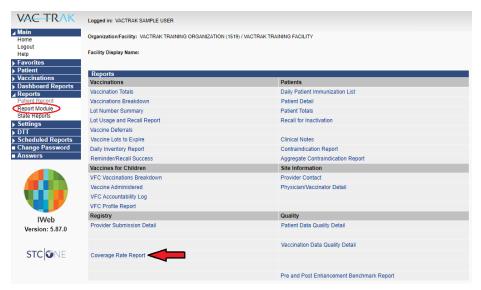






# **Child Immunization Coverage Rate Report**

The Coverage Rate Report is located under Reports in the navigation menu then Select Report Module.



#### For best results

Run by Ownership

Select the appropriate series and age range for the series.

Ages can be Months or Years.

Limit Report By as few or as many options as desired.

#### Level Status:

- Active Only: Current Patients
- Inactive Only: Past Patients
- Unknown: Not Recommended
- All: Includes Deceased Patients

NOTE: Limiting the report by Region is currently populating by Organization region, not patients' address.

#### Recommended Display Report Columns

- Complete By Vaccine
- Incomplete Series
- Missed Opportunities

Run By  By Ownership By Service  Select to run by series or individual vaccine  Series *  CHILD SERIES  Series Description select	
By Service Select to run by series or individual vaccine  Series *  CHILD SERIES  Series Description  Series Prom: mm/dd/yyyy  From: 19	
Organization Level Status  CHILD SERIES  Series Description  Though: 35	
Vaccine Vaccine Vaccine Date Range From: mm/dd/yyyy To: mm/dd/yyyy  • Age Range  Age as of Date (Todays date if left blank)  Evaluate At Age Months  Limit Report By  State Level Status  Organization Level Status  • Active Only Inactive Only • Unknown All County	
Vaccine Date Range  From: mm/dd/yyyy To: mm/dd/yyyy  From: 19 Months  Through: 35 Months  Age as of Date (Todays date if left blank)  Evaluate At Age  Limit Report By  State Level Status  Ocunty Level Status  Organization Level Status  Active Only Inactive Only Unknown All  County —select—  Active Only Inactive Only All	
From: 19 Months  Through: 35 Months  Age as of Date (Todays date if left blank)  Evaluate At Age  Limit Report By  State Level Status  Oactive Only Inactive Only Unknown All  County Level Status  Organization Level Status  Active Only Inactive Only All	
Age as of Date (Todays date if left blank)  Evaluate At Age  Limit Report By  State Level Status  Organization Level Status  Through: 35	
Evaluate At Age  Limit Report By  State Level Status  Active Only Inactive Only Unknown All  Active Only Inactive Only Unknown All  County Level Status  Organization Level Status  Active Only Inactive Only Unknown All  County —select—  Active Only Inactive Only All	
Limit Report By  State Level Status  Active Only Inactive Only Unknown All  Active Only Inactive Only Unknown All  County Level Status  Organization Level Status  Active Only Inactive Only Unknown All  County —select—  Active Only Inactive Only All	
State Level Status  O Active Only O Inactive Only O Unknown O All  County Level Status  Organization Level Status  O Active Only O Inactive Only O Unknown O All  County Select-  O Active Only O Inactive Only O All	
County Level Status  Organization Level Status  OActive Only OInactive Oily OInac	
Countyselect   Organization Level Status  Organization Level Status  Organization Level Status	
Organization Level Status  Organization Level Status  Organization Level Status	
Theate only o macare only oral	
Patient VFC Status Select	
Vaccine Status ○ All Vaccinations ● Valid Vaccinations Only <	
Patient Race Select	
Gender select  ▼	
Regionselect	
Patient Borough/Census Area select  ▼	
ZIP Code	
Facility  VACTRAK TRAINING FACILITY	
Exclude patients who have either no forecast or aged out	
View By	
Facility	
Aggregate (Total Only)	
Display Report Columns	
Complete By Vaccine	
Incomplete Series	
One Dose to Complete Series	
One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)  Not Yet Due	
Not Yet Due  ☐ Not Yet Due (Late by Age)	
Not yet Due (Late by Age)  Missed Opportunities	
☐ Missed Opportunities	
Back Reset Export Patient List Create Patient List Export Coverage Report Create	

VacTrAK Support Anchorage: 907-269-0312 | Toll Free: 866-702-8725 | Email: <u>vactrak@alaska.gov</u> Website: <a href="https://health.alaska.gov/dph/Epi/iz/Pages/vactrak/default.aspx">https://health.alaska.gov/dph/Epi/iz/Pages/vactrak/default.aspx</a>

# **Reports Options Include**

## **Export Patient List:** generates specific patient information.

Patients Se	elected: 4											
Patient ID	First Name	Middle Name	Last Name	Birthday	Age	Guardian F.N.	Patient Phone Number	Chart Number	Vaccine Family Name	Dose Number	Recommended Date	Minimum Date
2114638	DEMO		TESTER	1/1/2013	28 months	TESTY		SIISCLIENT2114638	DTaP/DT/Td	4	1/15/2014	1/15/2014
2114638	DEMO		TESTER	1/1/2013	28 months	TESTY		SIISCLIENT2114638	HIB	1	3/1/2013	2/12/2013

### <u>Create Patient List:</u> generates a series of specific patient information.

Series-Specific Patient Forecast											
Report Criteria			Report Date: 05/06/2015								
As of Date: Series:		05/05	/2015		IIO SHEDDS	19 Mont CELLA, 4 PNEUMO (PCV)	ths through 35 Months				
State: Region:		A A	K	71u, 3 Hib, 3 FO	Patient		All All				
Organization (IRMS):		AFIX -	MISTY			Facility:	AFIX	- MISTY FACILITY			
Patient Status: Evaluate At Age:		Aci A	tive II			Vaccine Status: itients who have aged		Valid Vaccinations Only N			
					Patients selecte	d: 4					
Patient ID 2114638	First Name DEMO	Middle Name	Last Name TESTER	<b>Birthday</b> 01/01/2013	Age 28 months	Guardian F.N. TESTY	Patient Phone Number	Chart Number SIISCLIENT211463			
	Vaccine Family Name			Dose Number		Recomm	nended Date	Minimum Date			
	DTaP/DT	/Td		4		01/1	15/2014	01/15/2014			
	HIB			11		03/0	02/12/2013				

**Export Coverage Report:** generates vaccine-specific immunization coverage rates, overall practice immunization rates, and missed opportunities.

	A	В	C	D	E	F	G	Н	1	J	K	L	M	N
1					Completion By Vaccine									
2		Aggregate	(Total Only)	Total Patients	DTaP/DT/Td(<=4)	HIB(<=3)	POLIO(<=3)	HEP-B 3 DOSE(<=3)	MMR(<=1)	VARICELLA(<=1)	HEP-A(<=2)	PNEUMO (PCV)(<=4)	Incomplete Series	Series Complete
3	TOTAL			1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)
4						100					13 15			

<u>Create Coverage Report:</u> generates vaccine-specific immunization coverage rates and overall practice immunization rates.

Coverage Ra	te Report											
Report Criteria											Report Date:	05/06/2015
Run By: As of Date: Series:	ownership 05/05/2015 4 DTaP/DT/Td, 3 HIB, 3	POLIO 3 HEP-R	3 DOSE 1 MMR	I VARICELL	Age Range:			19 Months	s through 35 M			
Patient Status: Patient Race:	Active All	7110222	Vaccine Status: Gender: Patient Borough/Census Area:			All	cinations Only					
State:	AK					All						
Region:	All AFIX - MISTY					Zip Code:		All				
Organization (IRMS):						Facility:			STY FACILITY			
Evaluate At Age:	All											
					Completion	By Vaccine			Buruna			
Aggre (Total Only)		Total Patients	DTaP/DT/Td (≥4)	POLIO (≥3)	MMR (≥1)	HEP-B 3-DOSE (≥3)	HIB (≥3)	VARICELLA (≥1)	PNEUMO (PCV) (≥4)	Incomplete Series	Missed Opportunities	Series Complete
TOTAL		4	0 (0%)	1 (25%)	1 (25%)	1 (25%)	0 (0%)	1 (25%)	0 (0%)	4 (100%)	4 (100%)	0 (0%)

Contact VacTrAK Support if there are any questions.

V. 05/2023