



Medical Affairs

DEFENSE HEALTH AGENCY
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30 JUL 2021

MEMORANDUM FOR DIRECTOR, COASTAL MISSISSIPPI MARKET
DIRECTOR, JACKSONVILLE MARKET
DIRECTOR, NATIONAL CAPITAL REGION MARKET
DIRECTOR, CENTRAL NORTH CAROLINA MARKET
DIRECTOR, TIDEWATER MARKET
DIRECTOR, COLORADO MARKET
DIRECTOR, SAN ANTONIO MARKET
DIRECTOR, PUGET SOUND MARKET
DIRECTOR, SAN DIEGO MARKET
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DIRECTOR, LOW COUNTRY MARKET
DIRECTOR, SACRAMENTO MARKET
DIRECTOR, SOUTHWEST GEORGIA MARKET
DIRECTOR, SOUTHWEST KENTUCKY MARKET
DIRECTOR, SMALL MARKET AND STAND-ALONE MILITARY
MEDICAL TREATMENT FACILITY ORGANIZATION
LEAD, DIRECT SUPPORT ORGANIZATION, ARMY
LEAD, DIRECT SUPPORT ORGANIZATION, NAVY
LEAD, DIRECT SUPPORT ORGANIZATION, AIR FORCE

SUBJECT: Interim Guidance for Childhood Immunization Catch-Up

This memorandum establishes interim guidance for improving childhood immunization rates. Military Health System (MHS) childhood immunization rates have fallen from 85-95% to 70-80% in the setting of the COVID-19 pandemic. For measles, the population vaccine rate needs to be >90% – a level the MHS maintained prior to the pandemic – to reduce the risk of community transmission. This guidance will establish tactical measures to improve immunization rates for pediatric beneficiaries, consistent with the strategic direction established by References 1-4 to safely resume preventative pediatric care, as clinically indicated.

- The Market Chief Medical Officer (CMO) should appoint a champion for their Market, and the military Medical Treatment Facility (MTF) Director should appoint a champion for the Pediatric and the Family Medicine Patient-Centered Medical Homes (PCMHs) for this childhood immunization catch-up effort; preferentially, these champions should be the population nurse manager.



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- An MHS Population Health Portal (MHSPHP) analysis was conducted to review: a) immunization rates for 16-18 month olds without one recorded measles, mumps, and rubella (MMR) vaccine, and b) 6 year olds without a recorded second MMR vaccine, as proxy outcome measures for Direct Care childhood immunization rates. The DHA Primary Care and Complex Pediatric Clinical Communities (PCCC and CPCC), respectively, will track the MHS averages for 16-18 months old and 4-6 years old MMR immunization rates monthly to longitudinally assess enterprise progress against these established baselines, and report progress to Market Champions and MTF CMOs.
- It is recommended that Market and PCMH champions use the Immunization Registry in the MHSPHP to track their population's childhood immunization status, and raise awareness to providers and beneficiaries about the need for immunization.
 - The link for the MHSPHP is: <https://carepoint.health.mil> (under Gallery Apps).
 - The DHA PCCC and CPCC will host synchronous training on use of the MHSPHP to train enterprise clinic staff responsible for immunizations of pediatric beneficiaries (Enclosure 1).
 - Adjusted Clinical Group Resource Utilization Band (ACG RUB) scores should factor into MTF prioritization, with beneficiaries with a High or Very High ACG RUB prioritized for catch-up immunizations; however, other clinical prioritization needs can also be incorporated into the MTF's catch-up strategy.
- The DHA PCCC and CPCC developed a sample script for clinic champions or Primary Care Managers to use when contacting beneficiaries about catch-up immunizations (Enclosure 2). The script will use best practices to encourage catch-up immunization and stress partnership of the patient, the family, and the medical home.
- DHA recommends that established Markets and MTFs educate staff involved in primary care, specialty care, immunization clinics, and pharmacies on resources offered by the DHA Immunization Healthcare Division on ways to deliver catch-up immunizations, and record immunizations in the EHR Immunization Module. Suggested innovations include:
 - Drive-up immunization clinics;
 - On-site delivery of immunizations to Child Development Centers or other on-base sites;
 - Weekend or after-hours immunization drives;
 - Expanded use of Secure Messaging;
 - MTF social media campaigns;
 - Engagement with local unit Commanding Officers; and
 - Coordination with back-to-school and sports physicals, seasonal influenza vaccination, COVID-19 vaccination, or other immunization and preventative health efforts. As MHS COVID-19 vaccine administration expands to younger beneficiaries, childhood vaccines may be co-administered with the COVID-19



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vaccine¹; however, non-enrolled beneficiaries receiving the COVID-19 vaccine at MTFs should receive catch-up childhood vaccinations at the provider with whom they are enrolled.

- Market and MTF staffs may engage the DHA Healthcare Immunization Branch, TRICARE Health Plan, or Pharmacy Benefit Plan with inquiries regarding how pharmacists may assist in the delivery of childhood immunizations for children older than 3 years. The points of contact (POCs) to triage such inquiries are Lt Col Ruth Brenner, Deputy Chief, DHA Immunization Healthcare Branch, 703-681-5699, ruth.brenner.mil@mail.mil, or Lt Col Melissa Yates, Deputy Chief, DHA Purchased Care Operations, 703-681-2890, melissa.j.yates.mil@mail.mil.
- If Market or MTF staffs require Public Affairs and Strategic Communications support to help publicize childhood immunization efforts, the DHA POC for additional support is Mr. Paul Fitzpatrick, DHA Public Affairs Office, Senior Lead for Medical Affairs, Pharmacy Operations Division, and TRICARE Health Plan, 703-501-1362, or paul.m.fitzpatrick2.civ@mail.mil.

Please disseminate this memorandum to the leadership at each MTF.

My POC is CAPT Greg Gorman, CPCC Chairperson, 703-275-6060, gregory.h.gorman.mil@mail.mil.

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¹ Centers for Disease Control and Prevention, "Interim Clinical Considerations for Use of COVID-19 Vaccines Current Authorized in the United States." Available from: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration



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Enclosures

1. Training on the Carepoint MHS Population Health Portal Immunization Registry
2. Sample Scripts for Catch-up Childhood Immunization Communications

References

1. DHA Assistant Director for Health Care Administration Memorandum, “COVID-19 Guidance for Resuming Full Healthcare Operations,” May 14, 2020. Available from: https://info.health.mil/sites/DADMA/Shared%20Documents/TAB%20A_Memorandum%20Resuming%20Full%20Operations_ADHCA%20Signed.pdf.
2. DHA Administrative Instruction 3020.01, “Return to the Workplace Staffing Plan in the Coronavirus Disease 2019 (COVID-19) Environment,” June 4, 2020. Available from: <https://info.health.mil/cos/admin/pubs/DHA%20Administrative%20Instructions%20Signed/Forms/AllItems.aspx#InplviewHashb9787d52-a004-4f89-bf5d-88b38c835ca7=SortField%3DPublished-SortDir%3DDesc>.
3. DHA Assistant Director for Health Care Administration Memorandum, “Comprehensive COVID-19 Outpatient, Pharmacy, and Virtual Health (VH) Guidance for Military Medical Treatment Facilities.” Issued March 8, 2021.
4. Centers for Disease Control and Prevention, “Interim Clinical Considerations for Use of COVID-19 Vaccines Current Authorized in the United States.” Guidance issued May 12, 2021. Available from: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccinesus.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration.

Enclosure 1: Training on the Carepoint MHS Population Health Portal Immunization Registry

Synchronous Training

Weblink for all sessions: <https://conference.apps.mil/webconf/MHS-Peds-Immunization-Registry>

Audio-only or adjunct: 410-874-6300, Pin: 848-802-845#

Date	Time (30 minute duration)
Tuesday, August 10, 2021	1215 Pacific 1315 Mountain 1415 Central 1515 Eastern 2115 Landstuhl 0415 Yokosuka (8/11/21) 0515 Guam (8/11/21)
Wednesday, August 11, 2021	1015 Pacific 1115 Mountain 1215 Central 1315 Eastern 1915 Landstuhl 0215 Yokosuka (8/12/21) 0315 Guam (8/12/21)
Monday, August 16, 2021	1115 Pacific 1215 Mountain 1315 Central 1415 Eastern 2015 Landstuhl 0315 Yokosuka (8/17/21) 0415 Guam (8/17/21)
Tuesday, August 17, 2021	2015 Pacific 2115 Mountain 2215 Central 2315 Eastern 0515 Landstuhl (8/18/21) 1215 Yokosuka (8/18/21) 1315 Guam (8/18/21)

The following link provides general information on how to access and use the MHSPHP registry tools, which includes the Immunization Registry, and describes advanced features such as filtering, tags, report production, and generation of audio communicator files:

<https://info.health.mil/sites/hro/CPCC/RegistryWG/Forms/AllItems.aspx>.

Enclosure 2: Sample Scripts for Catch-up Childhood Immunization Communications

In-person phone call

Use the immunization registry to locate the phone number and name of the enrolled child in need of a vaccine. Deviation from the provided verbiage is not permissible as doing so risks violation of HIPAA and DoD policy; no additional patient information may be shared.

Live-person answers (call received by parent/guardian)

“Hello, this is [caller] from the [MTF] [Clinic].

May I speak to the parent or guardian of [first name]?”

If the respondent is the parent/guardian, proceed; if not, ask for the parent or guardian and then proceed once they are on the phone.

If a parent or guardian is not available, say *“Please let them know [caller] called from [MTF] and we will call back another time. What time is best to reach them?”*

Once parent/guardian is on the call, *“Would you please verify your child’s full name and date of birth?”*

Once two patient identifiers are verified, proceed with appropriate option below:

[MTF caller’s intent is to schedule appointment or provide hours for walk-in immunization or other local vaccination option, as applicable].

A) Individual Catch-Up Appointments:

“Our records indicate [Child’s name] is due for immunizations. I would like to help get your child scheduled for an immunization catch-up appointment. What is the best day of the week and time of day for your family’s schedule?” Schedule appointment and ask if family is enrolled in reminder system (e.g., automated call or email).

B) Walk-in Hours for Immunization Catch-Up:

“Our records indicate [Child’s name] is due for immunizations. Our clinic offers walk-in hours for immunization catch up on [days/times]. You can also find the hours posted on our website [give URL]. Would you be able to bring your child to clinic within the next two weeks?” [help the parent/guardian make a firm plan for a specific day]

C) Drive-Up Immunization Catch-Up:

“Our records indicate [Child’s name] is due for immunizations. Our facility has established a drive-up clinic for immunization catch-up. Drive-up is available on [days/time]. You can also find the hours posted on our website [give URL]. Would you be able to bring your child to the drive-up clinic within the next two weeks?” [help the parent/guardian make a firm plan for a specific day]

Enclosure 2: Sample Scripts for Catch-up Childhood Immunization Communications

D) Community Based Immunization Catch-Up:

“Limits on face-to-face appointments during the pandemic led to delays in routine immunizations. Further delays in these immunizations put your child and children in the community at risk of outbreaks of preventable diseases. Our records indicate [Child’s name] is due for immunizations. Immunization catch-up can be done at [pharmacy/urgent care options in the community]. A list of these locations is also available on our website [give URL]. Would you be able to bring your child to one of these locations within the next two weeks?” [help the parent/guardian make a firm plan for a specific day]

E) Weekend Immunization Drive:

“Limits on face-to-face appointments during the pandemic led to delays in routine immunizations. Further delays in these immunizations put your child and children in the community at risk of outbreaks of preventable diseases. Our records indicate [Child’s name] is due for immunizations. Our facility will hold an immunization catch-up event on [Weekend Date/Time]. Would you be able to bring your child to the upcoming immunization event so that [he/she] will be up to date?”

Final question (all respondents): *“Is there any other care postponed during the pandemic that I can help with for [first name] or another family member?”*

Voice-mail

“Hello, this is [caller] from the [MTF] [Clinic].

Now that the pandemic is easing, please know that our clinic provides a safe and easy way for your child to catch up on routine immunizations. Our records indicate that patient(s) associated with this contact number has delayed immunizations that need to be caught up. Our clinic provides [appointments, walk-in hours, drive-up option, or community locations] for catch-up. Please call me directly at [phone number] to arrange catch-up immunizations for your dependent(s) in order to protect them from risks of outbreaks of preventable diseases.”

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Responses to Parent/Guardian Concerns

1. If a parent has concerns, is hesitant to follow the recommended immunization schedule, or questions the recommendation, use the following Centers for Disease Control and Prevention (CDC) guidance:
 - Share the tailored reasons why the recommended vaccine is right for the patient based on his or her age, health status, lifestyle, occupation, or other risk factors.
 - Highlight positive experiences with vaccines (personal or in the practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.
 - Address patient questions and concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
 - Remind patients that vaccines protect them and their loved ones from many common and serious diseases.
 - Notate that MHS/MTF clinic staff are available to fully inform the patient or parent/guardian of the benefits, risks, and alternatives to receiving indicated immunization(s) before, during, and after the in-person immunization encounter. Respond to any questions from the beneficiary's representative accordingly.
2. If a parent/guardian has concerns about COVID-19 exposure at the MTF:

“Our clinic has implemented protocols to keep you and your child safe during the visit.”
State the specific protocols (e.g., physical distancing, sick and well waiting areas, immunized staff).”
3. If a parent/guardian asks about COVID-19 vaccination for their child, either alone or related to receipt of routine childhood vaccinations:

“COVID-19 vaccine is approved for those 12 years of age and older. The CDC stated that teenagers can receive routine vaccinations at the same time as COVID-19 vaccine. Studies are underway for younger children. At this time, the CDC recommends proceeding with routine childhood immunizations.”

References

Immunization Strategies for Healthcare Practices and Providers, Centers for Disease Prevention and Control. <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html>. Accessed June 2, 2021.