



AFIX Follow-Up Letter Instructions

Send the AFIX follow-up letter after completing your follow-up visit. These instructions explain how to complete the letter template.

Steps to fill in the letter

- 1) Click on the form field to enter a date for your letter.
- 2) Fill in the clinic's name, address, and contact name(s).
- 3) Click on the form field to enter the date of your follow-up visit.
- 4) Enter notes to describe changes in the clinic's immunization rates between the initial and follow-up visits and any specific vaccines they should continue targeting for improvement.
- 5) Fill in the baseline and current immunization rates, series rates, and missed opportunity rates from your CoCASA reports. The template includes two tables, one for two-year-olds and one for 13-18 year olds. **If you only assessed two-year-old rates, you can delete the adolescent data table. If you only assessed adolescent rates, delete the two-year-old rate table.**
- 6) The WA State average immunization rates in the data tables comes from the National Immunization Survey. Here are links to the data tables:
 - [2013 Two-year-old immunization coverage](#)
 - [2013 Teen coverage for Tdap, MCV & HPV vaccines](#)
 - WA State and National rates for three doses of HPV vaccine are not included on the adolescent rate table because the National Immunization Survey separates these rates for females and males. For AFIX, the HPV rates are combined and include both males and females.
 - [2013 Teen coverage for MMR, Hep B, and Varicella vaccines](#)
- 7) **Optional:** If the clinic wants to set coverage and missed opportunity rate goals, enter them in the **Your Goals** column of the data table(s). If they don't want to set goals, just delete this column.

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- 8) Choose the quality improvement activity or activities that the clinic selected during their initial AFIX visit by left clicking where it says “Choose an Item” in the **Activity** column. When you left click, a drop down box appears where you can choose the appropriate activity. These activities match the ones on the AFIX questionnaire.
- 9) Choose the clinic’s level of progress for each activity from the drop down list in the **Progress** column.
 - 0% = They have not started implementing yet.
 - <50% = They started planning for implementation.
 - >50% = They are in the process of implementing.
 - 100% = They implemented their selected quality improvement activity.
- 10) Add any notes you want to include about the clinic’s barriers to implementing their selected activities in the **Challenges** column.
- 11) Add any other activities the clinic wants to work on, that are not included in the activity drop down list, in the **Other Activities** field.
- 12) If the clinic has not fully implemented their chosen activities by the time you do the follow-up AFIX visit, include the statement in the letter that says: *I will follow up with you again to check on your progress and answer any of your questions.*
- 13) Remove this statement from the letter if the clinic fully-implemented their activities.
- 14) **Optional:** Enter any other notes you want to include.
- 15) Fill in your name, title, and contact information.
- 16) Email, mail, or fax the letter to the clinic.