DEPARTMENT: Mariposa County Public Health  BY: Charles B. Mosher, M.D., MPH
PHONE: (209) 966-3689

RECOMMENDED ACTION AND JUSTIFICATION:
Recommend resolution authorizing Chair to sign contract between Mariposa County Health Department and San Joaquin County Health Department for participation in a computerized Immunization Registry Program for fiscal year 2004-2005.

The primary purpose of this contract is to continue implementation of the regional automated immunization information and reminder system to ensure adequate immunization of all children in this community, whether served by the Health Department or by private providers.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Children’s immunization status has been entered into Health Department computers for many years now by Health Department staff as a service to parents (who often forget to bring children’s immunization records). This program has changed that practice slightly by having staff enter immunization data into a central data bank maintained by San Joaquin County, so that it is available to many Health jurisdictions promptly, an advantage in a society where people move frequently among counties.

NCRIDE, the immunization registry program, was initially expected to be a one-time grant for fiscal year 2002-2003 (Resolution Number 03-221). This funding source was continued through fiscal year 2003-2004 (budget adjustments were made through the midyear budget process) and are available again this fiscal year.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Immunization information will not be as immediately available in other jurisdictions, even if families want this.
2. May not have adequate funding to provide staffing for implementation of reminder system.

Financial Impact? (X) Yes  ( ) No  Current FY Cost: $13,839  Annual Recurring Cost: $13,839
Budgeted In Current FY? (X) Yes  ( ) No  ( ) Partially Funded  N/A
Amount in Budget: $13,839
Additional Funding Needed: $0
Source:
Internal Transfer
Unanticipated Revenue  4/5’s vote
Transfer Between Funds  4/5’s vote
Contingency  4/5’s vote
( ) General  ( ) Other

CLERK'S USE ONLY:
Res. No.  ORD. No.  Vote – Ayes:  Noes:  Absent:
Approved
( ) Minute Order Attached  ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: __________________________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: ____________________________
Deputy

COUNTY ADMINISTRATIVE OFFICER:
( ) Approved  Requested Action Recommended
( ) No Opinion
Comments:

CAO: __________________________

Revised Dec. 2002