

EXHIBIT A
Scope of Work

1. Service Overview

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein:

Sections 120325-120380 of the Health & Safety Code, Chapter 435, require immunizations against childhood diseases prior to school admittance. Health Officers are required to organize and maintain a program to make the required immunizations available. This contract assists the Contractor in defraying costs of the program which supports the State's objectives to control diseases that are preventable by vaccines. It is the California Department of Public Health's responsibility to provide this assistance to the local health jurisdictions. The Contractor is to conduct a general immunization program which provides all Advisory Committee on Immunization Practices (ACIP) recommended vaccines to the general public. In addition, the Contractor identifies target populations in need of immunizations and initiates corrective action to improve immunization levels.

2. Service Location

The services shall be performed at applicable facilities in the County of El Dorado.

3. Service Hours

The services shall be provided during County working hours and days.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health

Cindy Klaisle
Telephone: (530) 886-3679
Fax: (530) 886-3670
Email: cindy.klaisle@cdph.ca.gov

County of El Dorado

Phyllis Goldie, SPHN
Telephone: (530) 621-6185
Fax: (530) 642-0892
Email: pgoldie@co.el-dorado.ca.us

B. Direct all inquiries to:

California Department of Public Health

Immunization Branch
Attention: Rossana A. Ordonez
850 Marina Bay Pkwy., Bldg. P 2nd Floor
Richmond, CA 94804

Telephone: (510) 620-3768
Fax: (510) 620-3774
E-mail: rossana.ordonez@cdph.ca.gov

County of El Dorado

County of El Dorado
Attention: Phyllis Goldie, SPHN
931 Spring Street
Placerville, CA 95667

Telephone: (530) 621-6185
Fax: (530) 642-0892
Email: pgoldie@co.el-dorado.ca.us

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

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5. Services to be Performed – Pediatric-IAP-Hepatitis B

The Contractor must agree to the following inclusive objectives and conduct the following activities. Please note that many of these services to be performed are also objectives and activities required by the Federal Government and are conditions for funding of the California Immunization Program and/or statutory requirements of State and local health departments. The level of subvention contract funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Subvention contract funds must not be used to supplant (i.e., replace) local funds currently being expended for routine immunization services and activities.

A. Objectives:

- 1) Raise to (or maintain) immunization coverage levels to 95% or greater for each immunization required by law for kindergarten students and child care entrants within the Contractor's jurisdiction.
- 2) By the end of the year 2010, 90% of two-year-olds within the Contractor's jurisdiction should be vaccinated with one dose of measles, mumps, and rubella (MMR) vaccine, three doses of polio vaccine, at least four doses of diphtheria, tetanus, and pertussis (DTP) vaccine, three doses of *Haemophilus influenzae* type b (Hib) vaccine, three doses of hepatitis b vaccine, and one dose of varicella vaccine.
- 3) Through prevention, surveillance and outbreak control, reduce, or eliminate illness, disability and death due to vaccine-preventable diseases within the Contractor's jurisdiction.
- 4) Establish and/or maintain an effective reminder/recall system for clinic patients which includes the following elements:
 - a. Reminder system (postcard, telephone call, or registry)
 - b. Follow up recall notices for no-shows
 - c. Simple tracing procedures for missing clients
 - d. Written protocol for reminder system
- 5) Inform and educate health care providers, school staff, child care community, and the general public about the need for timely administration of scheduled immunizations of children and adults.

B. Specific Activities:

- 1) Program Management
 - a. Contractor agrees to assign one or more staff the responsibility of monitoring each program activity: 1) Program Management; 2) Vaccine Accountability and Management; 3) Immunization Information Systems; 4) Provider Quality Assurance; 5) Perinatal Hepatitis B Prevention; 6) Adolescent Immunizations; 7) Adult Immunizations; 8) Education, Information, Training, and Partnerships; 9) Epidemiology and Surveillance; 10) Population Assessment; and 11) WIC-Immunization linkage.

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- b. To ensure that public immunization clinic policies and practices are in compliance with the current recommendations approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics (AAP) as specified in the Revised Standards for Immunization Practices Child, Adolescent and Adult Immunization, and conduct in-service training for public clinic staff.
- c. Within the health jurisdiction, develop and implement policies and procedures to enhance the continuity of care (including recommended immunizations) through the utilization of a medical home among medically underserved children, adolescents and adults.
- d. Attend/participate in regional, state and local meetings and educational forums related to immunizations including but not limited to those sponsored by the Immunization Branch and CDC. Attendance at the yearly CDPH Immunization Branch Coordinator's Meeting is required for all Immunization Coordinators.

2) Vaccine Accountability and Management

The contractor receiving vaccine purchased with State of California/Federal funds, herein called State purchased vaccines, agrees:

- a. To ensure that immunization practices at the local health department for vaccine storage, handling and administration procedures are consistent with the Revised Standards for Immunization Practices Child, Adolescent and Adult Immunization.
- b. The authorized immunization patient record card or authorized clinic log sheets must be stored by the local health department in a retrievable file for a minimum of 7 years following the end of the calendar year in which the vaccine information statement was provided to the vaccine recipient, parent, or legal representative. In addition, if a notice of a claim or lawsuit has been made, the record must be retained until after a final disposition has been made.
- c. No charge may be made to the patient, parent, guardian or third party payer for the cost of State purchased vaccine provided to local health departments by the Immunization Branch. In addition, outside, non-profit providers of immunization services receiving State purchased vaccine may not charge patients or parents for the cost of vaccine. Charges made by local health departments for the direct costs incurred for administration or injection of the vaccine are discouraged but are not specifically prohibited. Should the health department or outside medical provider receiving state-purchased vaccine establish an administration fee for an injection of vaccine, information, e.g., sign/poster, must be prominently displayed which indicates that no one receiving an immunization in a public clinic may be denied vaccine provided through public funds for failure to pay the administration fee or failure to make a donation to the provider.
- d. The storage and handling of State purchased vaccine within local health department facilities shall be in accordance with the manufacturers' specifications and CDC Guidelines. Local health departments may be required to purchase new refrigerators or freezers if the storage units cannot consistently maintain appropriate temperatures.

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3) Immunization Information Systems

In coordination with the local or regional registry:

- a. Assist in the implementation, maintenance and enhancement of the Immunization Registry in accordance with Immunization Branch standards.
- b. Conduct periodic assessments of the integration of the registry into the immunization program using the PROW standards of excellence.
- c. Collaborate with provider organizations and other immunization coalition stakeholders in the registry's catchment area to assist with provider recruitment, training, implementation and maintenance.
- d. Increase the percentage of public and private provider sites participating in the registry to achieve the Healthy People 2010 objective of 95% of children under 6 years of age with two or more immunization records in the registry.
- e. Promote activities and strategies to increase the percentage of children 6-18 years of age and adults participating in the registry in the catchment area.

4) Provider Quality Assurance

- a. Provide and/or promote educational/training opportunities and informational materials to ensure that health care providers within the jurisdiction are knowledgeable and competent regarding current best practices for immunization services.
- b. Utilize AFIX (Assessment, Feedback, Incentive, Exchange) annually to assess immunization coverage rates and adherence to the Standards for Pediatric Immunization Practices at local health departments and community health centers with state funding.

5) Perinatal Hepatitis B Prevention

Encourage use of the birth dose policy in hospitals within the jurisdiction by:

- a. Providing education on the Hepatitis B birth dose recommendations and screening all pregnant women for HBsAg status.
- b. Identifying barriers to implementation of the birth dose.
- c. Assuring that delivery hospitals develop written policies, procedures and standing orders for the administration of the birth dose.
- d. Assisting with enrollment of birth hospitals in the VFC Program.

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6) Adolescent Immunizations

Working collaboratively with local public and private/nonprofit providers and agencies, and professional organizations to establish a platform on adolescent immunizations and increase coverage rates within the jurisdiction through:

- a. Enhancing access to all ACIP-recommended vaccines.
- b. Promoting public awareness of adolescent immunizations utilizing promotional campaigns, media and web communications.
- c. Increasing awareness of and educating health care providers about adolescent immunization recommendations.
- d. Promoting use of the Immunization Registry for adolescents.
- e. Outreach to adolescent service providers and enrollment in the VFC Program.
- f. Collaborating with school based health centers, juvenile correctional facilities and social service agencies to promote coverage.

7) Adult Immunizations

- a. Working collaboratively with immunization coalitions, community groups, child care providers, schools, nursing homes, home health agencies and other organizations, develop and implement a strategy for the promotion of flu immunization within the jurisdiction.
- b. To improve immunization coverage rates among adult populations within the jurisdiction, coordinate program planning and implementation of strategies with local public and private/nonprofit agencies serving adults.
- c. Working collaboratively with the Immunization Registry, develop and implement strategies to increase the percentage of adult immunizations entered into the registry.

8) Education, Information, Training, and Partnerships

- a. Participate in the development, implementation and promotion of outreach activities focused on children, adolescents, adults and families through partnerships, coalitions, and collaboration with community groups, child care providers, juvenile justice programs, and culturally appropriate organizations to reduce ethnic disparities in immunization coverage rates.
- b. Collaborate with birthing facilities to develop and implement new mother education programs regarding immunizations. Collaborate with the Registrar of Births to distribute immunization educational materials to new mothers.
- c. Work collaboratively with immunization coalitions, community groups, child care providers, schools, nursing homes, home health agencies and other organizations to develop and implement a strategy for the promotion of influenza vaccination within the jurisdiction.

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- d. Ensure that providers are knowledgeable about and are using the VIS in accordance with the National Childhood Vaccine Injury Act.

9) Epidemiology and Surveillance

- a. Support the maintenance of an effective system for identification and reporting of suspect, probable and confirmed cases of vaccine preventable diseases (VPDs).
- b. Support the investigation and follow-up of reported suspect, probable and confirmed VPDs.
- c. Ensure that local health departments and public health clinics are knowledgeable about and utilize the Vaccine Adverse Events Reporting System (VAERS) for reporting adverse events following immunizations in accordance with Immunization Branch guidelines.

10) Population Assessment

- a. Conduct an immunization assessment of all child care centers and assist the Immunization Branch with conducting an immunization assessment of all kindergarten schools.
- b. Conduct selective review site visits to a randomly selected sample of child care centers, kindergarten, and seventh grade schools.
- c. In coordination with Immunization Branch Field Representatives, local health authorities and local child care center and school authorities, encourage compliance of all child care centers and schools with existing regulations pertaining to the immunization of children admitted to such institutions.
- d. Implement and maintain immunization clinic reminder/recall systems among all public medical providers receiving state-supplied vaccines to improve immunization rates among preschool-age children within the jurisdiction.
- e. Develop and implement strategies to increase immunization rates of the 24-35 month old population in the jurisdiction. Expected improvements as assessed with Clinic Assessment Software Application (CoCASA) for the 4:3:1:3:3 series by provider type are: Public health clinics (PHC) with rates below 40% should achieve a 25% improvement; between 40% and 49% should achieve a 15% improvement; between 50% and 69% should achieve a 10% improvement; and between 70% and 85% should achieve a 5% improvement.

11) WIC-Immunization Linkage

- a. Promote the use of the immunization registry in WIC sites.

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C. Required Reports

1) Reports of Local Program Progress and Activities

In accordance with the guidelines and format provided by the CDPH Immunization Branch, the Contractor shall submit, through his/her CDPH Immunization Branch District Field Representative, to the Branch identified in paragraph 4 within D. Required Reports, by the 15th of the month following the end of each quarter, a written quarterly report of progress and activities. In addition to the written report the Contractor and Project Liaison, or designee, may meet and discuss the above matters in person.

- 2) Upon completion of the investigation of each probable or confirmed reportable vaccine preventable disease case, a completed investigation form must be submitted to the CDPH Immunization Branch.
- 3) Contractor agrees that itemized personnel positions listed in the *Application for Immunization Project Subvention Funds* shall not be subject to Contractor's personnel policy decisions to refrain from filling vacant positions.
- 4) All reports, other than those required to be directed to the Field Representatives, invoices, and other written communications are to be addressed and delivered to the California Department of Public Health, Immunization Branch, 850 Marina Bay Pkwy., Bldg. P 2nd Floor, Richmond, California 94804.
- 5) The State reserves the right to use and reproduce all reports and data produced and delivered pursuant to this Contract and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records are protected pursuant to California State laws and regulations.
- 6) It is agreed by the Contractor that in the event that a significant portion of the Contract objectives for the initial four months of the Contract are not met by that time; and in the event that the State determines from quarterly invoices, performance reports, and other sources of information that the Contractor will not perform the total quantity of services contracted for; and that therefore, the total budget allocation will not be depleted; the State and/or Contractor may make an equitable adjustment in the original Contract budget and Contract objectives in order to decrease the total quantity of services and commensurate Contract amount. Any adjustment shall be by amendment only and duly executed by both parties and approved by the Department of General Services (if applicable).

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6. Services to be Performed – Collaborative Funds

A. Objectives:

- 1) By June 30, 2010, within the catchment area the Contractor shall have implemented and shown documented progress of targeting the “highest risk” children to ensure they receive age-appropriate immunizations on time. The progress shall be demonstrated through attainment and achievement of the goals, objectives, and activities stated in the Contractor’s Fiscal Year 2009/2010 Budget Application, submitted to the CDPH Immunization Branch on May 12, 2009.

B. Required Reports:

- 1) The quarterly progress reports will document the efforts made toward achieving the revised goals, objectives, and activities stated in the Contractor’s Fiscal Year 2009/2010 Budget Application, submitted to the CDPH Immunization Branch on May 12, 2009.