

AAFP Foundation/Wyeth Immunization Award Program

1. Program Name: _____
 Address: _____
 City, State, Zip: _____
 Contact Name & title: _____
 Phone: _____
 E-mail: _____

2. Identify 12-month assessment period chosen: _____

3. Number of children (19-35) months included in compliance data: _____

4. Summary of Vaccination Coverage: _____

- Step 1. Provide your program's baseline immunization compliance percentage rate for each vaccine/vaccine series in the column labeled "Baseline Compliance Rate" (beginning compliance rate for the time period listed in question 2) in the table below.*
- Step 2. Calculate and provide your program's improved compliance rate percentage (compliance rate achieved for the time period listed in question 2) for each vaccine/vaccine series and record in the column labeled, "Improved Compliance Rate."*

Note: Rates for each vaccine/vaccine series must be reported. Incomplete applications will not be considered.

Statistics listed in the U.S. Overall Compliance column is for information only and is not intended to be part of your calculations.

VACCINE	U.S. Overall 2004, NIS Compliance	Baseline Compliance Rate	Improved Compliance Rate
DTP/DTaP/DT (4 doses)	84.8% (+/-0.8)		
IPV (3 doses)	91.6% (+/-0.7)		
MMR (1 dose)	93.0% (+/-0.6)		
Hib (≥ 3 doses)	93.5% (+/-0.6)		
Hep B (≥ 3 doses)	92.4% (+/-9.6)		
PCV7	73.2% (+/1.0)		
Varicella (≥ 1 dose)	87.5% (+/-0.7)		
VACCINE SERIES			
4 DTP+3 IPV+1 MMR	83.5% (+/-0.9)		
4 DTP+3 IPV+1 MMR+3 Hib	82.5% (+/-0.9)		
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B	80.9% (+/-0.9)		
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B+1 Var	76.0% (+/-1.0)		

5. Please completely explain the method utilized to obtain the compliance data:

AAFP Foundation/Wyeth Immunization Award Program, *continued*

6. Designate which award track you are applying for by placing an “x” in the appropriate box. Please select only one award track.

- Best Practices** — Overall achievement with systems already in place to overcome immunization barriers and achieve high rates in a certain time parameter.

Please describe in **detail** the systems put in place (*space below is limited so please use another sheet of paper to provide full detail*):

- Most Improved** — Overcoming barriers and other challenges to greatly enhance immunization rates.

Please describe in **detail** the barriers overcome (*space below is limited so please use another sheet of paper to provide full detail*):

7. Have you received this award previously? Yes No

NOTE: Previous winners may apply if compliance rates show improvement since winning the award and a new plan has been put in place which altered the system. Reviewers will compare previous applications with new submissions to determine the level of improvement.

Need Help? To see previous winners best practices, go to www.aafpfoundation.org/wyethimmunization.xml.

ALL COMPLETED APPLICATIONS MUST BE RETURNED BY:

MARCH 31, 2007

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If you have questions, please contact:
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