	Standard Operating Procedure Bridging Clinical Decisions with the PARIS Immunization Planning Engine-<u>Specific</u> <u>Issues by Antigen</u> - Draft	Doc. No.	SOP.XXXX
		Rev.:	April 7 th , 2017
		Rev. Date:	N/A

SITE APPLICABILITY:

All VCH Public Health Sites

PURPOSE:

The PARIS immunization rules plan accurately to reflect the standard immunization schedules located in Section IIA of the BCCDC Immunization Manual and will apply to the majority of clients immunized by VCH providers. However, PARIS cannot plan accurately for all unique client situations and nor can the BCCDC Immunization Manual.

The purpose of this document is to:

- Provide information on some of the specific issues with PARIS and the associated provider actions.
- Provide information on the VCH program variances to the provincial immunization program.

SCOPE:


Public Health Nurses (PHNs), Educators, Practice Leads and Program Assistants

RESPONSIBILITIES:

- PHNs, Public Health Educators, Practice Leads are required to know the key resources to manually assess the client’s immunization history and verify with the PARIS immunization plan.
- PHNs/Practice Leads use clinical judgment to amend records. If a record cannot be amended prior to seeing a client, act clinically and the record can be amended following the visit.
- PHNs, Educators and Leads follow the Standard Operating Procedure about how to adjust an immunization record. Follow the record adjustment process for your Community of Care (COC): **Coastal Rural:** Karen Peel, **Coastal Urban:** Nicole Roy, **Richmond:** Kim Bourhill, **Vancouver:** Educators- Alison Eller, Jag Gill, Claire Heath, Amanda Liddell, Esther Sigurdson, and Tannis Weber
- PHN consults with Practice Lead or Educator via email and includes the PARIS ID# and antigen(s) in the email subject header as well as specifies whether urgent/not urgent and when the change is required.

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1. Diphtheria/ diphtheria	Rules for diphtheria entry need to be followed to ensure correct validation status
Issue	PARIS results entry guidelines exist for diphtheria to help manage a wider variation in product choice by age than existing rules can accommodate. These guidelines need to be followed otherwise PARIS planning can be mismatched to a client's needs.
Action	See the resource FAQs when entering Immunization Records and Results into PARIS for full details on how to enter diphtheria doses into PARIS. If there is an issue with validation or planning, first check that doses have been entered according to the guidelines. If not, re-enter the doses and check planning and validation again. If there are still issues after re-entry send the record for a review and manual adjustment if needed.
2. Flu (influenza)	There is no longer planning for flu in PARIS
Issue	Clients who are eligible for flu will not have flu planned for them in PARIS. Additionally clients requiring a 2 dose series will not have the second dose planned in PARIS.
Action	Manually plan dose 2, 4 weeks later for first time clients 6 months to 8 years of age who require 2 doses.
3. Hepatitis A	Actions for handling hepatitis A planning and histories for Aboriginal children
Issue	All Aboriginal children 6 months to 18 years of age are eligible for a 2-dose hepatitis A series. PARIS cannot plan for special population recommendations at this time.
Action	Immunize Aboriginal children opportunistically through self-identification, no proof of status required. The routine schedule is 6 months and 18 months of age. The minimum interval between 2 doses is 24 weeks. PARIS will validate all doses received regardless of interval between doses and will not plan a second dose. This program requires manual planning by an immunization alert. <ul style="list-style-type: none"> <input type="checkbox"/> Alert type: Immunization Schedule <input type="checkbox"/> Alert code: HEPA2 (HEPA ELIGIBLE 2 DOSE SCHED) <p>If a dose in a history is deemed Invalid due to <i>min age</i> or <i>min interval</i>, the dose needs to be sent to an immunization lead for adjustment to 'INVALID'.</p>
4. Hepatitis B	Any 3 doses of Hepatitis B given before July 8, 2008 are considered valid
Variance	This is a variance to provincial practice as indicated in the BCCDC Immunization Manual

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Issue	Due to significant changes and differences in Hep B immunization schedules both in BC and from other jurisdictions, VCH considers any 3 doses of Hep B received before July 8, 2008 as valid, regardless of age received or interval between doses.
Action	Any 3 doses of Hep B received prior to July 8, 2008, regardless of age and intervals given will be considered valid in PARIS. Records will show a status reason of 'FORCED STATUS'. PHNs often ask about booster programs for these clients. At this time booster doses are not being offered until there is provincial policy recommendation.
5. Hepatitis B	
Variance	Hepatitis B planning for my client does not match the BCCDC immunization manual For some clients, series planning in PARIS may look different than how the schedule is presented in the BCCDC immunization manual and the plan may indicate longer or shorter intervals between doses 2 and 3. Manual planning in conjunction with PARIS planning is required to ensure provincial minimum interval criteria are met.
Issue	PARIS is unable to plan multiple levels of criteria for doses. For example, dose 3 has 3 criteria. As such, rules and clinical actions together have been designed to ensure provincial series criteria are met. In order to do this the most effectively in PARIS, there are now 5 main planning categories based on a client's age at presentation and their history. Please refer to the hepatitis B program review for a full explanation of how PARIS is planning a Hepatitis B series in PARIS.
Action	Assess your client's history against the checklist below. For validation, doses on histories can be considered valid if min intervals have been achieved. The ≤ 4 day grace period also applies. For next doses, the provincial min interval criteria can be applied, but not the grace period allowance unless an exceptional circumstance. Apply the following criteria checklist to make your clinical decision for next doses. Note: This list applies to any history received on or after July 8, 2008.

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Assessing Hepatitis B histories											
Dose #	Criteria	Yes	No	Comments							
2	4 weeks (minus 4 days since last dose)?	valid	Invalid, repeat								
3	8 weeks from dose 2 (minus 4 days)?	valid	Invalid, repeat								
3	16 weeks from dose 1 (minus 4 days)?	valid	Invalid, repeat								
3	24 weeks of age (minus 4 days) and received after March 10, 2014?	valid	Invalid, repeat								
3	24 weeks of age (minus 4 days) and received before March 10, 2014?	Valid	Valid		No 6MOA requirement applies						
4	Is Hep B dose 4 (repeat of invalid dose 3) being planned before 18 month DPTPOHIB booster?	If Yes, apply the following 1 st choice: Wait until 18 months and give as Infanrix Hexa™ (DPTPOHIBHB) 2 nd choice: Give 2 months after last dose									
6. Hepatitis B											
Actions for clients who started their series at 2 months of age and whose dose 3 is INVALID due to breaking the 16 week minimum interval between dose 1-3											
Issue	<p>This only impacts clients who started their first dose at 2 months of age. Example has been provided to illustrate how the planning behaves according to history.</p> <p>Example 1 – 16 week interval rule broken Dose 1 received at 2 months and 3 weeks of age Dose 2 received 4 weeks later Dose 3 received 11 weeks later at 6 months of age - dose 1-3 16wk rule violation</p> <p>Immunization Alerts</p> <table border="1"> <thead> <tr> <th>Immunization Alert Type</th> <th>Alert</th> <th>Antigen</th> </tr> </thead> <tbody> <tr> <td>IMMUNIZATION SCHEDULE</td> <td>HEPB16WK</td> <td>Hepatitis B</td> </tr> </tbody> </table> <p>Dose 4 indicated by an alert only</p>					Immunization Alert Type	Alert	Antigen	IMMUNIZATION SCHEDULE	HEPB16WK	Hepatitis B
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Planned Immunizations (Antigen Group View)

Antigen	Age Due	Due Date
DTPoHIB	1y 6m	28/02/2015
DTPo	4y 0m	30/08/2017
TdP	13y 7m	30/03/2027
Td	23y 7m	30/03/2037

Dose 4 not on the plan but it is needed

Immunization History (Antigen Group View)

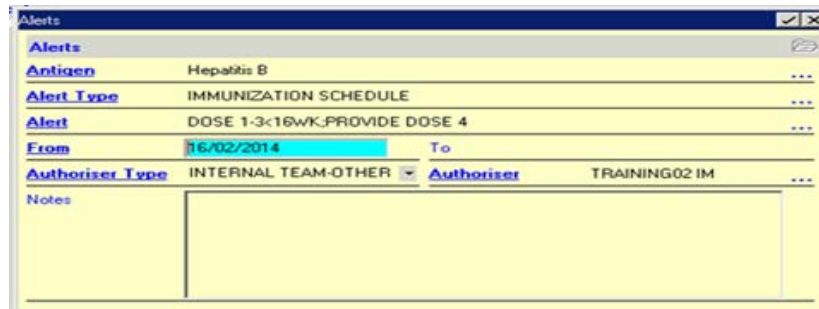
Antigen	Date	Age Given	Status
DTPoHibHepB	05/03/2014	0y 6m	VALID
DTPoHibHepB	18/12/2013	0y 3m	VALID
DTPoHibHepB	20/11/2013	0y 2m	VALID

Shows valid but clinically invalid

Action

PARIS actions:


- When the third dose of DTPoHibHB or Hep B is entered, PARIS will calculate the interval between dose 1-3.
- If it is < 16 weeks, an immunization alert will automatically populate
- Even though a 4th dose of Hep B is required, it will **not** show up in the PARIS plan and will need to be planned manually by the clinician.



Clinical actions:

Grace period check: First check if the dose is 16 weeks minus 4 days.

- If yes, then dose 4 does not require a repeat; end-date the alert.
- If no, provide a 4th dose of Hep B, enter it and then end-date the alert.

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	<p>Timing and product choice are based on clinical judgment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>First choice:</u> Give Hep B dose 4 at 18 month visit in combination with routine antigens (Use INFANRIX <i>hexa</i>TM to reduce the number of pokes a client requires) <input type="checkbox"/> <u>Second choice:</u> Give Hep B monovalent at least 2 months after dose 3. <p>Consent process: If client/parent is not being consented in-person or over the phone the consent will need to be managed adhoc (manually). Write the dose on the consent and provide Adapted Healthfile 105a.</p> <p>For K campaigns – if the dose 4 alert is still showing on the chart by Kindergarten entry, the dose can be offered as INFANRIX <i>hexa</i>TM in place of the DPTPO booster. This will not show up on the campaign and will need to be managed adhoc. Note that parent will need to be consented for both Hep B and extra Hib.</p>	
7. Hepatitis B	Actions for clients who started their series at 2 months of age and whose dose 3 is INVALID due to breaking the 16 week minimum interval between dose 1-3 <u>AND</u> the 24 weeks of age rule	
Issue	<p>This only impacts clients who started their first dose at 2 months of age. Example has been provided to illustrate how the planning behaves according to history.</p> <p>Example- 16 week interval and 24 weeks of age rule broken</p> <p>Dose 1 received at 2 months of age Dose 2 received 4 weeks and 2 days later Dose 3 received 5 weeks minus 1 day later</p>	

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<p>Action</p>	<p>End-date alert and follow PARIS plan.</p>																																																																										

End-date alert as dose 4 is on the plan

Dose 4 on the plan due to 6 MOA rule breach

Also invalid due to breach of 16 week interval


8.Hepatitis B Client is complete for hepatitis B, why is there still an alert on chart to say provide dose 4?

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Issue	<p>This alert is sitting on the chart but client is complete.</p> <table border="1"> <thead> <tr> <th colspan="3">Immunization Alerts</th> </tr> <tr> <th>Immunization Alert Type</th> <th>Alert</th> <th>Antigen</th> </tr> </thead> <tbody> <tr> <td>IMMUNIZATION SCHEDULE</td> <td>DOSE 1-3<16WK,PROVIDE DOSE 4</td> <td>Hepatitis B</td> </tr> </tbody> </table> <p>There are two issues:</p> <ul style="list-style-type: none"> When client is complete for Hep B, clinician needs to manually delete the alert A results entry for Hep B dose 3 was entered in error and re-entered: If there is an error in data entry the alert will automatically apply to the first round of entries if dose 3 was invalid for that entry. If the dose is deleted due to error and re-entered and is now VALID, the alert will remain on the chart, but it is no longer valid. 	Immunization Alerts			Immunization Alert Type	Alert	Antigen	IMMUNIZATION SCHEDULE	DOSE 1-3<16WK,PROVIDE DOSE 4	Hepatitis B
Immunization Alerts										
Immunization Alert Type	Alert	Antigen								
IMMUNIZATION SCHEDULE	DOSE 1-3<16WK,PROVIDE DOSE 4	Hepatitis B								
Action	Assess chart to determine why the alert is still there. If it is no longer needed the clinician is to end-date the alert.									
9. Hepatitis B	Grade 9 clients who cross between Hepatitis B 2 and 3 dose programs – dose 3 drops off the campaign									
Issue	<p>Two dose and 3 dose series are age and dosage specific. For clients who transition from age 15 to 16 in schedule with a 5 month DUE interval between dose 2 and 3.</p> <p>If the “DUE” interval for dose 3 falls after the planned clinic date, dose 3 will not be on the campaign a interval 4 months vs vaccine interval 5 months).</p>									
Action	These clients will need to be planned adhoc. Clinically, provincial minimum intervals can be offered and PARIS will validate them following results entry.									
10. Hepatitis B	Validation is needed when Recombivax™ HB is used at less than 24 week interval in grade 6 program									
Issue	<p>Recombivax™ HB has traditionally been the grade 6 program (10 years & 7 months to 15 years of age inclusive) product of choice. However, when supply is an issue, Engerix–B is used These pr within PARIS.</p> <p>At this time, the PARIS rules engine has been programmed to accommodate Engerix–B which has a longer 24 week minimum interval requirement between dose 1 and 2 whereas Recombivax™ minimum interval is 16 weeks. Note: A minimum interval of 24 weeks is required between the first and second dose of vaccine when Recombivax™ and Engerix– B are being interchanged within the series.</p>									

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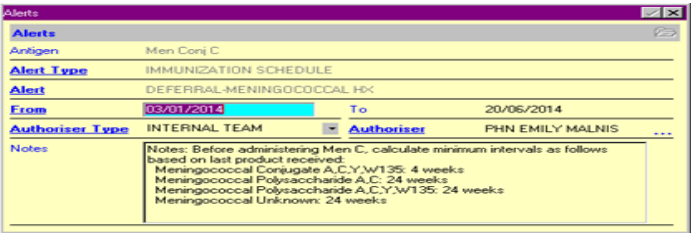
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Action	If Recombivax™ dose 2 is provided \geq 16 weeks and $<$ 24 weeks ensure the trade name is entered. On save, PARIS will validate the dose if the trade name is entered for both doses. If the trade name was not entered and the <i>min interval</i> was \geq 16 weeks, staff will be notified (via PARIS email) to confirm the trade name. Otherwise the dose status will be “invalid”.	If Recombivax™ dose 2 is provided \geq 16 weeks and $<$ 24 weeks ensure the trade name is entered. On save, PARIS will validate the dose if the trade name is entered for both doses. If the trade name was not entered and the <i>min interval</i> was \geq 16 weeks, staff will be notified (via PARIS email) to confirm the trade name. Otherwise the dose status will be “invalid”.												
11. HIB	Handling single antigen Hib planning when client complete	Action												
Issue	To accommodate more flexibility in planning and validation, the PARIS rules were revised. This now means a small number of unique “off-schedule” clients may be planned for more doses than required. For example, children \geq 5 years of age with no history are planned for 3 doses of HIB (to accommodate a primary series of INFANRIX Hexa™ (DPTPOHBHIB).	To accommodate more flexibility in planning and validation, the PARIS rules were revised. This now means a small number of unique “off-schedule” clients may be planned for more doses than required. For example, children \geq 5 years of age with no history are planned for 3 doses of HIB (to accommodate a primary series of INFANRIX Hexa™ (DPTPOHBHIB).												
Action	A client is complete for Hib following 1 dose of Hib at \geq 15 months of age. For other ages and scenarios refer to the BCCDC Immunization Manual monovalent HIB schedule. If PARIS is planning additional doses of HIB that are not required, contact your immunization lead to have them suspended.	A client is complete for Hib following 1 dose of Hib at \geq 15 months of age. For other ages and scenarios refer to the BCCDC Immunization Manual monovalent HIB schedule. If PARIS is planning additional doses of HIB that are not required, contact your immunization lead to have them suspended.												
12. Human Papillomavirus	Doses received by males will read as ‘QUERIED’ on the PARIS immunization record	Doses												
Issue	NACI recommends HPV Gardasil® for males 9 to 26 years of age and all MSM males, however there is no public funding. Some male clients will have purchased private vaccine or received it through VCH’s periodic private purchase stock for high-risk males. PARIS rules accommodate females only. Any histories entered for males will read as ‘QUERIED’. The doses cannot be converted to read ‘VALID’ in PARIS.	NACI recommends HPV Gardasil® for males 9 to 26 years of age and all MSM males, however there is no public funding. Some male clients will have purchased private vaccine or received it through VCH’s periodic private purchase stock for high-risk males. PARIS rules accommodate females only. Any histories entered for males will read as ‘QUERIED’. The doses cannot be converted to read ‘VALID’ in PARIS.												
Action	Clinicians should review HPV histories to confirm that all doses are valid as per <i>min intervals</i> and provide recommendations to client if any issues.	Clinicians should review HPV histories to confirm that all doses are valid as per <i>min intervals</i> and provide recommendations to client if any issues.												
13. Meningococcal	Actions for clients who have received a meningococcal vaccine that is not on the PARIS pick list	Action												
Issue	At this time some types of meningococcal vaccines are not on the PARIS pick list so the doses cannot be entered in the immunization entry module. For a further explanation see the meningococcal program review .	At this time some types of meningococcal vaccines are not on the PARIS pick list so the doses cannot be entered in the immunization entry module. For a further explanation see the meningococcal program review .												
	<table border="1"> <thead> <tr> <th>Antigen Code</th> <th>Antigen Description</th> </tr> </thead> <tbody> <tr> <td colspan="2">Meningococcal Conjugate</td> </tr> <tr> <td>Not available</td> <td>Men Conj A (MCV-A)</td> </tr> <tr> <td>Not available</td> <td>Men Conj AC (MCV-AC)</td> </tr> <tr> <td colspan="2">Meningococcal - Other</td> </tr> <tr> <td>Not available</td> <td>C4MenB</td> </tr> </tbody> </table>	Antigen Code	Antigen Description	Meningococcal Conjugate		Not available	Men Conj A (MCV-A)	Not available	Men Conj AC (MCV-AC)	Meningococcal - Other		Not available	C4MenB	
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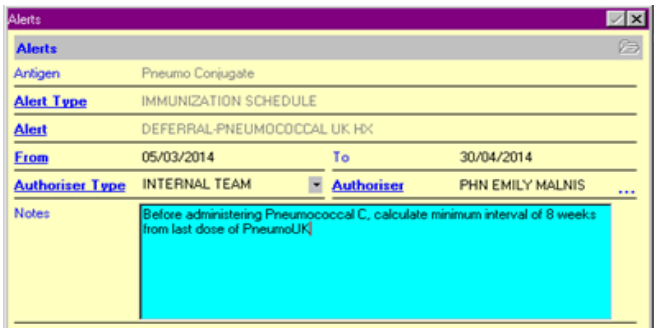
	Standard Operating Procedure Bridging Clinical Decisions with the PARIS Immunization Planning Engine-Specific <u>Issues by Antigen - Draft</u>	Doc. No.	SOP.XXXX
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		Rev. Date:	N/A


Action	History of receipt of these vaccines does not impact men conj C indications. Enter history in an immunization casenote only and place immunization casenote alert on the file until code is available for results entry. This will allow PARIS to correctly plan men conj C according to age for the client.
14. Men Unknown	Managing mixed meningococcal histories
Issue	PARIS plans based on routine publicly-funded vaccines in BC and will not factor into the plan products other than men conjugate C. If a client presents with a history of mixed meningococcal vaccination (men conjugate ACYW135, men polysaccharide AC, men polysaccharide ACYW135, or unknown type) there is a different interval between doses (product dependent) that must be applied before receipt of a dose of men conj C vaccine. The rationale is that it can interfere with the effectiveness of the men conj C vaccine.
Action	<p>Deferral alert posted on chart by PARIS</p> <p>If a mixed meningococcal history is entered <24 weeks from the current date, PARIS will automatically populate a men conj C deferral alert outlining the minimum intervals between products.</p> <p>End-dating alert:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manually end-date alert prior to results entry of Men Conj C: Clinician should manually end-date the alert when it is no longer valid. For example, only a 4 week interval is required between a dose of men conjugate ACYW135 and Men conj C. <input type="checkbox"/> Auto end-date: The alert will automatically end-date when 24 weeks has passed from the date the last dose was given. 
15. Pneumococcal	Grace period validation of 2 and 4 months of age doses needs to wait until after dose 2
Issue	If dose 1 was received at 8 weeks of age minus 4 days, PARIS will invalidate the dose and re-plan the dose. However, it can be considered valid as per grace period allowance. With existing PARIS rules, changing validation status before receipt of dose 2 (4 months of age dose) removes dose 2 from the plan.
Action	Clinically consider the dose valid if ≤ 4 days of minimum age/interval. Manually plan for next doses according to age at presentation as per BCCDC Immunization Manual . Send grace period manual validation request of either dose 1 or 2 following the results entry of dose 2 or after the 12 month dose has been entered. Note actions in an immunization case note.

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16. Pneumo Unknown	Actions for handling histories with pneumococcal type unknown
Issue	<p>PARIS plans based on routine publicly-funded vaccines in BC and will not factor products other than pneumo conjugate into the plan. If client presents with a history of pneumococcal vaccination of unknown type there must be an 8 week interval before providing pneumococcal conjugate. The rationale is that it can interfere with the effectiveness of the pneumococcal conjugate vaccine.</p>
Action	<p>Automatic deferral alert by PARIS</p> <p>If a history of pneumo unknown is entered <8 weeks from the current date, PARIS will automatically populate a pneumo conjugate deferral alert outlining the <i>min intervals</i> between products with an end date of 8 weeks from the date the dose was given.</p> <p>The alert will end automatically when the deferral is not longer needed. automatically populate a pneumo conjugate deferral alert outlining the <i>min intervals</i> between products with an end date of 8 weeks from the date the dose was given.</p> <p>The alert will end automatically when the deferral is not longer needed. It is important to use the table, <i>Completing a Pneumococcal Conjugate Vaccine Series</i>, in the BCCDC Immunization Manual, Section VII, to determine a child’s dosing needs by age. For further details review FAQs when entering Immunization Records and Results into PARIS</p>
	

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17. Rotavirus	Infants who received Rota Teq® need a total of 3 doses for a completed series
Issue	Some infants from other jurisdictions may have started on Rota Teq® vaccine. PARIS plans a 2-dose series. However, infants who started a Rota Teq® series require a total of 3 doses of rotavirus, at a minimum interval of 4 weeks apart.
Action	<p><i>The following actions are only required for clients less than 8 months of age who can complete their series before 8 months of age. The maximum age for rotavirus is 8 months of age less one day, so no further doses are required for clients 8 months of age or older.</i></p> <p>Enter an immunization alert if a 3rd dose of rotavirus is needed: Antigen: Rotavirus; Alert type: Immunization Schedule; Alert: ROTA; On 3 dose series. If the trade name of the vaccine remains “unknown”, an infant requires 2 doses for a complete series. For further details review FAQs when entering Immunization Records and Results into PARIS</p>
18. Varicella	Serology is not required for susceptible clients ≥ 13 years of age in the school setting
Variance	This is a variance to provincial practice as indicated in the BCCDC Immunization Manual
Issue	Clients ≥ 13 years of age who report susceptibility to varicella disease are recommended to get serology to confirm susceptibility prior to receipt of 2-dose series as per BCCDC Immunization Manual. However, getting VCH students in the school setting to follow through on the serology requirement met with limited success and became a barrier to receiving vaccine-preventable protection.
Action	Serology in the school setting is not required for VCH clients. This is a clinical practice VCH variance and clients have been planned in PARIS according to this variance. Immunize according to PARIS plan. Serology should still be obtained to determine susceptibility in the clinic setting (e.g. youth clinic).

REFERENCES/ASSOCIATED DOCUMENTS:

- BCCDC Immunization Manual for the most up-to-date provincial schedules, products and dosing guidelines.
- The VCH program reviews by antigen and other program resources can be found on the VCH intranet and should be used to support learning and clinical judgment.

APPROVALS			
(VCH CDC Director)	Cindy Masaro		April 7th, 2017
	Olga Khrestenko, Amanda Liddell, and Margot Smythe Original 'Issues and Actions Bulletin for Clients ≤ 19 years of Age' document created by Tamsin Morgana		April 7 th , 2017
(Practice Director)			Date
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
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