

**AAFP ADULT IMMUNIZATION OFFICE CHAMPIONS
DATA COLLECTION FORM**

Revised: July 30, 2019

What is the patient's race/ethnicity? White Black Hispanic Asian Other Unknown

What is the patient's gender? Male Female

ANSWER RECOMMENDED INFLUENZA VACCINE QUESTIONS FOR ALL PATIENTS 19 YEARS AND OLDER

INFLUENZA: (Annual one dose Influenza Vaccination during the flu season) Recommended for All Adults Patients 19 years and older

NUMERATOR: All Adults Patients 19 years and older included in the denominator who have received influenza vaccine for the current flu season.

DENOMINATOR: All adult patients 19 years and older who had been seen in your practice at least twice during the past measurement year (EXAMPLE: August 15, 2017-August 2018).

VACCINE STATUS INSTRUCTIONS: If patients are up to date on their vaccine answer where the vaccine was, "GIVEN." IF patients were not up to date, answer why the vaccine was "NOT GIVEN."

1. Was the Influenza vaccine administered during the past flu season? Yes (Answer: A.) NO (Answer: B.) Unknown (Skip to question #2.)

A. GIVEN: Please answer where vaccine was given (Check the answer that applies to the patient)		
Was the vaccine administered in your practice?	Yes (1)	No (2)
Was the patient already vaccinated outside your practice as noted in EHR AND/OR State IIS?	Yes (1)	No (2)
B. NOT GIVEN: Please answer based on the medical record of why the vaccine was not given (Check the answer that applies to the patient)		
Was patient referred elsewhere by practice?	Yes (1)	No (2)
Did patient have medical contraindications (As listed on the Adult Immunization Schedule)?	Yes (1)	No (2)
Did the patient plan to return to practice?	Yes (1)	No (2)
Was there a vaccine shortage and/or was the vaccine not available in practice?	Yes (1)	No (2)
Was the vaccine not given because the status was not documented?	Yes (1)	No (2)
Did patient refuse vaccine?	Yes (1)	No (2)
Did the patient plan to get the vaccine elsewhere?	Yes (1)	No (2)

#2 QUESTION: IS THE PATIENT 50 YEARS OF AGE AND OLDER? IF NO, STOP HERE AND REVIEW NEXT CHART. IF YES, CONTINUE ANSWERING QUESTION #2!

ZOSTER: (Two doses of Shingrix (RZV)) recommended for all adults 50 years of age or older **OR** One dose of Zostavax (ZVL) recommended for all adults 60 years and older

Administer: Adults 50 years and older 2 doses of RZV 2-6 months apart regardless of past episode of herpes zoster or receipt of ZVL **OR**

Administer: Adults 50 years and older 2 doses of RZV 2-6 months apart to adults who previously received ZVL at least 2 months after ZVL

NUMERATOR: All Adult Patients 51 years of age and older who received one to two doses of RZV vaccine

DENOMINATOR: All adult patients 51 years of age and older who were seen in your practice at least twice during the past measurement year (EXAMPLE: August 15, 2017-August 15, 2018).

VACCINE STATUS INSTRUCTIONS: If patients are up to date on their vaccine answer where the vaccine was, "GIVEN." IF patients were not up to date, answer why the vaccine was "NOT GIVEN."

2. Were One to two doses of RZV vaccine administered? Yes (Answer: C.) NO (Answer: D.) Unknown (Skip to questions #3)

C. GIVEN: Please answer where vaccine was given (Check the answer that applies to the patient)		
Was the vaccine administered in your practice during the measurement year?	Yes (1)	No (2)
Was the patient already vaccinated outside your practice as noted in EHR AND/OR State IIS?	Yes (1)	No (2)
Was the patient previously vaccine in practice and documented in EHR/IIS	Yes (1)	No (2)
D. NOT GIVEN: Please answer based on the medical record of why the vaccine was not given (Check the answer that applies to the patient)		
Was patient referred elsewhere by practice?	Yes (1)	No (2)
Did patient have medical contraindications (As listed on the Adult Immunization Schedule)?	Yes (1)	No (2)
Did patient plan to return later for vaccine?	Yes (1)	No (2)
Was there a vaccine shortage and/or was the vaccine not available in practice?	Yes (1)	No (2)
Was the vaccine not given because the status was not documented?	Yes (1)	No (2)
Did patient refuse vaccine?	Yes (1)	No (2)

Does the patient plan to get the vaccine elsewhere?	Yes (1) No (2)
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#3 QUESTION: IS THE PATIENT 60 YEARS OF AGE AND OLDER? IF NO, STOP HERE AND REVIEW NEXT CHART. IF YES, CONTINUE ANSWERING QUESTION #3!

ZOSTER: (Two doses of Shingrix (RZV)) recommended for all adults 50 years of age or older OR One dose of Zostavax (ZVL) recommended for all adults 60 years and older)	
Administer: Adults 60 years and older, administer one dose of ZVL (Zostavax) OR two doses RZV (Shingrix). RZV IS PREFERRED	
NUMERATOR: All Adult Patients 61 years of age and older who have received a single dose of ZVL vaccine or one to two doses of RZV.	
DENOMINATOR: All adult patients 61 years of age and older who were seen in your practice at least twice during the past measurement year (EXAMPLE: August 15, 2017-August 15, 2018).	
VACCINE STATUS INSTRUCTIONS: If patients are up to date on their vaccine answer where the vaccine was, " GIVEN. " IF patients were not up to date, answer why the vaccine was " NOT GIVEN. "	
3. Were One dose of ZVL AND/OR One to two doses of RZV vaccine administered? ___Yes (Answer: E.) ___NO (Answer: F.) ___Unknown (Skip to questions #4 and #5)	
E. GIVEN: Please answer where vaccine was given (Check the answer that applies to the patient)	
Was the vaccine administered in your practice during the measurement year?	Yes (1) No (2)
Was the patient already vaccinated outside your practice as noted in EHR AND/OR State IIS?	Yes (1) No (2)
Was the patient previously vaccinated in practice and documented in EHR/IIS	Yes (1) No (2)
F. NOT GIVEN: Please answer based on the medical record of why the vaccine was not given (Check the answer that applies to the patient)	
Was patient referred elsewhere by practice?	Yes (1) No (2)
Did patient have medical contraindications (As listed on the Adult Immunization Schedule)?	Yes (1) No (2)
Did patient plan to return later for vaccine?	Yes (1) No (2)
Was there a vaccine shortage and/or was the vaccine not available in practice?	Yes (1) No (2)
Was the vaccine not given because the status was not documented?	Yes (1) No (2)
Did patient refuse vaccine?	Yes (1) No (2)
Does the patient plan to get the vaccine elsewhere?	Yes (1) No (2)

#4 QUESTIONS: IS THE PATIENT 65 YEARS OF AGE AND OLDER? IF NO, STOP HERE AND REVIEW NEXT CHART. IF YES, CONTINUE ANSWERING QUESTIONS #4 and #5!

PNEUMOCOCCAL (PCV13): (One dose of PCV13) Recommended for All Adults Patients 65 years of age and older.

Administer: All adult patients 65 years of age and older should have had at least one dose of PCV13 as an adult.

NUMERATOR: All Adults Patients 66 years and older who have received PCV13.

DENOMINATOR: All adult patients 66 years and older who were seen in your practice at least twice during the past measurement year **(EXAMPLE: August 15, 2017-August 15, 2018).**

VACCINE STATUS INSTRUCTIONS: If patients are up to date on their vaccine(s) answer where the vaccine(s) was, **"GIVEN."** **IF** patients were not up to date, answer why the vaccine was **"NOT GIVEN."**

4. Was the Pneumococcal (PCV13) administered year? Yes (Answer: G.) NO (Answer: H.) Unknown (Skip to questions #5)

G. GIVEN: Please answer where vaccine(s) was given (Check the answers that applies to the patient)

Was the vaccine administered in your practice during the measurement year?	Yes (1) No (2)
Was the patient already vaccinated outside your practice as noted in EHR AND/OR State IIS?	Yes (1) No (2)
Was the patient previously vaccine in practice and documented in EHR/IIS	Yes (1) No (2)

H. NOT GIVEN: Please answer based on the medical record why the pneumococcal (PCV13) vaccines was not given (Check the answer that applies to the patient)

Was patient referred elsewhere by practice?	Yes (1) No (2)
Did patient have medical contraindications (As listed on the Adult Immunization Schedule)?	Yes (1) No (2)
Did patient plan to return later for vaccine?	Yes (1) No (2)
Was there a vaccine shortage and/or was the vaccine not available in practice?	Yes (1) No (2)
Was the vaccine not given because the status was not documented?	Yes (1) No (2)
Did patient refuse vaccine (s)?	Yes (1) No (2)
Does the patient plan to get the vaccine(s) elsewhere?	Yes (1) No (2)

#5 QUESTIONS: CONTINUE ANSWERING QUESTION #5!

PNEUMOCOCCAL (PPSV23): (One dose of PPSV23) Recommended for All Adults Patients 65 years of age and older.

Administer: All adults 65 years and older should have one dose of PPSV23 at age 65 years as long as at least 5 years have passed since any prior PPSV23 and at least 1 year since a prior PVC13.

NUMERATOR: All Adults Patients 66 years and older who have received PPSV23 vaccine.

DENOMINATOR: All adult patients 66 years and older who were seen in your practice at least twice during the past measurement year **(EXAMPLE: August 15, 2017-August 15, 2018).**

VACCINE STATUS INSTRUCTIONS: If patients are up to date on their vaccine(s) answer where the vaccine(s) was, **"GIVEN."** **IF** patients were not up to date, answer why the vaccine was **"NOT GIVEN."**

5. Was Pneumococcal (PPSV23) administered? Yes (Answer: I.) No (Answer J.) Not eligible for one dose during this measurement year (Review next chart) Unknown (Review next chart)

I. GIVEN: Please answer where vaccine(s) was given (Check the answers that applies to the patient)

Was the vaccine administered in your practice during the measurement year?	Yes (1) No (2)
Was the patient already vaccinated outside your practice as noted in EHR AND/OR State IIS?	Yes (1) No (2)
Was the patient previously vaccine in practice and documented in EHR/IIS	Yes (1) No (2)

J. NOT GIVEN: Please answer based on the medical record why the pneumococcal (PPSV23) vaccines was not given (Check the answer that applies to the patient)

Was patient referred elsewhere by practice?	Yes (1) No (2)
Did patient have medical contraindications (As listed on the Adult Immunization Schedule)?	Yes (1) No (2)
Did patient plan to return later for vaccine?	Yes (1) No (2)
Was there a vaccine shortage and/or was the vaccine not available in practice?	Yes (1) No (2)
Was the vaccine not given because the status was not documented?	Yes (1) No (2)
Did patient refuse vaccine (s)?	Yes (1) No (2)
Does the patient plan to get the vaccine(s) elsewhere?	Yes (1) No (2)