

# FAQ

Frequently Asked Questions

**Q: Why does CoCASA include a 4<sup>th</sup> dose of DTaP that was given  $\geq 4$  months but  $< 6$  months on the missing immunization report? These kids do not have to be re-immunized and this counts against my up-to-date (UTD) rate.**

**A:** CoCASA is a tool for implementing the AFIX process. The AFIX process is a continuous quality improvement strategy implemented to improve providers' immunization practices, including adhering to the ACIP Recommendations for childhood immunizations. Administering the 4th dose of DTaP between 4 and 6 months after DTaP3 is not the recommended standard of practice and should not be promoted as such. The software is designed to adhere to the recommended interval. If after reviewing the CoCASA reports, you discover a provider is consistently administering the 4th DTaP less than 6 months from the 3rd dose, then this issue is of greater concern and would need to be addressed as a primary topic in the feedback session.

**Q: Why is my UTD rate so low when my single antigen rates are all much higher?**

**A:** The overall UTD rate will never be greater than the lowest single antigen rate. For example, based on 50 kid sample, if there is a single antigen UTD of 82%, which means there are 9 kids missing that antigen. If another single antigen rate is 88%, which means there are 6 kids missing that shot. If these are different kids, you now have 15 kids or 30% not UTD for ALL of the antigens, or an overall up to date rate that cannot be  $> 70\%$ .

**Q: Why are some of the individual antigen UTD rates on the single antigen report different than the UTD rates for the same antigen on the diagnostic report?**

**A:** The UTD rate on the single antigen report measures the number and percentage of doses administered, whereas the diagnostic report measures the number and percentage of kids UTD. Depending on the age when vaccines are administered, a child may be UTD with fewer than the recommended number of doses. For example, one dose of Hib administered after 15 months is a complete series. Use the diagnostic report data when you complete the AAA report.

**Q: What does the data on the single antigen report mean?**

**A:** This is a count of doses received at specific intervals and does not take into consideration scenarios in which a child could be considered UTD with fewer doses. This report can help identify protocols of the practice related to when they administer vaccines. A situation that can be identified from this report is patient failure to return in a timely manner. This may be the result of an absence of a system to track and recall patients past due. This report can also identify the schedule set up for administration of vaccines. A low MMR1 rate at the 13 month interval with a large increase in the rate at 16 months may indicate they administer the MMR1 at the 15 month well child visit.

**Q: Why does a parent refusal count against my UTD rate?**

**A:** The assessment is not about a number or a percentage; it shows a picture of the children in the practice that are fully vaccinated against vaccine preventable diseases.

**Q: I noticed some children who were given a 3<sup>rd</sup> dose of HepB before 24 months of age did not show up on the invalid list. Why not?**

**A:** The HepB series is complete if a birth dose of HepB is administered along with 3 correctly administered HepB containing combination vaccines, such as Pediarix or Comvax. The 3<sup>rd</sup> HepB dose, which is the 2<sup>nd</sup> HepB containing combination vaccine dose which is administered at 4 months is “invalid” because the child is not 24 weeks old. They complete the Hep B series by administering a 4<sup>th</sup> dose of HepB, which is the 3<sup>rd</sup> dose of the combination vaccine. There are no more doses needed and the child is UTD therefore not needing any more doses of Hep B and the invalid dose is no longer an issue.

**Q: What do you mean we had a “missed opportunity”?**

**A:** CoCASA looks at the last visit when immunizations were administered. If the child did not receive all of the immunizations that they were eligible to receive, this generates a “missed opportunity”. What this means is they got some vaccines, but not all that they were eligible for at the last immunization visit. One of the most common reasons for a missed opportunity is a child presenting at 12 month who is eligible for the DTaP4 but because a site’s protocol is to administer that dose at the 15 month well child visit, this creates a missed opportunity. By eliminating missed opportunities, UTD rates can be increased.

**Q: What does it mean when there are no missed opportunities but they are NOT eligible for immunizations?**

**A:** This refers to children who have received some immunizations and need additional immunizations, but the minimum interval until the next dose can be administered has not been met. There was nothing that could have been done at the time of the visit to get this child to be UTD before the assessment was completed. This is where a reminder system would come into play to assure getting these kids back in the office once they are eligible to receive the missing vaccines.

**Q: CoCASA separates kids with no missed opportunities AND eligible for immunizations into 2 categories: either < or > 12 months since last immunization visit. Why is this significant?**

**A:** A large number of kids last seen for immunization < 12 months and eligible means a child was seen for immunizations during the last year, the minimum intervals for the next required doses have been met, but they have not returned to receive the needed immunizations. This is where a recall system would be beneficial. Those not seen >12 months for shots may have also fallen through the cracks or **may** have moved away or are going to another provider. This is called MOGE, moved or gone elsewhere. If this is the case, they are no longer considered an active patient of the practice.