage level results (single antigens (0-3 years))	Percentage
4 DTaP	74*
3 IPV (Polio)	97*
1 MMR	96*
3 Hib	98*
3 HepB	95*
1 VAR	96*
4 PCV13	91*
2-3 RV	
1-2 Flu	
2 Hep A	
Childhood Coverage Level Results (series (0-3 years))	Percentage
4:3:1:3:3:1:4	72*

#### Missed Opportunities Outcome Measures

Childhood Missed Opportunities Results (series (0-3 years))	Percentage
4:3:1:3:3:1:4	1*

3.  I acknowledge that this page is complete, and all responses are final

SAVE | SAVE AND CONTINUE | SAVE AND QUIT

Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435

## 1) Navigation Tabs

Just like CoCASA, the AFIX Online Reporting Tool is tabs-driven. These are the tabs into which Ohio grantees will be entering AFIX visit data.

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Welcome **Alexandra Thornton**  
Exit/Logout

## PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS

PAPA - Home | AFIX - Home | AFIX - Reports | AFIX - Help

### AFIX SITE VISIT TOOL

<b>Provider name:</b>	Rainbows and Cupcakes Pediatrics- AFIX Test Provider	<b>VFC PIN:</b>	AFIX 12345
<b>Assessment name:</b>	Rainbows and Cupcakes Pediatrics- AFIX Test Provider_1/22/2014	<b>Assessment date:</b>	1/22/2014
<b>Ages assessed:</b>	<b>Childhood:</b> 24-35 months <b>Adolescent:</b>	<b># Age eligible:</b>	<b>Child: Adol:</b>
<b>Antigens:</b>	0-3 Years: [4 DTaP, 3 IPV (Polio), 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, 2-3 RV, 1-2 Flu, 2 HepA]		

[General Site Visit Info](#) | [Questionnaire](#) | [Assessment Results](#) | [Feedback](#) | [Exchange](#) | [Summary](#) | [Files](#) | [Notes](#)

- 2) **Required Field Status** included in each site visit information tab/page.



- a. **Complete:** if you see a complete status displayed on the page, this implies that all required fields have been entered, validated, and page is considered complete. In order for the entire site visit to be complete and to show up in the aggregate reports, you must ensure that each page status is marked as COMPLETE. You must enter all **required fields**, and **check acknowledge** (refer to the check box displayed in the screen under point 6) that all responses are final and the page is complete, then **click on SAVE AND CONTINUE** to mark required field status as COMPLETE.
  - b. **In-progress:** if you see an in-progress status displayed on the page, this implies the page is either missing a required field or has not been validated for completeness.
- 3) **Data SAVE Options** at bottom of each site visit questionnaire tab/page.



- a. **SAVE:** Clicking here will allow you to save the data for later and remain on the page. It does not check for page completeness or required fields.
- b. **SAVE AND CONTINUE:** Clicking here will check for page completeness, will save the entered data and move users to the next page. If required fields are missing you will need to complete them or you will not be able to proceed to the next tab/page.
- c. **SAVE AND QUIT:** Clicking here will save your site visit data and exit the AFIX Online Tool. You will be logged out of the PAPA application.

## General Site Visit Information page

The assessment specific fields in the header section of this page are auto populated as you start filling out the Site Visit Information.

AFIX SITE VISIT TOOL			
<b>Provider name:</b>	ABC Pediatric Clinic	<b>VFC PIN:</b>	xyz
<b>Assessment name:</b>	ABC Pediatric Clinic_12/4/2013	<b>Assessment date:</b>	12/3/2013
<b>Ages assessed:</b>	<b>Childhood:</b> <b>Adolescent:</b>	<b># Age eligible:</b>	<b>Child:</b> 100 <b>Adol:</b> 75
<b>Antigens:</b>	<b>0-3 Years:</b> [4 DTAP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, RV, Flu, Hep A] <b>13-18 Years:</b> [1 TDAP, 1 MCV4, 3 HPV,1 HPV, 2 VAR, 2 MMR, 3 HepB, 1-2 FLU]		

The provider specific information fields in this page are auto populated for you. All Fields marked with a red asterisk (\*) are required fields.

GENERAL SITE VISIT INFORMATION		* INDICATES A
<b>Provider name:</b>	ABC Pediatric Clinic	
<b>Provider type:</b>	Private facility	
<b>VFC Pin #:</b>	xyz	
<b>Site reviewer:</b>	First name: <input type="text" value="Akash"/> Last name: <input type="text" value="Dongol"/> <a href="#">Edit this reviewers data</a> <a href="#">Clear/Reset fields</a> <a href="#">Add a new reviewer</a>	
<b>Choose reviewer:</b> <input type="text"/>	Email: <input type="text" value="kr9@cdc.gov"/> Phone: <input type="text"/> Extension: <input type="text"/> Workplace/Location: <input type="text"/>	
<b>Assessment date:</b>	<input type="text" value="12/3/2013"/>	
<b>Assessment name:</b>	<input type="text" value="ABC Pediatric Clinic_12/4/2013"/>	
<b>Assessment questionnaires</b>	<input type="radio"/> Childhood <input type="radio"/> Adolescent <input checked="" type="radio"/> Both <input type="radio"/> Questionnaire not used for this site visit*	
<b>Assessment age cohort</b>	<input checked="" type="checkbox"/> 0 to 3 years <input checked="" type="checkbox"/> 13 to 18 years*	
<b>Antigens</b>	<b>0-3 Years:</b> [4 DTAP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 VAR, 4 PCV13, RV, Flu, Hep A] <b>13-18 Years:</b> [1 TDAP, 1 MCV4, 3 HPV,1 HPV, 2 VAR, 2 MMR, 3 HepB, 1-2 FLU]	
<b>Number of age eligible (children/adolescents) in practice</b>	Childhood (0-3): <input type="text" value="100"/> Adolescent (13-18): <input type="text" value="75"/>	
<b>Ages assessed:</b>	Childhood: <input type="text"/> Adolescent: <input type="text"/> <small>If age assessed differs from the Assessment Age Cohort, please specify the ages assessed in months and/or years.</small>	
<b>The previous AFIX visit 4:3:1:3:3:1:4 Percent</b>	Childhood: <input type="text"/>	
<b>The previous AFIX visit Percent:</b>	Adolescent: 1 Tdap: <input type="text"/> 1 MCV4: <input type="text"/> 3 HPV: <input type="text"/> 1 HPV: <input type="text"/> 2 VAR: <input type="text"/> 2 MMR: <input type="text"/> 3 Hep B: <input type="text"/> 1-2 Flu: <input type="text"/>	
<b>Date of previous/most recent AFIX site visit:</b>	<input type="text"/>	
<b>AFIX visit :</b>	<input checked="" type="radio"/> Separate <input type="radio"/> Combined*	
<b>Type of VFC visit conducted:</b>	<input type="radio"/> Compliance <input type="radio"/> Unannounced*	
<b>AFIX Assessment method used:</b>	<input checked="" type="radio"/> Immunization Information Systems (IIS) - Standard <input type="radio"/> IIS and Chart data (chart pull to confirm registry data)*	
<b>AFIX Assessment tool or combination of tools used:</b>	<input checked="" type="radio"/> Immunization Information System (IIS) only (CoCASA not used) <input type="radio"/> IIS combined with CoCASA (IIS data loaded into CoCASA)*	
<b>Acknowledgement:</b>	<input checked="" type="checkbox"/> I acknowledge that this page is complete, and all responses are final	
<input type="button" value="SAVE"/> <input type="button" value="SAVE AND CONTINUE"/> <input type="button" value="SAVE AND QUIT"/>		

## General Site Visit Information Guide

*Bold print and \* indicates a REQUIRED field*

Field Name	Answer Tips
Site reviewer	Click on <b>Choose reviewer</b> to select a reviewer from the existing list or enter a new one. Recommended that this is completed.
<b>Assessment date*</b>	Enter the date of your assessment. A calendar will pop-up for you to select the date.
<b>Assessment name*</b>	A default name will be provided for this. The name will include the Provider name and the assessment date. You will have the option to change the Assessment name in this text box.
<b>Assessment questionnaire*</b>	Based on your assessment criteria, select the appropriate questionnaire for the age group selected for your assessment. If conducting a childhood assessment, you would select the <b>Childhood Assessment Questionnaire</b> , while if conducting an adolescent assessment, you would select the <b>Adolescent Assessment Questionnaire</b> , and if conducting a combined (childhood/adolescent) assessment, you would select <b>Both Assessment Questionnaire</b> . The questionnaire is the same for both age groups with the exception of question 6 (Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?) which is only applicable to adolescent assessments.
<b>Assessment age cohort*</b>	Choose your patient age cohort for the site visit. If conducting a childhood assessment, you would select the Assessment Age Cohort <b>'0 to 3 years'</b> and if conducting an adolescent assessment, you would select the Assessment Age Cohort <b>'13 to 18 years'</b> and if conducting a combined (childhood/adolescent) assessment, you would select both age cohorts.
Antigens	Antigens are auto populated based on the Assessment Age Cohort selected.
Number of age eligible (children/adolescents) in practice	Enter the total number of children within the assessment age group (0-3 years) and/or the number of adolescents within the assessment age group (13-18 years) that belong to the practice.

Ages assessed	Specify the ages assessed. Examples: childhood = age 24 – 35 months adolescent= 13-15 years
The previous AFIX visit 4:3:1:3:3:1:4 Percent	Enter the provider's coverage (%) for the last childhood site visit, or leave it blank if you don't know it.
The previous AFIX visit Percent	Enter the provider's coverage (%) for the last adolescent site visit, or leave it blank if you don't know it.
Date of previous/most recent AFIX site visit	Enter the most recent AFIX site visit date for the provider.
AFIX visit*	Always choose ' <b>Separate</b> '. Ohio only completes standalone AFIX visits.
<i>Type of VFC visit conducted</i>	<i>Will not be active for selection if 'Separate' is selected above</i>
<b>AFIX Assessment method used*</b>	Select the ' <b>IIS and Chart data</b> ' option.
<b>AFIX Assessment tool or combination of tools used*</b>	Select ' <b>IIS combined with CoCASA</b> ' as your assessment tool.

## Site Visit Questionnaire page

The YES or NO answer to each question in this page is required. In addition, users are required to select at least 2 or more quality improvement (QI) strategies if the provider answers NO to any of the questions. If the provider answers YES to all questions then the selection of 2 or more QI measures is not required. The questionnaire contains the same questions for childhood and adolescent assessments with the exception of question #6 which applies to adolescent visits only. Question #6 will not appear if you select to conduct a childhood only assessment. In the case where you select both ages for an assessment, you will only have the ability to answer it in the adolescent column.

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
<b>AFIX SITE VISIT QUESTIONNAIRE</b>							
REQUIRED FIELD STATUS: In-Progress							
* INDICATES A REQUIRED FIELD. ALL QUESTIONNAIRE RADIO BUTTON QUESTIONS MUST BE ANSWERED, OR YOU MAY OPT-OUT ON THE GENERAL SITE VISIT INFORMATION PAGE.							
The questionnaire may be filled out prior to the AFIX visit or during the visit. The assessor along with the provider is to select 2-3 strategies to incorporate into the QI plan for implementation and follow up. All questions are YES or NO answers according to the behaviors CURRENT at this provider office.							
<b>Strategies to improve the quality of immunization services *</b>				<b>Childhood</b>	<b>Adolescent</b>	<b>Selected QI</b>	
1.	Do you have a reminder/recall process in place for pediatric/adolescent patients?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
2.	Do you offer walk-in or immunization only visits?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
3.	Do you routinely measure your clinic's pediatric/adolescent immunization coverage levels and share the results with your staff?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>			
4.	Do you schedule the next vaccination visit before the patients/parents leave the office?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
5.	Do you contact patient/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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>			
6.	Do you have a system in place to schedule wellness visits for patients at 11-12 years of age?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
7.	Do you have an immunization champion at this practice that focuses on QI measures, reducing barriers and improving coverage levels?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
8.	Do you regularly document vaccine refusals and the reasons for the refusal (parent choosing to delay, parent has vaccine safety concern, medical contraindication, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
<b>Strategies to decrease missed opportunities *</b>							
1.	Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
2.	Do you have immunization information resources to help answer questions from patients/parents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>			
3.	Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
4.	Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>			
5.	Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric/adolescent vaccines?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
6.	Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
<b>Strategies to improve IIS functionality and data quality *</b>							
1.	Does your staff report all immunizations you administer at your practice to your state / city IIS?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
2.	Does your staff report immunizations previously administered to your patients by other providers to the IIS (e.g. official shot record, other IIS report, copy of medical record)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>			
3.	Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
4.	Do you use your IIS to determine which immunizations are due for each patient at every visit?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>			
<input type="checkbox"/> I acknowledge that this page is complete, and all responses are final							
SAVE				SAVE AND CONTINUE		SAVE AND QUIT	

### Frequently Asked Questions



**QUESTION:** I'm missing the Childhood or Adolescent column for a YES or NO radio button.

**ANSWER:** The displayed questionnaire columns depend on the selected questionnaire in the General Site Visit Information page.

**QUESTION:** What do I do if the Site Visit Questionnaire is not used?

**ANSWER:** If you don't use the Site Visit Questionnaire for a visit, set the Assessment questionnaire answer in the General Site Visit Information page to **Questionnaire not used for this site visit**. The system will require you to provide the reason/s for not using the questionnaire. (This may be acceptable for the initial AFIXs done this year. However, in general, the questionnaire should be standard practice.)

## Assessment Results

All fields marked with a red asterisk (\*) are required based on the Site Visit Information you select.

All of the assessment outcome measure percentage results will come from CoCASA's (v 9.1 and beyond) Assessment Results tab or the Site Visit Summary Report in CoCASA. If you don't have a percentage result at the time of the site visit entry, click the SAVE button which will allow you to skip the required responses and return to them later when the rates are available. Currently, Ohio only requires that pediatric AFIX assesses 4:3:1:3:3:1:4 and adolescent assesses 1Tdap:1MCV:3HPV.

**Method One: Assessment Results tab in CoCASA-** this is useful if you can do split screen on your monitor.

After you click the Calculate Coverage Levels button, the result criteria box will appear. The criteria depend on the type of AFIX, use the images below as a guide:

The box to the left is for the **Pediatric AFIX Results**

The top section is auto-filled with provider demographic information.

**Age Range:** 0 to 3 Years as of 01/01/2014

**Compliance:** By Age 24 months

Assessment Needs Recalculation

**Do you want to run the calculations for this assessment?**

Provider's VFC PIN: AFIX 12345  
 Provider's Name: Rainbows and Cupcakes Pediatrics  
 Assessment Date: 04/22/2014  
 Assessment Name: Adolescent Test Assessment

Please provide the following criteria:

**Adolescent**

Age Range:  
 From 13 To 15  Months  Years As Of 01/01/2014

Compliance:  
 By Age 0  Months  Years Or  By Date 04/22/2014

Apply 4 Day Grace Period

Use these settings for all subsequent assessments

Yes No, Skip It Cancel

The box to the left is for the **Adolescent AFIX Results**

The top section is auto-filled with provider demographic information.  
**Age Range:** 13 to 15 Years as of 01/01/2014  
**Compliance:** By Date (assessment date)

Note how the rates match up from CoCASA into the AFIX Online Reporting Tool.

General Site Visit Info Questionnaire Assessment Results Feedback Exchange Summary Files Notes

**ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)** REQUIRED FIELD STATUS: COMPLETE

**Assessment Outcome Measures**

\* INDICATES A REQUIRED FIELD.

Childhood coverage level results (single antigens (0-3 years))	Percentage
4 DTaP	64*
3 IPV (Polio)	88*
1 MMR	80*
3 Hib	90*
3 HepB	83*
1 VAR	84*
4 PCV13	77*
2-3 RV	
1-2 Flu	
2 Hep A	
<b>Childhood Coverage Level Results (series (0-3 years))</b>	<b>Percentage</b>
4:3:1:3:3:1:4	56*

**Missed Opportunities Outcome Measures**

Childhood Missed Opportunities Results (series (0-3 years))	Percentage
4:3:1:3:3:1:4	32*

I acknowledge that this page is complete, and all responses are final

SAVE SAVE AND CONTINUE SAVE AND QUIT

## Method Two: Site Visit Summary Report in CoCASA

Running the Site Visit Summary in CoCASA:

In CoCASA, highlight the provider of interest:

1. Go to the Reports tab
2. Under the AFIX Reports sub-tab
3. Click on the (+) to expand the reports under the 'AFIX Evaluation Reports'
4. Highlight 'Site Visit Summary'
5. Click 'Run Report'

The screenshot shows the CoCASA 9.2.135 interface. At the top, the 'Reports' tab is highlighted in red. Below it, the provider is set to 'Rainbows and Cupcakes Pediatrics'. In the center, there are two dropdown menus: 'Choose a Provider' and 'Choose an Assessment'. The 'Run Report' button is circled in red. On the left, the 'AFIX Reports' sub-tab is active, and the 'AFIX Evaluation Reports' folder is expanded, with 'Site Visit Summary' highlighted. A callout box points to the 'Run Report' button with the text 'Press Run Report to view'. Another callout box points to the 'AFIX Evaluation Reports' folder with the text '2. Under the AFIX Reports sub-tab, click on the (+) next to 'AFIX Evaluation Reports' to expand the list'. A third callout box points to the 'Site Visit Summary' report with the text '3. Highlight 'Site Visit Summary' and Click 'Run Report''. A fourth callout box points to the 'Reports' tab with the text '1. Go to the Reports tab'.

The same criteria box discussed above will appear if you did not already Click the 'Calculate Assessment Results' button. Enter the appropriate criteria, depending on the type of assessment that was conducted. See page 14 and 15 of this guide for more details.

The following AFIX Site Visit Summary report will result with all of the information required for data entry into the AFIX Online Tool. Page 3 will contain the assessment results of interest. Print out page 3. For adolescent AFIX, please print page 3-4. :

 Report Title: <b>AFIX SITE VISIT SUMMARY</b> Date Generated: 04/24/2014		
<b>ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)</b>		
<b>Childhood Assessment Outcome Measures (Single Antigens (0-3 years))</b>		
<u>Antigen</u>	<u>Assessment %</u>	
4 DTAP	64.4%	
3 POLIO	88.0%	
1 MMR	79.8%	
3 HIB	89.7%	
3 Hep B	83.3%	
1 Varicella	83.7%	
4 PCV13	77.3%	
RV	100.0%	
1-2 Flu		
<b>Childhood Assessment Outcome Measures (Series (0-3 years))</b>		
<u>Series</u>	<u>Assessment %</u>	<u>Missed Opportunity %</u>
4:3:1:3:3:1:4	55.8%	31.8%

### Method Three: Diagnostic Report in CoCASA for Pediatric Assessments

Using the Diagnostic Report that was used during the feedback session, you can find the results to enter into the Online Tool

Diagnostic Report page 1: (4:3:1:3:3:1:4) Series Coverage Level and Single Antigen Rates

**CoCASA** Report Title: **DIAGNOSTIC REPORT (CHILDHOOD)** Date Generated: 04/22/2014

**REPORT CRITERIA** Assessment date: 4/9/2014

Provider site name: Rainbows and Cupcakes Pediatrics (AFIX 12345)

Age range: From 24 to 35 months as of 1/1/2014

Selected series/antigens: 4:3:1:3:3:1:4 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV)

Compliance:  By age: 24 months  By date: \_\_\_\_\_

Additional criteria:  Apply ACIP Recommendations (valid doses only)  Apply four-day grace period  
 Limited by \_\_\_\_\_

Missed opportunities are defined as: On LAST immunization visit

233 # of patient records selected  
 0 # of patients moved or gone elsewhere (MOGE)  
 233 Total # of Patient Records Assessed

**SECTION I (based on user-selected criteria)**

**Vaccinations Coverage: Who is up-to-date?**

	Selected Series / Antigens	By: 24 months of age	
		# of patients up-to-date	% of patients up-to-date
1	DTaP4 Polio3 MMR1 HIB3 HepB3 Var1 PCV4	130	56%
2	DTaP4	150	64%
3	Polio3	205	88%
4	MMR1	186	80%
5	HIB3	209	90%
6	HepB3	194	83%
7	Var1	195	84%
8	PCV4	180	77%

4:3:1:3:3:1:4 series coverage rate

Single antigen rates

Diagnostic Report Page 3: (4:3:1:3:3:1:4) series missed opportunity rate

**CoCASA** Report Title: **DIAGNOSTIC REPORT (CHILDHOOD)** Date Generated: 04/22/2014

Provider Name: Rainbows and Cupcakes Pediatrics (AFIX 12345)

**SECTION IV (based on user-selected criteria)**

**Reduce Missed Opportunities to Bring Patients Up-to-Date**

# of patients who missed immunization opportunities: 71  
 # of patient records assessed: 233  
 = 30% of patients had a missed opportunity

**SUMMARY STATEMENT:** If there were no missed opportunities, on the LAST immunization visit, an additional 42 patients could have been brought up-to-date. Bringing these patients up-to-date will increase the number of patients with complete immunizations to 172 or 74%

**BEST PRACTICES** Simultaneous administration of vaccines is both safe and effective. By eliminating missed opportunities, you can efficiently raise coverage levels. Learn more about true contraindications to avoid missed opportunities.

4:3:1:3:3:1:4 series missed opportunity rate

## Feedback

**Type of Feedback Method Used\***- select 'Face-to- face' and

**Delivery Method of Assessment Results\*** - select 'assessment results delivered using both paper and conversation'

The **Feedback Checklist Questions** is **OPTIONAL**. It serves as a reminder for assessors. All checklist responses default to YES, however, you have the option to modify the responses where applicable.

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
<b>FEEDBACK</b> <span style="float: right;">REQUIRED F</span>							
Date of Feedback: <input type="text"/>							
<b>Type of Feedback Method Used *</b> <span style="float: right;">* INDICATES A REQUIRED</span>							
<input checked="" type="radio"/> Face-to-face <input type="radio"/> Phone <input type="radio"/> E-mail <input type="radio"/> Mail <input type="radio"/> Fax <input type="radio"/> Other, please define below Other feedback method: <input type="text"/>							
<b>Feedback Checklist Questions:</b>							
1. Were the coverage level results and missed opportunities presented during your feedback session <input checked="" type="radio"/> Yes <input type="radio"/> No							
2. Did you present the coverage level results for all assessed antigens and age groups? <input checked="" type="radio"/> Yes <input type="radio"/> No							
3. Did you explain the missed opportunities results and discuss possible causes? <input checked="" type="radio"/> Yes <input type="radio"/> No							
4. Did you ask the provider and their staff questions that test their understanding of the assessment reports? <input checked="" type="radio"/> Yes <input type="radio"/> No							
5. Did you explain the purpose of the Site Visit Questionnaire? <input checked="" type="radio"/> Yes <input type="radio"/> No							
6. Did you discuss the results of the Questionnaire? Please make sure you define and explain the QI strategies provided in the questionnaire. <input checked="" type="radio"/> Yes <input type="radio"/> No							
7. Did you note your observations of office practices and discuss opportunities for improvement during the feedback session? <input checked="" type="radio"/> Yes <input type="radio"/> No							
8. Did you encourage discussion among clinic staff during your session? <input checked="" type="radio"/> Yes <input type="radio"/> No							
9. Did you highlight the provider's areas of strength? <input checked="" type="radio"/> Yes <input type="radio"/> No							
10. Was a QI plan completed in collaboration with the provider staff providing the QI strategies to be implemented? a. Was a timeline developed for implementing the QI strategies? <input checked="" type="radio"/> Yes <input type="radio"/> No							
11. Did you explain the program's incentives process? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Feedback notes: <input type="text"/>							
<b>Delivery Method of Assessment Results</b>							
<b>Assessment results delivered to providers*</b>							
<input type="radio"/> Assessment results delivered in paper form (typed up letter or report/s) <input type="radio"/> Assessment results delivered via conversation with the provider (in-person or over the phone) <input checked="" type="radio"/> Assessment results delivered using both paper form and a conversation <input type="radio"/> Other method Other delivery method: <input type="text"/>							
<b>Was the provider made aware of a follow up process to take place within 6 months of the visits to re-run assessment rates and contact the practice for updates about implementation status of the selected QI measures?</b>							
<input type="radio"/> Yes <input type="radio"/> No							
If you would like to attach a QI Plan or any other reports used for feedback, please click the link: <a href="#">Upload/Attach files</a>							
<input type="checkbox"/> I acknowledge that this page is complete, and all responses are final							
<input type="button" value="SAVE"/> <input type="button" value="SAVE AND CONTINUE"/> <input type="button" value="SAVE AND QUIT"/>							

Use the **Upload/Attach Files** function to upload the completed Feedback form and along with any additional documentation that you might want to store for this provider.



Any place you see the "Upload/Attach files" link, you may attach program documents and documents specific to the AFIX visit. All this data will be saved online for record keeping and review.

## Exchange of Information (Follow-up)

All fields marked with red asterisk (\*) are required for completing this page and continuing with data entry.

The initial follow-up should take place within 6 months of the Assessment. This page also asks for assessment rates for the same provider and same cohort within 6 months (reassessment). See the NOTE below:

NOTE: Ohio is piloting the online tool as a grantee that does not use the IIS for assessments. Currently, Ohio does not require grantees to complete reassessments. As a result, Ohio IAP grantees should enter the same rates that were entered into the Assessment Results tab earlier in the process. These are the rates that are found in CoCASA under the Assessment Results tab (refer to page 13 of this guide). The **Percent Point Increase** in coverage and **Percent Point Decrease** in missed opportunities are automatically calculated. These columns should all have zeroes in them since the data is the same as that entered on the Assessment Results tab.

However, the Adolescent AFIX does contain a reassessment portion. Therefore, the reassessment results should be entered on this page as appropriate.

General Site Visit Info	Questionnaire	Assessment Results	Feedback	Exchange	Summary	Files	Notes
<b>EXCHANGE OF INFORMATION (FOLLOW-UP)</b>							REQUIRED FIELD STATUS: <b>IN-PROGRESS</b>
<b>Date of initial follow-up:</b>		<input type="text" value="5/12/2014"/>					
Note: The initial follow up should take place 3-6 months from the date of the Assessment							
<b>Using your Immunization Information System, re-run the Assessment rates for the same provider and same age cohort within 6 months of the visit:</b>							
* INDICATES A REQUIRED FIELD.							
<b>Assessment Outcome Measures</b>							
<b>Childhood coverage level results (single antigens (0-3 years))</b>		<b>Percentage</b>	<b>Percent Point Increase</b>	<b>Percentage Coverage Goal for following Year</b>			
4 DTaP		<input type="text" value="64"/> *	<input type="text" value="0"/>	<input type="text"/>			
3 IPV (Polio)		<input type="text" value="88"/> *	<input type="text" value="0"/>	<input type="text"/>			
1 MMR		<input type="text" value="80"/> *	<input type="text" value="0"/>	<input type="text"/>			
3 Hib		<input type="text" value="90"/> *	<input type="text" value="0"/>	<input type="text"/>			
3 HepB		<input type="text" value="83"/> *	<input type="text" value="0"/>	<input type="text"/>			
1 VAR		<input type="text" value="84"/> *	<input type="text" value="0"/>	<input type="text"/>			
4 PCV13		<input type="text" value="77"/> *	<input type="text" value="0"/>	<input type="text"/>			
2-3 RV		<input type="text"/>	<input type="text"/>	<input type="text"/>			
1-2 Flu		<input type="text"/>	<input type="text"/>	<input type="text"/>			
2 HepA		<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>Childhood Coverage Level Results (series (0-3 years))</b>		<b>Percentage</b>	<b>Percent Point Increase</b>	<b>Percentage Coverage Goal for following Year</b>			
4:3:1:3:3:1:4		<input type="text" value="56"/> *	<input type="text" value="0"/>	<input type="text"/>			
<b>Missed Opportunities Outcome Measures</b>							
<b>Childhood Missed Opportunities Results (series (0-3 years))</b>		<b>Percentage</b>	<b>Percent Point Decrease</b>	<b>Percentage Coverage Goal for following Year</b>			
4:3:1:3:3:1:4		<input type="text" value="32"/> *	<input type="text" value="0"/>	<input type="text"/>			
							<b>SAVE DATA</b>

A response for **Progress toward implementing selected QI strategies** is required for each **Recommended Quality Improvement Activity**.

As part of the initial follow up, the provider is to be contacted within 6 months of the visit to provide this information:

**Progress toward implementing selected QI strategies \***

**Strategies to decrease missed opportunities \***

Q#	Recommended Quality Improvement Activity	Progress
4	Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	<input checked="" type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

**Strategies to improve IIS functionality and data quality \***

Q#	Recommended Quality Improvement Activity	Progress
1	Does your staff report all immunizations you administer at your practice to your state / city IIS?	<input type="radio"/> Fully implemented (100%) <input type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input checked="" type="radio"/> No implementation (0%)
3	Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="radio"/> Fully implemented (100%) <input checked="" type="radio"/> Progress to full implementation (>50%) <input type="radio"/> Partially implemented (<50%) <input type="radio"/> No implementation (0%)

**Was a follow-up letter sent to provider (letter to include re-assessment rates and initial follow up information) \***

- Yes  
 No

Date the letter was/will be mailed out:

3/1/2014

If you would like to attach the letter used for follow-up, please click the link: [Attach files to this section](#)

Note: The QI measures that we are reporting progress toward implementing are based on the QI selections made in the Site Visit Questionnaire for each visit.

**AFIX SITE VISIT QUESTIONNAIRE**

REQUIRED FIELD STATUS: COMPLETE

\* INDICATES A REQUIRED FIELD. ALL QUESTIONNAIRE RADIO BUTTON QUESTIONS MUST BE ANSWERED, OR YOU MAY OPT-OUT ON THE GENERAL SITE VISIT INFORMATION PAGE.

**Strategies to decrease missed opportunities**

1.	Does your immunization staff educate parents about immunizations and the diseases they prevent, even when the parents refuse to immunize?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2.	Do you have immunization information resources to help answer questions from patients/parents?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
3.	Is your immunization staff knowledgeable and comfortable with current ACIP recommendations, including minimum intervals, contraindications, etc.?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.	Do you train front desk/scheduling staff so they know when it's appropriate to schedule immunization appointments?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/>
5.	Do you have standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer all recommended pediatric vaccines?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.	Is your immunization staff knowledgeable and comfortable with administering all recommended vaccinations to patients at every visit?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

**Strategies to improve IIS functionality and data quality**

1.	Does your staff report all immunizations you administer at your practice to your state / city IIS?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/>
2.	Does your staff report immunizations previously administered to your patients by other providers to the IIS (e.g. official shot record, other IIS report, copy of medical record)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/>
3.	Do you inactivate patients in the IIS who are no longer seen by your practice?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/>
4.	Do you use your IIS to determine which immunizations are due for each patient at every visit?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>



In the example above, the Selected QI measures for follow-up (X) are for questions 4 under Strategies to decrease missed opportunities and 1 and 3 under Strategies to improve IIS functionality and data quality in the Site Visit Questionnaire

## Entering a Subsequent eXchange of Information

Subsequent follow up is a follow up process that takes place when the initial follow up does not yield 100% completion on implementation of selected QI measures. You determine the subsequent strategy (phone call, email, in-person visit) to use and the timing for it based on communication with the provider. You are to record and document all your subsequent follow-up site visits and telephone call dates. As part of this process, you are to update the implementation progress for the list of selected QI measures.

The only requirement for subsequent eXchange of information is to mark status toward implementation of selected QI strategies.

Subsequent eXchange of Information (to be implemented as needed) *			
AFIX follow-up visit date/s	<input type="text"/>	<input type="button" value="ADD"/> <input type="button" value="DELETE"/>	<input type="text"/>
AFIX educational visit date/s	<input type="text"/>	<input type="button" value="ADD"/> <input type="button" value="DELETE"/>	<input type="text"/>
AFIX visit follow-up telephone call date/s	<input type="text"/>	<input type="button" value="ADD"/> <input type="button" value="DELETE"/>	<input type="text"/>

### To Add

- 1) **Date of contact (follow up visit, educational visit, follow up telephone call):** Pick a site visit date from the pop-up calendar. You may include email contacts and track them until the AFIX visit follow-up telephone call date/s section.
- 2) **Add:** Clicking this button will add the selected date to the list of subsequent selections.

### To Delete

- 3) **Select a Date:** Click on date to select.
- 4) **Delete:** Clicking this button will delete date from the list of visit dates.

## Site Visit Summary

The site visit summary provides a summary of all site visit information you documented. You have the option of printing this page and sharing it with the provider or with others in your program. Click on Expand to view the site visit information details in each page (tab).

<b>SITE VISIT SUMMARY</b> <small>READ-ONLY - DATA IS NOT EDITABLE</small>		<a href="#">EXPAND ALL SECTIONS</a>
<a href="#">GENERAL SITE VISIT INFORMATION</a>	(Expand...)	<input checked="" type="checkbox"/>
<a href="#">SITE VISIT QUESTIONNAIRE</a>	(Expand...)	<input checked="" type="checkbox"/>
<a href="#">ASSESSMENT RESULTS (COVERAGE RATES AND MISSED OPPORTUNITIES)</a>	(Expand...)	<input checked="" type="checkbox"/>
<a href="#">FEEDBACK</a>	(Expand...)	<input checked="" type="checkbox"/>
<a href="#">EXCHANGE OF INFORMATION (FOLLOW-UP)</a>	(Expand...)	<input checked="" type="checkbox"/>
<b>END OF SUMMARY REPORT</b>		

## Files

Here you will find a list of all files you've uploaded and attached as part of the site visit information. Click on the file name hyperlink to view the selected document, and click on [Remove this file](#) hyperlink to delete the selected file.

AFIX FILE LISTING		
SUPPLEMENTAL FILE LISTING FOR AFIX...		
File Name	Comments	Remove File
<a href="#">AFIX Site Visit.txt</a>	This is a upload test file	<a href="#">Remove this file</a>

## Notes

The site visit notes can be documented on this page for record keeping and review purposes. You can enter text into the free text box and once you click "save notes", all notes will be archived in the table. These notes will not appear on any report, they are intended for grantee use only.

SITE VISIT NOTES		
Please enter your site visit notes below. Notes will be displayed in a table. You may enter as many separate notes as you wish.		
<input type="text"/>		
<input type="button" value="SAVE NOTES"/>		
Site Visit Notes	Name	Date
This is my first site visit and I am not sure if I have done correctly. I need to come back here to complete the site visit with my coordinator.	Akash Dongol	12/9/2013 11:25:57 AM

## Help

This tab contains the AFIX Online Tool's help desk information as well as a copy of the CDC's user guide and any other helpful resources relevant to the AFIX Online Tool.

CENTERS FOR DISEASE CONTROL AND PREVENTION • NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Welcome TEST SERVER  
[Exit/Logout](#)

### PROGRAM ANNUAL REPORT AND PROGRESS ASSESSMENTS

[PAPA - Home](#) | [AFIX - Home](#) | [AFIX - Reports](#) | [AFIX - Help](#)

## Assessment, Feedback, Incentives, eXchange Program

### Help Desk



**HELP DESK ASSISTANCE FOR AFIX ONLINE:**

Contact: Akash Dongol  
Email: [AFIXONLINE@CDC.GOV](mailto:AFIXONLINE@CDC.GOV)  
Phone: 1-800-803-5212  
User Guide: [AFIX User Guide](#)

## AFIX-Reports

PAPA - Home	AFIX - Home	<b>AFIX - Reports</b>
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### Assessment, Feedback, incentives, eXchange Program Online Reporting Tool

- 1) **AFIX Annual report:** *An aggregate summary of all site visit data for the CY year. This report is annually required by CDC.*
- 2) **The Assessment Questionnaire Aggregate Report:** *An aggregate summary of all data items collected in the Questionnaire page.*
- 3) **The Assessment Results Aggregate Report:** *An aggregate summary of all data items collected in the Results page.*
- 4) **The Feedback Results Aggregate Report:** *An aggregate summary of all data items collected in the Feedback page.*
- 5) **The Exchange of Information Aggregate Report:** *An aggregate summary of all data items collected in the Exchange of Information page.*
- 6) **The Assessment Results and Follow-up Results Aggregate Report:** *An aggregate comparison between initial and follow-up assessment results.*
- 7) **The AFIX Visits General Information Aggregate Report:** *An aggregate summary of all data items collected in the Site Visit Information page.*
- 8) **AFIX Visits Providers requiring follow-up Report:** *A list of all providers due for follow-ups.*

At this time, only Report 8, **AFIX Visits Providers requiring follow-up Report**, is available. This will be a useful report for grantees to assist with identifying which providers require follow up.

The AFIX Online Reporting Tool will be updated periodically to create additional reporting functionality.