Provider FAQs Regarding Vaccine Indicators Including Defer/Refuse

Why did OP eliminate the ability to mark a vaccine as *Series Complete*?

OP built VacLogic and the indicators capabilities long before the information regarding immunization was shared with Immunization Registries. The most modern specifications regarding immunization information exchange now require a finite way of describing this information for sharing and it is associated with coded data sets. OP is now certified under this robust standard and we must adhere to the certified pre-determined data specifications.

How can I find all of the charts that we had marked series complete in the past?

There is a SQL query that you can copy/paste into the database viewer to identify those patients who are Active or on your Waiting list and determine how best to address them:

```
select patno, vacname, date1 as date_entered, date_indicated, description1 as notes,
indicatorid,
case when indicatorid = '1' then 'Atypical schedule'
when indicatorid = '2' then 'Series complete'
when indicatorid = '3' then 'Documented disease'
when indicatorid = '4' then 'Documented immunity/titers'
when indicatorid = '5' then 'Not required local jurisdiction'
when indicatorid = '6' then 'Deferred - vaccine hx pending'
when indicatorid = '7' then 'Deferred - medical contraindication'
when indicatorid = '8' then 'Not required by ACIP/AAP'
when indicatorid = '9' then 'Refused'
when indicatorid = '10' then 'Serious adverse rxn prior'
when indicatorid = '11' then 'Deferred - vaccine not available'
else 'Reason not found' end as status  from vacindicator
inner join register on register.patno = vacindicator.patno
where status_pat in ('ACTIVE','WAITING LIST')
order by patno
```

Why did all of my immunizations that I had previously marked *Series Complete* go back to forecasting an additional vaccine?

Many users had marked vaccines *Series Complete* even when it was against ACIP forecasting logic, which includes catch up logic and minimal intervals including the 4 day *grace period* rule. The immunization data is sent to the immunization registries and they also follow ACIP guidance. So, there is an inherent conflict between what the IIS says the patient needs and what OP does. In an abundance of caution, when we moved to the new certification standard,

all of those vaccines are again processed through VacLogic. If indeed the vaccine is series complete, our own VacLogic will say so. But, if in accordance with current best practices, the patient is not complete, the provider/practice will have to confirm that they disagree with ACIP and best practices and do *not* want to give the patient an additional vaccine.

This is especially important since ACIP logic has evolved over time, and sometimes providers indicated a patient was *Series Complete* years ago, and the remainder of the practice was unaware. With the new functionality, every user can see who over-rode the ACIP guidance and why, so it is transparent to the rest of the practice.

What did OP do with the rest of the *old* Vaccine Indicators?

https://op.knowledgeowl.com/help/vaccine-indicators

- Documented Disease (DD) - Documented Disease, Other.
- Documented Immunity (DI) - Documented Immunity, Other.
- Refused (R) - Refused, Parent Decision (permanent, will no longer be forecast).
- Adverse Reaction (AR) - Deferred, Medical Precaution.
- Deferred: vaccine not available (DNA) - Deferred, Other, Out of Stock.
- All other statuses: (AS, SC, NR, NRL, DMC, DVH) - are not valid reasons to adjust vaccine forecasting and will remain as historical references.

What if I do not agree with the only choices Deferred or Refused?

Unfortunately, those are the only 2 data choices that are valid according to the certification standards. According to best practices, we encourage practices to think of it this way:

- If you do not ever want VacLogic to forecast a vaccine in the future, mark it **Refused**
- If you do not want to give the vaccine today for any reason, including those listed below, then mark it **Deferred**:
    - The patient *declined* the flu vaccine today, but you want to ask them again this season and in the future
    - The family splits vaccines and you are giving 2 today and 2 in 1 month
    - The child is ill and you want them to come back when well
    - You do not have inventory today to give the vaccine, but want to recall them in a few weeks when you expect to have adequate supply

To avoid confusion, many practices are starting to speak of this in a way that Refusal is permanent. If a parent/family/patient *declines* to receive the vaccine for any reason, but you intend to keep asking because the patient is due (or in an outbreak you want to find them), then

think of those declinations as deferrals. They may be deferred *for an unknown period of time or indefinitely*, but they are not permanently refused.

How does the date work in the deferral state?

If you want a standing order for a vaccine to be given on/after a future date, put that date in your deferral. The date currently defaults to 2 weeks, because the most common use case is that a child is sick and you are deferring. That should be changed based on when you want the child to come back. Future development includes the ability for a practice to set this default date to a different time period.

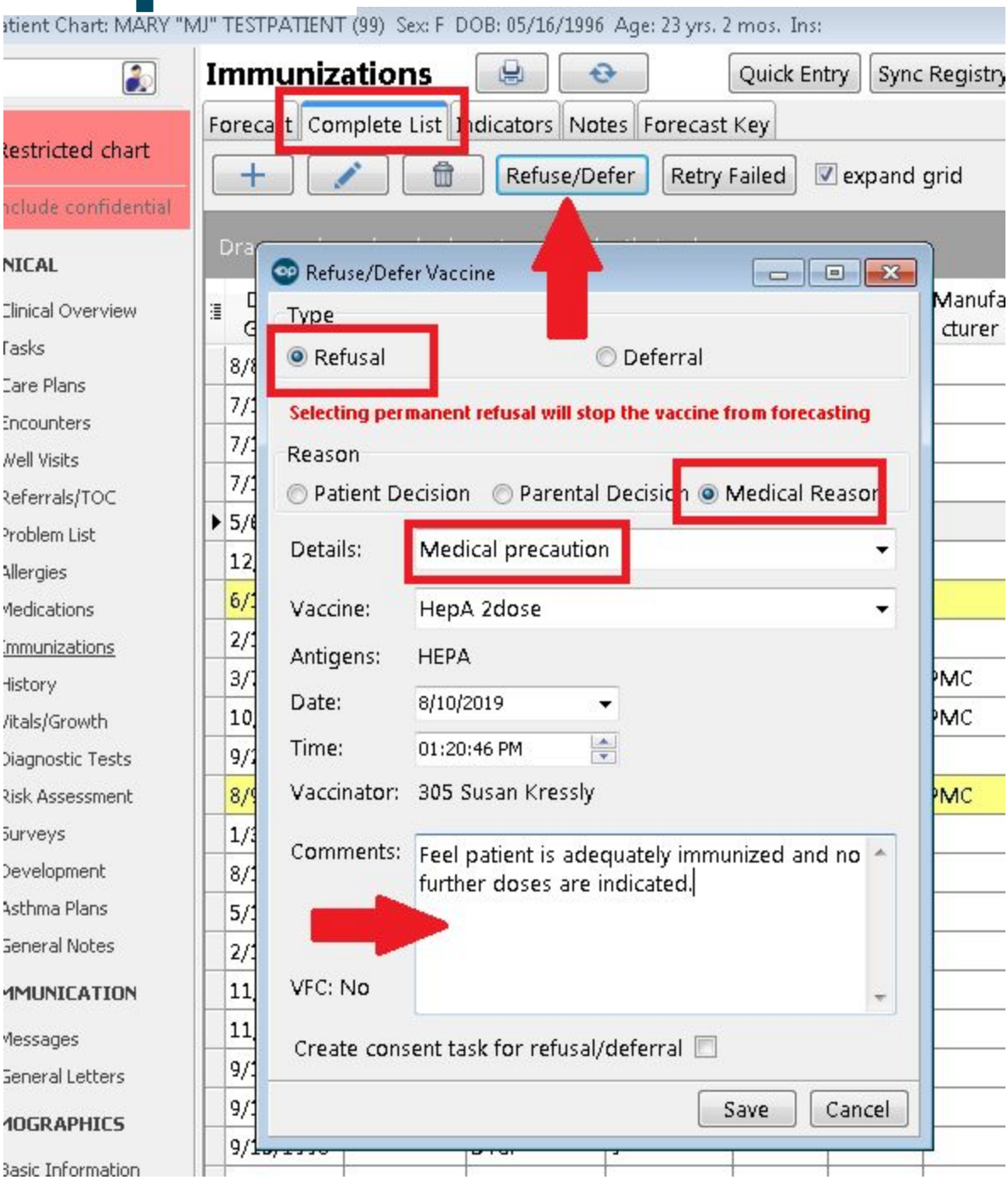
If you do *not* want to create a standing order for the vaccine, and there is no definitive time that you want the patient to come back, blank out the date on the deferral screen and no order will be created, but the vaccine will continue to be forecasted as due.

A deferred state will not give you a warning if you attempt to give it while it is in deferred status. This is appropriate in most cases. For example, if you are deferring vaccines due to illness for 2 weeks, and the family comes back in 10 days for the vaccines, you can give the deferred vaccines with 4 days left in the deferral state, and there will be no pop-ups/warnings that the vaccines are currently deferred.

However, if you want a *hard stop*, but only for a time period (see IVIG example below), you will have to put the vaccine in Refused state. Because Refused states by definition do not expire, you will need to set a Task Due and manually remove the Refused state after that time period.

How can I mark a vaccine as *Series Complete* if I disagree with VacLogic?

Mark the vaccine as refused for medical reasons and document your reasoning in the comment box. In essence, the provider is refusing the suggestion for an additional vaccine.



Or, if you explain that the dose was given too early and you believe the patient should have another vaccine, but the parent refuses, then document appropriately:

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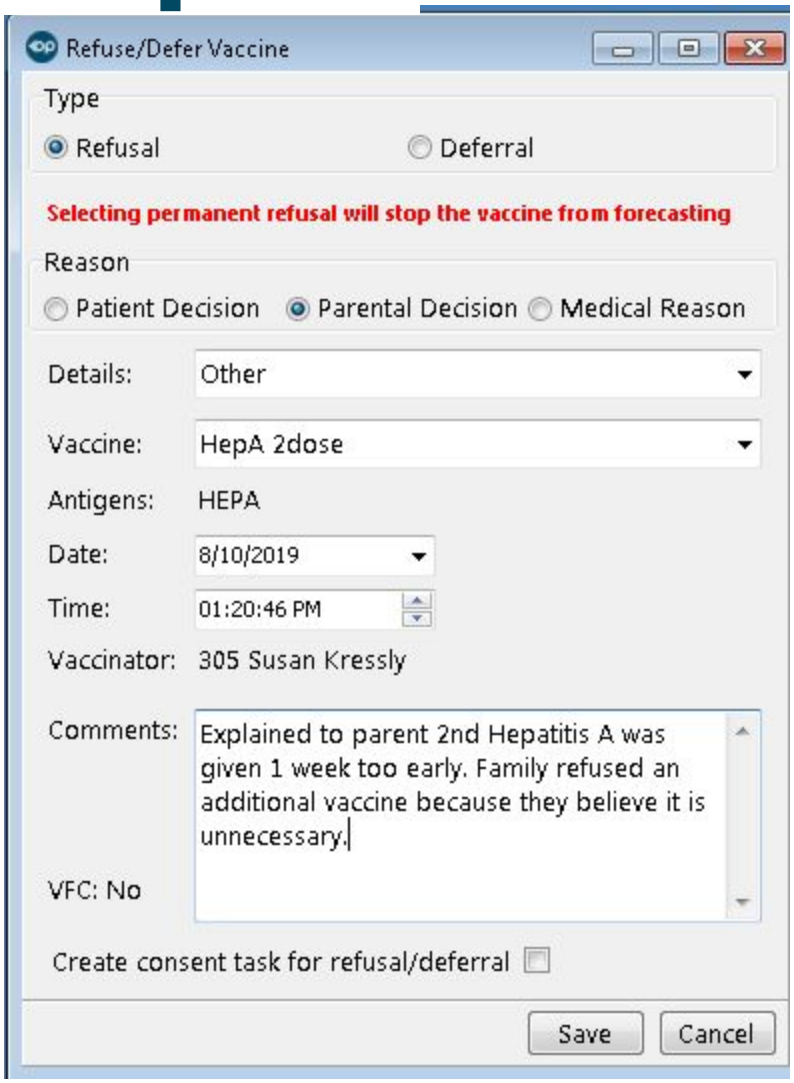


What if I disagree with VacLogic Forecasting?

Office Practicum makes every attempt to follow ACIP guidance for all universally recommended vaccines. Occasionally edge cases are discovered by our providers and we ask that those get processed by directly contacting our Medical Director. OP follows ACIP universally recommended vaccines (those in Category “A” according to the CDC) using the CDC GRADE framework:

GRADE (Grading of Recommendations, Assessment, Development and Evaluation) is a new evidence-based framework for ACIP to use in making recommendations. This method takes into account the balance of benefits and harms, type or quality of evidence, values and preferences

of the people affected, and health economic analyses, according to the CDC website. The recommendations are made in one of three categories: A, B, or no recommendation. A Category "A" recommendation means the ACIP recommends the vaccines for all persons in an age group or for persons at-risk for disease. A category "B" recommendation does not apply to all members of a group, but provides guidance for providers to help the patient or guardian make a decision to vaccinate or not.
(https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6118a3.htm)

If a provider chooses to override existing VacLogic they should do so by marking the vaccine as refused as outlined above. It is important to note that VacLogic does include catch-up logic and the "4 day grace period." It is also important to note that other entities are using standard ACIP logic to determine whether prior immunizations are valid doses and whether patients are up-to-date. This includes Immunization Information Systems (state/regional IISs) and schools. For certification, OP is in line with what other forecasting vaccine logic engines are also using. This will ensure that OP does not state a child's vaccines are up-to-date (for example a second Hepatitis A is given 7 days early) and the school states the patient is due for a second one and the IIS recalls a patient as part of their own regional vaccine recall outreach.

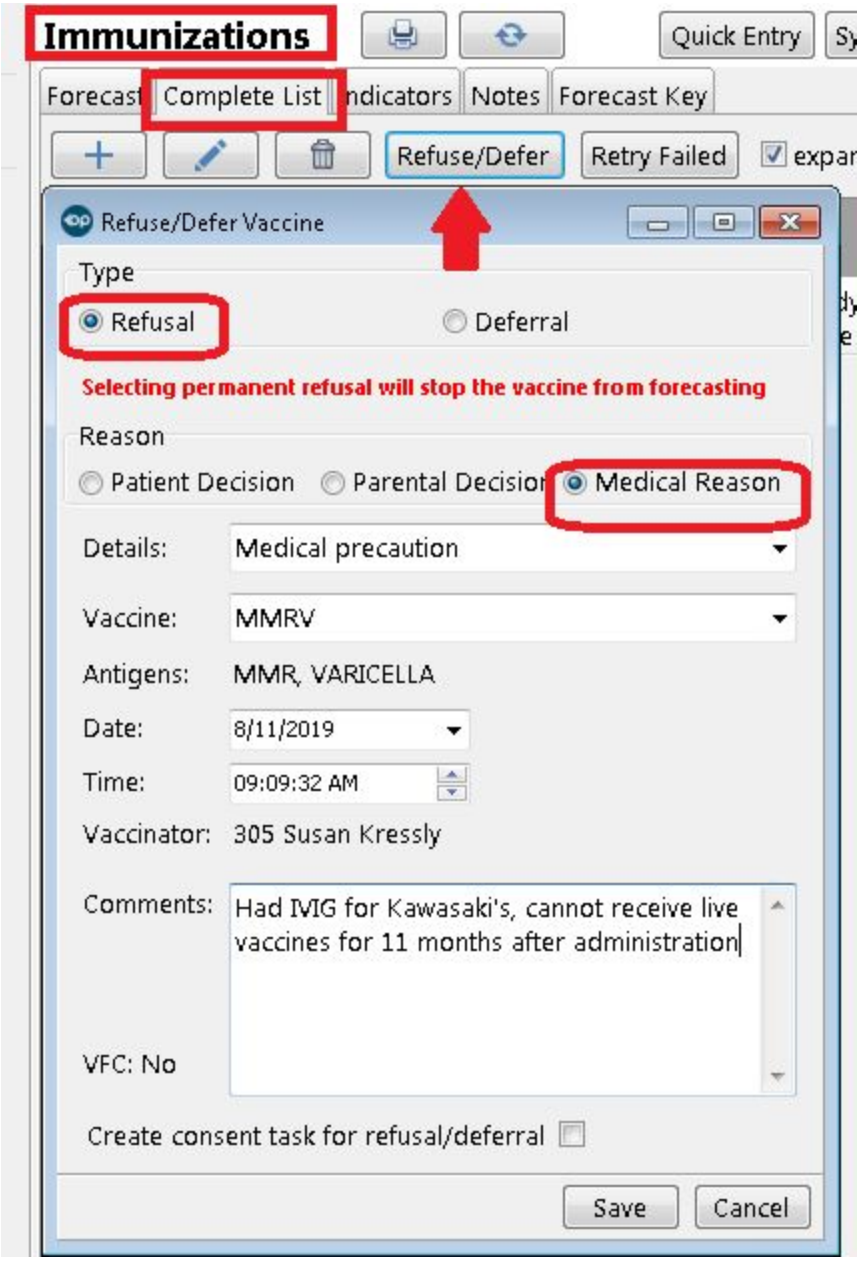
Why can't I decide which vaccines to choose for documented immunity?

According to the latest scientific understanding of immunity, not all diseases carry *lifelong* immunity which would prevent you from further vaccination (think getting influenza this year, getting the vaccine is still indicated because of multiple strains). In addition, antibody titers are not reliable for all vaccines to document lifelong immunity. For example, you may have pneumococcal antibodies now, but in older adults, the vaccine is still recommended every 5 years.

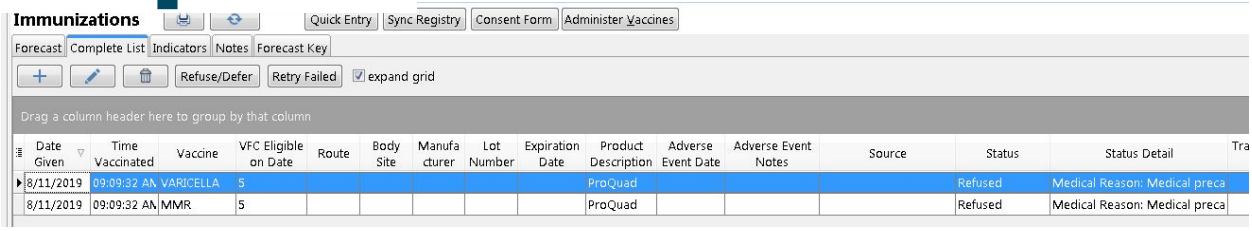
How do I handle a patient who can't get live vaccines for a set period of time after receiving IVIG? (differs depending on what/why given):

Remember if you *defer* a vaccine it will continue to forecast, and for the interim period of time where the patient should not receive MMR or Varicella you do not want someone to make an error and administer the vaccine. Best practices are to refuse the MMRV for medical reasons using the complete list, and then set a task for 11 months in the future to remove that refusal.

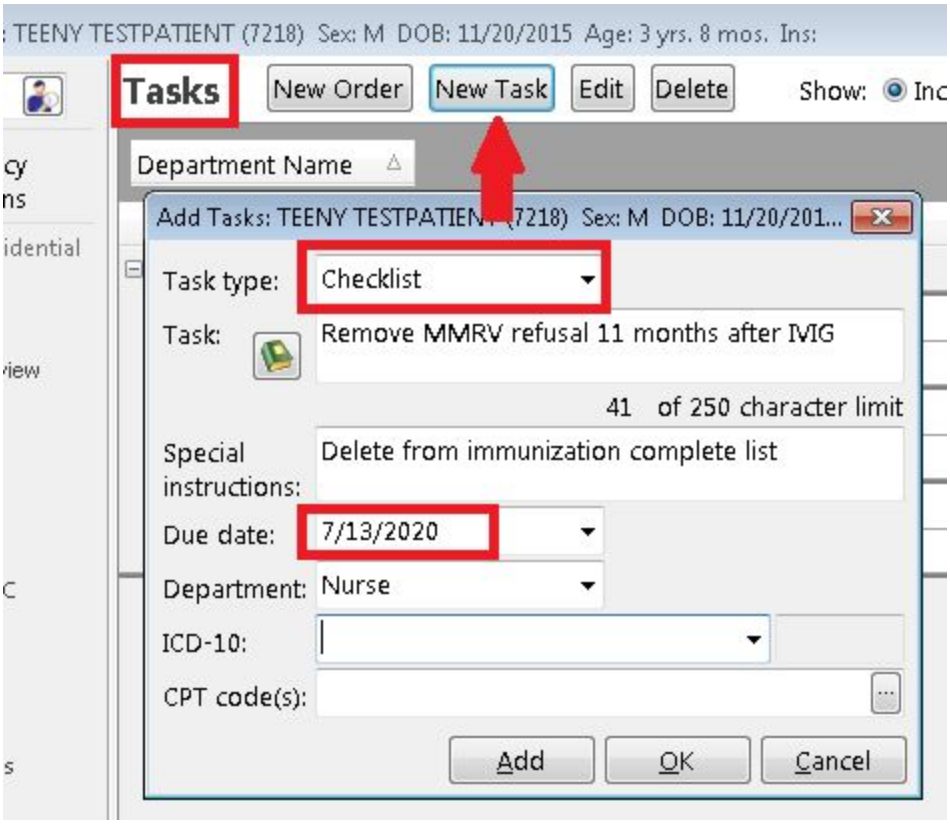
For example, a patient gets IVIG for Kawasaki's. Following CDC recommendations, you want to defer MMR and Varivax for 11 months after its receipt. Go to the complete immunization list, choose the defer/refuse button and make appropriate notations:



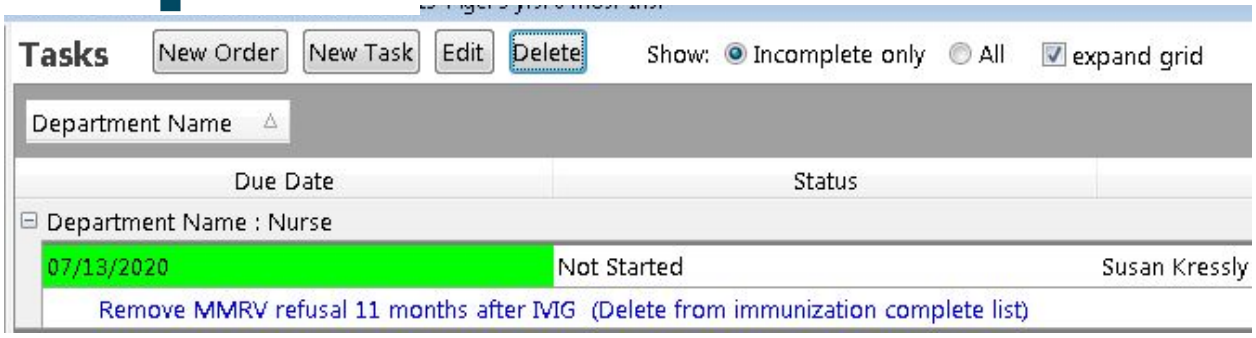
If you choose MMRV, OP will make an entry for MMR and Varicella



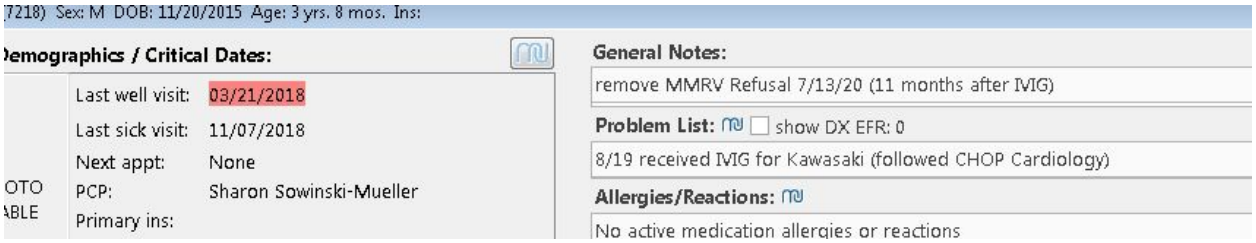
Then, create a task for 11 months in the future to remove the refusal and send it to the department which is going to be responsible for this work:



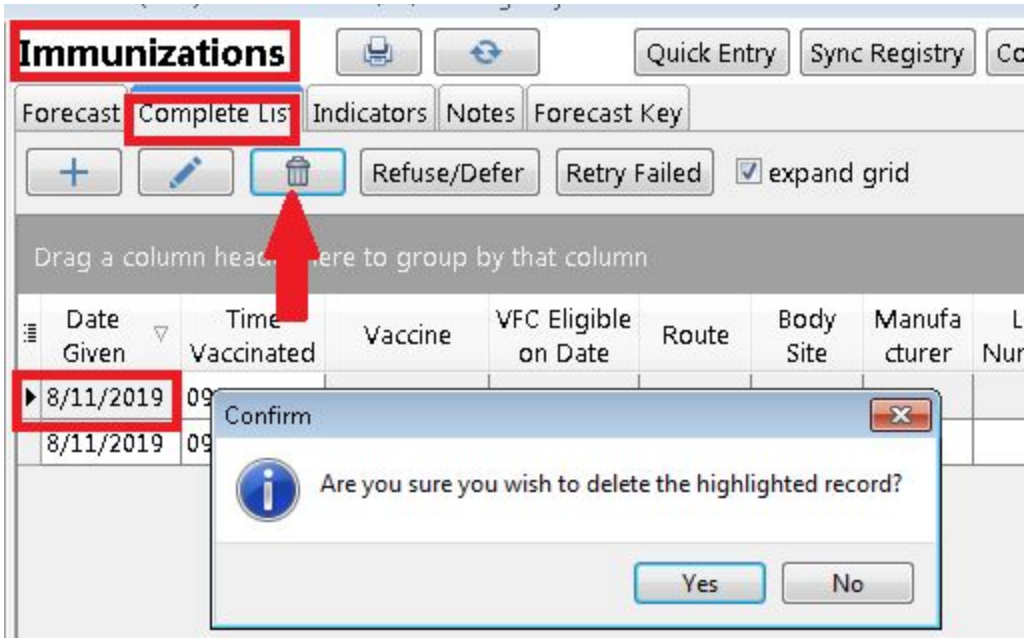
On 7/13/2020 the task will show up in the nurses task list as a checklist item:



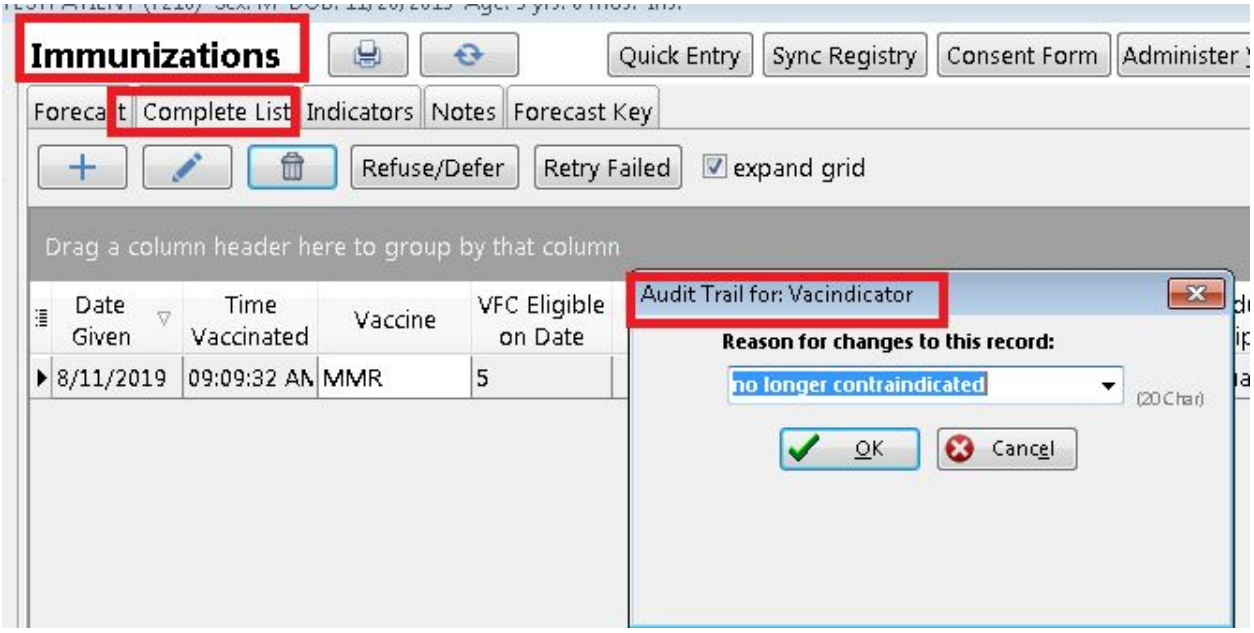
If your office team is not good about handling tasks daily, you may also want to remind yourself by putting a note in the general notes of the patient chart:



At a future date, return to the complete list, identify the row of data where the MMR refusal was documented and delete the entry.



In this example, you will have to delete both rows of data for MMR and Varicella separately and document an appropriate reason for why you are deleting the data.



How do I handle documenting a historical vaccine when I don't know the exact date?

For example, a parent may tell you that the child had a flu vaccine at the CVS sometime "*mid-October*." You do not yet have documentation from the CVS (and you may or may not ever receive it), and CVS does not report to the state registry. In the case of the flu vaccine, unless the child is in need of 2 vaccines, it only matters that they had one this season. So, document what you know for now:

Office Practicum

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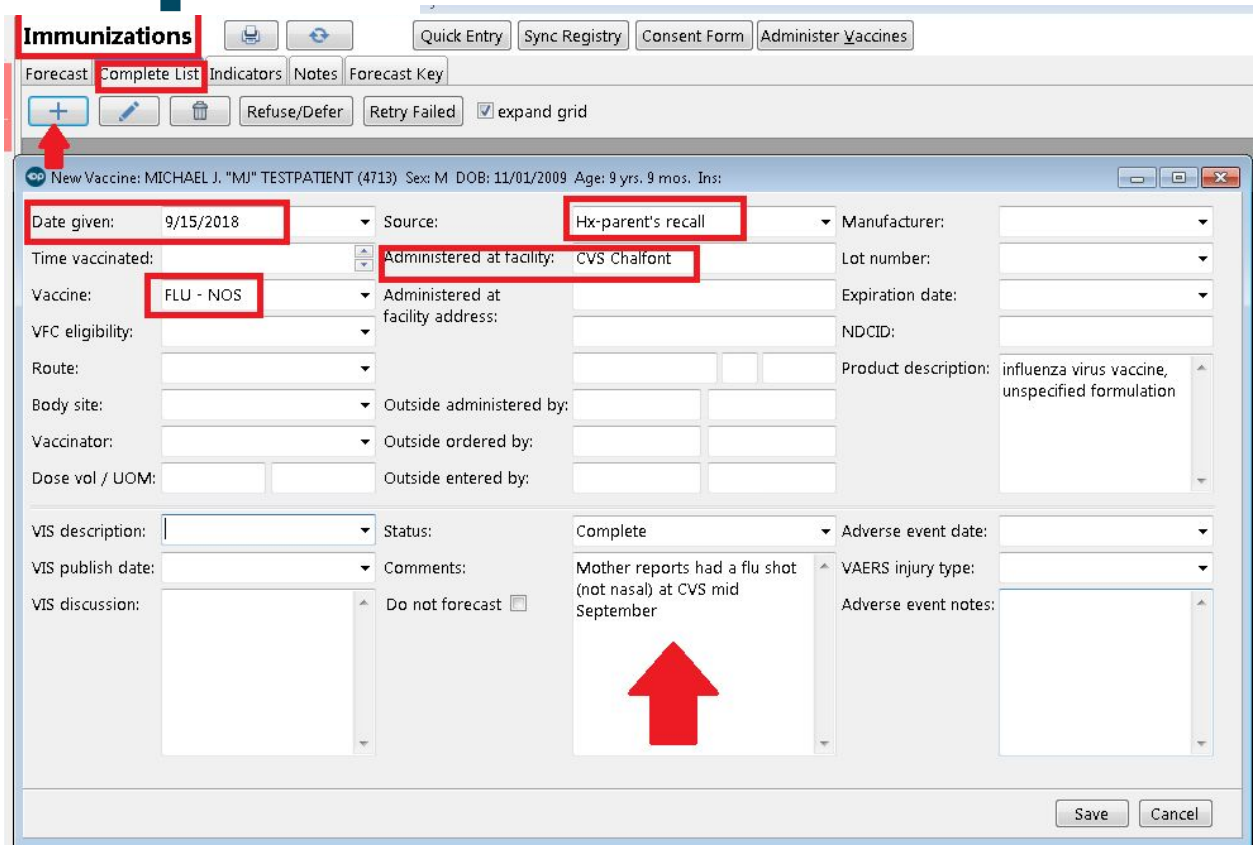
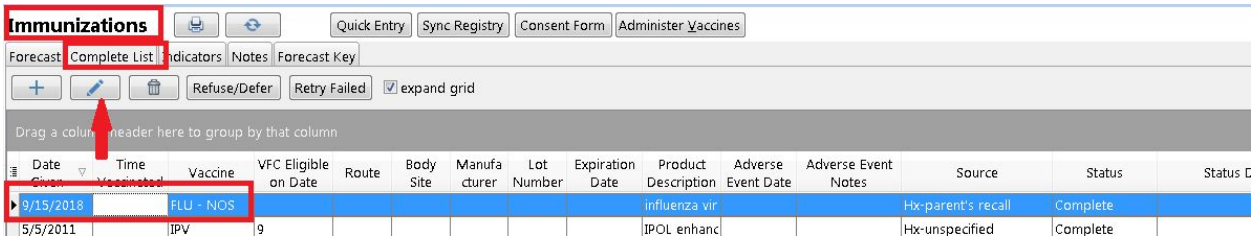


In the future, if you get the more detailed information from your state registry, delete this entry. If you get a faxed report from CVS or the mom remembers more detail, then edit this entry to include more exact details:



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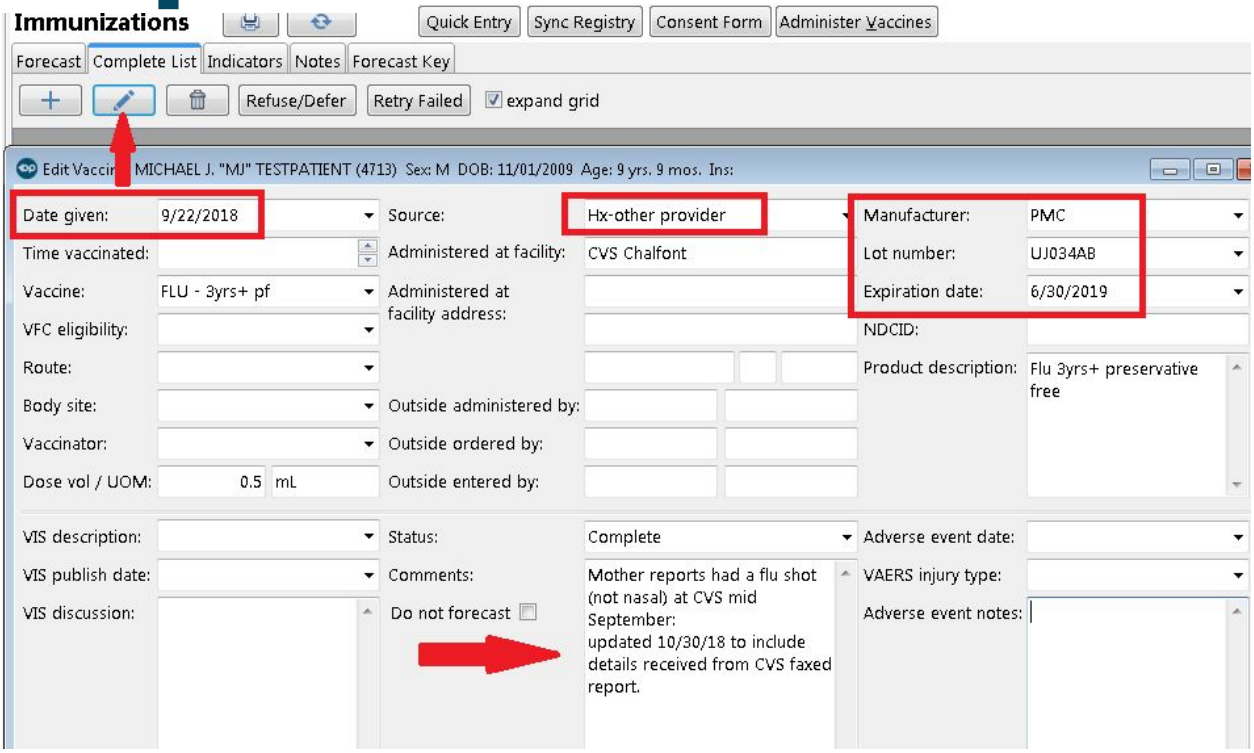

What is the "*Do Not Forecast*" checkbox used for in the complete list?

This checkbox should ***not*** be used to turn off forecasting for a particular vaccine antigen. If you want to remove a vaccine group/antigen from being forecasted, that should be accomplished by using the refusal indicator.

Do Not Forecast is used when you do not want this particular vaccine to *count* in the forecast (pretend it never was given when VacLogic processes what is due). Some examples where this might be used include:

1. The patient jerked during the injection, and you are not sure if the patient got the vaccine (can mark it partially administered and do not forecast)
2. You discover the vaccine was expired when given
3. The patient had a bone marrow transplant and you want to maintain records of all of the vaccines that were given prior to the transplant, but they no longer count for protection and therefore should not be included in the forecast.

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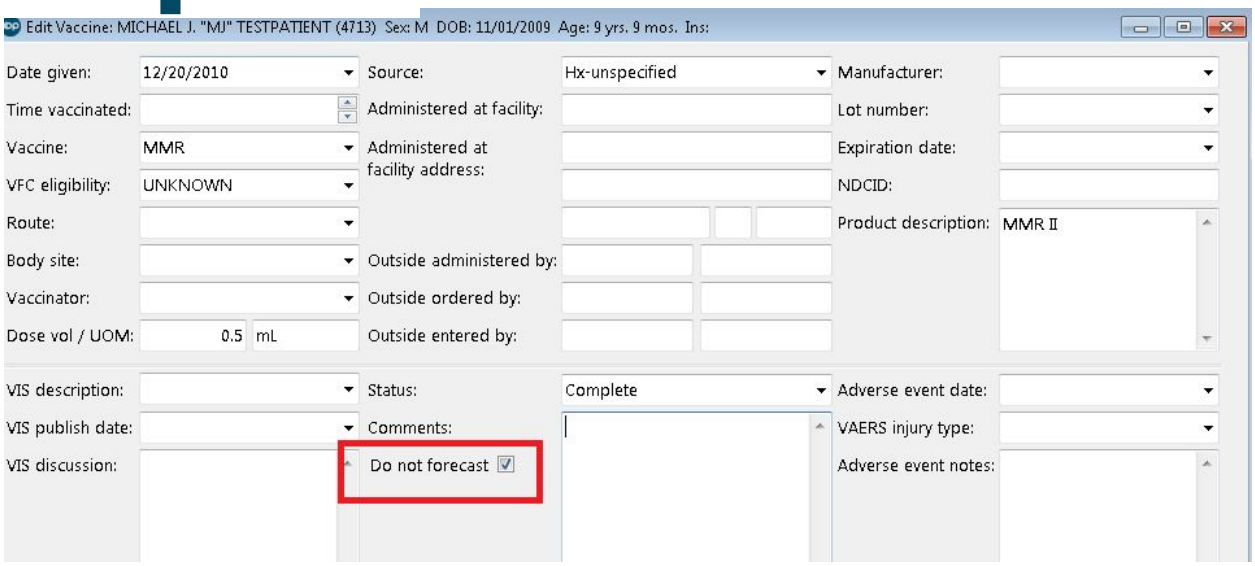

I have a patient who has hemophilia and needs to receive all of his vaccines subcutaneous (SQ) instead of intramuscular (IM). OP won't let me change the route of administration. How do I document this?

When administering the vaccine, you can delete the IM by backspacing in the route field. You can then go to the complete list, edit the vaccine and write an appropriate note in the comments field:

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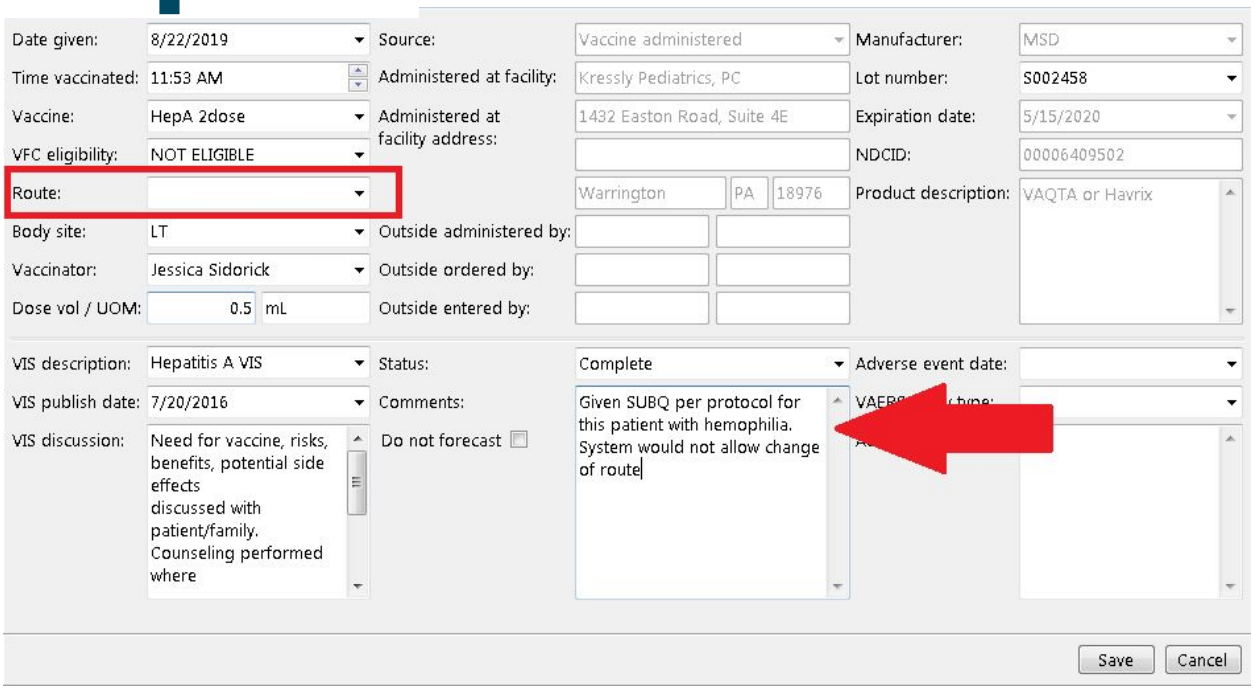


This also visible on the comment field when reviewing the complete list:

NOTE: This is also the current best practice if your practice team gives IPV as subcutaneous (SC) instead of IM ***or*** for a patient that you can't administer rotavirus vaccine orally and instead administer via g-tube.

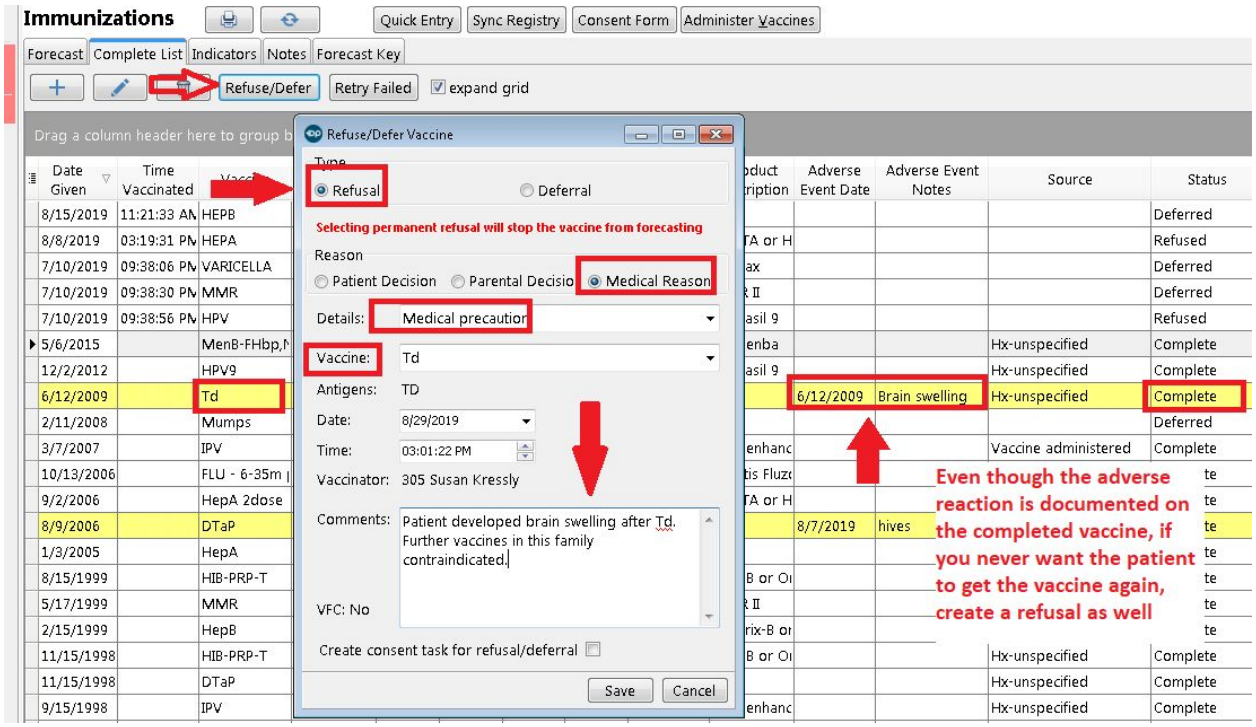
What is the best way to document a reaction to a vaccine?
https://op.knowledgeowl.com/help/immunizations-complete-list-adverse-reaction

It is important to recognize that not all adverse reactions mean that the patient should never get the vaccine again. A fever, or febrile seizure or fainting does not mean that the vaccine family should be permanently avoided. It remains important to document the notation in the complete vaccine list. This will not be displayed in the Immunization Forecast.

Provider FAQs Regarding Vaccine Indicators Including Defer/Refuse

What if it was such a severe reaction I don't want the patient to receive a subsequent vaccine dose?

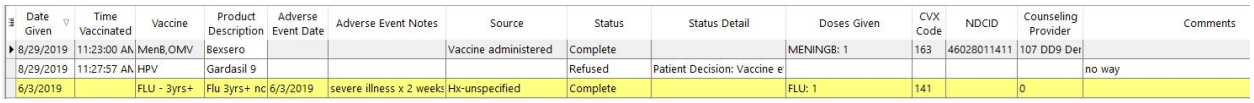
Use the refusal functionality and enter the reason as medical which will show up in the Immunization Forecast and will alert the user if a vaccine in that family is ordered and/or administered.



https://op.knowledgeowl.com/help/refuse-defer-vaccine

https://op.knowledgeowl.com/help/what-is-best-practice-on-using-refused-or-deferred

Refuse or adverse reaction both get pop up when both order and administer:



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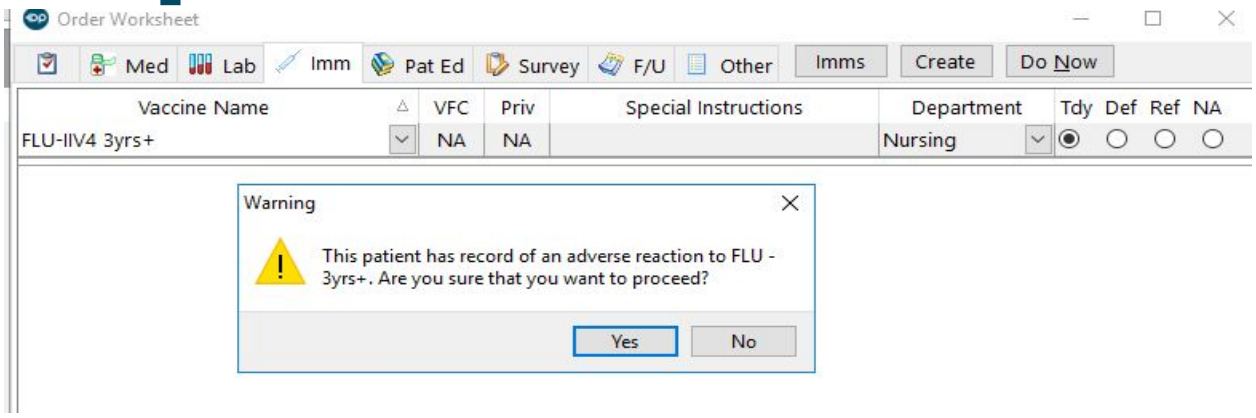
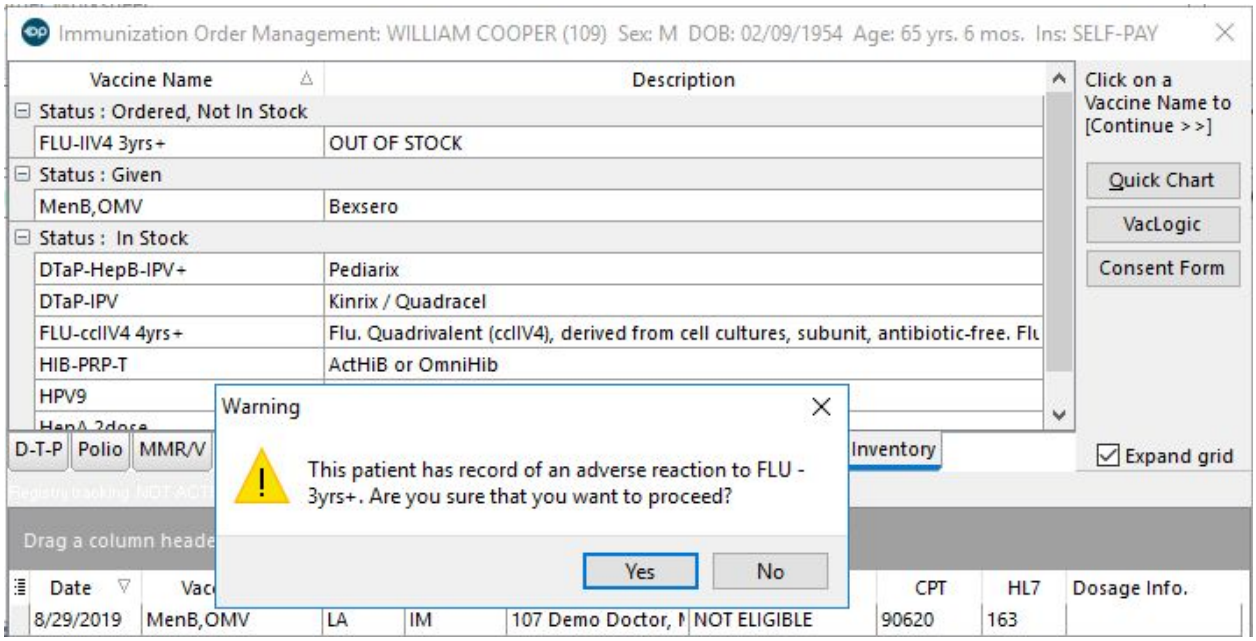
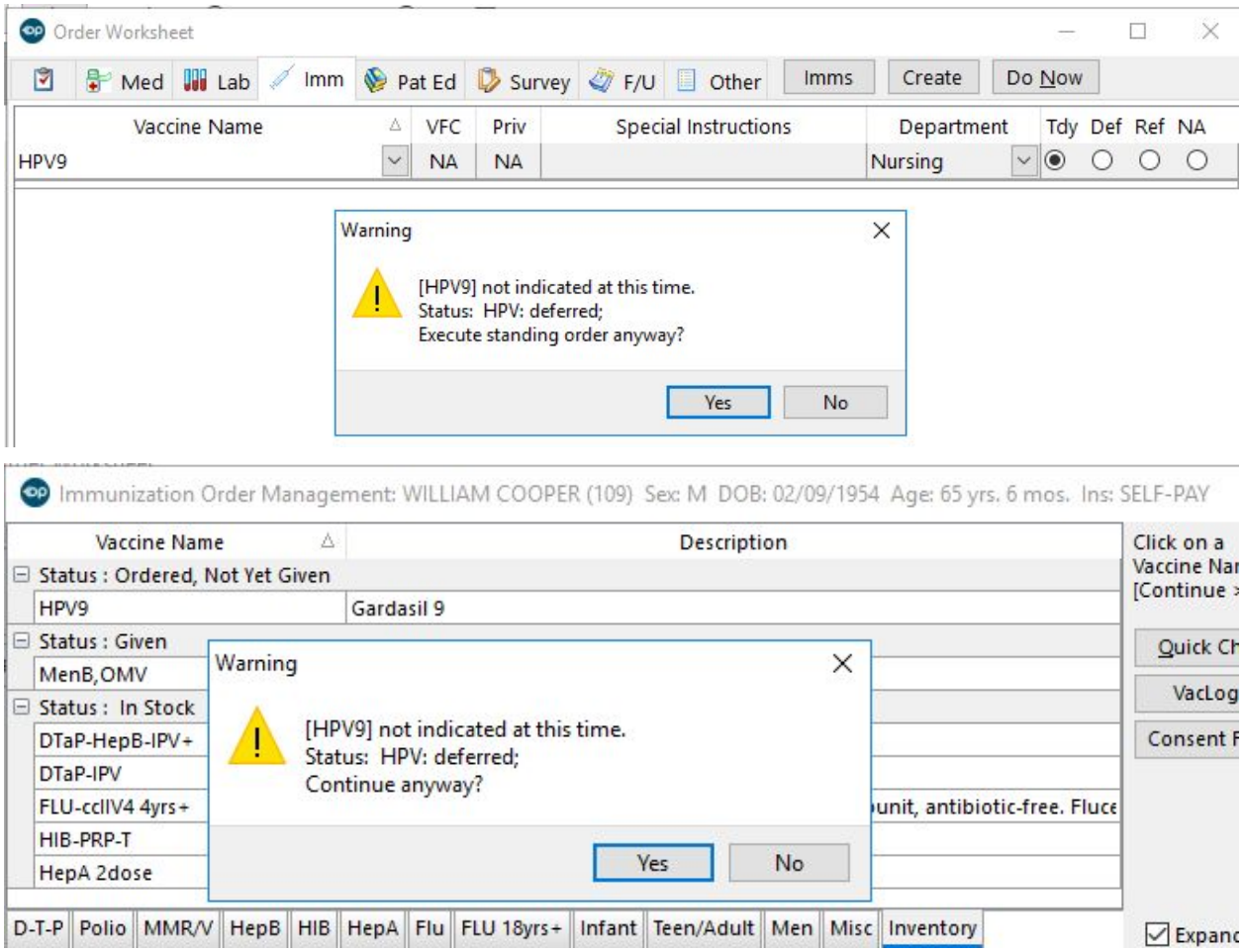


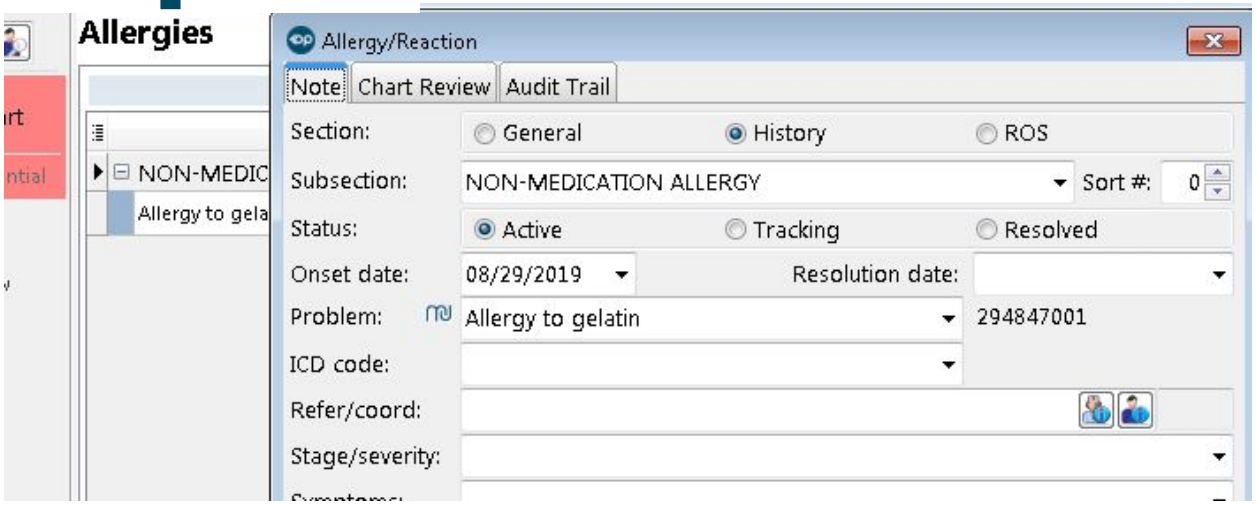


*The language around Refusal currently erroneously states deferred. This will be corrected in a future release.

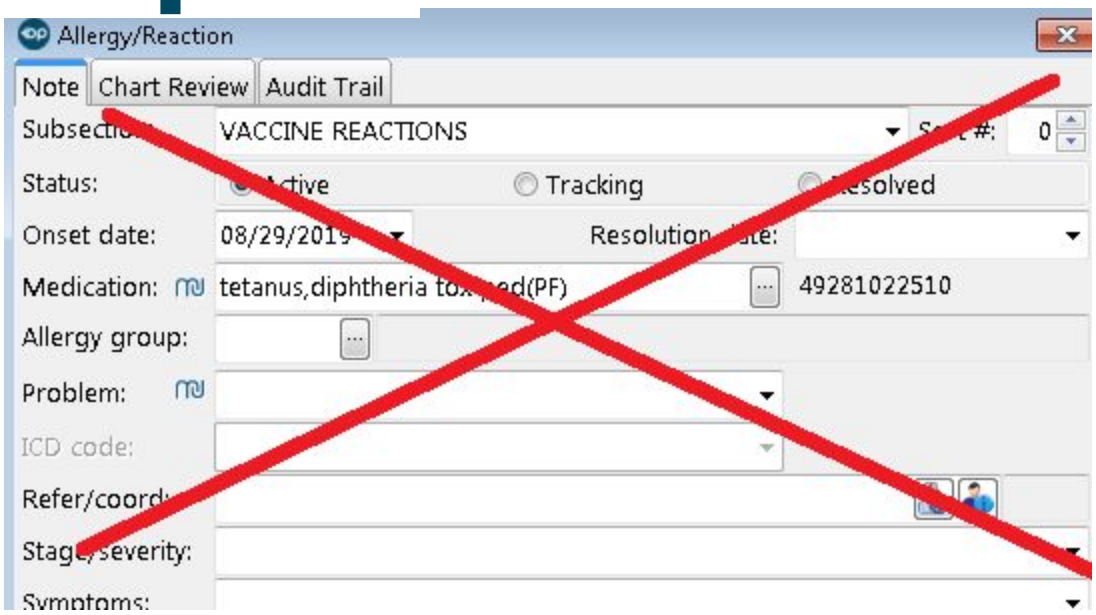


What should I do if a patient has a gelatin (or other vaccine ingredient) allergy?

Since vaccines are not the only product that may cause a problem with a gelatin allergy, documenting this allergy in the allergy section under non-medication allergy is appropriate.



However, there is ***no*** linkage between vaccine ingredient allergies and vaccine forecasting in OP. If the provider does not want the patient to receive a vaccine which they know contains gelatin, it is best best practice to go to those individual vaccine families and in the complete vaccine list for the patient, complete a vaccine refusal for medical reasons for each affected vaccine product family. This will ensure the information is available on the patient's Immunization Forecast and the provider ordering the vaccine will receive a pop-up alert, and the person administering the vaccine will receive a pop-up alert warning of the refused vaccine for medical reasons.

It is ***NOT*** advised to use the vaccine reaction in the allergy section of OP to document vaccine reactions. These will not be transferred to the complete list or to the forecast and will not result in users receiving appropriate warning during ordering or administration. This functitonality will be removed from OP in the near future to decrease confusion.

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